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:	Dargle Valley Nursing Home
Centre ID:	ORG-0000031
Centre address:	Cookstown, Enniskerry, Wicklow.
Telephone number:	01 286 1896 / 01 286 0770
Email address:	darglevalleynh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bluebell Care Limited
Provider Nominee:	Deirdre MacDonnell
Person in charge:	Deirdre MacDonnell
Lead inspector:	Linda Moore
Support inspector(s):	Conor Brady;
Type of inspection	Announced
Number of residents on the date of inspection:	29
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 compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
07 January 2014 07:45	07 January 2014 15:30

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

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 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was carried out to review the actions taken by the provider arising from the previous inspection. At the previous inspection, Inspectors identified significant concerns which resulted in the Chief Inspector issuing an Improvement Notice on 19 November 2013. The purpose of this inspection was monitoring if the progress made by the provider had been sustained and whether further improvements had been made.

Inspectors were satisfied that the improvements made arising from the Improvement Notice had been sustained. There was evidence of improvements in the governance of the centre and organisation of the care delivered to residents. The provider had appointed an assistant director of nursing on a interim basis and a new Person in Charge was due to commence employment in February 2014. In addition, the registered provider continued to engage the services of a consultant who had provided training to all staff on the policies and care practice.

Significant improvements were found in the area of restraint management. Falls management and provision of training which are discussed in more detail in the body of the report.

Further improvements are required in risk management, care documentation and

medication management which are discuss in the body of the report and detailed in the Action Plan at the end of the report.

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 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

Judgement:
Compliant

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

Findings:
The nominated person on behalf of the provider was also the person in charge. Following the previous inspections, the provider informed the Authority that she was actively recruiting a new person in charge. Inspectors found this was in progress.

During this inspection, inspectors found that an interim assistant director of nursing (ADON) was in post and a new person in charge had been appointed and was due to commence on 1 February 2014. Inspectors met with both the ADON and proposed person in charge and found that she was sufficiently knowledgeable regarding the provisions of the Regulations and the Authority's Standards and her obligations thereunder.

Inspectors noted that while the new governance arrangements introduced by the previous ADON were being maintained. However, the person in charge had not ensured the staffing on duty was as agreed with the Chief Inspector. This is further discussed in Outcome 18.

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

Judgement:
Non Compliant - Minor

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

Findings:
Inspectors found that formal training on identifying or responding to allegations had been delivered to some staff in July 2013. Inspectors also found that all but one staff member spoken to were knowledgeable about what constituted elder abuse and what they would do if they suspected that a residents was at risk of harm or abuse. Staff told inspectors they were due to attend this training on Friday 10 January 2014.

There was a policy in place which provided guidance to staff on how to respond to allegations of abuse or harm. This was found to comply with the Regulations.

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

Judgement:
Non Compliant - Moderate

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

Findings:
Inspectors were satisfied with improvements made to the assessment and management of risk in the centre since the November inspection. However, there were some improvements required.

The inspectors observed appropriate manual handling practices which was an improvement from the previous inspection. An additional standing hoist was purchased.

All loose bedrails were removed. There were no bedrails in use and alternatives to the use of restraint were provided.

The first clinical governance meeting had taken place on 20 December 2013, which was facilitated by an external company. The provider, intended new person in charge and a health care assistant attended the meeting. It is planned that this meeting will take place monthly going forward. The provider plans on appointing a health and safety officer for the centre.

While there was a risk management policy which was in the process of being fully implemented throughout the designated centre, it did not include accidental injury. A risk register had been developed and it included all clinical and non risk areas as

identified in previous inspections.

Inspectors found that one resident's bedroom door was wedged open, the ADON confirmed that the self closing device was not working in this bedroom.

Inspectors found that all but one residents call bell was functioning. There was no formal system to check the functionality and access to call bells.

Inspectors reviewed the fire records and found that the fire equipment and alarms were serviced since the inspection in 2013. Fire drill and training was delivered to all staff since the inspection. However, there was no evidence that fire drills were planned and the fire alarm was not routinely checked.

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
At this inspection, it was noted that there were improvements in many aspects of medication management. The medication trolley had been replaced and was seen to be locked when not in use. However, Inspectors observed poor practice which contravened professional guidelines and the centres policy.

The medication management policy was revised, and most staff had signed to say they had read it. Medication management training was provided to four staff on 9 December 2013 and the new intended person in charge stated her intention to bring all staff up to date on best practice in medication management.

Inspectors observed that medication was administered by a care assistant in the absence of a nurse, which was not in adherence with the centres policy.

While there had been improvements in the length of time of the medication round, Inspectors noted that the nurse was interrupted throughout the lunch time medication round, which may increase the risk of medication errors, and was not in line with the medication management policy.

The ADON showed inspectors the two recent medication management audits and where

improvements had been made as a result. For example, purchasing the new medication trolley and increased signage to remind staff of the administration of a specific medication if prescribed.

Medications that required special control measures (MDA) were carefully managed and kept in a secure location. Nurses maintained a register of controlled drugs. Balances were checked and were correct. Inspectors found that these medications had not been signed by two nurses since the previous inspection.

There had been a reduction in the number of medication errors since the previous inspection. There was one error related to the omission of medication. There was evidence that this incident had been investigated and while the ADON discussed the learning that had taken place this was not documented.

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

Judgement:
Non Compliant - Moderate

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

Findings:
While there had been improvement in this area since the previous inspection, inspectors found that that a serious injury had not been notified to the Authority. The ADON and proposed person in charge were aware of the requirement to notify the Authority.

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

Judgement:
Non Compliant - Moderate

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

Findings:
Overall inspectors were satisfied that the healthcare needs of residents were being met.

Inspectors found improvements made at the previous inspection had been sustained, across the areas of falls management, restraint and nutrition management, wound care and continence management.

However, the new documentation was not consistently completed to demonstrate the care delivered. While residents' care plans had been revised, inspectors were still not satisfied that they had been sufficiently updated to guide practice.

Restraint
Inspectors found that there was no restraint in use in the centre - alternatives to the use of restraint were in use.

Wound Care
While there was a low incidence of wounds in the centre, inspectors found that wound assessments and charts had still not been comprehensively completed. Records indicated that a resident wound was dressed on 23 December 2013 but had not been dressed since which contravened the residents protocol. The ADON stated that this was an error of documentation and in fact the wound had been dressed as required.

Falls Management
While the provider had put some systems in place to manage residents who were at risk of falls. For example, a bed alarm was in place for one resident and a new regime was established for another resident, which reduced the number of falls for these residents. However, supervision still required improvement and will be discussed under Outcome 18.

Inspectors found that there were still improvements required in the management of falls. Neurological observations were routinely recorded following all falls. While residents at risk of falls had care plans in place these were still not guiding practice. There was evidence that residents' GP's were not notified where residents had sustained an injury. The ADON stated that this was a documentation error and that the GP was notified. Inspectors found that the three day post falls form now replaced the incident report. However, this was not clearly identified and known by staff. Inspectors found that the falls risk assessment for a resident at high risk of falls was inaccurately completed.

Nutrition and Weight Loss
Inspectors found that while there had been improvements in the management of weight loss, the documentation required improvement. A number of residents risk continued to be weighed weekly and all others were weighed monthly.

Inspectors found that there were place in place to address weight loss as part of the overall care for residents. For example, all residents at risk had been reviewed by the dietician and evidence of the reviews were guiding practice.

The inspectors found that a MUST assessment had been completed for all residents. However, they were inaccurately completed for one resident at risk. Inspectors also read the mealtime plan in place for residents with Dysphagia and found it included consistency of diet, positioning, likes and dislikes.

Inspectors were still concerned that there was no improvement in the availability of suitable and sufficient activities for all residents particularly those with a cognitive impairment. Many residents continued to say they were bored and had nothing to do that specifically suited their interests. The only activity available to residents during the inspection was a music session on the afternoon of the inspection. Residents sat for long periods with nothing to do. Inspectors observed residents wandering around the centre looking for interesting things to do with no avail. The ADON and proposed person in charge spoke of their plans to improve this area.

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

Judgement:
Non Compliant - Moderate

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

Findings:
While there had been improvements in the cleanliness of the centre, the physical environment in the centre still does not meet the needs of current residents or the requirements of the Regulations.

There were two assisted bathroom available in the centre, which contained a walk in shower, a parker bath, an assisted toilet and two wash-hand basins. An additional shower room with toilet was installed since the previous inspection. Another bedroom has a walk in shower and there is a half bath in a resident's bedroom which is not used. Inspectors found that while all of the bedrooms had a toilet, 12 residents could not access the toilet in their en suite due to the size and many used a commode in their bedrooms.

There were still inadequate staff changing facilities. While a room was allocated for all staff to use upstairs, the toilet on the ground floor was shared by all staff, residents and relatives.

Storage continued to be a challenge in the centre. Trolleys and linen skips continued to be stored in the bathroom and on the corridors when not in use.

Bedroom accommodation comprised 26 single rooms and two twin rooms. All the rooms had an en suite toilet and a wash-hand basin. The two twin rooms (12.8 sq meters) did not meet the Regulations and the Authority's Standards in that they were too small to meet the current needs of residents. There was still inadequate storage space for residents' personal belongings in these rooms. Residents were observed having difficulty walking around the bedroom due to the size and the number of pieces of equipment. This was confirmed by staff.

The kitchen was found to be well equipped and there was a food safety management system in place. Inspectors did not observe any staff entering the kitchen without the use of personal protective equipment. This was an improvement from the previous inspection.

There were still inadequate sluicing arrangements, the bedpan washer was stored under the stairs in a walkway to the laundry and the staff changing rooms. Domestic staff showed inspectors that he filled mop buckets from the sink beside the sluice sink which may have an impact on infection control in the centre.

There was evidence that there had been a preventative maintenance programme in place for the review of the internal and external premises, which included functionality of the call bells and treatment plant; however records showed that these reviews had not taken place since September 2013.

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Minor

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

Findings:
Inspectors found that overall complaints were being well managed. However,

improvements were still required regarding the complaints procedure on display in the centre. The complainant's level of satisfaction was also not documented.

The complaints procedure referred to a "PIC" as the person responding for complaints. The name of this person was not identified. The ADON told inspectors that she was currently the person responsible for responding to complaints and this was not outlined in the procedure.

Inspectors reviewed the complaints log and saw that one complaint was logged since the inspection. Each complaint was logged with the date, location, person who complained. Although there was evidence that the complaint was responded to the complaints log did not sufficiently detail the level of satisfaction of the complainant.

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

Judgement:
Non Compliant - Minor

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

Findings:
Significant improvements were noted in this area. Residents were observed receiving meals suitable for their assessed needs and in appropriate quantities. Meal plans had been devised for residents with Dysphagia, which was available to the chef. The kitchen staff on duty and the care staff were knowledge regarding these meal plans.

The inspector observed the breakfast and service of lunch. Two sittings are now in place for lunch and the majority of residents ate in the dining room.

Inspectors noted that all but one resident were positioned correctly prior to being assisted with their meals. The ADON said that one resident would be assessed by an occupational therapist with regards to their positioning.

Inspectors were now satisfied with the provision of fluids to residents. All residents were provided with fluids during the day. There were jugs of water and juice available in the day room and in resident's bedrooms. Food and fluid intake records were in place and up to date for those residents who required them.

Inspectors observed staff assisting residents in a dignified manner. For example, staff

were seen sitting at the same level with residents and engaging in conversation with them during their meals. Many residents spoken to stated they enjoyed the food served to them.

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

Judgement:
Non Compliant - Moderate

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

Findings:
Inspectors found that the skill mix on day continued to be insufficient to ensure supervision of care given the size and layout of the designated centre. The staff files still did not meet the requirements of the Regulations, however, extensive training was provided to staff.

The provider had not ensured that the agreed number of staff were on duty on the morning of the inspection. While there were two nurses on duty, and one nurse on duty until 11.30pm, the numbers of care assistants had reduced from five to four in the morning. Inspectors found and staff agreed that this was impacting on the supervision of residents with a high falls risk in the sitting room.

Inspectors found that there was no twilight staff member rostered for the evening of the inspection as agreed with the Authority. This was subsequently addressed.

The provider was also required to ensure that recruitment practices were put in place and that no staff member was employed without the registered provider ensuring that they had obtained all documents as specified in Schedule 2 of the Regulations. Inspectors found that the files including the proposed person in charge who was recruited in December 2013 did not contain all of the requirements of the Regulations. For example, documents such as three references and evidence of physical and mental health fitness were not on file. The administrator showed inspectors evidence that this documentation was actively being sought.

Staff members were provided with access to training and education to enable them to provide care in accordance with contemporary evidence-based practice since the

previous inspection. The inspector spoke to staff and observed records of staff training in risk management, nutrition, moving and handling, assessment and care planning, end of life, falls and fire safety.

The ADON and all staff spoke of the new care teams which were recently introduced, and how they ensured continuity of care. Staff were very committed to improving and sustaining the quality of care at Dargle Valley Nursing Home.

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 the residents, relatives, and staff during the inspection.

Report Compiled by:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Dargle Valley Nursing Home
Centre ID:	ORG-0000031
Date of inspection:	07/01/2014
Date of response:	18/02/2014

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 06: Safeguarding and Safety

Theme: Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One staff member was not knowledgeable about what constituted elder abuse and what they would do if they suspected that a resident was at risk of harm or abuse.

Action Required:
Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Please state the actions you have taken or are planning to take:
Formal training on Identifying and Responding to Allegation of Elder Abuse took place on Fri. 10th of January and the staff indentified by the inspector attended the training. There is also a policy in place which provide guidance for staff on how to respond to allegations of abuse or harm. This Policy has been e-mailed to all staff and has been

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

discussed at morning hand over. Furthermore staff had confirmed and acknowledged that they understood the policy by signing their names on form.

Proposed Timescale: 03/02/2014

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:
The risk management policy was not fully implemented throughout the designated centre.

Action Required:
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Please state the actions you have taken or are planning to take:
Since our inspection in November a clinical governance committee has been set up. The first clinical governance meeting took place last 20/12/2013 and was followed up last 28/1/2014. Further clinical governance meeting will take place on 18/02/2014. This meeting will occur on a monthly basis. To ensure continuing and ongoing implementation of risk management in the centre. The health and safety officer has commenced information sessions to all staff.
Risk Management Policy in compliance with the regulation.
Wedge removed on the bedroom indentified.
System in place for checking call bell system and functions. Also a system is already in place for checking fire alarm in a weekly basis. Furthermore planned fire drills noted within the training matrix.

Proposed Timescale: 21/12/2013

Outcome 09: Notification of Incidents

Theme: Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A serious injury had not been notified to the Authority.

Action Required:
Under Regulation 36 (2) (c) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

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

Identified serious injury noted by inspector, notified to the authority 11/2/14.

Proposed Timescale: 11/02/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no opportunities for residents to participate in activities appropriate to his or her interests and capacities.

Action Required:
Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Please state the actions you have taken or are planning to take:
An assessment has been completed for all residents. Rummage boxes, soft toys and dolls made available to residents where appropriate. A weekly calendar of activity will be formulated to provide every Resident opportunities to participate in meaningful activities.
Every morning hand over a social care worker is appointed and allocated to provide supervision and activation in the sitting room during the morning.

Proposed Timescale: 12/02/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans and care documentation had not been sufficiently updated or revised to guide practice.

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:
As stated on previous report. The care planning documentation has been updated to include risk screening and assessment so that a risk profile is recorded for each resident. We have also updated the care planning documentation. In addition, a care planning mentoring session for all nurses has been booked on the 12th of February 2014.

Proposed Timescale: 28/02/2014

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 the twin rooms were unsuitable for the residents' needs.

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:
We have consulted an architect the consideration is to enhance the floor space of the two double room by construction bay windows. We are endeavouring to comply with the deadlines and aware which is February 2015.

Proposed Timescale: 31/01/2015

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient storage space for equipment.

Action Required:
Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

Please state the actions you have taken or are planning to take:
We have reviewed the current availability of storage space, all equipment is assigned to an individual and kept with them. We also have arranged for an external consultant to access the premises with a view to resolving our storage space.

Proposed Timescale: 31/05/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient storage space for staff.

Action Required:
Under Regulation 19 (4) (a) you are required to: Provide suitable changing and storage facilities for staff.

Please state the actions you have taken or are planning to take:
As outlined in previous report. We plan to erect a detached timber faced garden room and deck to provide a changing and break area for staff.

Proposed Timescale: 31/12/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that the complainant was satisfied with the outcome of the complaint.

Action Required:
Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The complaints documentation has been updated to ensure that the complaint log indentifies whether the complainant is satisfied with the outcome.

Proposed Timescale: 04/02/2014

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints person was not clearly identified in the complaints procedure.

Action Required:
Under Regulation 39 (5) you are required to: Make available a nominated person in the designated centre to deal with all complaints.

Please state the actions you have taken or are planning to take:
The Person In Charge in now clearly indentified in the complaints procedure.

Proposed Timescale: 04/02/2014

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:
Appropriate assistance was not provided to one resident with eating and drinking.

Action Required:
Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

Please state the actions you have taken or are planning to take:
The indentified resident was referred to HSE for an O.T. input , still awaiting for reply. Has been followed up but up to date no reply. Will be chasing up HSE for the service. All staff are aware of the residents need with the emphasis of the need to be upright for safety eating and drinking guidelines.

Proposed Timescale: 28/02/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The skill mix continued to be insufficient to ensure supervision of care given the size and layout of the designated centre.

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:
As outlined on previous report. Additional staff have been recruited so that appropriate staffing and skill mix are available for residents.
We have undertaken a review of staffing, with external consultant. Following your request we will retain the twilight nurse until 02/03/2014 and implement fully our new roster at this time.
Appropriate staffing level and skill mix in place as per tool adapted from Regulation and Quality Authority (RQIA,NI,2009). This ensure that sitting room is supervised at all times.

Proposed Timescale: 12/02/2014

Theme: Workforce

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

The staff files including the proposed person in charge who was recruited in December 2013 did not contain all of the requirements of the Regulations.

Action Required:
Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Please state the actions you have taken or are planning to take:
All staff files including PIC now contains all of the requirements of the regulations.

Proposed Timescale: 03/02/2014