

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Aras Mhuire Nursing Home |
| Centre ID: | OSV-0000190 |
| Centre address: | Greenville, Listowel, Kerry. |
| Telephone number: | 068 21 470 |
| Email address: | amnh@eircom.net |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Aras Mhuire Nursing Home Company |
| Provider Nominee: | John O'Keeffe |
| Lead inspector: | Mairead Harrington |
| Support inspector(s): | None |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 38 |
| Number of vacancies on the date of inspection: | 0 |

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

| | |
|---------------------|---------------------|
| From: | To: |
| 21 March 2017 07:00 | 21 March 2017 16:00 |
| 22 March 2017 09:15 | 22 March 2017 16:00 |

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

| Outcome | Provider's self assessment | Our Judgment |
|---|-----------------------------------|-------------------------|
| Outcome 01: Health and Social Care Needs | Compliance demonstrated | Substantially Compliant |
| Outcome 02: Safeguarding and Safety | Compliance demonstrated | Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | Compliance demonstrated | Substantially Compliant |
| Outcome 04: Complaints procedures | Compliance demonstrated | Compliant |
| Outcome 05: Suitable Staffing | Compliance demonstrated | Compliant |
| Outcome 06: Safe and Suitable Premises | Compliance demonstrated | Compliant |

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection that focused on six specific outcomes relevant to dementia care. The purpose of the inspection was to focus on the care and quality of life for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The provider had submitted a completed self-assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The inspection was unannounced and took place over two days. The inspection commenced at 7am on day one. At that time of the morning there were already two residents dressed and sitting in the conservatory entrance area of the centre. One of these residents commented that he routinely got up early and remarked on how nice it was to see the mornings brightening at this time of year. A staff nurse and two healthcare

assistants were on duty and confirmed to an inspector that almost all other residents were still in bed at this time. These staff explained that several residents would take their breakfast in bed and that most residents would attend the dining area for breakfast around 9am. This was observed to be the case. The inspectors were available to speak with residents and relatives during the inspection and a number of visitors came and spoke individually with the inspectors on both days. Staff were observed in the conduct of their daily duties and inspectors spoke with them in order to assess their understanding of their role in relation to policy and practice. The inspectors also met with the person in charge, a clinical nurse manager and senior nursing staff who were in attendance on both days of the inspection. Of the 38 residents who were in the centre on the days of the inspection, 11 had a confirmed diagnosis of dementia. The centre did not have a specific residential dementia unit and resident care was integrated throughout. Inspectors reviewed a number of care plans of residents with dementia, including processes around assessment, referral and monitoring of care. Inspectors also observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

The centre operated as a not-for-profit organisation and responsibility for overall governance rested with a board of directors. Care was directed through the person in charge, with accountability to the board via a nominated representative. The service had completed a dementia care self-assessment form in advance of the inspection. The self-assessment form compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People. The self-assessment overall reflected compliance with the requirements. The findings on this inspection generally concurred with this self-assessment. Some area for improvement was identified in relation to documentation and measures in place to protect privacy. In relation to residents' healthcare and nursing needs the inspection findings were positive with a high standard of care in evidence where assessed. The person in charge was present throughout the inspection and was responsive in providing information and responding to queries. Effective and appropriate communication and interaction between staff and residents with dementia or cognitive impairment was noted throughout the inspection.

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: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

Appropriate arrangements were in place to meet the health and nursing needs of residents with dementia. Admission procedures included an assessment, both before and on, admission by a suitably qualified person. Care plans were developed in line with admission assessments and residents' changing needs. A sample of care plans was tracked on inspection and it was found that timely assessments were carried out and reviewed in keeping with regulatory requirements. The care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment and skin integrity. Of the cases reviewed appropriate care plans were in place around the activities of daily living that covered 12 domains, and included areas such as nutrition, mobility and management of the behaviours and psychological symptoms of dementia. Specific care plans had been developed for all residents with dementia that addressed specific areas of risk, such as absconsion and personal evacuation plans. The person in charge confirmed that the centre was well resourced in relation to allied care services and that access to services such as speech and language therapy, physiotherapy, chiropody and dental and optical services was consistent and regular. The centre also had effective access to community mental health services. Consultancy services for gerontology were available on referral as required. Records confirmed that residents were regularly monitored and that routine observations were consistently documented. Skin integrity was monitored and appropriate wound management procedures were in place with access to appropriate resources such as a tissue viability nurse, as necessary. Inspectors noted examples of care where residents who had been admitted with significant mobility issues had been rehabilitated to a level of relative independence. A medical practitioner attended the centre on at least a weekly basis or as residents' needs required.

Appropriate policies were in place in relation to food and nutrition. Communication systems were in place to ensure that both catering and healthcare staff had a clear understanding of the individual needs of residents. These systems included written

records and verbal handovers on a daily basis. These systems were regularly reviewed with nursing staff where changes occurred, or for new admissions. Staff with responsibility for preparing and serving meals and drinks had received appropriate training to ensure that they were competent to observe the particular requirements of individual care plans. Members of care staff spoken with understood their responsibility to ensure food was the correct consistency in keeping with a care plan and the instructions to follow to ensure fluids were appropriately thickened. Plans of care were in place to direct staff in their care and a number of staff had received training in how to understand dysphagia. Staff understood how to respond if a resident began to choke and, when one resident was experiencing a coughing fit, the member of staff attending was seen to provide appropriate support to allow the resident to recover and continue with the meal. Staff were observed providing assistance at mealtimes to residents with dementia and the care was seen to be person-centred throughout. Residents were given time to take their food independently where they could and were encouraged to do so. Menus were regularly rotated and offered good choice and appropriate nutritional balance. Meals were seen to be freshly prepared and home baking was also provided. Meals were thoughtfully presented, including those for residents who required the consistency of their food to be modified. Residents had regular access to snacks and refreshments and these were seen to be offered and made available on a regular basis throughout the inspection. Specialised ware was in use where appropriate and utensils were designed to be easily used and recognised by people who might have a cognitive impairment.

A policy on the provision of care at end-of-life was in place that provided directions on the delivery of care to meet the physical, emotional, social, psychological and spiritual needs of the resident. An inspector reviewed end-of-life care and confirmed that appropriate arrangements were in place to manage the needs of residents and their relatives at this time. The person in charge also confirmed that the centre was well supported by community palliative care services. An inspector reviewed a sample of end-of-life care plans for residents with dementia or cognitive impairment and identified that documentation was in place to reflect advance planning in consultation with the resident and relatives. The information indicated that residents had had an opportunity to express their wishes and have these preferences recorded.

Processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Written policies and procedures were in place as required by the regulations. Medicine prescription and administration records were maintained appropriately and contained the necessary biographical information, including a photograph of the resident. Practice around the administration of medicine was observed in the course of the inspection and was noted to be safe and in keeping with guidelines. Administering staff were appropriately qualified and demonstrated a person-centred approach, taking time to explain to residents what was happening and staying with residents as necessary to answer their queries and ensure that the medicine provided was safely ingested. The use of psychotropic drugs was regularly monitored. Medication reviews with the pharmacist were undertaken quarterly; the most recent on 9 February 2017. Administering staff explained that where residents might refuse a medicine initially, practice was to re-offer the medicine a short while later. If the refusal persisted then a referral for review by the general practitioner (GP) was put in place.

The care plans assessed were regularly reviewed on at least a four monthly basis and records reflected consultation with residents and their families as appropriate. A regular audit of care plan management was in place that had last been completed in December 2016. The centre operated a system whereby a nominated member of the clinical staff team had responsibility for the oversight and monitoring of individual care plans. Based on observations, feedback and a review of documentation and systems, there was good evidence that suitable arrangements were in place to ensure that the health and nursing needs of residents with dementia or cognitive impairment were appropriately met. However, the layout of care plans did not always support access to information with documentation sometimes stored in several different files.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The culture of care at the centre promoted the continued autonomy of residents. Management articulated a commitment to a restraint free environment; a review of practice in this regard confirmed that bed-rails were in use in only two cases at the centre at the time of inspection. A review of care plans confirmed that appropriate assessments were carried out in relation to the use of bed-rails and that alternatives had been trialled and put in place where safely possible. Such alternatives included low beds, alarm sensors and safety mattresses for example. Records confirmed that the use of bed-rails was routinely monitored and that this monitoring was also subject to regular audit. The centre's policy on restraint set out an approach that considered the use of restraint only as a last resort, where other alternatives had been considered or trialled as appropriate.

A policy and procedure was in place on the management of residents' personal property. Residents were encouraged to manage their own finances either independently or with the support of family members. At the time of inspection the centre did not administrate individual accounts for any residents with a cognitive impairment. Systems were in place to safeguard residents' finances that included protocols on the recording of transactions with double signatures by staff, and the resident or a relative. This system was also monitored with oversight by regular internal audit. The centre operated as a registered charity and was subject to external financial auditing procedures in keeping with the principles of transparency and accountability.

A policy and procedures were in place for the prevention, detection and response to abuse that appropriately referenced national policy. Procedures included relevant directions on how to deal with allegations made against members of staff or management. Records indicated that a regular programme of training on safeguarding and safety was delivered by the centre and that all staff had received current training in this regard. The centre had been responsive in managing information that might raise possible allegations of concern and actions in this regard had been appropriately recorded and reported in keeping with statutory requirements. Residents spoken with by the inspectors remarked positively of their experience of care at the centre and stated that they felt they could discuss any concerns they might have with the staff or management.

A policy and procedure was in place on care and communication of residents with dementia dated October 2015. At the time of inspection management were in the process of rolling out extensive training in this area to a large number of staff. Inspectors reviewed care plans for residents presenting with such behaviours. These care plans included meaningful assessments and reviews around the circumstances that might lead to such behaviours, and also provided guidance on the strategies to manage these circumstances and alleviate anxieties for the residents. Where necessary, there had been consultation and input by specialists in areas of psychiatry and psychology. Appropriate monitoring systems were in place to ensure that the use of medication was proportionate to the assessed needs of residents; repeat instances of intervention using psychotropic medicine were routinely referred for review by the prescriber.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre implemented a policy and practice that supported residents in their civic and spiritual preferences. Residents were supported to vote and attend polling stations where possible. Religious ceremonies took place at the centre and access to pastoral care was arranged as required. There was a standing memorandum of understanding with an independent advocacy service that had been renewed on 13 April 2015. Arrangements were in place for a nominated advocate to attend the centre on a regular basis. Information was also on display providing the contact details for the national advocacy service. A residents' handbook was available that provided information for residents and set out the centre's commitment to rights-based care informed by the principles of dignity, autonomy, equality and choice. Regular resident council meetings

took place and minutes of these were available for reference. The person in charge confirmed that consultation with families and relatives took place on an ongoing basis. There were also opportunities, for those members of families who wished, to attend scheduled meetings at the centre.

There were no restrictive visiting arrangements and, on the days of inspection, a good number of visitors were observed spending time with residents in all areas of the centre. Feedback from visitors was consistently positive around their experience and observation of care at the centre. Accommodation at the centre was appropriate to the needs of the residents and provisions were appropriate to ensure that residents could undertake personal activities in private. However, one twin room was located just inside the entrance to the centre and the privacy of the occupants of this room could not be adequately protected from general observation by anyone attending the centre.

The centre had several employees dedicated to the provision of a broad range of activities. The programme of activities included those specifically designed to support the needs of residents with dementia or a cognitive impairment, such as exercise classes, musical entertainment, gardening, day trips, quiz sessions and story-telling. An art therapist attended the centre several times a week and provided activation in both small groups, and on a one-to-one basis, for all residents with a cognitive impairment. The programme provided a comprehensive 7 day schedule of activities, at no additional charge to residents. The person in charge explained that the centre had obtained a transport vehicle since the last inspection and that residents could now go on day trips and outings. There was evidence that residents with dementia were supported to go out and socialise in the local town and that trips to amenities, such as the aquarium took place. A hairdresser regularly attended the centre and there was an appropriately equipped facility to support this service. All residents could access the secure and well maintained grounds. Other activities included reminiscence groups, movie afternoons, newspaper reading and card games.

The centre set out its mission statement as follows - "We are committed to enhancing the quality of life of our residents by delivering care with dignity, compassion, respect quality and advocacy in a professional homely safe and stimulating environment while supporting resident's desire for independence and personal freedom." Throughout the inspection staff and management were seen to provide care in keeping with this statement. All staff were seen to engage with residents in a person-centred manner, helping them make choices and providing support and reassurance should they choose to change their minds about their choices. In one instance, where a resident with a cognitive impairment presented with anxious behaviour, staff were observed to react appropriately providing space and reassurance for the resident whilst also being mindful of ensuring the safety and wellbeing of nearby residents.

Aside from routine observations, as part of the overall inspection, a validated observational tool was used to monitor the extent and quality of interactions between staff and residents. The observation tool used was the Quality of Interaction Schedule, or 'QUIS' (Dean et al, 1993). This monitoring occurred during discrete 5 minute periods in 30 minute episodes. Two episodes were monitored in this way. One observation was undertaken at midday in the main day room. Some residents were watching TV in one area of the room. Residents with a greater cognitive impairment were sitting on another

side of the room where a healthcare assistant was engaging in individual communication and care. The observing inspector noted that the majority of interactions during this period involved positive, connective care. For example, one resident was being encouraged to concentrate and try to sort a small number of socks into pairs. Other staff members who attended the room and engaged with residents also did so in a person-centred manner. Another resident was being assisted appropriately to mobilise to the bathroom. As lunch-time approached a number of staff came to assist residents individually mobilise to the dining room. One resident, who required the assistance of two staff in the use of a full hoist, was appropriately transferred from her seat to a wheelchair. Another period of observation took place the following day in the morning. During this period again it was observed that residents with dementia or cognitive impairment had their social needs met in an appropriate and consistent manner. Residents were seen to be consulted around choice and engaged with conversation, or provided with refreshments and re-positioned to support comfort. A positive result was recorded for these episodes and it was noted that staff engaged meaningfully with residents on a consistent basis.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A written operational policy for the management of both verbal and written complaints was in place and the procedure for making a complaint, including the necessary details of a nominated complaints officer, was displayed at the entrance area of the centre. The procedure outlined an appeals process that also provided contact information for the office of the Ombudsman. A summary of this information was available in the guide for residents and also in the statement of purpose.

Management explained that residents had several avenues by which they could raise issues and concerns; there were regular resident meetings and an independent advocate also attended the centre, usually on a weekly basis. The person in charge confirmed that informal communication took place on a daily basis with residents and that any issues raised at these times would be addressed as issues arose. A separate record of complaints that were received was also maintained; this included details of any responsive actions by management in resolving issues and recorded and an indication of the complainant's response to the outcome. Processes in relation to how complaints were managed were clearly set out and easy to follow. The person in charge confirmed that any complaints received were processed in keeping with policy and procedure. All

complaints were subject to an annual audit to review learning and identify areas for improvement. At the time of the inspection no complaints were the subject of any appeal. The system for dealing with complaints was in keeping with statutory requirements.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

At the time of inspection the system of supervision was directed through the person in charge, with the support of an assistant director of nursing and a clinical nurse manager. A planned and actual staff roster recorded a staffing level appropriate to meet the needs of the residents, having consideration for the size and layout of the centre. The person in charge confirmed that staffing levels had been increased in the previous two years in keeping with the changing profile of residents. At the time of inspection 27 of the 38 residents were assessed as having high dependency needs. The skill mix of staff was appropriate to meet the assessed needs of residents. Designated staff were responsible for administration at the centre. Management systems were in place to ensure that information was communicated effectively and minutes of staff meetings were available for reference. Regular handover meetings took place at shift intervals. The times of these handover meetings were staggered to ensure that appropriate staffing levels and supervision were maintained on the floor at all times. There was a clearly defined management structure that identified the lines of authority and accountability. Appropriate supervision was in place on a daily basis with a qualified nurse on duty at all times. Supervision was also implemented through monitoring and control procedures such as audit and review. A regular appraisal system was in place. Security protocols around medication such as controlled drugs were effective.

The person in charge confirmed that training was regularly delivered in mandatory areas such as fire-safety, safeguarding and manual handling; all staff members had current training in these areas. A training matrix was available that reflected a continual and comprehensive programme of training appropriate to the duties and roles of staff. The programme included training on dysphagia and the modification of food consistencies, tissue viability and infection control, as well as cardio-pulmonary resuscitation (CPR). Staff spoken with confirmed that they were provided with regular training and that they were also supported to develop self-education by accessing courses and information on-line. There had been no change to the appointment of volunteers since the centre's renewal of registration in May 2015; documentation in place at that time for volunteers

had been in keeping with statutory requirements. Policies and procedures were in place around the recruitment, training and vetting of staff. These procedures were robust and appropriately referenced the verification of qualifications and security backgrounds for appointed staff. A sample of staff files was reviewed and documentation maintained on these was in keeping with the requirements of Schedule 2 of the regulations. Management confirmed that references were verified and that new staff were supernumerary to the roster, for at least three days subject to ongoing supervision, as part of an induction process. Documentation that confirmed the registration status of qualified nursing staff was in place. The person in charge understood the regulatory requirements for volunteers, including independent advocates, and confirmed that Garda vetting was in place for all staff as required.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

Significant work had been undertaken in relation to addressing premises issues since the previous inspection. A new extension had been completed that increased residential capacity from 35 to 38 residents. There was a new hairdressing facility that was nicely decorated and equipped, with sinks and dryers as necessary. Additional office space had been created for management and administration. A nurses' station had been extended and further storage space had been created. There was a newly built washing facility for the kitchen and a new laundry delivery area. Cleaning and sluice facilities were appropriate to the size and layout of the premises. There was an adequate supply of assistive equipment, such as wheelchairs and hoists, to meet the needs of the residents and equipment was stored appropriately in keeping with requirements. The dining area had been extended to double its size and now provided adequate space for all residents, and the use of specialised equipment, as necessary.

On the days of inspection the centre had a registered occupancy of 38 residents. There were 17 single rooms, six of which had an ensuite facility. There were also five twin bedrooms, two of which were ensuite. All bedrooms were equipped with wash-hand basins. Adequate bathroom and toilet facilities were available and appropriately located with separate facilities available for staff as required. There were two main communal areas for residents; one sitting room with a TV and a larger communal room that was laid out in two sitting areas with open plan access to adjacent corridors. Residents could also sit in comfortable chairs in a conservatory style area at the entrance to the centre. The dining area was nicely decorated and laid out for both individuals and small groups.

All the communal areas had large windows with good natural lighting. The centre was set on its own grounds away from the main road. A secure garden space at the front of the premises provided sheltered seating and residents had direct access to this area. Residents and visitors could also use a courtyard area in the centre of the premises that was laid out with plants and bench seating. Residents' rooms were comfortable and seen to be personalised with individual possessions and memorabilia. Call-bells were visible and easy to reach where needed. There was a separate room for residents to receive visitors in private if they so wished. This room could also be made available overnight for the families of residents wishing to be with their relative if necessary. Residents also had access to a small oratory. The layout of the centre supported the needs of residents with a cognitive impairment to mobilise independently between communal areas and their individual rooms. The building and grounds were accessible by wheelchair. The centre was bright, comfortable and well maintained with attractive decoration and furnishings. The person in charge described learning that had been taken from the self-assessment process that included a review of surfaces and colours. There was now an aquarium in one of the communal areas. All floor coverings had been replaced and signage had also been improved. Consideration had been given to the needs of residents with a cognitive impairment when trying to orientate around the premises. The doors of bathrooms had been painted a distinctive colour and the person in charge confirmed that this had been of benefit in assisting some of the residents with dementia find their own way. Toilet seats were a bright colour that contrasted effectively with the surroundings. Appropriate consideration had been given to the use of environmental stimuli to support people with cognitive impairment and the use of paintings, photographs and decoration throughout was in keeping with the assessed needs of the resident profile overall.

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:

Mairead Harrington
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

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|----------------------------|--------------------------|
| Centre name: | Aras Mhuire Nursing Home |
| Centre ID: | OSV-0000190 |
| Date of inspection: | 21/03/2017 |
| Date of response: | 24/04/2017 |

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

The layout of care plans did not always support access to information with documentation sometimes stored in several different files.

1. 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

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

the Chief Inspector.

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

Care Plans will be reformatted to support access to information

Proposed Timescale: Each care plan will be re-formatted at the next four monthly review

Proposed Timescale: 24/04/2017

Outcome 03: 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:

One twin room was located just inside the entrance to the centre and the privacy of the occupants of this room could not be adequately protected from general observation by anyone attending the centre.

2. 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:

Refurbishment of a twin room is now complete and both residents have now moved from the room inside the entrance to a new room.

Proposed Timescale: Complete

Proposed Timescale: 24/04/2017