

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Donegal Community Hospital
<b>Centre ID:</b>	OSV-0000617
<b>Centre address:</b>	Donegal Town, Donegal.
<b>Telephone number:</b>	074 974 0600
<b>Email address:</b>	susan.rose@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Mary Gwendoline Mooney
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	27
<b>Number of vacancies on the date of inspection:</b>	2

## 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.

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: 12 October 2016 14:00 To: 12 October 2016 20:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This monitoring inspection was unannounced and took place over one day during the afternoon and evening. The inspector talked to three residents about their experience of living in the centre. Staff members including nurses, Health care assistants and the person in charge provided information on how the service operated, care practice and their specific roles. The inspector reviewed documentation that included care records, accident and incident reports, medication administration charts and the directory of residents. The delivery of care was observed and the layout of the centre was also inspected. Progress with completion of the seven action plans outlined in the report of the inspection conducted in April 2015 was also reviewed on this inspection. The inspector found that all actions had been completed. These are discussed under the relevant outcomes in this report.

The inspector found that residents were satisfied with the care provided and with the arrangements in place to ensure their care needs were met. The centre accommodated residents with complex care needs, including terminal care needs. The majority of residents here, twenty four were in receipt of short term care and

had been admitted for respite care, convalescence or for palliative care. Three residents resided there on a long term basis. Residents who had regular periods of respite care described the service as “very good” and said it enabled them “to live better and helped their families in their caring roles”. Staff were praised for the way they ensured that medical care such including appointments and reviews were organized.

The inspector found there were measures in place to ensure residents were safe in the centre and were protected from abuse. Staff interactions with residents were observed to be respectful, enabling and supportive. The inspector found that the centre was clean, well decorated and was maintained to a good standard. The fire safety arrangements had recently been upgraded.

The inspector found that there was satisfactory compliance with the requirements of the regulations in most areas. There were improvements required to the way reviews of care were undertaken and recorded as it was not always evident that a full review of care needs and the impact of interventions in place had been assessed or if residents were responding to care interventions. More detail was also required in care plans for residents with dementia to inform day to day practice. While confusion was documented, it was unclear from the records how this impacted on daily life and the level of independence residents retained was not evident. There were also improvements required to how fire checks were documented, as the checks for some equipment had not been completed since June 2016. The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 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:**

There was a clear management structure to support the operation of the service. This was outlined in the statement of purpose. The reporting structure and lines of accountability for the person in charge, provider and senior managers were evident in the organisational structure. The person in charge worked with the provider representative in the governance and management of the centre.

There were adequate resources in place to ensure that the service provided was safe and, appropriate to residents' needs. The complex care needs of some residents required consistent nursing staff input and appropriate deployment of nurses was found to be in place.

There was an audit and review system in place but at the last inspection this was judged as requiring improvement as it did not detect breaches of the regulations and was not informed by the national standards. An end of year review of the service was scheduled according to the person in charge and this outcome and the actions related to it will be reviewed at a future inspection.

**Judgment:**

Compliant

***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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The person in charge has been in post several years and had the knowledge, experience and qualifications to support her role. She works full-time and is supported in her role by the service manager for older people who is also the provider representative and by clinical nurse managers and a team of staff nurses.</p> <p>The clinical nurse managers manage the centre in the absence of the person in charge.</p>
<p><b>Judgment:</b> Compliant</p>

***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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> The inspector found that the administration systems were well organised and records requested in relation to training and health and safety were readily accessible. Care records maintained on the computer system were also clear and up to date.</p> <p>An action plan in relation to the maintenance of the directory of residents was outlined in the last report. The inspector reviewed the directory and found that all the required details were available. Admission and discharge information was up to date. The centre has between 30 and 40 admission and discharge episodes each month which reflects the predominantly short term care focus of the service.</p> <p>The registration certificate was prominently displayed as required.</p>
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**Judgment:**  
Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

There were policy documents and procedures available that outlined how residents were protected and kept safe from abuse. The requirements of the national safeguarding policy were in the process of implementation in the centre. The person in charge had received training for her role as a designated person in accordance with this policy. The inspector talked to health care staff about their training in adult protection and the prevention of abuse and found that they had a good range of knowledge on this topic which had been acquired from training on site and from previous roles and training courses they had attended. They could provide examples of abuse situations, were confident that they would recognise problems and knew how to report an allegation, incident or suspicion of abuse.

The staff training records provided evidence that all staff had attended training on elder abuse and safeguarding vulnerable adults. One of the clinical nurse managers is a trainer for the centre. All interactions between staff and residents were observed by the inspector to be respectful, supportive and empowering on the day of inspection. Residents who spoke with the inspector were positive in their feedback about staff caring for them and said that they felt safe at all times.

The inspector observed that residents were appropriately supervised by staff on the day of inspection. There were no residents with significant responsive or fluctuating behaviour problems but this can be a regular feature of care practice the inspector was told dependent on the health care needs of residents particularly where neurological problems were present. Residents who presented with responsive behaviours had multidisciplinary assessments from palliative care or mental health specialists that informed care interventions and use of medication to help ease distress. Some residents were receiving PRN (as required) and regular medications to manage distressed or responsive behaviours. Each incident of use was recorded and the impact monitored for beneficial impact.

There was a restraint management policy available to guide staff in the use of any restraint measure. All episodes of restraint use were recorded. There was evidence of comprehensive risk assessments completed for residents using bedrails.

**Judgment:**

Compliant

***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:**

On walking around the premises the inspector noted that there were systems in place to assist in controlling/minimising environmental risks. Hallways were kept free of obstacles and equipment in bedrooms and other areas was stored safely and did not present trip hazards. The health and safety of residents, visitors and staff was promoted however some improvements were required. Hand washing/ sanitising facilities are readily accessible to staff and were noted to be used regularly by visitors and staff when entering and moving around the building. There was an emergency call-bell system in bedrooms and toilets and handrails were provided in circulating areas.

Moving and handling training was provided during 2015 and 2016 for staff to ensure that all staff had achieved updated training within the required three year time frame. Five staff were scheduled to attend training in November 2016 to complete the training for all staff. A moving and handling assessment was available for residents where this was required. The inspector observed safe moving and handling practices during the course of the inspection. There were hoists and mobility equipment available to assist staff when helping residents mobilise.

A major upgrade of the fire safety arrangements had been completed prior to this inspection and the final work on checking the system was being completed during the inspection. The works had included the installation of new wide access fire doors to assist evacuation if needed.

Staff had attended training on fire safety and demonstrated an appropriate knowledge and understanding of what to do in the event of a fire. Fire training was attended by staff on five dates during 2015 and this training was supported by a series of fire drills undertaken during January, May and July 2016. An action plan in the last report required improvements to fire drill exercises. It was required that the records of fire drills outlined the process of the drill and if any obstacles had been encountered and also required that a drill was undertaken with the minimum number of staff scheduled for duty. This had been addressed. A fire drill with the minimum staff on duty which is two nurses at night was undertaken on 5 July 2016. Staff reported that this had been a useful learning exercise. The outcome highlighted areas of risk if the centre had to be evacuated and these risks included how residents who were confused or disorientated



could be kept safe, the management of seriously ill residents, the risk of exposure in adverse weather and the difficulty that two staff would encounter with an evacuation. An action plan was put in place to address the problems identified and this included having a list of staff who live locally that could be contacted in an emergency, night staff to ensure that they knew of others in the building particularly significant in this setting where relatives may remain with residents who are very ill or in receipt of palliative care and staff need to be allocated to supervise any residents evacuated.

Emergency equipment such as fire extinguishers and lighting was available and was serviced regularly on a contract basis. The emergency lighting was serviced in January 2016. A fire register was maintained as required. A record of all fire equipment was outlined in accordance with fire safety legislation. There were a range of checks of the fire safety arrangements and equipment however the inspector found that some of these were not up to date. The fire doors and fire hydrant were inspected monthly and checks were recorded from January to June 2016 but none had been recorded since then. It is a requirement of this report that all fire safety checks are undertaken and recorded as required by legislation to ensure equipment, alarms and exits are functioning correctly. An accurate list of residents with their evacuation needs and any relevant sensory problems or communication needs should also be available in summary format and available with the fire register,

Staff informed the inspector that some residents were using bedrails as enablers in most cases and on occasions as a safety measure. There was regular monitoring of the use of these measures. Care plans and risk assessments had been completed prior to the use of all restraint and enabling measures to ensure the safety of the residents.

The centre had a falls prevention programme in place to reduce the incidence of falls and ensure that where falls occurred that the circumstances were reviewed to prevent future incidents. Accident and incident reports reviewed by the inspector conveyed that falls were reviewed in accordance with the protocol in place. Staff nurses review each fall and the surrounding circumstances such as environmental factors, the location of the call bell and any relevant health issues. Prevention measures are put in place to prevent further falls or injury. Neurological observations were recorded where falls were not witnessed or where head injury was suspected. Three falls that had resulted in injury or where hospital treatment was required had been notified to Hiqa in May and June. In September seven falls were recorded, none had resulted in injury. The records described the first aid measures put in place and the contacts made with families following the event.

Residents were aware of the falls prevention programme and said that it helped them to take responsibility for their safety. Two residents said that the leaf symbol over their beds reminded them to take care because they were at high risk and should be alert to obstacles around areas where they sit or when they walk around.

**Judgment:**  
Non Compliant - Moderate

### ***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):**

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

**Findings:**

An action plan in the last report required that the maximum doses of PRN (as required medication) was recorded on all charts reviewed. This was found to be recorded on files reviewed.

The inspector observed that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. The inspector found that there were safe systems in place for the management of medication.

**Judgment:**

Compliant

***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:**

There were 27 residents accommodated in the centre on the day of inspection. Three residents were in receipt of long term care and the remaining residents had been admitted for respite care, convalescence or palliative care. The majority of residents had complex care needs.

Residents had access to their own doctors and to allied health professionals, palliative care services and to mental health services. Residents' documentation confirmed they had timely access to specialist services when required and in addition were supported to attend a out-patient appointments when needed. A review of residents' records showed that GP's visited the centre to assess health needs, review medication and to attend to fluctuating conditions. The staff team had established good working relationships with

the primary health care team and with allied health professionals such as speech and language therapists, dieticians, occupational therapists and community mental health nurses. Staff from specialist services such as palliative care and mental health assessed and reviewed residents when required. The contributions of all professionals were recorded and their recommendations were incorporated into care plans and care practice. There was a considerable emphasis on making connections with public health nurses and home care teams due to the constant admission and discharge activity and the necessity to ensure safe and appropriate discharges. The inspector saw that there was good quality information exchanged when residents were admitted or discharged to ensure their well being.

Residents told the inspector that they valued their regular periods of respite care. They described being able to have their health care needs reviewed, giving their families a break from their care commitments to them and opportunity to meet other in similar circumstances.

The inspector found that arrangements were in place to meet residents' assessed healthcare needs. There were comprehensive assessments undertaken at the time of admission using validated assessment tools which informed the completion of care plans and directed the care to be delivered. The inspector found that good standards of personal and nursing care were in place and this was supported by timely medical and allied health professional input when required. The risk assessments completed were suitably linked to care plans where a need/risk was identified. Residents told the inspector that preferences and choices that they had relayed to staff were followed during their time in the centre. The inspector that that person centred care was promoted each day. Residents could for example get up at times of their choice and could remain in their bedroom areas or go to the communal areas to meet their visitors or take part in an activity. Staff were readily available when residents needed assistance and greeted residents when they met and had a friendly chat with them. They were noted to provide emotional and psychological support to residents and families when they had concerns or queries.

Care plans and the daily progress notes were maintained on a computer programme. The daily notes completed reflected the care needs identified in care plans and provided good overviews of residents' health and condition each day. While there was a system in place to ensure care plans were reviewed quarterly some reviews and evaluations undertaken did not provide information on progress or change since the previous review. Residents and their relatives were consulted about their relatives' care which was a significant for residents' ongoing care as many residents were temporarily resident in the centre and returned home. There were care plans for residents who had dementia problems however while confusion was identified there was little information on how this impacted on daily life. For example there was no information to inform staff on what residents could still do, who they recognised

There were two wound care problems receiving attention. None were pressure wounds. An appropriate measurement system was used to determine size and type. The treatment plans included the type and frequency of dressings to be used. There were comments on changes to wounds when dressings were changed and these were noted to provide information that indicated if deterioration or improvement was taking place. Tissue viability, dietetic and occupational therapy specialists were consulted as necessary to support staff with management of wounds that were problematic to heal.

Staff displayed a high level of knowledge on palliative care interventions, pain management and complex medication regimes. There was sensitive and thoughtful interventions put in place to make residents comfortable and to enhance the times they had with family. A relative told the inspector that staff had been very supportive to her and had helped her understand the treatment her relative received and the changes taking place in relation to his medical condition. There were end of life care plans in place where residents had agreed to discuss this topic. The inspector saw that a resident's wishes had been clearly described and included who she wished to be with her and how her funeral arrangements were organised.

**Judgment:**  
Substantially Compliant

***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):**

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

**Findings:**

Donegal Community Hospital is a single storey building located a short drive from Donegal town. A range of community health services are provided on site. The centre was in good decorative order with furniture, paintwork and flooring noted to be in good condition. An action plan in the last report highlighted that floor covering presented a trip or infection control hazard. This action had been addressed and flooring had been replaced in the areas where it presented risk. There was appropriate assistive equipment available for resident's use and equipment such as hoists were stored safely.

The centre has several multiple occupancy bedrooms which have been highlighted in previous reports as not providing appropriate standards of privacy. While the layout and design of the multi occupancy rooms continues to present challenges to standards of privacy that can be achieved, the layout of multiple-occupancy bedrooms has undergone significant improvement over recent years. The inspector observed that the number of residents occupying each bedroom had been reduced to three which had improved the availability of space and standards of privacy and dignity. Residents were observed to have good space around their beds that enabled them to have an armchair close by and there was adequate space for visitors to sit close by however, the communal living arrangements continue to compromise privacy and dignity standards.

**Judgment:**  
Non Compliant - Moderate

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

**Findings:**  
There were visiting restrictions in place when the last inspection was undertaken. These had been revised. Visiting now took place between 13.00 and 20.00 hours and visiting hours were displayed. There was no restriction on visits or length of stay where residents were at end of life. The inspector noted that the centre was very busy with many visitors coming and going throughout the afternoon and evening of the inspection

**Judgment:**  
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:**  
There was a planned staff rota in place which accurately reflected the staff on duty. Changes to this were recorded if there were staff absences.

The inspector saw that staff deployment during the day and night was appropriate for

the resident group. The person in charge said that the staffing levels had remained consistent and there was a high ratio of qualified staff required to meet the diverse needs of residents and the high level of admission and discharge activity. The inspector considered from the sample of records reviewed and interactions with staff and residents, there were sufficient staff on duty, with appropriate skills, qualifications and experience to meet the assessed needs of residents with the addition to the night roster. There were four nurses on duty daily until 17.30 and after that there were two nurses on duty throughout the evening and night. There were three care staff on duty daily in addition to catering, cleaning and administrative staff. There was also an activity staff for three days a week and a full time maintenance person.

The inspector carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and that senior staff provided good leadership and guidance.

The inspector was provided with details of the training that had been provided to staff during 2015 and 2016. Training had been provided on a range of topics that included: elder abuse, the protection of vulnerable people, fire safety, hand hygiene and infection control, cardiopulmonary resuscitation, end of life care and moving and handling. Staff had up to date training in moving and handling and staff who required an update were identified and scheduled to complete this before the end of the year.

**Judgment:**  
Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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 report<sup>1</sup>**

<b>Centre name:</b>	Donegal Community Hospital
<b>Centre ID:</b>	OSV-0000617
<b>Date of inspection:</b>	12/10/2016
<b>Date of response:</b>	30/01/2017

**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 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:**

Some required safety checks of fire equipment, such as checks of the fire hydrant and fire doors, were not recorded as completed since June 2016.

**1. Action Required:**

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

<sup>1</sup> 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:**

All required fire checks are being documented. On a daily basis – there is a list of all patients detailing their evacuation methods. This is located beside the fire panel.

**Proposed Timescale:** 21/11/2016

**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:**

While there were regular reviews of care plans they did not adequately describe changes in residents' health and well being and did not reflect if residents were responding to treatment interventions.

**2. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

AS above. Nursing staff are updating care plans to identify improvements. These care plans are updated in a relevant and timely manner.

**Proposed Timescale:** 21/11/2016

**Theme:**

Effective care and support

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

Assessments of dementia care needs required review to ensure that staff had adequate information on how the illness impacted on day to day life for the resident and so inform care practice.

**3. Action Required:**

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

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

Two members of our nursing staff have attended specific dementia care plan training and all staff have been asked to identify patient abilities, all improvements and deficits in dementia patients.



**Proposed Timescale: 21/11/2016**

**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:**

The multiple occupancy rooms present challenges to residents' privacy needs and to how staff can provide appropriate levels of privacy and dignity when care is delivered.

**4. 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:**

3 long stay patients have single rooms. We also have one double room and 4 other single rooms and if people need extra support in relation to privacy and dignity they are allocated a single room.

The multidisciplinary rooms are of a size to allow good bed space around each bed, full screens are in place around each bed, doors are closed and signs for 'Care in Progress' are put up during care interventions. Bathrooms and shower rooms are en suite to protect privacy needs.

**Proposed Timescale: 21/11/2016**