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:	Ballincollig Community Nursing Unit
Centre ID:	OSV-0000712
Centre address:	Murphy Barracks Road, Ballincollig, Cork.
Telephone number:	021 462 0600
Email address:	ballincollig@mowlamhealthcare.com
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patrick Ryan
Lead inspector:	Caroline Connelly
Support inspector(s):	Michelle O'Connor
Type of inspection	Announced
Number of residents on the date of inspection:	99
Number of vacancies on the date of inspection:	1

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 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:
25 April 2017 09:25	25 April 2017 19:00
26 April 2017 08:50	26 April 2017 17:30

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

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

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. The provider had applied to renew their registration which is due to expire on 27 September 2017. As part of the inspection inspectors met with the residents, the person in charge, the provider nominee, the general manager, relatives, Assistant Director Of Nursing (ADON), Clinical Nurse Managers (CNM), chairman, Mowlam Healthcare, the administrator and numerous staff members. The inspectors observed

practices, the physical environment and reviewed all governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform this application. The person in charge and the staff team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents.

The centre is owned by the HSE and is managed and operated by Mowlam Healthcare in a public private partnership. The centre was first registered in 2011. The person in charge was new to the centre and had been in post only a couple of months prior to the inspection. She had been person in charge of another centre with the Mowlam group prior to taking up this post and an interview was conducted with her during the inspection. The ADON had been in post for a number of years and an interview was also conducted with her during this inspection. Both displayed a good knowledge of the standards and regulatory requirements. The ADON deputised in the absence of the person in charge and the general manager visited the centre regularly. There were regular management and clinical governance meetings between the HSE and Mowlam Healthcare to review the service level agreement and performance of the centre and management team. The inspector was satisfied that there was a clearly defined management structure in place. The management team were proactive in response to the actions required from previous inspections.

A number of quality questionnaires were received from residents and relatives and the inspector spoke to many residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of general satisfaction with the service and care provided. One relative commented that "I visit my relative every day to be greeted by the most amazing caring and friendly staff that always put my relative’s needs and interests first". Another complimented "that everything is great in the centre". A resident stated that "I can make my own decisions and I feel well cared for” However, a number of relatives stated that they had complained about the lack of staff but there was some improvement on that now. Also laundry going missing was an issue identified by a number of relatives. These issues were looked into and discussed further in the body of the report. Family involvement was encouraged with relatives and residents stating they are welcomed at any time. The inspector saw numerous visitors in and out of the centre during the two day inspection. There was a residents committee which facilitated the residents' voice to be heard and this was run by activities staff.

The inspector found the premises; fittings and equipment were very clean and well maintained and that there was a good standard of décor throughout. There were numerous areas where residents could meet their relatives in private and plenty of communal and activity space available for residents’ use.

There was evidence of individual residents’ needs being met and the staff supported residents to maintain their independence where possible. Resident’s health and social care needs were met. Residents had comprehensive access to (GP) services, physiotherapy and occupational therapy services in the centre, and to a range of other health services. The nursing care provided was found to be evidence-based.

Residents could exercise choice in their daily life and were consulted on an ongoing basis. Residents could practice their religious beliefs and services were held regularly in the centre's oratory.

The inspectors identified aspects of the service requiring improvement particularly in relation to ensuring robust recruitment of all staff participating in the centre. Other areas included a further review of staffing in the evening, updating of a number of policies and procedures, improvements in complaints management, and protection of residents privacy and dignity. These are discussed under the outcome statements. The related actions are set out in the Action Plan under the relevant outcome.

These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The provider was required to complete an action plan to address these areas.

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

Outcome 01: 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:
A detailed Statement of Purpose was available to both staff and residents. It contained a statement of the designated centre's aims, objectives and ethos of care. It accurately described the facilities and services available to residents, and the size and layout of the premises. Ballincollig Community Nursing Unit caters for dependent persons over the age of 18, providing long long-term residential care, respite, convalescence, dementia and palliative care.

Recent changes to the management structure were also clearly outlined in the Statement of Purpose. The statement of purpose was found to meet the requirements of legislation.

Judgment:
Compliant

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:
The centre is owned by the HSE and is managed and operated by Mowlam Healthcare in a public private partnership. The centre was first registered in 2011. The person in charge was new to the centre and had been in post only a couple of months prior to the inspection. She had been person in charge of another centre with the Mowlam group prior to taking up this post and an interview was conducted with her during the inspection. The ADON had been in post for a number of years and an interview was also conducted with her during this inspection. Both displayed a good knowledge of the standards and regulatory requirements. The ADON deputised in the absence of the person in charge and the general manager visited the centre regularly. There were regular management and clinical governance meetings between the HSE and Mowlam Healthcare to review the service level agreement and performance of the centre and management team. The inspector was satisfied that there was a clearly defined management structure in place. The management team were proactive in response to the actions required from previous inspections.

The management team and staff demonstrated a commitment to continual improvement and quality assurance. There was a quality management system which included recording weekly collection of data on quality of care issues such as falls, pressure areas, restraint, responsive behaviours and numerous other areas. There was evidence of quality improvement strategies and monitoring of the services. There was a company audit management system in place which identified a timeline of audits to be completed during the year. The inspector reviewed audits completed by the person in charge and staff in areas such as infection control, medication management, health and safety, administration and financial audit, person centred care, care plans, health and wellbeing and falls audit. There was evidence of actions taken as the result the audits to improve the quality of care for the residents. The person in charge and ADON regularly received feedback from residents and relatives via the residents' forum and through relatives' meetings. There was also evidence of consultation via a residents' survey and the inspectors were informed that issues identified were generally actioned and resulted in improvements to the service provision. The inspectors looked at accidents and incidents that had occurred in the centre and found they were all recorded in line with best practice.

The management team had completed a very comprehensive 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 HIQA under section 8 of the Act for 2016. The annual review outlined service developments, audits undertaken, complaints, results and feedback from resident and relatives' surveys. It outlined the improvements made in 2016 and outlined the quality improvement plan for 2016. The inspectors were satisfied that the quality of care is monitored and developed on an ongoing basis and that the action taken in response to findings or trends identified generally resulted in enhanced outcomes for residents in areas audited.

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:
A guide to the centre was available at reception and in all residents' rooms.
Each resident was provided with a written contract on admission, as required under Regulation 24 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.
This contract detailed services covered under the overall fee for the designated centre, which included; bed and board, nursing and personal care, bedding, laundry, basic aids to assist with activities of daily living, social programmes and activities, daily newspapers, multi-channel television and access to certain allied health professionals. Fees for additional services such as hairdressing were also listed and pricelists were available throughout the centre.

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

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

Findings:
The person in charge was new to the centre and had been in post only a couple of months prior to the inspection. She had been person in charge of another centre with the Mowlam group prior to taking up this post and an interview was conducted with her during the inspection. The person in charge displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

The inspector interacted with the person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis. The

inspector was satisfied that she was a registered nurse, was suitably qualified and had a minimum of three years experience in nursing of the older person within the previous six years, as required by the regulations. There was evidence that the person in charge had a commitment to her own continued professional development and was currently undertaking a master's degree in quality and safety in healthcare management.

Staff, residents and relatives identified her as the person who had responsibility and accountability for the service and said she was approachable and were confident that all issues raised would be managed effectively.

Judgment:
Compliant

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

Findings:
Inspectors found that the designated centre had all of the written operational policies as required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. While many of these were comprehensive and referenced the latest national policy, guidance and published research, some did not and were generic and not specific to Ballincollig Community Nursing Unit. The policy on admissions did not contain any detail with regard to respite admissions despite the high number of respite residents on a weekly basis and the centre's employment of a dedicated respite admissions nurse. The staff training and development policy did not contain details of the annual mandatory in-house training programme or other training facilitated by the designated centre in order to meet the dignity and care needs of residents. These policies were available on all units and signed off as reviewed by staff.

The Directory of Residents established under Regulation 19 was maintained and generally contained all the required information with the exception of omitted addresses for residents' next of kin for recent admissions.

Inspectors reviewed a sample of staff files and found that they generally contained all of

the information required under Schedule 2 of the Regulations. However gaps in CVs were inadequately explained by staff working in the centre as required under Schedule 2.

Inspectors saw that all records were securely stored and easily retrievable. Evidence was also seen that the centre was adequately insured against injury to residents and loss or damage to residents' property.

Judgment:
Substantially Compliant

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 centre had informed HIQA of a change to the person in charge as required by legislation. There were suitable arrangements in place should the person in charge be absent from the centre. There was an Assistant Director of Nursing (ADON) and two senior Clinical Nurse Managers (CNM). The ADON was appointed to deputise for the person in charge in her absence was interviewed by the inspector during the inspection and she demonstrated good knowledge of the legislation and the standards and her responsibilities when acting person in charge.

There were four CNM1's who took responsibility for each of the units and were interviewed by the inspector during the inspection and were found to have the relevant experience in nursing the older adult and dedicated to their units. The CNM's were also part of the management team to support the person in charge and ADON and take charge of the centre in the evenings and weekends.

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:
The inspectors found that there were a number of measures in place to protect residents from suffering harm or abuse. Staff interviewed demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspectors saw that safeguarding training was on-going on a very regular basis in-house and training records confirmed that staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. Residents indicated that they could speak to the person in charge or any member of staff if they had any concerns and confirmed that they felt safe and were well looked after in the centre. The inspectors saw that previous allegations of abuse were appropriately handled, investigated, actioned and reported in line with the centres policy and legislative requirements. However, the inspectors were not satisfied that appropriate safeguarding measures were applied to all recruitment in the centre. Although all staff had been appropriately vetted prior to working in the centre, there was a lack of evidence of appropriate supervision put in place when issues were identified on vetting which could have put residents at risk in the centre. Although this is no longer a risk as the staff member is not currently working at the centre, the inspectors found that the recruitment and supervision process was not sufficiently robust.

The provider facilitated some residents in the management of their finances and the inspectors reviewed the systems in place to safeguard residents' money. The inspectors saw there was a robust system in place with a computerised system backed up by a paper system with double signatures on transactions. Residents' finances and valuables handed in for safekeeping were all stored in safes in the administrator's office and finance offices. Residents' finances were subject to audit internally and externally by the administration manager. The centre acts as pension agents for a number of residents and the administrator confirmed to the inspectors that residents with consistent credit balances, where the amount received continues to exceed their weekly fees, have their surplus funds transferred into a designated resident account. There is one designated resident bank account for the Mowlam nursing homes. Any interest accruing on the funds held in this account are allocated on a pro-rata basis to the residents.

The inspector reviewed the policies on meeting the needs of residents presenting with responsive behaviour and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible however this was a generic policy and had not been made centre-specific. The inspectors found there had been a high level of bed-rail usage

in the centre and the person in charge confirmed that staff continued to promote a reduction in the use of bedrails, there had been 30 residents using bedrails as a form of restraint but staff had reduced this to 16 full bedrails in use on the days of the inspection. The inspectors saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents. The inspector reviewed a sample of files of residents using bedrails and found that risk assessments were in place and the person in charge informed the inspectors that she was working on implementing a new more detailed assessment and ensuring further alternatives to restraint were implemented. Regular checks of all residents were being completed and documented. However regular safety checks were being carried out but delays were seen between the timing of checks and its recording.

The inspectors observed that residents generally appeared relaxed, calm and content during the inspection. Inspectors reviewed a sample of files of residents presenting with responsive behaviours and noted that comprehensive care plans were in place to guide staff in addition to behavioural support plans. There was evidence of regular involvement of psychiatric services including specialist nurse review and review by the psychiatrist as required.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care and in dealing with responsive behaviours over the last number of years.

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):
No actions were required from the previous inspection.

Findings:
Ballincollig Community Nursing unit had policies and procedures relating to health and safety and an up-to-date health and safety statement. However, the risk management policy did not include all of the items set out in regulation 26(1) in that the measures and actions in place to control the risk of accidental injury was not included. Risks were assessed, prioritized and addressed using action plans contained within a risk registrar. Additional hazard identification and risk assessment was required in respect of oxygen storage and access by residents to a balcony where smoking was permitted. An emergency response plan contained instructions for how to respond to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

The centre's electronic healthcare management system was used to record and audit incidents and accidents. Risk rating, actions to address the risk and prevent reoccurrence, were included under each entry.

Inspectors found suitable fire equipment was available throughout the centre and that bedding and furnishings were made of fire retardant material. Fire evacuation procedures were prominently displayed. All staff had participated in mandatory annual fire training and regularly practiced drills. A manual call point was tested on a weekly basis, followed by an inspection of door release mechanisms and the fire panel. A fire register was available at reception which included in-house tests carried out. However, the format of this fire register did not cover all in-house tests recommended by HIQA as best practice in, Fire Precautions in Designated Centres, 2016.

The designated centre employed a full-time external contractor to maintain and service equipment. Records were kept to a high standard and a software system was used to log both preventative and reactive maintenance. Slings, hoists and over head rails were serviced biannually. Other assistive equipment, fire equipment, emergency lighting and the fire detection system were all serviced within specified timeframes.

The environment was observed to be very clean and cleaning staff were seen throughout the centre. Personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. Hand hygiene and infection control training was on-going and staff demonstrated good hand hygiene practice as observed by the inspectors. Arrangements for the disposal of domestic and clinical waste management were appropriate.

Judgment:
Substantially Compliant

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:
The policies on medication management were made available to the inspector. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were comprehensive and evidence based. However, the policy was a generic Mowlam policy and did not fully outline the specifics of medication management in the centre. The policies were updated during the inspection. Medicines for residents

were supplied by a community pharmacy and residents had access to their pharmacy of choice. Records examined confirmed that the pharmacist was facilitated to meet his/her obligations as per guidance issued by the Pharmaceutical Society of Ireland and had made themselves available to residents and relatives.

Medicines were stored in a locked cupboard or medication trolley. Medications requiring refrigeration were stored securely and appropriately. Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications with the nurse which accorded with the documented records.

Medication administration was observed and the inspector found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais and adopted a person-centred approach. Purple tabards were worn alerting staff and residents of the need not to be disturbed during the administration of medications. Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection.

A sample of medication prescription records was reviewed. Where medicines were to be administered in a modified form such as crushing, this was prescribed individually by the prescriber on the prescription chart. The nursing staff showed the inspector a folder with a list of all medications that could and could not be crushed and they demonstrated their knowledge of medications that could not be crushed. The folder also contained information on best practice guidelines, administrative practice, clinical reviews, resident medication reviews which were found to be very comprehensive. The maximum dose for 'as required' medicines was specified by the prescriber.

Nurses were seen to transcribe medications but this was completed in line with best practice guidelines and the practice of transcribing was completed by senior nurses only. There had been an on-going medication audit taking place in the centre with the last audit dated February 2017. There was evidence of actions taken as a result of audits and improvements to practices. All nursing staff underwent a medication competency assessment by a senior nurse. All new staff had to undertake three satisfactory supervised medication administration rounds before they were allowed to administer medications unsupervised. Medication errors were recorded and appropriate action taken and medication management training was ongoing for all nursing staff.

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:
The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 have generally been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents as required. However there had been two incidents of theft in the centre in 2016 that were not notified to HIQA in the quarterly notifications as required by legislation.

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

Findings:
Inspectors found good evidence throughout the two days of inspection that each resident's wellbeing and welfare was well maintained. Staff were observed providing care in a respectful and sensitive manner and it was obvious to the inspector that staff knew each individual resident and their individual care needs very well. A relaxed and friendly atmosphere was noted throughout.
The centre provided care to 80 long stay residents and twenty respite or convalescence residents.

There was evidence that residents had frequent review by general medical practitioners and if required they also had access to specialist medical care. There had been a recent change to the medical practice providing medical care to the residents in the centre but the centre continued to have daily access to medical staff. Residents also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, and podiatry and ophthalmology services. All these services were available in the centre. Residents in the centre also had access to the specialist mental health of later life services as required.

Residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Residents generally had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs.

The inspectors reviewed care plans for residents and these were seen to be person centred and reviewed at least four monthly. Residents and/or their relatives confirmed their involvement in the development of care plans. Care plans were maintained on an electronic system and there were facilities in the centre for care staff to update resident files after care was delivered. Care plans were easy to follow, up to date and were individualised. Some care plans were seen to include very detailed person centred information on how and what the resident likes to eat, areas of risk for the resident, areas the resident finds difficult, and other things staff need to know about the resident. These support plans were maintained in folders on the unit and were made available to all staff to ensure the care provided is in compliance with the resident's wishes and plan of care.

Good wound care management was evident in the centre and there was evidence that wound care was evidence based. The inspectors saw detailed scientific assessments and measurements of wounds. Photographs of wounds were maintained for comparative purposes and inspectors saw that wound healing was promoted and evidenced in the centre. Staff spoken to were knowledgeable in relation to wound care and confirmed that a number of nursing staff had undertaken wound care training. The inspectors also noted that attention was given to promoting continence and assessments were completed to ensure correct use of continence products.

Inspectors observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met. Residents, where possible, were generally encouraged to keep as independent as possible and the inspector observed some residents moving freely around the corridors, in communal areas and in the grounds of the centre and many were seen to attend the physiotherapist for individual and group exercises.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
Ballincollig CNU is a two-storey building divided into four units with 25 beds in each unit and a single storey therapy block with treatment rooms, staff facilities, and main kitchen. The site includes considerable landscaped gardens and two large enclosed courtyards with ample seating provided at various locations. The premises were generally suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. Overall, the design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile.

The front entrance opens into a large foyer containing a reception area. To the right of the foyer is the first residential unit, the Bride unit and immediately to the left are two large size lifts to the first and second floors and a corridor containing a number of administration offices. Immediately behind the foyer there is the therapy block with occupational and physiotherapy activities rooms and offices, and the main kitchen and staff meeting, changing and restrooms.

The first floor is accessed via the lifts and opens into a large corridor which is bright and airy, and contains a variety of seating options and pleasant views of the surrounding countryside. From this corridor access is obtained to the second and third residential units the Laney and Maglin units. The fourth residential unit is the Shournagh unit on the second floor.

Each of the four residential units is designed in a rectangular pattern with rooms off one side of a corridor arranged to provide a view of internal courtyards. Residents' accommodation in the four units comprises a total of 68 single bedrooms, eight twin-bedded rooms, and four four-bedded rooms; all bedrooms have en suite facilities comprising a shower, toilet and wash-hand basin. Each individual unit has 17 single bedrooms, two twin-bedded rooms and one four-bedded room. Each unit has been designated for residents with high support needs with a main nurses' station located in the centre of each unit, and a nurse's observation station located at the opposite end of each unit. All units consist of a similar configuration of accommodation with minor variations in the layout and size of dining rooms, sitting rooms and quiet rooms, and various storage areas and cleaning rooms. An assisted communal toilet and bathroom are adjacent to the nurses' station in each unit.

There was a functional call bell system in operation and staff appeared to respond promptly to residents that called via this system. The inspectors saw that residents had access to equipment that promoted their independence and comfort. There were contracts in place to service equipment such as the hoists, call-bell system and on-going repairs to beds and special mattresses and up-to-date service records were available for all equipment on the day of the inspection. There were suitable staff facilities for changing and lockers were available for storage. There were suitable hand-washing facilities and there were separate toilet facilities for catering staff.

Residents had access to safe and secure gardens which were well maintained and provided a tranquil place for residents to walk around in.

Judgment:
Compliant

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:
Inspectors found there was a complaints process in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The process included an appeals procedure. The complaints procedure, which was prominently displayed, did not meet the regulatory requirements. The policy differentiated between verbal and complaints of a significant nature, directing that verbal complaints just documented in residents' records. This is contrary to the requirements of legislation which states that complaints are properly recorded and that such records are in addition to and distinct from a resident's individual care plan.

The inspectors saw that a number of complaints had not been logged in the complaints log. Therefore there was no evidence of action taken and outcomes documented in accordance with best practice and that feedback was given to the complainant. There was evidence that newer complaints were being documented in the log and being investigated and actioned appropriately but the inspectors required the whole system of complaint management in the centre required review.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
Resident's religious needs were facilitated with mass taking place weekly in the centre and the rosary said frequently. Mass took place during one of the days of the inspection and a large number of residents attended along with their family members. Residents from other religious denominations were visited by their ministers regularly as required. The inspector reviewed the centre's policy on end-of-life care which was seen to be comprehensive to guide staff in providing holistic care at the end of life stage. The inspectors reviewed a sample of residents' care plans with regards to end-of-life care and noted that they comprehensively recorded residents' preferences at this time. All information was accessible to staff and staff indicated that relevant information was shared at report handover time. Most residents stated that in the event that their needs changed in the future they would prefer to be cared for in the centre.
Inspectors saw that there were two residents at end of life during the inspection. One relative spoke to the inspector and confirmed that staff were so supportive to them as a family and were providing excellent care to their relative. Families were facilitated to stay overnight and to be with the resident and facilities were provided to ensure their comfort.

Staff training records indicated that a number of staff had attended training on palliative care issues including spiritual care, psychological support, pain management and communicating with the bereaved relatives. The person in charge stated that the centre was well supported by the specialist team from the local community. Records which the inspector viewed indicated that the palliative team were responsive to the GP and the staff in providing specialist advice in pain relief and symptom management.

Overall the inspectors found that care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy.

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:
A ten day rolling menu cycle was used in Ballincollig Community Nursing Unit which provided ample choice and residents were complimentary about this menu choice. Daily menus were displayed throughout the centre. Texture modified and special diets,

including gluten free or low fat diets, were available. Residents also had access to snacks throughout the day and night. Coffee and vending machines were available for resident and relative use. Inspectors saw that residents had easy access to drinks and fresh drinking water.

Monthly audits took place on each unit to inform the main kitchen with regard to any changes to the consistency of meals or thickening of fluids for residents. Dieticians attended the designated centre twice a week and communicated any changes directly to kitchen staff. White boards were used in both the main kitchen and unit galleys to communicate residents' special dietary requirements and preferences to all staff.

The main kitchen was clean, spacious and well laid out. Both dry storage units and cold storage units were well stocked with food. Food samples sent for bacteriological analysis and the results of an Environmental Health Officer audit were considered satisfactory. Hot meals were dispatched from the main kitchen to the four unit galleys. Temperature probe records indicated no significant drops in temperature. Residents and relatives described meals as hot and nutritious.

Staff on each unit had been trained on how to thicken fluids. All kitchen staff had had recent training with respect to food safety. One kitchen staff member organised in-house, Hazard Analysis and Critical Control Points (HACCP) training.

Separate dining facilities were available on each unit. These were clean and cheerfully decorated. Tables were appropriately set and specialised cutlery and crockery was made available if required. Most residents saw mealtimes as a social opportunity to engage in conversation with other residents and most residents attended the dining room for their meals. Staff provided assistance with meals in a sensitive and discrete manner, helping residents to enjoy the overall dining experience.

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:
Feedback from questionnaires distributed prior to the inspection, and interviews with residents and relatives during the inspection, confirmed that residents and relatives

were generally happy with the care provided, facilities and staff in the centre.

An annual satisfaction survey carried out by the centre found high levels of satisfaction with how services were provided. Feedback was also sought through resident and relative meetings conducted on a quarterly basis. Minutes of these meetings were seen by the inspectors which confirmed good attendance at meetings. Numerous areas of service provision were discussed and representatives were at the meeting from all departments to answer questions.

Residents were facilitated to exercise their civil, political and religious rights. A secure ballot box brought to the centre under Garda supervision, enabled residents to participate in the election process. Residents were kept informed of local and national events through the availability of newspapers, radio and television. Inspectors noted the popularity of rosary and mass with residents during the inspection.

The centre employed six activities coordinators who engaged residents in daily activities such as bingo, pet therapy, quiz, Sonas, imagination gym and singing workshops. Activities coordinators were encouraged by management to attend courses to enhance the lived experience of residents. One initiative successfully introduced was called "Singing for the Brain". Other events organised included garden summer parties, tea parties, opera singers and folk musicians. Residents chose whether or not to participate, and those who did, seemed to enjoy the experience. The inspectors saw a number of different activities taking place throughout the two day inspection including a very popular music session, exercise sessions, imagination gym sessions and one to one work with the physiotherapist and activity staff.

An open visiting policy was in place at the centre and space was available for residents to receive visitors in private. Inspectors saw and met numerous visitors throughout the inspection. Visitors were restricted at a resident's request. Residents also had access to a portable private phone to make phone calls.

CCTV was in place in a number of locations on corridors and external to the building taking account of security risks but also mindful not to intrude on the privacy of residents. Doors to resident's private accommodation were fitted with locks suited to a resident's capabilities and two options for private lockable storage were available in each room.

A memorandum of understanding had been signed with an advocacy service. Posters with the name, photograph and phone number of the advocate were on display at the entrance and throughout the centre.

Staff were aware of the different communication needs of residents recorded in care plans. However, it was highlighted in questionnaires and surveys, that some staff had a poor standard of English, and the person in charge was looking into same to ensure the delivery of care was not adversely affected.

Residents privacy and dignity was generally protected with screening in four-bedded and twin rooms however the screening in the twin rooms did not fully encase the bed and therefore did not protect the privacy of the resident living in that room. The four bedded

rooms did not promote the privacy and dignity of the long stay residents living there who regularly had to share their rooms with different respite residents every week.

Judgment:
Substantially Compliant

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:
The inspector viewed the centre's policy on the protection of residents' accounts and personal property. There was evidence from residents and relative questionnaires and from complaints that there had been ongoing issues with the laundry. However during the inspection inspectors were told by residents, relatives and staff that there had been an improvement in the management of residents clothing. There was a label machine in the laundry room for the labelling of residents' clothes and the inspectors saw that clothing was now discretely labelled with the residents name. Staff were more vigilant to ensure clothing went into the correct bags for external laundering. This had minimised the amount of clothing that had gone missing and the person in charge assured the inspectors that they were implementing a more robust system to safeguard residents clothing.

A large number of single bedrooms and twin rooms were seen to be much personalised with residents' photos rugs blankets and personal possessions. There was plenty of storage space for residents clothing and two areas of locked storage was provided. However the four bedded rooms appeared to generally lack any personalisation which was fine when used for respite residents but on some units the four-bedded room were used for long stay residents.

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:
Based on inspection findings, inspectors were satisfied that the centre had sufficient staff with appropriate skills, qualifications and experience to meet the assessed needs of residents and the size and layout of the designated centre during the day and at night. However, staffing levels during twilight hours were of concern to staff, residents and relatives. Two of the four units in Ballincollig Community Nursing Unit had additional staff from 18.00 to 22.00, when medication rounds were taking place and residents requested to go to bed. But two units only had one nurse and one care staff. the inspectors required that this was kept under review with the increased dependency needs of the residents. Because of the high turnover of respite residents, often with high dependency needs, staff could be put under increased pressure at times. But two units only had one nurse and one care staff. the inspectors required that this was kept under review with the increased dependency needs of the residents. Turnover of staff was also commented on during the inspection process as the centre had lost a lot of nursing staff. The person in charge informed the inspectors that they now had recruited new staff and staffing levels were stable. An actual and planned roster was maintained in the centre with any changes clearly indicated.

Inspectors viewed evidence that most staff were recruited, selected and vetted in accordance with best recruitment practice and in line with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All staff nurses had up-to-date registration with An Bord Altranais agus Cnáimhseachas na hÉireann. Volunteers were supervised appropriate to their level of involvement in the centre. However, as described under outcome 7 safeguarding more robust recruitment was required.

The inspector found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the residents. Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspectors throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspectors saw records of staff and management meetings at which operational and staffing issues

were discussed. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspectors found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories and particularly knowledgeable about dementia care. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place and staff had received up to date training in fire safety, safeguarding responsive behaviours and safe moving and handling. Dementia specific training had been provided to a large number of staff. Other on-going training included infection control, end of life, continence promotion, food and nutrition, hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including medication management and wound care.

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Ballincollig Community Nursing Unit
Centre ID:	OSV-0000712
Date of inspection:	25/04/2017
Date of response:	22/05/2017

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 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:
Inspectors found that the designated centre had all of the written operational policies as required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. While many of these were comprehensive and referenced the latest national policy, guidance and published research, some did not and were generic and not specific to Ballincollig Community Nursing Unit. The policy on admissions did not contain any detail with regard to respite admissions despite the high number of respite residents on a weekly basis and the

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

centre's employment of a dedicated respite admissions nurse. The staff training and development policy did not contain details of the annual mandatory in-house training programme or other training facilitated by the designated centre in order to meet the dignity and care needs of residents.

1. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
All policies are now specific to Ballincollig Community Nursing Unit.

The admissions policy has now been updated to include details of respite admissions procedure, including the role of the admissions nurse.

Staff training and development policy has also been updated to include details of the training programme.

Proposed Timescale: 09/05/2017

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Directory of Residents established under Regulation 19 omitted addresses for residents' next of kin.

2. Action Required:
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

Please state the actions you have taken or are planning to take:
The Directory of Residents has been updated to include address details for all residents' for next of kin.

Proposed Timescale: 09/05/2017

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Gaps in CVs were inadequately explained by staff working in the centre as required under Schedule 2.

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:
The staff member who's CV was found to have gaps has now been updated to include full employment details. The Person in Charge will monitor the comprehensive screening process that is in place for recruitment to ensure required documentation meets legislative requirements.

Proposed Timescale: 09/05/2017

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:
The inspectors were not satisfied that the centre had taken all measures in the recruitment and supervision of staff to protect residents.

4. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
The Registered Provider and Person in Charge are committed to the protection of residents from abuse. The Person in Charge will ensure that all safeguards are in place regarding recruitment and supervision of staff and will monitor compliance with these.

Proposed Timescale: 09/05/2017

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:
The risk management policy set out in Schedule 5 did not include the measures and actions in place to control accidental injury to residents, visitors or staff.

5. Action Required:
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management

policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
A section detailing measures and actions in place to control accidental injury to residents, visitors or staff, will be added to the risk management policy, in line with the existing risk assessment.

Proposed Timescale: 30/05/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Additional hazard identification and risk assessment was required in respect of oxygen storage and access by residents to a balcony where smoking was permitted.

6. 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:
Risk assessments have been completed in respect of oxygen storage and access by residents to the balcony where smoking is permitted. There are individual risk assessments in place for all residents who smoke, detailing habits, preferences and supervision required.

Proposed Timescale: 09/05/2017

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:
There had been two incidents of theft in the centre in 2016 that were not notified to HIQA in the quarterly notifications as required by legislation.

7. 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:

The person in charge will ensure that all notifiable events are reported to the Authority as required and will review all records of incidents and complaints regularly to ensure that this is done in line with legislative requirements.

Proposed Timescale: 09/05/2017

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:
All complaints were not recorded in compliance with legislation

8. Action Required:
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

Please state the actions you have taken or are planning to take:
Complaints and investigations are now being documented appropriately in the complaints log. Complaint reviews are in place as part of the monthly nursing home review. Staff practice and compliance in reporting, recording and resolving complaints will continue to be monitored closely.

Proposed Timescale: 09/05/2017

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure required review to meet legislative requirements

9. Action Required:
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

Please state the actions you have taken or are planning to take:
The complaints procedure has been reviewed to state that all complaints are to be documented in the complaints log. The updated policy and flow chart has been circulated to all departments.

Proposed Timescale: 09/05/2017

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:** Residents privacy and dignity was generally protected with screening in four-bedded and twin rooms however the screening in the twin rooms did not fully encase the bed and therefore did not protect the privacy of the resident living in that room. **10. 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:** The privacy screening in twin rooms will be adjusted to ensure appropriate privacy arrangements for all residents in shared rooms.
Proposed Timescale: 30/05/2017