

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mac Bride Community Nursing Unit
Centre ID:	ORG-0000647
Centre address:	Westport, Mayo.
Telephone number:	098 25592
Email address:	michael.fahey@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Michael Fahey
Person in charge:	Aoife Schofield
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	0

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: 14 November 2013 10:30 To: 14 November 2013 18:00

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 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was carried out as part of the Health Information and Quality Authority's (the Authority's) regulatory monitoring function to review progress made on the actions identified in the previous action plan from the October 2012 inspection and to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2009 (as amended). It was unannounced and took place over one day.

The reports from all previous inspections of this centre can be accessed at www.hiqa.ie.

This was the sixth inspection of this centre. The inspector reviewed the 11 actions which comprised of 17 requirements from the previous inspection and found that seven actions were addressed and four were partially completed but required further input to ensure full compliance with current legislation. Actions completed related to the statement of purpose, revision of policies, risk management, information sharing post audits, completion of social care assessments and issues with regard to the premises.

One area of non-compliance requires priority post this inspection, provision of moving and handling training. 31 out of 39 staff did not have up-to-date safe moving and handling training.

Other areas that require review post this inspection include consultation with residents regarding their care plans, nutritional management and regular review of resident's medication and recording of end-of-life care wishes.

As part of this inspection the inspector met with residents, the person in charge and staff on duty throughout the inspection period. The inspector observed how people were being cared for and the way the staff supported residents, reviewed documentation such as care plans, medical records, accident logs, complaints log and policy and procedures and staff files. Residents told the inspector that they enjoyed living in the centre and that the staff were caring and helpful. Recreational opportunities were available to residents in the sitting room and an activities programme was in place.

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

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

Outcome 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:

The Statement of Purpose had been updated and complies with current legislation.

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:

Aoife Scholfield is the person in charge. She was appointed into this post on 1 June 2012. She holds a full-time post. She is appropriately qualified and has the relevant experience to meet the regulatory requirements with regard to the post of person in charge. Her registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) was up-to-date and her mandatory training was also up-to-date. She has completed a Masters in leadership and has undertaken training in staff management, appraisals and complaints management.

She had recently attended study days in:

- Risk Management and patient safety
- Volunteer Management Training
- Policy on promoting a restraint free environment
- Challenging behaviour and older people
- Performance Management workshop.

Outcome 04: Records and documentation to be kept at a designated centre
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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:
 At the time of the last inspection many of the polices required review. This has been actioned.

The safety statement has been updated.

Documentation was easily accessible and securely stored.

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:

Measures were in place to protect residents from being harmed or suffering abuse. Staff were aware that there were policies and procedures to guide them to manage incidents of elder abuse. This included information on the various types of abuse along with assessment, reporting and investigation of incidences. The authority had been notified of an allegation of elder abuse. This had been investigated by an independent investigator and the consequences of the outcome were ongoing. The provider and person in charge have ensured that the care and welfare of the residents has been protected.

The staff training records showed that the principles of elder abuse had been delivered to all staff and updates were on-going.

The inspector did not review the procedures for managing residents' finances but spoke with the person in charge with regard to this matter. She confirmed that the provider did not act as an agent for any resident. Small amounts of petty cash were kept onsite for residents. An individual record was available for each resident and two staff signed for money deposited or withdrawn. The person in charge confirmed that the centre adhered to the HSE guidelines with regard to resident finances.

The front door is locked from 17:30 - 07:30 and a visitors' book was maintained to monitor all persons entering and exiting the premises

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 - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

At the time of the last inspection the inspector found that while there was a policy in place to guide practice when responding to emergencies. It did not detail the procedure to be followed with regard to loss of water. This has been addressed.

The emergency plan contained procedures to take in the event of loss of heat, water or light, fire or flood. Contingency arrangements were in place should the need for evacuation arise.

The inspector noted that there were no restrictors on the windows to protect the safety of residents at the time of the last inspection. This had been addressed and window restrictors had been placed on all windows.

At the time of the last inspection all staff did not have up-to-date safe moving and handling training. This remained the case.

The action with regard to the car park has been actioned. The car park has been realigned to ensure access to the premises is maintained at all times.

Risk Management

There were procedures in place to protect the safety of residents. A risk management policy which now complied with current legislation was in place. An up-to-date log containing a hazard risk analysis was in place. This documented controls in place to mitigate the risks identified.

Falls Management /Accident and incident management

Measures were in place to prevent accidents and promote residents' independence. Handrails were provided on both sides of the corridor. There were arrangements in place for recording and investigating accidents and incidents. Low/low beds and sensor alarms were available as part of the falls prevention programme. Residents were reviewed by a physiotherapist post a fall for assessment to enhance preventative strategies. Evidence was available that neurological observations were completed post a fall. Also when a resident fell a revised falls assessment was completed and the care plan was updated to include any additional controls that were required to minimise the risk of injury to the resident.

Fire safety

All staff had up-to-date fire safety and evacuation procedure training. Fire exits were checked daily and a record was maintained of this. The inspector viewed the fire records which showed that fire equipment was serviced regularly and the fire alarm system was serviced quarterly. The inspector found that all fire exits were clear and unobstructed during the inspection. While fire drills were carried out regularly the only recording of these was who attended. There was no recording of the time taken, whether an evacuation had been completed and if so, how this occurred.

Infection control practices and procedures

Measures to control and prevent infection including policies and practices were in place. Hygiene measures including hand sanitizers and protective equipment were available throughout the building. The current cleaning methods minimised the risk of cross contamination and the centre was clean and odour free on the day of inspection.

Missing person's policy

A missing policy was in place to guide and inform staff should a resident be reported as missing.

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 - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The action required from the previous inspection was partially addressed. This action related to review of medication. The inspector found that there was evidence available that medication was reviewed at three-monthly intervals but this was not available on all files reviewed.

A comprehensive medication management policy with procedures for prescribing, administering, recording and storing of medication was available. The inspector observed a nurse administering medications and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines.

The Person in Charge informed the inspector that the pharmacist had recently observed a medication round with all nursing staff. This was part of a quality improvement programme.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and legible. The maximum amount for PRN (as required) medication was indicated on most prescription sheets viewed by the inspector.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The person in charge had developed a system for quality assurance and continuous improvement. At the time of the last inspection there was poor evidence available of

how the information from audits and reviews was cascaded to all staff. The person in charge had addressed this and outcomes were discussed at staff meetings and this was documented in the minutes of these meetings, so available to all staff to review.

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 - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

At the time of the last inspection there was a lack of meaningful activities for residents who were cognitively impaired and social care assessments were not completed for all residents.

This had been addressed. There was a meaningful programme of activities provided to ensure physical and sensory stimulation for all residents. Activities were led by the activity coordinator who worked in the centre four days per week. The inspector met with the activity coordinator who confirmed she had completed training in Sonas and activity provision for older people. The inspector observed an activity in the afternoon enjoyed by many residents. Live music was provided one day each week for residents. Residents told the inspector they enjoyed this very much. Birthdays were celebrated with resident's consent.

The inspector met with the activity therapist who outlined a detailed activity programme which included Sonas, poetry, gardening, aromatherapy, exercise to live music and baking. She kept a diary of activities completed and a list of residents who participated. There was a programme of seasonal activities. For example, goats were brought in to the centre in spring time and the activity therapist had planned to make a Christmas cake.

The inspector noted that the care planning documentation had improved since the last inspection. Assessments were being used to inform the care plans in most instances. However, care plans were not linked together to give a global view of the residents'

care. For example, skin integrity, nutrition, mobility and pressure area care were not linked. Nutritional care plans required review and this is further documented under Outcome 15.

There were no short-term care plans in place. For example, when a resident had an acute infection.

A brief narrative record of the residents' health condition and treatment given was recorded but there was little information with regard to how residents spent their day or how their psychological and social needs were met. Examples of entries included care as planned but no reference to what plan was utilised.

While the above deficits require addressing residents described how they were well looked after and informed the inspector that they were well cared for.

At the time of the last inspection there was poor evidence available of consultation with the residents as regards to their care plans. This had not been fully addressed. There was no narrative note available to inform whether a discussion had occurred and any comment or suggestion or additional information the resident or relative may wish to add.

At the time of the last inspection there was an absence of evidence available with regard to trialling alternative less restrictive options prior to the use of restraint. This was addressed and there was good evidence available of less restrictive options been trialled prior to the use of restraint measures which the person in charge informed the inspector that the use of restraint measures had decreased.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The premises have been upgraded. The building was well maintained both internally and externally. It was clean, comfortable and welcoming.

The laundry has been upgraded and provided adequate space for sorting and drying

clothes. Hand-washing facilities have been provided in the sluice room and the laundry.

The maximum number of residents to be accommodated in any room is two.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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:

This action remains outstanding. On the sample of files reviewed end-of-life care wishes were not documented.

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:

No actions were required from the previous inspection.

Findings:

The nutritional monitoring and management of residents required review.

While staff confirmed that they were not concerned with the loss of weight of any resident, a robust system was not in place to monitor residents' weights and ensure that if a resident had unintentional weight loss, this would be detected by staff and actioned appropriately thereby protecting residents. One resident had lost weight, the person in charge informed the inspector that this was as a result of a period of ill health and an admission to the acute hospital. While the person in charge told the inspector that all

residents were weighed monthly at a minimum and more frequently if there were clinical indicators to warrant this, the inspector found on reviewing several weight charts that this was not occurring for example one residents was weighed four times over seven months. Another resident had been weighed twice in eight months

There was good access to the dietician. On one occasion where a dietician had directed in her consultation notes to weigh the resident weekly if staff were concerned and the residents had lost weight this had not occurred. However, a nutritional care plan was in place which was linked to the dietician's advice. Some nutritional care plans required review so they were linked to the assessment score, weight recording and dietician input. The person in charge gave a firm verbal commitment that she would discuss nutritional care with the staff and a review would be completed.

All residents spoken with expressed satisfaction with their meals. Residents who required assistance were sensitively aided by staff. The inspector saw residents being offered a variety of drinks throughout the day. There was a policy on monitoring and documentation of nutritional intake.

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:

No actions were required from the previous inspection.

Findings:

Day care has been suspended at the service due to a decrease in staff levels. The clinical nurse manager is off on long term leave. The person in charge informed the inspector that she reassessed the dependency level of residents on a three month basis using a validated assessment tool. With regard to dependency of residents 21 residents were assessed as high dependency, 8 as medium dependency and 1 as low dependency. The tool the centre uses does not assess dependency higher than high dependency.

The inspector reviewed the duty rota. There were always two staff nurses and sometimes three staff nurses on duty in addition to the person in charge. Two or three carers were also on duty all day. The staff that were allocated to laundry cleaning and activity provision helped with the care in the am. In addition there were catering,

administration, kitchen, dining and maintenance (a maintenance man was available three days per week) staff available. On night duty, there was one staff nurse and one carer. There were occasions when residents were not being observed in the day room during the inspection period.

The person in charge informed the inspector that she had spoken to the provider with regard to her concern with regard to staffing levels and was in the process of completing an audit in this area. She stated that she had commenced a process where possible that she was allocating a carer as a nutritional support and supervision role in the sitting room but there was not always a staff member available to do this. Additionally she was concerned that there was inadequate staff on duty to provide timely assistance at meal times. The inspector observed the evening meal and found that residents' needs were met. The two catering assistants assisted residents in addition to the care staff.

All staff spoken with and those met briefly during the inspection were pleasant and voiced a unanimous view that the care and welfare of residents was paramount. Staff were observed to engage well with residents and to respond to the residents' requests in a caring and positive way.

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:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Mac Bride Community Nursing Unit
Centre ID:	ORG-0000647
Date of inspection:	14/11/2013
Date of response:	10/02/2014

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:

At the time of the last inspection all staff did not have up-to-date safe moving and handling training. This remained the case.

Action Required:

Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

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

Arrangements are being made for the immediate training of staff in moving and handling.

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

Proposed Timescale: 30/04/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

The inspector found that there was evidence available that medication was reviewed at three-monthly intervals but this was not available on all files reviewed.

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:

GPs are aware of their responsibility to review residents medication three monthly. A letter will be sent to each GP reminding them of this. The medication chart will be reviewed to see if a section can be incorporated as a visual reminder.

Proposed Timescale: 28/02/2014

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:

At the time of the last inspection there was poor evidence available of consultation with the residents as regards to their care plans. This had not been fully addressed. There was no narrative note available to inform whether a discussion had occurred or if any comment or suggestion or additional information the resident or relative may wish to add had been added.

Action Required:

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

Arrangements are in place to review all care plans as per this action.

Proposed Timescale: 28/02/2014

Outcome 14: End of Life Care

Theme: Person-centred care and support

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

On the sample of files reviewed end-of-life care wishes were not documented.

Action Required:

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

End of life care as per the care plan will be reviewed with all residents.

Proposed Timescale: 28/02/2014

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:

A robust system was not in place to monitor residents' weights and ensure that if a resident had unintentional weight loss. This would be detected by staff and actioned appropriately thereby protecting residents.

Action Required:

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

This was discussed at the last staff meeting and the importance stressed. A hoist with a weighing scales has been purchased in December. The PIC will conduct regular audits and will ensure that staff are aware of the importance of weight recording and further action is taken when appropriate.

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 person in charge informed the inspector that she had spoken to the provider with

regard to her concern relating to staffing levels and was in the process of completing an audit in this area. She stated that she had commenced a process where possible that she was allocating a carer as a nutritional support and supervision role in the sitting room but there was not always a staff member available to do this.

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:

The PIC has completed a review of staff to patient ratio using the Rhys Hearn tool. The HIQA inspector suggested that the PIC do a review of staffing using another tool which will be done asap. Additional replacement staff have been approved since January 2014.

Proposed Timescale: 28/02/2014