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:	St Columba's Hospital
Centre ID:	OSV-0000552
Centre address:	Thomastown, Kilkenny.
Telephone number:	056 775 4822
Email address:	josephine.galway@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patricia McEvoy
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Announced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	80
Number of vacancies on the date of inspection:	10

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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 May 2017 09:30	30 May 2017 16:30
31 May 2017 08:40	31 May 2017 13:30

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	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Major	Non Compliant - Major

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and 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 in Ireland (2016).

The inspection also considered information received by HIQA in the form of unsolicited receipt of information, notifications and other relevant information. Action plans from the previous inspection of April 2016 had been addressed with the exception of premises which remains non-compliant. HIQA had received unsolicited

information since the last inspection regarding aspects of service delivery. On this inspection care practices were observed and relevant documentation examined in relation to the unsolicited information. The inspector found that the provider had met their legislative responsibilities and the information received was not substantiated. There was a specific dementia care unit which accommodated 15 residents. The inspection focused on this unit known as St. Mary's. A walk-through of the other units within the designated centre was also undertaken as part of the inspection to review improvements since the previous inspection.

As identified in all previous inspection reports, the accommodation in the larger multi-occupancy rooms in all of the units did not achieve the aims of the service as outlined in the statement of purpose. The inspector found evidence that the environment impacted on the wellbeing of residents. There was very limited personal space for individual personal possessions

The Health Service Executive (HSE) has committed to replacing St Columba's Hospital with a new build by 2021, in accordance with 'New Build' Standards and Regulations. Since the previous inspection minor improvements had been completed such as new curtains, soft furnishings and there was increased use of signage.

The inspector met with residents, a relative and staff members during the inspection. She tracked the journey of residents with dementia within the service. She observed care practices and interactions between staff and residents including those who had dementia using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed.

The management 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. Staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents' safety.

Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed to ensure compliance 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).

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

Findings:
The inspector focused on the experience of residents with dementia and tracked their journey from admission. Specific aspects of care such as nutrition, access to healthcare and supports, medicine management and end of life care were examined. Comprehensive nursing assessments were carried out using the activity of daily living model. This was supported by the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores, mental status and for the risk of malnutrition.

The inspector was satisfied that suitable arrangements were in place to meet the health and nursing needs of residents with dementia. Samples of clinical documentation including nursing and medical records were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. Admission was generally arranged through the admissions forum and many of the admissions were already known to the service as they had availed of either day care or respite services.

Systems for monitoring the exchange and receipt of relevant information when residents were transferred to or returned from another healthcare setting were in place. Discharge letters for residents who spent time in acute hospital care and letters from consultants detailing findings following out-patient clinic appointments were available. There was evidence that residents received timely access to health care services. Residents' documentation reviewed by the inspector confirmed they had access to GP care including out-of-hours medical care.

Residents had good access to allied healthcare professionals. Physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and chiropody services were available to residents as necessary. Community psychiatry of older age specialist services attended residents in the centre. This service supported the medical officer and staff with care of residents experiencing behavioural and psychological symptoms of dementia as needed.

Residents' positive health and wellbeing was promoted with regular exercise as part of

their activation programme, an annual influenza vaccination programme, regular vital sign monitoring and medicine reviews. Residents in the centre had access to palliative care services for support with management of their pain and for symptom management during end-of-life care as required.

There were systems in place to ensure residents' nutritional needs were met, and that residents did not experience poor hydration. Residents' weights were checked on a monthly basis or more frequently if the need arose. Care plans were in place that outlined the recommendations of dietitians and speech and language therapists. Nutritional intake records were in place, and completed where required. All staff were aware of residents who were on special diets including diabetic, high protein and fortified diets, or low calorie. The inspector saw that nutritional audits had been completed.

The inspector observed residents having their lunch in the dining/communal room, where a choice of meals was offered. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity. Coloured tableware was in use to ensure residents with dementia could locate their food with greater ease. Staff were also heard using the time as an opportunity to chat to residents about their day.

There were care procedures in place to prevent residents developing pressure related skin injuries. Each resident had their risk of developing pressure wounds assessed. Tissue viability specialist services were available to support staff with management of any residents' wounds that were deteriorating or slow to heal if necessary.

There were written policies and procedures in place for end-of-life care. Staff provided end-of-life care to residents with the support of their GP and the community palliative care team, to which there was good access. Some care plans were found to reference the religious needs, social and spiritual needs of the resident. All residents living in this unit were accommodated in multi-occupancy bedrooms, so the option of a single room was not always available. However, the person in charge told the inspector that end-of-life care facilities were available on other units.

Individual religious and cultural practices were facilitated. While care needs were identified on admission and documented accordingly there was limited evidence of any advance planning to ensure the expressed preferences of residents were taken into account prior to them becoming unwell. Decisions concerning future healthcare interventions required review. Resident’s preferences with regard to transfer to hospital if of a therapeutic benefit were not documented in all of the end-of -life care plans reviewed.

There was evidence that end-of life care and decisions regarding resuscitation were documented by the GP. However, there was inconsistent evidence of discussion or input from residents or relatives on the record or on a separate consent form to confirm this decision. The inspector did not observe that these decisions were reviewed or updated regularly to assess the validity of the clinical judgement on an ongoing basis.

The inspector found that some practices in relation to administration recording and review of medication did not meet with professional or regulatory requirements. Some residents were not sufficiently protected by medication management practices and procedures found in the sample of residents' records inspected, indicated that practices were not in accordance with relevant professional guidelines. For example there were gaps in a sample of four medicine administration records viewed by the inspector. Therefore it was impossible to ascertain if the resident had their medicines or not.

Records indicated that residents' prescriptions were reviewed regularly by the GP. There was, however, no multidisciplinary review. For example, a pharmacist was not involved in reviewing prescriptions. Adequate refrigerated storage was in use for medicines that required temperature control and the temperature of the refrigerator was monitored.

Medicines that required strict control measures were managed appropriately and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of all controlled drugs. The inspector confirmed that the stock balance was checked and signed by two nurses at the change of each shift. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

The inspector saw that medication management audits were completed as part of the quality metrics system. The inspector was informed that the audit results were discussed at the quality and safety meetings and also at the drugs and therapeutic committee meetings. The pharmacist also provides onsite training in relation to falls management and medicines management. The pharmacist involved in dispensing residents' medicines met their statutory obligations to residents. The inspector was informed that the pharmacist was available to meet residents if they wished.

Judgment:
Non Compliant - Moderate

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:
Measures were in place to protect residents from being harmed or suffering abuse. There were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia.

There was a policy in place to inform staff on the prevention, detection, reporting and investigation of allegations or suspicions of abuse in the centre. It incorporated the national policy on safeguarding vulnerable persons at risk of abuse. Staff who spoke with the inspector confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern and that the ethos of the centre was zero tolerance.

There was a policy on, and procedures in place, for managing behavioural and psychological symptoms of dementia (BPSD). While there were residents who had a history of responsive behaviours, their symptoms were very well managed by staff. Staff spoken with by the inspector demonstrated an in-depth knowledge of the triggers and the most appropriate de-escalation techniques to be used for each resident if necessary. During the inspection the inspector observed that staff approached residents in a sensitive and appropriate manner and residents responded positively to the techniques used by staff.

Behavioural support plans were in place for residents that required them and were reviewed on a three-monthly basis. No residents were receiving p.r.n (a medicine only taken as the need arises) medicines at the time of this inspection. There were procedures in place to ensure administration was monitored and appropriate. Residents with dementia had good access to psychiatry of older age services. There was evidence of regular multidisciplinary reviews for residents in conjunction with community psychiatry services. Staff had received dementia care training on this unit. Staff had also received training in managing responsive behaviours and training was on-going to ensure all staff had the skills as required by the regulations.

It was noted that there was a culture of promoting a restraint free environment. There was a policy on the management of restraint which was in line with national policy. One out of fifteen residents were using bedrails at their request. The inspector saw that alternative measures such as low beds, and bed alarms were in use. There were adequate systems in place in relation to the management of residents' finances in line with HSE national policy. The inspector saw that no monies were held on behalf of residents on the unit.

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:
Residents in the centre were consulted with and involved in the planning and organisation of the centre. Residents with dementia integrated with other residents in the centre. Residents' rights to make choices about how they spent their day was promoted and respected. Activities available were varied and coordinated by activity staff and staff on the unit. The inspector saw that there was a dedicated staff member allocated to activities in the evening time. The inspector found that residents including residents with dementia were assisted to enjoy a meaningful quality of life in the centre.

There was evidence that feedback was sought from residents including residents with dementia on an on going basis. A residents' forum was convened regularly and the meetings were recorded. There were 20 hours dedicated to activities within the hospital. However, the person in charge told the inspector that on average 46 hours was provided to residents which included external trips, music sessions and flower arranging. The person in charge told the inspector that these hours would be increased once approval had been granted. The inspector saw that staff working on the dementia unit provided a varied programme of activities for residents. The inspector established from speaking with residents and staff that opportunities to maintain personal relationships with family and friends in the wider community was encouraged.

Arrangements were provided for residents to attend family occasions and opportunities to socialise and link with the wider community by arranged outings and visits by members from the local community was facilitated. On the second day of inspection some residents were going out on a day trip with staff from the unit. Both residents and staff confirmed to the inspector that outings were a regular occurrence. There was a day service onsite and some residents from the unit attended this service. Some residents went out to the local town to play bingo. All residents now had access to a secure outdoor space with seating available. The inspector observed residents outside tending to flowers and sweeping up. Residents were observed to move around the centre freely and were appropriately supported by staff while mobilising if required.

During part of the inspection, the inspector spent a period of time observing staff interactions with residents. The observations took place in the sitting/ dining room over both days of inspection. Observations of the quality of interactions between residents and staff for selected periods of time indicated that the majority of interactions demonstrated positive connective care. Staff provided good quality interactions that demonstrated positive connective care which benefitted the majority of residents throughout the observation periods.

There were many visitors in the unit on the days of this inspection and there was a room available where residents could meet with visitors in private. Family members told inspectors they were welcomed and had an opportunity to speak with staff when visiting. A record of visitors to the designated centre was available and maintained. Independent advocacy services and contact details were also displayed to support all residents including residents' families to raise issues of concern. The centre has utilised the advocacy support services for residents.

There was a notice board available in the unit providing information to residents and visitors. Staff informed the inspector that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities. Residents were facilitated to exercise their political and religious rights. The inspector saw residents reading newspapers and residents discussed local news with the inspector.

All residents had a section in their care plan that covered communication needs, and staff were seen to be familiar with them. There was a policy on communication available to residents. The inspector observed that residents' privacy and dignity was compromised as residents lived in multi-occupancy rooms with limited storage space for personal belongings. This is outlined in detail and actioned under outcome 6.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in the front foyer met the regulatory requirements.

Detailed records were maintained of all complaints received. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

Suggestion boxes were located in the centre and residents had access to independent advocacy services if they wished.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
The inspector found that the number and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the days of inspection. An actual and planned staff roster was in place. Staff numbers were on duty as outlined on the roster.

There was a varied programme of training for staff. Training records viewed and staff confirmed that all staff had up-to-date mandatory training in fire safety, manual handling and safeguarding vulnerable adults. The clinical nurse manager was a dementia champion and delivered onsite training to staff. Other training included medicines management, nutrition and imagination gym. There were link nurses within the hospital who had specific remit in relation to certain aspects of service delivery such as tissue viability and medicines management.

Staff demonstrated to the inspector their knowledge in a number of areas for example, fire safety, adult protection and caring for residents with dementia or responsive behaviours. Staff who spoke with the inspectors confirmed that they were supported to carry out their work by the nurse managers. Staff were available to assist residents and there was appropriate supervision in the dining room/communal room throughout the days of inspection. Staff were seen to be supportive of residents and responsive to their needs.

Systems of communication were in place to support staff to provide safe and ensure appropriate care. There were handovers each day to ensure good communication and continuity of care from one shift to the next. The inspector found staff to be confident, well informed and knowledgeable of their roles, responsibilities regarding residents.

The inspectors saw records of regular meetings between nursing management at which operational and clinical issues were discussed. The nurse manager told the inspector that he would have regular staff meetings with ward staff to disseminate information. The inspector saw that staff had available to them copies of the regulations and standards.

There was a recruitment policy in place which ensured that staff were selected and vetted in accordance with best recruitment practice. The person in charge confirmed to the inspector that Garda vetting was in place for all staff on the unit. There were no volunteers currently in the centre. The inspector reviewed a sample of four staff files, and found that they contained all of the information required by Schedule 2 of the regulations, including professional registration for nursing staff.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
St Columba's Hospital is located on the outskirts of the town of Thomastown. It comprises of five units in total and is registered to accommodate 90 residents in total.

On the previous inspection, inspectors were informed that funding was committed from the minor capital funding in order to redecorate and refurbish St Anne's Ward and St Brigid's Ward for the benefit of the residents in line with HIQA standards. This action was not completed on the day of inspection.

Overall, the inspector observed that continuing care wards did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre. The design and layout of the multi-occupancy bedrooms on the continuing care units were not suitable for their stated purpose including the dementia specific unit.

While the centre was bright and clean, the continuing care wards were not designed to meet the needs of residents with dementia. There was some new signage to assist residents to navigate around the centre. The inspector observed that there were new curtains and soft furnishings in place since the previous inspection.

The inspector focused on the dementia care unit in the centre for the purposes of this inspection. The design and layout of the dementia care unit in the centre was not in line with the statement of purpose in relation to the multi-occupancy bedroom areas. These bedrooms require improvement in line with evidence-based care of residents with a diagnosis of dementia.

The dementia care unit is one of five units within the designated centre. The dementia unit provides long-term accommodation for 15 residents on a continuing care basis on ground floor level. Residents' bedroom accommodation consisted of two bedroom areas one male and one female. There were nine female beds and six male beds which consisted of five three bedded areas.

Each resident's personal space was defined by a screen curtain used for the purpose of providing them with privacy. The inspector observed that many residents in these multi-occupancy bedrooms had personal ornaments and photographs displayed. These facilities were also located within easy access of toilets and the communal areas. Clear signage with picture cues was displayed to identify areas and there was good use of contrasting colours. However, the inspector observed that there was very limited

personal space for individual personal possessions. The wardrobes were small and had very limited capacity to store clothes for residents.

Residents' accommodation and the communal areas were located off a wide circulating corridor which was fitted with handrails. All walkways were clear and uncluttered to ensure resident safety when mobilising. The spacious communal sitting/dining room was decorated with domestic style features and furniture. There was a "snug" area also which had comfortable seating for residents. The walls in this area were decorated with old photographs of residents and staff. The inspector observed many residents using this area during the inspection. Residents had access to an enclosed courtyard /garden with raised flower beds and vegetables.

Judgment:
Non Compliant - Major

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:

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	St Columba's Hospital
Centre ID:	OSV-0000552
Date of inspection:	30/05/2017 and 31/05/2017
Date of response:	26/06/2017

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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was evidence that end-of life care and decisions regarding resuscitation were documented by the GP. However, there was inconsistent evidence of discussion or input from residents or relatives on the record or on a separate consent form to confirm this decision. The inspector did not observe that these decisions were reviewed or updated regularly to assess the validity of the clinical judgement on an ongoing basis.

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

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

Please state the actions you have taken or are planning to take:
•Current DNAR Policy had provisions for appropriate review of decisions relating to the CPR where required. This policy will be further updated before 31 July 2017 to include review as per regulation at intervals not exceeding four months. Currently there is a red DNAR order form which has one review date included. Form to be amended to include review dates.
Date for training on the What Matters to Me Programme which includes Do Not Attempt Resuscitation Policy is organised for 8 August 2017 with particular emphasis on review of decisions relating to CPR and care planning
At CNM2 meeting on the 13 June 2017 A/DON advised re regulations at intervals not exceeding four months for review to be implemented and medical officer informed 16 June 2017.

Proposed Timescale: 31/08/2017

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was limited evidence of any advance planning to ensure the expressed preferences of residents were taken into account prior to them becoming unwell. Decisions concerning future healthcare interventions required review. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were not documented in all of the end- of-life care plans.

Some care plans did not reference the physical, emotional, social, psychological and spiritual needs of the residents in relation to end-of-life care.

2. Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
What Matters to me Programme End of Life training day to take place on 8 August 2017. This non-compliance and action plan was raised by A/DON raised at the Hospitals Quality and Patient Safety Meeting 13 June 2017
Continuation of the documentation auditing system within the hospital.

Proposed Timescale: 31/08/2017

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were gaps in a sample of four medicine administration records viewed by the inspector. Therefore it was impossible to ascertain if the resident had their medicines or not.

3. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Medication management study day organised for 20June 2017. All ward managers attending same along with substantial numbers of nursing staff. Lead nurse medication manager within the hospital is providing updated specific education on the new current drug Kardex. It is planned to repeat this education day in the autumn.
At all Quality Patient Safety meetings CNMs are advised to complete the HSE land medication management training along with the staff nurses. When this is completed the certificates are returned to the nurse managements office. Current audit tool was more suited to previous drug Kardex's and this will be amended to reflect new Kardex's.

Proposed Timescale: 31/08/2017

Outcome 06: 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 design and layout of the multi-occupancy bays on the continuing care units were not suitable for their stated purpose including the dementia specific unit.

4. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
Currently there is a brief for new unit being reviewed and finalised
this brief will be presented to National Capital Steering group for sign off in July 2017
new building proposed to be completed 2021 to include single rooms and address non-compliance.

Proposed Timescale: 31/12/2021

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector observed that there was very limited personal space for individual personal possessions. The wardrobes were small and had very limited capacity to store clothes for residents.

5. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
All wardrobes over past two years have been replaced to suit the limited space available to each personalised bed space. Currently there is a brief for new unit being reviewed and finalised. This brief will be presented to National Capital Steering group for sign off in July 2017. New building proposed to be completed 2021 to include single rooms which will have adequate storage and address the non-compliances.

Proposed Timescale: 31/12/2021