

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rochestown Nursing Home
Centre ID:	ORG-0000275
Centre address:	Monastery Road, Rochestown, Cork.
Telephone number:	021 484 1707
Email address:	rochestownnursinghome@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brenda O'Brien
Provider Nominee:	Brenda O'Brien
Person in charge:	Vijayalakshmi Dhanasekaran
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
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 judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

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

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 February 2014 10:00 To: 05 February 2014 17:30

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

Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an unannounced monitoring inspection which took place over one day. As part of the process, the inspector met with residents, staff, visitors and deputy nurse in charge key senior management (KSM), provider and administrator. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, contracts of care and medication management.

This was the 10th inspection undertaken by the Health Information and Quality Authority (the Authority), the most recent being 13 June 2013. Actions arising out of that inspection to comply with Regulations related to:

- 1) designated medication fridge
- 2) recording of residents' personal property
- 3) premises.

Action 1 and 2 were completed, however, issues identified with the premises were unresolved.

Throughout the inspection the KSM demonstrated good clinical knowledge and a commitment to learning to ensure continuous improvement. Residents gave positive feedback regarding care and welfare in the centre.

However, there were limitations within the physical environment which negatively impacted the freedom, choice, privacy, dignity and autonomy of residents along with infection prevention and control risk. These were identified in previous inspection reports and will be discussed under outcome 12.

Other improvements were identified to comply with the Regulations related to:

- 1) infection prevention and control
- 2) policy and procedures including medication management
- 3) staff files, staff training records and staffing levels
- 4) fire safety
- 5) mealtimes
- 6) premises.

The Action Plan at the end of the report identifies improvements necessary to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents had contracts of care in place and samples of contracts of care for residents were examined by the inspector. The contracts of care were maintained as part of residents' nursing documentation and the contracts listed the fees to be charged, however, additional fees to be charged were not identified. Contracts viewed were signed within one month of admission by either the resident or their next of kin.

Judgement:

Non Compliant - Minor

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was not on duty for the inspection, however, the key senior manager was the acting person in charge. The key senior manager demonstrated competence and commitment to delivery of person-centred care as well as quality improvement. She displayed a good working knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Judgement:

Compliant

Outcome 06: 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.***Theme:**

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

New policies, procedures and guidelines were being developed to ensure compliance with new legislation. These were in draft form and the provider outlined that they required review by herself, the administrator, person in charge and KSM to ensure that centre-specific processes and methodology were described. The policy on the prevention, detection and response to abuse was part of the policy review. Recourse to the Authority formed part of this policy and it was relayed to management that this information should be included in the residents' guide only.

The administrator confirmed to the inspector that all staff had completed their training in adult protection. Staff spoken with were aware of their responsibility and actions necessary to ensure safety of residents in their care.

Each resident had a lockable unit in their bedroom for their petty cash and other valuables and a log book for transactions. Residents and staff co-signed financial transactions in line with best practice. The administrator reported to the inspector that receipt of other monies was not co-signed. The inspector highlighted this to management as a potential risk.

Closed-circuit television (CCTV) was in place and it monitored public areas only, i.e. the main corridor, two sitting rooms and external grounds.

Judgement:

Non Compliant - Minor

Outcome 07: 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:

No actions were required from the previous inspection.

Findings:

A new comprehensive health, safety and risk management policy was in place and the provider outlined that it was in the process of implementation.

Suitable fire equipment was provided and fire exits were unobstructed during the inspection. The fire safety records were examined by the inspector. Daily and weekly fire checks were performed. There was certification evidence for annual servicing of fire safety equipment and the most recent was January 2014. However, quarterly servicing of the fire alarm system was not evidenced. Staff training in fire safety was up-to-date.

A visitors' sign in/out book was easily accessible at the entrance lobby. There was evidence that visitors entering and leaving the building signed the book.

There were hand hygiene foam dispensers wall-mounted throughout the centre with associated best practice guidance for their use. Protective equipment was also wall mounted and this included disposable gloves and aprons. The inspector observed staff completing hand hygiene throughout the day. While staff donned a designated protective coat prior to entering the kitchen, the inspector observed that many opportunities for hand hygiene were not taken, prior to entering the kitchen. This was identified as a potential health and safety risk.

The inspector noted a large plastic container holding an uncovered 60mls syringe on a resident's bedside locker. This syringe was used for irrigation purposes and was not maintained in line with evidence-based best practice guidelines.

The inspector saw evidence of the use of assistive devices, for example, hoists, wheelchairs, walking aids and specialist seating provided for residents' use. There was evidence that equipment used in the centre was regularly serviced by an external contractor. Appropriate risk assessments were completed for residents requiring hoist assistance.

Judgement:

Non Compliant - Moderate

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

A new draft medication management policy relating to the ordering, prescribing, storing and administration of medicines to residents was in place. This was reviewed by the inspector and then discussed with the KSM. While it was acknowledged that this was in draft form, the narrative did not describe the detailed centre-specific process outlined by the KSM. A definition of transcription was part of the policy, however, it did not indicate if transcription occurred in the centre.

The inspector reviewed a sample of residents' management charts which demonstrated that residents had regular prescription reviews. Maximum dosages of 'as required' medications was evidenced in charts reviewed. There was a nurses' signature sheet in place as part of medication management. Photographic identification was in place as part of residents' prescription sheet and consent for photographs was signed by residents. A system was in place to check medications received from the pharmacist to ensure they were correct.

Previously it was identified that temperature of the medication fridge was not monitored; this was remedied and the provider demonstrated daily recording of fridge temperatures.

There were no controlled drugs in the centre at the time of inspection. The KSM demonstrated the controlled drugs books, one for medication administration and the second for the 'twice daily' drugs count in line with professional guidelines. Neither 'near miss' or medication errors were recorded. The value of recording 'near miss' was discussed with the KSM who acknowledged this as a worthwhile practice to mitigate the risk potential medication errors.

Judgement:

Non Compliant - Moderate

Outcome 09: 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:

No actions were required from the previous inspection.

Findings:

The administrator had responsibility for submission of notifications to the Authority and demonstrated knowledge of his regulatory accountability. Notifications were submitted to the Authority in a timely manner. The notifications reviewed correlated with the accident/incident log documentation and residents' nursing notes.

Judgement:

Compliant

Outcome 10: Reviewing and improving the quality and safety of care*The quality of care and experience of the residents are monitored and developed on an ongoing basis.***Theme:**

Effective Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence of quality improvement strategies and monitoring of the services. The risk register detailed potential risks of each resident following appropriate clinical risk assessments. Weekly data collection for quality of care included, for example, falls, pressure sores, restraint, missing persons and challenging behaviour. This quality initiative was discussed with the provider who outlined this strategy had just commenced and that results would be graphed to easily identify trends and inform practice.

Judgement:

Compliant

Outcome 11: Health and Social Care Needs*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of the residents' medical notes and found that residents had timely access to GP services and appropriate treatment and therapies. There was evidence of referral to specialist/allied healthcare services, particularly for residents with diverse needs and co-existing complex medical conditions. These included

access to dental, optical, speech and language therapy (SALT), psychiatry, physiotherapy, occupational therapy, chiropody, dietetic services, access to specialist palliative care services, surgical and medical specialities.

Each resident had an individual care plan which detailed all relevant information about the resident on admission or transferred from another healthcare setting. There was evidence that all residents were weighed regularly in conjunction with an appropriate nutritional risk assessment. While relevant risk assessments of residents were carried out, some had not been updated in some time; the provider had just completed an audit on nursing documentation and the inspector's findings correlated with those audit results. There was evidence that care plans were reviewed with residents and/or their relatives. Staff spoken with by the inspector were knowledgeable about residents' health and social care needs.

There were opportunities available for residents to participate in activities. It was evident that the scope of activities available met the needs of residents with a cognitive impairment, in that capacity assessments were performed to ensure the activities schedule met these residents' needs. 'My Day My Way' information was captured for each resident. Residents spoken with by the inspector stated they enjoyed the activities, particularly the music and newspaper reading. The policy on challenging behaviour was being updated along with all other centre policies.

Risk assessments carried out on the residents who smoked included details regarding the level of supervision required while smoking. Staff were knowledgeable about the residents who smoked and knew the residents who required supervision while smoking. Staff were observed supervising residents who smoked. As per residents' care plan for smoking, cigarettes and lighters were kept secure in the nurses' office. The inspector observed residents asking the nurse for their cigarettes and lighters and noted that the lighters were returned afterwards.

Judgement:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

There were significant limitations within the physical environment which negatively impacted the freedom, choice, privacy, dignity and autonomy of residents and these have been described in detail in previous inspection reports. Comfortable chairs could not be accommodated alongside many residents' beds in multi-occupancy rooms; curtaining between beds to ensure privacy for residents was inadequate in some rooms; suitable storage facilities were not available for some residents or difficult to access; the décor throughout required attention; a suitable private area, separate from the residents' own private rooms was not available to residents.

The dining area was an open space with access to one sitting room, kitchen, garden, and nurses' station and was inadequate to accommodate all the residents together if they so wished. There were four tables which could seat four residents each. However, when all 16 residents were seated for lunch, the dining space appeared cramped. Meals and mealtime will be discussed under Outcome 15.

In addition, the building posed significant challenges for staff to adhere with best practice procedures and guidelines due to inadequate sluicing facilities and limited space in multi-occupancy bedrooms to safely operate assistive equipment.

Judgement:

Non Compliant - Moderate

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:

No actions were required from the previous inspection.

Findings:

The inspector reviewed a menu on offer and noted that a varied choice was available and alternative options were available on request. The inspector sat with some residents during lunch and residents spoken with gave positive feedback to the inspector regarding food. The inspector observed staff assisting residents with their meals in a respectful and discrete manner. The inspector noted from residents' care plans, those residents, who on their admission were assessed as being at risk of malnutrition, showed evidence of weight gain.

Residents who required assistance at lunch time were accommodated at the first sitting. However, this was 11:30hrs and first teatime sitting was 15:30hrs. It was reported to the inspector during the course of the inspection that breakfasts commenced at 7:00hrs. This was discussed with management and the inspector outlined that meal times were

not in compliance with either the National Standards or Regulations.

Judgement:
Non Compliant - Minor

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.

Theme:
Workforce

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

It was difficult to determine if the numbers of staff on duty during evening and night shifts were adequate to meet the assessed needs of residents, as there was no twilight shift and a reduction of staff levels over weekends. Nonetheless, if residents became more dependent, staffing levels would have to be reviewed to ensure quality care.

A sample of staff files were reviewed by the inspector. Items missing from staff files reviewed included:

- 1) Garda Síochána vetting
- 2) full employment history
- 3) three written references and evidence of verification of references.

Records of staff training were discussed with the administrator who outlined that a training matrix was being developed to enable easy identification of training needs to include alerts for mandatory training.

Judgement:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Rochestown Nursing Home
Centre ID:	ORG-0000275
Date of inspection:	05/02/2014
Date of response:	10/03/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Theme:
Leadership, Governance and Management

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

Additional fees charged were not identified as such.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

All additional fees charged to residents are identified on the contract.

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

Proposed Timescale: 14/03/2014

Outcome 06: Safeguarding and Safety

Theme:

Safe Care and Support

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

Recourse to the Authority formed part of this policy, however, this information should be included in the residents' guide only.

Action Required:

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

Policy in place. Removed HIQA's name from same.

Proposed Timescale: 14/03/2014

Theme:

Safe Care and Support

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

Receipt of monies other than petty cash were not co-signed in line with best practice guidelines for management of finances.

Action Required:

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

Residents/ Next of kin to sign receipt on payment.

Proposed Timescale: 14/03/2014

Outcome 07: 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:

Many opportunities for hand hygiene were not taken, prior to entering the kitchen.

Action Required:

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

A complete new set of Policies and procedures, including Health & Safety were in the progress of being developed and put in place at the time of inspection. These P&P are now in place.

Proposed Timescale: 14/03/2014

Theme:

Safe Care and Support

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

The inspector noted a large plastic container holding an uncovered 60mls syringe on a resident's bedside locker which was not used or maintained in line with best practice guidelines.

Action Required:

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

New policy and procedures implemented as set out above.

Proposed Timescale: 14/03/2014

Theme:

Safe Care and Support

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

Quarterly servicing of the fire alarm system was not evidenced.

Action Required:

Under Regulation 32 (1) (c) (iv) you are required to: Make adequate arrangements for the maintenance of all fire equipment.

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

Quarterly servicing to be implemented with immediate effect and service is booked to take place in proposed timeframe.

Proposed Timescale: 30/03/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

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

While it was acknowledged that this policy was in draft form, the narrative did not describe the detailed centre-specific process outlined by the KSM.

A definition of transcription was part of the policy, however, it did not indicate if transcription occurred in the centre.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Our policy clearly states that no transcribing is done in our nursing home. Medication management system in place since September 2011. New policy currently being reviewed and implemented.

Proposed Timescale: 14/03/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

Residents' care plans reviewed had not been kept under formal review as described in the Regulations.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

All care plans reviewed.

Proposed Timescale: 14/03/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective Care and Support

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

The size and layout of multi-occupancy rooms occupied by residents did not meet the needs of residents.

Comfortable chairs could not be accommodated alongside many residents' beds in multi-occupancy rooms; curtaining between beds to ensure privacy for residents was inadequate in some rooms; suitable storage facilities were not available for some residents or difficult to access; the décor throughout required attention.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

New chairs to be purchased, new curtain rails, and curtains to be provided.

Proposed Timescale: 30/04/2014

Theme:

Effective Care and Support

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

A suitable private area, separate from the residents' own private rooms was not available to residents.

Action Required:

Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

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

On receipt of planning permission we propose to add a new private room to the building.

Proposed Timescale: 30/06/2015

Theme:

Effective Care and Support

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

Sluicing facilities were inadequate.

Action Required:

Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

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

On receipt of planning permission we propose to add a new sluice room to the building.

Proposed Timescale: 30/06/2015

Theme:

Effective Care and Support

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

The décor throughout required attention.

Action Required:

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

Since last inspection on June 2013 all of nursing home painted and decorated. New timber flooring in all bedrooms as well as new profiling beds in all bedrooms.

Proposed Timescale: 14/03/2014

Theme:

Effective Care and Support

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

Suitable storage facilities were not available for some residents or difficult to access.

Action Required:

Under Regulation 19 (3) (m) you are required to: Provide suitable storage facilities for the use of each resident.

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

All residents have suitable storage including their own wardrobes, locker, and a secure safe.

Proposed Timescale: 14/03/2014

Theme:

Effective Care and Support

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

When all 16 residents were seated for lunch, the dining space appeared cramped.

Action Required:

Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

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

Two sittings in dining room. Residents on wheelchairs transfer to chairs.

Proposed Timescale: 14/03/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Mealtimes were not at times which may be reasonably required by residents: lunch time first sitting was 11:30hrs and first teatime sitting was 15:30hrs. It was reported to the inspector that breakfasts commenced at 7:00hrs.

Action Required:

Under Regulation 20 (5) you are required to: Provide meals, collations and refreshments at times as may reasonably be required by residents.

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

The mealtime sitting are as a result of residents' choice and for no other reason.

Proposed Timescale: 14/03/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

A review and risk assessment of the number and skill mix of evening and weekend staff levels was necessary to meet the assessed needs of residents, as there was no twilight

shift and a reduction of staff levels over weekends.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

Staffing levels are reviewed weekly with PIC and staff increased as per residents dependency levels.

Proposed Timescale: 14/03/2014

Theme:

Workforce

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

Items missing from staff files reviewed included:

- 1) Garda Síochána vetting
- 2) full employment history
- 3) three written references and evidence of verification of references.

Action Required:

Under Regulation 18 (1) you are required to: Put in place written policies and procedures relating to the recruitment, selection and vetting of staff.

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

Awaiting Garda vetting.

Proposed Timescale: 30/05/2014

Theme:

Workforce

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

Some staff references were not verified.

Action Required:

Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

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

References will be verified.

Proposed Timescale: Ongoing