

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Virginia Community Health Centre
<b>Centre ID:</b>	OSV-0000503
<b>Centre address:</b>	Dublin Road, Virginia, Cavan.
<b>Telephone number:</b>	049 854 6212
<b>Email address:</b>	bernardine.lynch@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Rose Mooney
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	42
<b>Number of vacancies on the date of inspection:</b>	14

## 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 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
20 November 2017 10:20	20 November 2017 18:00
21 November 2017 08:45	21 November 2017 12:30

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 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an unannounced inspection, carried out by the Health Information and Quality Authority (HIQA). The centre can accommodate a maximum of 56 residents who need long-term care, or who have respite, convalescent or palliative care needs. At the time of this inspection there were 42 residents living in the centre.

The governance arrangements in place are suitable to ensure the service provided is safe, well led, responsive and caring to meet the needs of residents. The building was warm. There was a variety of options at each mealtime for residents. Bedrooms are suitable in size and well equipped to meet residents' needs.

Care plans were developed to a good standard and give a good oversight of each resident's lifestyle. Changes in health needs were outlined well with interventions to address medical, social and mental health issues clear.

There was evidence of regular reviews by the general practitioner (GP) and other allied health professionals including speech and language therapist, dietician, occupational therapy and a chiroprapist.

There is an ongoing training for the professional development of staff. Mandatory training required by the regulations for all staff was updated on an ongoing basis. There was an appropriate number and skill mix of staff to meet the assessed health and social care needs of residents taking account of the dependency needs of residents.

Ten outcomes were inspected on this visit. Six outcomes were compliant with the regulation. Four outcomes were substantially compliant. The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland

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

No actions were required from the previous inspection.

**Findings:**

There is an effective governance structure with accountability for the service clearly defined and reflective of the statement of purpose. There are clear reporting lines of communication at individual and team level.

The post of the person in charge is full time and supported by three clinical nurse managers in a full time capacity. The rostering arrangements since the last inspection have been revised. There is a senior nurse rostered across the seven days of the week for effective monitoring of the service and accountability to ensure the health, safety and welfare of residents.

The governance arrangements in place are suitable to ensure the service provided is safe, well led, responsive and caring to meet the needs of residents. Staff recruitment procedures ensure the staff have the required skills and competencies to undertake the duties associated with their roles and responsibilities. The management arrangements include procedures for the monitoring of staff training needs and supporting staff to maintain their skills and partake in professional development.

There was a suitable staff level and skill mix on each work shift to meet the assessed health and social care needs of residents accommodated.

There are systems in place to promote staff development. There is an established risk management framework in place. There is an up to date health and safety policy and a risk register is maintained.

Written operational policies as required by schedule 5 of the legislation are available. In addition there is a range of internal policies to include procedures on quality monitoring and clinical governance.

There are developed systems to maintain oversight of the clinical care. There is a quality care metrics program in place. The inspector reviewed audits completed by the person in charge in relation to the management of any falls sustained by residents. There is a program titled 'Forever Autumn' a falls prevention and awareness program in place. A six monthly review of incidents was completed. This was supported with a trend analysis to identify any pattern of risk and allow for the implementation of individual strategies to mitigate risk for residents. An audit of restraint management (the use of bedrails and lap belts) is completed at regular intervals. There was evidence of a restraint free environment being promoted. Audits of care plans and the management of residents medicines were undertaken to ensure consistency in work practices

An annual report on the quality and safety of care was compiled reviewing and providing information on all aspects of the service provision for the previous year.

**Judgment:**  
Compliant

***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:**  
The arrangements to agree a contract of care with each resident on admission require review. In the sample of contracts examined, some of the contracts of care were not signed by both parties. Some contracts only had the signature of one party to the contract. The fees payable were not detailed in the assigned schedule in each of the sample of contract of care reviewed.

The contracts outlined the terms and conditions of occupancy. However, the contract of care did not specify for residents whether the bedroom to be occupied was single or twin occupancy.

**Judgment:**  
Substantially 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***

<i>the service.</i>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The post of the person in charge has not changed since the last inspection. The person in charge is a registered nurse and is noted on the roster as working in the post full-time. She meets the criteria required by the regulations in terms of qualifications and experience and management practice.</p> <p>There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. The person in charge is supported in her role by a team of nursing staff and three clinical nurse managers who report to her on daily basis.</p>
<p><b>Judgment:</b> Compliant</p>

<p><i>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.</i></p>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored maintained in a secure manner. Samples of records were reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care.</p> <p>The procedures to record fire drills require more detail. While the time taken to respond</p>

was detailed the fire drill records did not detail the time taken for staff to discover the location of a fire and safely respond to the simulated scenario. More detailed evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements is required.

Improvements in evidenced based reporting in relation to wound care are required. Wound assessment charts were not completed each time the dressing was changed to record the progress of the adequacy of the type and frequency of the care interventions, in relation to an evaluation of the wound site, healing progress and assessment of pain. The use of photos to support clinical evaluations was inadequate as they were not taken at regular intervals.

**Judgment:**

Substantially 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):**

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

**Findings:**

There were effective and up to date safeguarding policies and procedures in place. The safeguarding policy is based on the Health Service Executive's National Policy on 'Safeguarding Vulnerable Persons at Risk of Abuse 2014'.

Staff spoken with were well informed on abusive situations. They could describe situations and indicators of abuse and gave examples of the action they would take and reporting responsibilities.

There is an ongoing training program in adult protection and the majority of staff had completed training during 2017. At the time of this inspection 14 staff required training in safeguarding either as a refresher course or because they were recently recruited and required induction in the centre's procedures. The person in charge had a training date identified for these staff. Twenty four staff had attended training at an open disclosure workshop during October 2017.

There were systems in place to promote a positive approach to responsive behaviours and the management of restrictive practices were in line with the national policy. Staff had completed training in care for residents with dementia and person centred care



approaches in January 2017.

Residents with dementia or responsive behaviours had a care plan in place to guide staff when supporting residents. There were nine residents with a formal diagnosis of dementia and 16 residents suspected of having a degree of cognitive impairment or dementia. Incidents of responsive behaviours were recorded and the inspector saw that staff helped residents appropriately and sensitively during periods when they were restless or anxious. Staff were very familiar with each residents daily routine and could describe well how they supported or intervened to help or divert residents to ensure their comfort and wellbeing. Referrals for specialist advice were made to allied health professionals including members of the team for psychiatry of later life when staff required additional advice and support to ensure appropriate care was delivered. The person in charge monitored the administration of psychotropic medicines. There was evidence the prescribing of antipsychotic medicine was reviewed regularly by the general practitioner.

There was one notifiable adult protection incident which is a statutory reporting requirement to HIQA reported since the last inspection. The notification was received within the required timeframe. Timely and appropriate measures by the person in charge were implemented to ensure all residents were safeguarded. A safeguarding plan was developed and implemented as required by the centre's safeguarding policy. An overview of the matter was sought by HIQA to include details of any learning and reassurance of best practice in safeguarding.

The inspector reviewed the use and management of restrictive practices (the use of bedrails and lap belts) in the centre. It was found that the use of restraint was on evidenced based practice. A risk balance tool was completed to determine the safety of any restraint for the use of bedrails. The assessments were regularly reviewed and there was evidence in the decision making process or trialling alternative prior to using bedrails. The rationale for the use of bedrails was described in the assessments and care plans. There is good use of low beds and crash mats in promoting a restraint free environment.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures. Service records confirmed that the fire alarm system and fire

safety equipment, including emergency lighting and extinguishers, were serviced in accordance with fire safety standards. Fire safety checks were completed by staff on a daily, weekly and monthly basis to ensure fire safety equipment was operational and functioning and fire exits were clear.

Each resident had a personal emergency egress plan developed. These outlined the method of evacuation and type of equipment required to assist each resident evacuate the building safely. These included both day and night time evacuation requirements. Exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building.

There was a program of training in fire safety and evacuation delivered throughout 2017. The procedures to undertake in house fire drill require review. An inadequate number of drills were completed to ensure all staff had the opportunity to participate in regular drills to practice diverse scenarios to include a night time situation when staff levels are reduced in between annual refresher fire safety training.

There were procedures in place for the prevention and control of infection. Audits of the building were completed at intervals to ensure the centre was visibly clean. There were a sufficient number of cleaning staff rostered each day of the week. There was a colour coded cleaning system to minimise the risk of cross contamination. There was a sufficient number of hand hygiene to ensure ease of access to hand sanitising facilities.

Falls and incidents were well described in the accident reporting forms. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. The falls risk assessment was reviewed. A post incident review was completed to identify any contributing factors for example changes to medicines or onset of infection.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified and risk assessments regularly reviewed.

There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced and checked by qualified personnel to ensure they were functioning safely.

The temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Restrictors were fitted to all windows. Access to work service areas to include the kitchen and sluice room was secured in the interest of safety to residents and visitors.

In two twin bedrooms mobile screens were in use to ensure privacy for residents. However, a risk assessment to ensure the suitability and safety of the use of the mobile screens was not undertaken as they may pose a trip or falls hazards. The person in charge stated these are in place temporarily until an overhead tracking hoist is fitted and curtain screening with a rail fixed to the ceiling will be provided

**Judgment:**

Substantially 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 42 residents in the centre during the inspection. All residents were residing in the centre for long term care. Each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care.

There was a good emphasis on personal care and ensuring wishes and needs were met. Staff were knowledgeable of resident's preferred daily routine, their likes and dislikes. Clinical observations such as temperature, blood pressure, pulse were assessed routinely.

There were plans of care in place for each identified need to include the management of short term health issues. In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative and their wishes respected.

There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores, continence needs and mood and behaviour. Risk assessments were regularly revised. There was good linkage between risk assessments and care plans developed.

Residents had access to GP services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Residents had timely access to allied health professionals including speech and language

therapist, dietician, physiotherapist and occupational therapy.

There were three residents with wounds at the time of this inspection. One surgical wound, one vascular and a skin lesion. Residents identified at risk of developing pressure ulcers had specific equipment in place to mitigate the risk, such as repositioning regimes, pressure relieving mattresses and cushions to protect skin integrity. There was access to a clinical nurse specialist in wound management for complex wounds. Each resident with a wound had a care plan in place. The GP reviewed residents with any wound frequently.

**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):**

No actions were required from the previous inspection.

**Findings:**

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were monitored according to risk assessment. Those identified as being at high risk were weighed more regularly and all other residents monthly. Residents with a low intake had their food and fluid consumption recorded on a daily basis. Those at risk of dehydration were prescribed subcutaneous fluids on consultation with the GP.

Kitchen staff were provided with an up to date list of each resident's dietary requirements. Care staff when spoken with confirmed they were required to report immediately to nursing staff any resident with a reduced appetite or refusing meals. Medicine records showed that supplements were prescribed by the GP and administered accordingly.

The food provided was appropriately presented and sufficient in quantity for each resident. Residents who required their meal in altered consistencies had the same choices as other residents. In addition these were served attractively. Snacks and drinks were readily available, and care staff had access to the kitchen in the evenings if the resident wanted something that required cooking. Residents spoken with were highly complimentary of the food.

Each resident had a nutritional care plan. Access to a dietician and a speech and language therapist was available to obtain specialist advice to guide care practice and help maximise residents maintain a safe healthy nutritional status.

**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):**

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

**Findings:**

The findings from previous thematic inspection in relation to dementia care were satisfactorily addressed. Additional resources have been provided to meet the social and recreational needs of residents. There are now two full time diversional activity therapists employed.

Residents had a positive experience from staff interactions. Residents were not isolated or left alone for long periods without contact. Residents appeared comfortable with staff, engaged with them and looked for them when they needed support. Call bells were positioned by staff to ensure they were within easy reach for residents who preferred to spend time in their bedroom.

There was a varied social and recreation programme in place. This was described to the inspector by the divisional activity therapist. Individual social care assessments were completed and recreational activity plans were in place for residents. Personal exercise programs were supported by the divisional activity therapist.

Residents were well dressed. The inspectors observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. There were visitors' rooms for residents to receive visitors in private.

Residents were facilitated to practice their religious beliefs. Mass was available to residents on a weekly basis.

**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):**

**Findings:**

Adequate resources were in place to meet the needs of residents. There was an appropriate number and skill mix of staff to meet the assessed health and social care needs of residents.

The staff allocation took into account the dependency needs of residents. The staffing roster reflected the staffing numbers and staff on duty on this inspection.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings between each work shift to ensure good communication and continuity of care from one shift to the next.

The recruitment procedures were reviewed and were found to reflect good practice for the recruitment of staff who work with vulnerable people. The inspector reviewed the personnel records for five staff and found that the required Schedule 2 information including vetting disclosures was available. The person in charge gave verbal assurance all staff had required vetting in place.

The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them.

There is a training and development program to ensure that staff maintain competence in all areas relevant to their role. There was evidence that education and training had been provided to ensure that all staff could meet the diverse care needs of residents. This includes specialist training in relation to the care of the older person in areas such as dementia and responsive behaviours and end of life care, infection control and CPR.

Mandatory training required by the regulations for all staff was maintained through ongoing programs of refresher training. There was a small number of recently recruited staff requiring training in safeguarding. The person in charge had identified these staff and arrangements were in place for training to occur.

All nurses had records confirming their active registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

<b>Judgment:</b> Compliant
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### **Closing the Visit**

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

#### **Acknowledgements**

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

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

PJ Wynne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Virginia Community Health Centre
<b>Centre ID:</b>	OSV-0000503
<b>Date of inspection:</b>	20/11/2017
<b>Date of response:</b>	04/01/2018

### 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 03: Information for residents

#### Theme:

Governance, Leadership and Management

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

Some contracts only had the signature of one party to the contract.

The fees payable were not detailed in the assigned schedule in each of the sample of contract of care reviewed.

The contracts of care did not specify for residents whether the bedroom to be occupied

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



was single or twin occupancy.

**1. Action Required:**

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

All Contracts of Care have been reviewed and now contain two signatures – one of the client / their representative and one HSE representative ( PIC / CNM2)

All contracts now include the fees payable.

All contracts now specify whether resident is in a single or double occupancy room.

**Proposed Timescale:** 11/12/2017

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

The procedures to record fire drills require more detail.

**2. 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:**

Fire drill records now provide detail of the time taken for staff to discover the location of a fire and safely respond to same. A more detailed evaluation of learning from fire drills is now completed to help staff understand what worked well and identify any improvements.

**Proposed Timescale:** 11/12/2017

**Theme:**

Governance, Leadership and Management

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

Wound assessment charts were not completed each time the dressing was changed to record the progress.

**3. 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:**

Wound assessment charts are now completed each time the dressing is changed to record the progress of the adequacy of the type and frequency of the care interventions, in relation to an evaluation of the wound site, healing progress and assessment of pain. Photographs will now be taken at regular intervals to evaluate the healing process.

**Proposed Timescale:** 11/12/2017

**Outcome 07: Safeguarding and Safety****Theme:**

Safe care and support

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

Fourteen staff required training in safe guarding either as a refresher course or because they were recently recruited and required induction in the centre's procedures.

**4. Action Required:**

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

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

Ten staff of these staff completed Safe-guarding Training on 23rd November 2017 and the remaining staff will receive Training in early 2018

**Proposed Timescale:** 28/02/2018

**Outcome 08: Health and Safety and Risk Management****Theme:**

Safe care and support

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

A risk assessment to ensure the suitability and safety of the use of the mobile screens was not undertaken in two resident's bedrooms.

**5. 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 Risk Assessment for the use of Mobile Screens in resident's bedrooms is now completed. Same available for Inspector on request.

**Proposed Timescale:** 11/12/2017

**Theme:**

Safe care and support

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

Procedures to undertake in house fire drill require review. An inadequate number of drills were completed to ensure all staff had the opportunity to participate in regular drills to practice diverse scenarios

**6. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

One further in-house drill was held on 10th December 2017 and we plan on have regular drills going forward

10/12/17 and ongoing

**Proposed Timescale:**