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:	Aras Mhic Dara
Centre ID:	ORG-0000626
Centre address:	An Cheathrú Rua, Co na Gaillimhe, Galway.
Telephone number:	091 869 010
Email address:	mary.curran2@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Cunningham
Person in charge:	Mary Curran
Lead inspector:	Marian Delaney Hynes
Support inspector(s):	Ann-Marie O'Neill
Type of inspection	Unannounced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	14

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
21 January 2014 09:00	21 January 2014 17:30

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

Outcome 01: Statement of Purpose
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 18: Suitable Staffing

Summary of findings from this inspection

As part of this monitoring inspection inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, and accident logs, policies, procedures and staff files.

Although there were areas that required improvement overall inspectors found substantial 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.

On the day of inspection the inspectors were generally satisfied that residents were cared for in a safe environment and that their nursing and healthcare needs were being met. Residents had access to prompt medical services and to a range of other health services. Significant progress had been made in areas of restraint and falls management.

The person in charge and staff demonstrated a comprehensive knowledge of residents' needs and preferences. Staff and residents knew each other well, referring to each other by first names. Most residents and staff were speaking in the Irish language.

The collective feedback from residents was one of satisfaction with the service and care provided.

As identified at previous inspections aspects of the premises will not meet the requirements of the Regulations in 2015.
Additional improvements included:
1. aspects of risk
2. care planning
3. suitable activities for residents with cognitive impairment
4. medication management
5. staff files
6. staffing levels

These items are discussed in the body of the report and are included in the Action Plan at the end of this 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 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
Inspectors were satisfied that the statement of purpose had been updated since the previous inspection and met with the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

A copy was available to residents on request.

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:
No actions were required from the previous inspection.

Findings:
The person in charge was Mary Curran who is an experienced nurse and manager. She was aware of her accountability and responsibilities under regulation. She worked full-time and was fully involved in the day-to-day running of the centre and demonstrated strong leadership in her management of the centre.

She had a thorough understanding and knowledge of residents' care needs. The person in charge was knowledgeable about the Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Throughout the inspection the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by ongoing learning and review of practice. She had continued to attend training and seminars relevant to her role. Both residents and staff commended the person in charge for her commitment to the provision of a good and safe care.

The person in charge had appropriate deputising and on call arrangements in place to ensure adequate management of the centre during her absence.

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:
Compliant

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

Findings:
Inspectors were satisfied that the person in charge had measures in place to protect residents from being harmed or suffering abuse. There was a policy on the prevention, detection and response to abuse of vulnerable adults and included the investigation process in the event of an allegation of abuse.

The person in charge and all staff interviewed had received training on identifying and responding to elder abuse and had a clear understanding about the action to take if an allegation of abuse was reported.

The policy contained all appropriate contact details of persons to inform of any allegation of abuse. Staff confirmed that they were satisfied that the management team supported them to report allegations of abuse. The person in charge confirmed that there had been no allegations of abuse at the centre.

Residents confirmed that they felt safe in the centre due to the vigilance of staff.

Residents' personal finances continued to be managed in a safe and transparent manner.

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 found that practice in relation to the health and safety of residents and the management of risk sufficiently promoted the safety of residents, staff and visitors. However, not all of the actions from the previous inspection had been addressed as improvements to the risk management policy were still required.

Since the previous inspection, grab-rails had been fitted to both sides of the corridor throughout the centre. Some residents were using self-propelled wheelchairs and had appropriate risk assessments completed.

There was a health and safety policy in place. The risk management policy reviewed by inspectors, which incorporated risk assessments and all the policies relating to risk as required in the regulations. It contained information and guidelines on the identification and assessment of risks throughout the centre. However, there was insufficient evidence that the policy had been fully implemented. For example, the smokers' room had not been risk assessed to ensure the safety of users.

Staff were very risk aware and were able to identify potential hazards such as slips, trips and falls. However, the risk management policy did not provide guidance on all aspects of risk including precautions in place to control the risks identified such as, assault, aggression and violence.

There was a comprehensive emergency plan which identified what to do in the event of fire, flood, loss of power, heating and other possible emergencies. The emergency plan included a contingency plan for the total evacuation of residents in the event of an emergency.

Inspectors were satisfied that adequate fire precautions were in place. Fire safety procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system were serviced regularly and fire equipment was serviced annually. Inspectors also noted that all fire exits were unobstructed. The fire register showed records of daily inspections and weekly tests of the fire alarm system.

All staff members had received fire safety training recently and were knowledgeable regarding fire safety including safe evacuation in case of emergency. One staff member took inspectors through the evacuation process.

Inspectors observed that there were sufficient assistive devices to support staff to move and transfer residents including hoists and wheelchairs. All staff had received training in moving and handling and inspectors observed good moving and handling practices.

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 - Major

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

Findings:
The inspectors found evidence of good policies for medication management and medication practices. Although inspectors found evidence of good medication practice, there were areas for improvement in medication administration and storage practices.

Medications that required special control measures were carefully managed and kept in a secure cabinet. Nurses kept a register of controlled drugs. There was a policy in place for two nurses to sign and date the register at the time of administration and at the change of shift.

At the time of inspection there were no residents on controlled medication. Some residents were prescribed as required (PRN) medication. Inspectors found the maximum dose in 24 hours was recorded on the prescription sheet. The inspectors noted that prescription sheets were legible. Inspectors found evidence of the route of medication administration was documented on prescription charts they reviewed. Prescription sheets reviewed had photographic identification of residents. A medication fridge was in place and inspectors noted it was kept locked and daily temperatures were kept up-to-date. There were procedures in place for the handling and disposal of unused and out-of-date medicines.

Inspectors found some medication administration and storage practices were not in accordance with the centres policy and best practice guidelines. The inspectors observed on one occasion that medication had been documented as given on the prescription sheet prior to the resident actually receiving the medication. Inspectors found the door to the medication storage room open and unsupervised on three different occasions. One of these occasions a wedge had been placed under the door to keep it open.

Medications were placed on shelves within easy reach. The inspectors noted some of these accessible medications were Warfarin and sleeping tablets.

The inspectors also found the drug trolley in the storage room was unlocked and the key in the door of the trolley. During interview inspectors found nurses were not clear as to what procedures should be implemented for the disposal of medications that may have fallen on the floor or not consumed by a resident due to the resident vomiting or spitting out the medicine. One resident independently used an inhaler. However, a medication self-administration care plan had not been put in place for this resident.

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:
Compliant

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

Findings:
Inspectors reviewed the records of accidents and incidents that had occurred in the designated centre and were satisfied that all relevant accidents were notified to the Chief Inspector. Quarterly notifications had been submitted in a timely manner.

Inspectors read the incident log and saw that the relevant details of each incident were recorded together with actions taken. There was an appropriate monitoring system in place and all incidents were analysed for the purposes of learning.

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:

Findings:
Overall inspectors found that the health needs of residents were met. However, significant improvement was required regarding some residents access to activities that are meaningful, purposeful and suit their individual needs.

The centre had sufficient medical cover including the services of psychiatry of later life. Staff confirmed that out-of-hours services were adequate and responsive. Review of residents' medical notes showed that medical staff visited the centre regularly and nursing staff informed inspectors that medical staff were also available by phone to offer advice. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals.

The person in charge and CNM told inspectors that residents had access to a range of other health services, including dietetic, chiropody, speech and language therapy (SALT) which due to waiting times may need to be sourced privately. Audiology, ophthalmology and dental services were available. Residents themselves confirmed their satisfaction with the healthcare services available to them.

Inspectors reviewed a sample of care plans and found that they required improvement and did not guide practice. For example, a care plan had not been updated to reflect the care provided to residents with a PEG tube and the required dosage.

The Authority had communicated with the designated centre in October 2013 regarding the number of falls resulting in fractures. Since then there had been a reduction in falls and appropriate strategies such as increased supervision had been put in place for those residents at risk of falling. Analysis of falls included the timing of falls, whether witnessed or unwitnessed and the actual number of residents who fell.

Inspectors noted a significant improvement and reduction in the use of restraint. The person in charge had made considerable progress to promote a restraint free environment. Inspectors found that appropriate assessments had been carried out and alternative strategies such as "low-low" beds and crash mats were in use.

The policy on restraint was in line with the national Policy on the use of Physical Restraints in Designated Residential Care Units for Older People. For example, it detailed possible alternatives to the use of restraint. Staff interviewed were knowledgeable about the policy and the associated documentation required.

Inspectors were satisfied that the nutritional needs of residents were being managed effectively in the centre. There was a nutritional policy in place which provided guidance on the management of the nutritional needs of residents. All residents had been assessed using a recognised assessment tool. Residents' weights were monitored on a regular basis and this was increased to weekly when there had been weight loss.

There were no pressure ulcers in the centre and there was a policy and procedure and an assessment tool in place to provide appropriate care if the need arose.

At the time of inspection there were a small number of wounds which required a specific management regime. Inspectors found that there was a comprehensive wound assessment and care plan in place to care for these residents.

A number of residents presented with behaviour that challenges. Inspectors found that care interventions were based on assessments and recommendations from the later life psychiatry team. Staff spoken to felt they had good support from later life psychiatry team and were clear on the most suitable interventions for these residents. However, evidence of this was not shown clearly in residents care plans. Individual plans were not specific enough to consistently guide practice in the management of behaviours that challenge.

Inspectors were concerned that some residents particularly those with a cognitive behaviour did not have suitable and sufficient activities available to them. Most other residents joined with the people who attended the day care service and joined in the activities that were provided there. Some of these residents commented that they enjoyed meeting up with former neighbours and chatting to them, while others said that they were bored and had nothing to do that specifically suited their interests. There were no recent social care assessments completed to reflect the needs and capacity of residents including those with dementia.

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:
Inspectors found that most of the actions from the previous inspection had not been addressed.

The centre was clean, bright and fresh. It was welcoming and attractively decorated with pictures and photographs of residents and staff enjoying various activities. Many of

the decorative pieces, pictures and ornaments on display throughout were made by residents.

Communal space was sufficient and included a large bright recreational room located centrally in the building. Both residents and those attending day-care services used this spacious room for a wide range of events, activities and recreation. The inspectors visited some residents' bedrooms and noted that each resident had a lockable bedside locker. Residents' bedrooms contained personal possessions. Staff confirmed that they were encouraged to bring in furnishings and personal items from home to personalise their surroundings.

Inspectors checked the water temperature in some of the bedrooms and found that it had been thermostatically controlled since the previous inspection and was within the required temperature range.

There was sufficient assistive equipment to meet residents' needs, such as hoists, specialist mattresses, pressure relieving cushions and wheelchairs which were serviced on a regular basis however there was insufficient storage for this equipment which was mainly stored in bedrooms and communal areas.

The design and layout of the building did not comply with all the requirements of Regulations and Standards required by July 2015 as there were a number of multi-occupancy rooms. Some of the single bedrooms were small and would not meet the requirements of the Regulations and the Authority's Standards and some bedrooms did not have wash hand basins.

The person in charge told the inspector that a meeting had been scheduled for February 2014 to discuss a strategy on how the premises would be brought into compliance by 2015.

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:
Compliant

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

Findings:
Inspectors were satisfied that the complaints policy had been reviewed since the previous inspection and now contained details of the nominated person independent of the person nominated in article 39 (5) to ensure that all complaints were appropriately

responded to.

The person in charge and staff said that complaints were listened to and there was a policy and procedure in place to ensure complaints were monitored and could be appealed if necessary and this was confirmed by residents.

The complaints procedure was clearly displayed and was summarised in the statement of purpose and the Residents' Guide.

Both residents and staff confirmed that that they were encouraged and supported to express dissatisfactions whether verbally or in writing through the complaints process. The person in charge told the inspector that she encouraged a culture of openness and transparency and welcomed feedback. She also said she welcomed suggestions or complaints as they were a valuable source of information and would be used to make improvements in the service provided.

A complaints log was maintained and the inspector saw that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome.

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:
The inspectors found that the staffing levels and skill mix were not sufficient to meet the assessed needs of residents and to the size and layout of the designated centre. Most residents were either maximum or high dependency and required the assistance of two staff members to support them in most of their activities of daily living including personal care.

Inspectors observed staff attending to residents in an attentive and respectful manner. However, both staff and residents told inspectors that there is no time to speak to residents outside of times that care is being directly provided. Most residents attended

the day service and joined in the various activities that were being provided there. However, a number of very dependent residents remained in another sitting room where the TV was on all day and staff made intermittent checks but there was no meaningful engagement or activities observed during the inspection.

Residents told the inspector that they were well cared for by staff and described them as being very kind and approachable.

Inspectors viewed the staff rota and found that the planned staff rota matched the staffing levels on duty. There was evidence that systems of communication were appropriate to support staff in the provision of safe and appropriate care. In addition to daily handover meetings, the person in charge informed the inspector that risk management, safety issues and falls prevention were discussed regularly at team meetings.

Although staff were enthusiastic and committed to providing a high quality service to residents they described how on numerous occasions they had to engage in household duties because of shortages in this area which meant that they could not spend time supporting some residents with their social care needs.

Inspectors carried out interviews with staff members and found that they were very knowledgeable about the residents' individual needs, the centre's policies, fire procedures and the procedures for reporting alleged elder abuse. Inspectors noted that staff turnover was low however there was evidence that some staff who had left the service had not been replaced.

The person in charge was committed to providing ongoing training to staff. Mandatory training such as moving and handling and elder abuse training were provided regularly. Training records showed that most care assistants had completed Further Education and Training Awards Council (FETAC) level five training.

There was a robust written operational recruitment policy in place. However, staff were not recruited in accordance with the policy as all staff files did not contain the information required by the Regulations including a full employment history and three references. This issue had been identified on the previous inspection.

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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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:	Aras Mhic Dara
Centre ID:	ORG-0000626
Date of inspection:	21/01/2014
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 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 did not provide guidance on specified risks identified in the regulations such as assault, aggression and violence.

Action Required:
Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Please state the actions you have taken or are planning to take:
The risk policy is being reviewed to cover the identification and assessment of risks throughout Aras Mhic Dara and the precautions in place to control the specified risks

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

of unexplained absence of a resident, assault, accidental injury to residents or staff ,aggression and violence and self harm.

Proposed Timescale: 28/04/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although the risk management policy covered the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified, this was not effectively implemented throughout the centre.

Action Required:
Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
1.The risk management policy and identification and assessment of risks in place is inclusive of the risk assessment of the smoke room and the precautions in place to ensure the safety of users.

2.A review of the process in which the risks are managed will take place to ensure that risk management is implemented effectively and documented throughout the unit

1.complete, 2. 28.04.14.

Proposed Timescale: 28/04/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Practice in relation to safe administration and storage of medication required improvement.

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

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

Discussions has taken place between DON/PIC and RGN to review the medication management practice and stress the importance of adhering to Policies and Procedures of safe medication management including Respite Admission Medication Management which incorporates self administration.

All nurses are advised that it is mandatory to complete An Bord Altranais medication management e-learning programme which is available on line at www.heseland.ie
Upon CNM11 being appointed I propose to complete ongoing internal audits in relation to nurse competency in safe medication management.

Proposed Timescale: 20/03/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans required improvement as they were not sufficiently detailed to consistently guide care delivered.

Action Required:
Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:
1 A comprehensive documented assessment and plan of care will guide staff in relation to the management of the resident's specific medical condition and reflect the care provided to residents with a PEG tube and the required dosage and prevent potential risk to the resident.
2.Revised care plans will also clearly outline suitable interventions for residents presenting with behaviour that challenges.
Social Care assessments including " A Key to Me " are being reviewed by assigned Nurses in the next 4 weeks to help suit the interest of all residents including residents with dementia to ensure individualised social care either in the form of group therapy or one to one. "A Key to me" will be completed for all new admissions within 10 days of their admission
All care plans are developed and agreed in consultation with the resident and /or his /her representative.

1 COMPLETE. 2 28.03.14

Proposed Timescale: 28/03/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The size and layout of rooms do not comply with the Regulations and Standards as required by July 2015 as there were a number of multi-occupancy rooms, small single bedrooms and some bedrooms did not have wash hand basins.

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:
Architect has visited site. Review meeting scheduled for 27/02/2014

Proposed Timescale:

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staffing levels were not sufficient to meet the assessed care needs of residents and for 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 already stated by the inspectors on the day of inspection I am confident that the health and safety and care needs of residents is in no way compromised due to the decreased staff levels.
Since the day of inspection, 5 Staff Nurses, 1 CNM2, 1 Chef 11 as well as 3 Intern Multitask posts have been approved
As we are committed to providing the highest standard of individualised nursing care I am now confident that future planning will allow us to deliver this standard of care in a less rushed environment and enable us to provide written documentation of the care already being provided

Proposed Timescale: 6 months approximately – Garda Vetting process can take up to 4 months

Proposed Timescale: 17/08/2014

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff files were incomplete and did not meet 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:
A review audit will be completed to ensure that all information and documentation including full employment history and 3 references as specified in Schedule 2 of the Regulations is obtained in respect of each person employed and filed in staff personnel files.
Individual staff members have been advised that all outstanding documents for personal file must be submitted by 28.02.14

Proposed Timescale: 28/02/2014