

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballinasloe Community Nursing Unit
Centre ID:	OSV-0005270
Centre address:	Creagh, Ballinasloe, Galway.
Telephone number:	090 963 0120
Email address:	jj.okane@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	JJ O'Kane
Lead inspector:	Marie Matthews
Support inspector(s):	Gearoid Harrahill
Type of inspection	Announced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	3

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 judgments 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.

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 31 March 2017 10:30 To: 31 March 2017 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This announced inspection was conducted in response to an application to vary a condition of registration which and enable the provider to increase the number of residents accommodated from 25 to 50. The inspectors also followed up on the actions from the last inspection in January 2016. Ballinasloe Community Nursing Unit is a purpose designed building located a few minutes' drive from the town of Ballinasloe, County Galway. It can accommodate 50 residents who require long term care. Initially the centre opened the upstairs area which accommodates 25 residents mainly in single rooms. The provider notified the Authority that the ground floor was complete and ready for the admission of 25 new residents.

The premises was found to provide a suitable living environment for residents. There was a choice of communal areas where residents could relax and spend time together. There was an extensive enclosed outdoor space accessed from both the

sitting room and dining room. Work was underway to complete this area and ensure it was safe for residents.

Residents said that they felt "safe and well cared for". There was a range of activities organised that included bingo, music sessions and one to one activities facilitated by the multi care attendants however, no records of their participation in these activities were available.

Inspectors found that residents' health care needs were appropriately met. A doctor was employed to look after the residents and there was good support evident from allied health professionals.

The person in charge and a Clinical Nurse Manager facilitated the inspection and the inspectors found that the centre was well organised and appropriate records were maintained . An appropriate governance structure is in place.

An schedule was available for the admission of new residents to the centre. The person in charge stated that a maximum of two residents a week would be admitted and additional staff had been recruited and were available to the centre once the numbers increased.

Staff completed a range of training courses to allow them to meet the needs of residents however, some staff were overdue training on manual handling. The provider had obtained vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for all staff but a copy of confirmation of this disclosure was not available and the provider was relying on a letter from the human resource department as evidence of vetting.

The action plan at the end of the report contains the actions required to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: 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:

Governance, Leadership and Management

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

Findings:

The statement of purpose had been revised to describe the proposed alteration to the service as described in the application to vary. The revised version had been sent to HIQA. The information required by Schedule 1 of the regulations was included in it.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was an appropriate management structure in place and inspectors saw evidence of regular communication between the provider and person in charge to ensure that the governance and management of the centre was managed appropriately.

Resources were in place to meet the needs of residents and additional staff had been recruited to ensure appropriate resources were in place to meet the needs of the

increased number of residents. The person in charge and provider had an admission schedule in place to ensure that residents were appropriately assessed and settled into their new home before new residents were admitted.

The premises were fully equipped and where bedrooms were complete, furnished and decorated to a high standard.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge is a registered nurse with 25 years experience. She works full time in the centre. She also holds a higher diploma in Gerontology and has one year completed in a Masters degree in Health Care Management. During the inspection she demonstrated that knowledge of the Regulations and Standards pertaining to designated centres. She had good knowledge of residents' assessed needs, their planned care and conditions.

She is supported in her role by an experienced Clinical Nurse Manager, nursing, care, administration and ancillary staff. Staff were familiar with the organisational structure and confirmed that good communications exist within the staff team.

She and the staff team facilitated the inspection process, she had appropriate documentation prepared and easily accessible on arrival for the inspectors.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

A sample of personnel files for staff working in the centre were reviewed and these were found to contain the information required by Schedule 2 of the regulations, including an employment history, which was an action of the previous inspection. A letter was from the Health Service Executive (HSE) human resources department stated that vetting had taken place for the staff employed, however, National Bureau vetting disclosure confirmations were absent from the staff files reviewed and from the file of a volunteer working in the centre.

The inspectors saw that some of the daily progress notes recorded on the electronic care planning system referenced the social events that the resident participated in. However, there were no meaningful records maintained of any activities the residents took part in. An action to address this is included under Outcome 11.

Judgment:

Non Compliant - Moderate

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy entitled 'Safeguarding vulnerable persons at risk of abuse'. This included information on the various types of abuse, assessment, reporting and investigation of any allegations of abuse. The training records identified that staff had opportunities to participate in training in safeguarding residents from abuse. Residents confirmed that they felt safe in the centre. Staff who spoke to inspectors confirmed they

had attended training on safeguarding and were able to describe the actions they would take to report any alleged or suspected abuse.

Two residents had a formal diagnosis of dementia. Neither had any behaviours or symptoms associated with their dementia. Inspectors saw that staff had attended training in the management of behaviours and behaviour monitoring logs were available to assist the staff to identify any triggers which might lead to the behaviours.

The centre had a copy of the Health Services Executive policy on restraint and inspectors saw that a restraint free environment was promoted. There was no restraint in use at the time of inspection.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents.

Some residents kept petty cash in the centre. The centre maintained a balance book in the incoming and outgoing cash, which was clear and double-signed. Inspectors reviewed a sample of what was being kept for residents and found the actual amount kept to match the balance sheet.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

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

Findings:

On the last inspection, it was identified that fire drills were carried out by staff on an annual basis and, consequently, not all staff were participating in regular fire drills. Inspectors reviewed the centre's fire register and saw that two fire drills had taken place in the last year and all staff had participated. The fire drills completed were a component of the centres' fire safety training programme and included a simulated evacuation using the minimum number of staff on duty.

The fire alarm had been serviced quarterly. The inspectors found that all internal fire exits were clear and unobstructed during the inspection. An emergency call bell was provided in the smoking room which was an action from the last inspection. There were no smokers at the time of this inspection.

There were appropriate arrangements in place for recording and investigating of untoward incidents and accidents. Residents were assessed for their susceptibility to

falls on admission and appropriate interventions were put in place to reduce the likelihood of a fall.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

Findings:

There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Most medication was supplied in their original packaging by a local pharmacy however residents were facilitated to retain their own pharmacist. All unused medication was returned to this pharmacy. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982.

Inspectors 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 legible and distinguished between once off medication and regular medication. The maximum dose over a 24 hour period was stated on the prescription sheets examined for PRN (as required).

The prescription sheets reviewed were clear, legible and distinguished between PRN and regular medication. The maximum amount for PRN medication was indicated on sample of prescription sheets viewed by the inspectors.

A process was in place for the General Practitioner to review each residents medication monthly. Medication audits were completed by the person in charge.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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

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

No actions were required from the previous inspection.

Findings:

The inspection evidenced a good standard of evidence-based care and appropriate medical and allied health care access. There were 22 residents accommodated at the time of the inspection and 5 residents had maximum dependency care needs. Nine residents were assessed as highly dependent and 6 had medium dependency care needs. Two residents were assessed as low dependency. The centre provides long stay care for older people.

All admissions were from the acute hospital. The person in charge said that she visited each resident prior to admission and completed an assessment to ensure the centre could meet their needs.

Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspectors. A General Practitioner was employed by the provide to look after the resident medical needs and the medical records reviewed by the inspectors evidenced that residents were seen within a short time of being admitted and regularly thereafter. Residents were further supported by regular review by support services such as the dietician, speech and language therapist, occupational therapist and a physiotherapist who were also employed directly by the provider.

A comprehensive nursing assessment was completed for each resident on admission and the range of risk assessments completed included nutritional, falls assessment, cognitive impairment assessment, continence assessment and a skin integrity. There were no residents with a pressure sore at the time of the inspection.

An electronic system was in use for recording care assessments and plans. Inspectors viewed a sample of four residents' care plans on this system. Those reviewed were linked to the assessment and accurately reflected the residents' condition in a person-centred manner. There was evidence that care plans were reviewed at the required four monthly intervals or in response to a change in a resident's health condition and that the resident or their representative were consulted regarding the review.

A daily report on nursing care was also completed on the electronic system every morning and night and this reported on the resident wellbeing during the day. Some progress notes referenced the social events the resident participated in. However for some residents there was no record kept of the activities they took part in and there was no alternative method of capturing this information.

Judgment:

Substantially Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was comprised of two storeys. Only the upper level was in use at the time of the inspection and this accommodated 25 residents. Work was nearing completion on the ground floor and only minor works were outstanding such as repairing the closing mechanisms on some doors and installing privacy screenings in shared bedrooms and the person in charge stated that this work would be completed before any new admissions took place.

The bedrooms were spacious and had good natural lighting and views, and there was appropriate storage space available for clothes and belongings, including lockable storage for valuables. All bedrooms had en-suite toilet and shower facilities. The en-suite bathrooms were equipped with a level access shower with grab rails on each side and appropriately levelled fittings suitable for residents with reduced mobility. The main entrance opened onto a reception area and consulting rooms, a physiotherapy room, a laundry room, hair dressing, multi denominational prayer room, smoking room, kitchen, dining room and staff facilities also located on the ground floor. There was a lift available to navigate between the floors of the centre.

Handrails were provided on both sides of all corridors and floor surfaces were appropriate. There were multiple communal spaces which could be used for activities and relaxing space, and smaller seated areas in which residents could receive visitors in private.

There was a large and safely enclosed garden which was accessed and visible from multiple prominent points in communal areas. Landscaping and weeding work was ongoing at the time of inspection to provide an attractive space for resident to go out to, including planter boxes and space for residents to grow vegetables. The garden had a safe, level path for residents to walk the garden perimeter safely. There was a separate patio accessed from the smoking room for those residents to have the option of sitting outside once furnished.

There were steep steps outside one of the doors leading to the garden, however a ramp was also provided and in this area. There were also alternative entry points to the garden which meant that this door could be avoided until it was made more secure to allow any resident including those with a cognitive impairment, to access the area independently.

Judgment:

Substantially Compliant

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

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

Findings:

The centre maintained a complaints policy and the procedure by which a resident or relative could make a complaint was available prominently in the centre as a pamphlet. The procedure instructed complainants to address their complaint to the nurse in charge or clinical nurse manager, and if they wish to make a written complaint, to use a template form on the pamphlet and address to the administration staff. If they are unsatisfied with the outcome, the procedure lists the provider nominee, the Ombudsman, the Nursing Board and HIQA as contacts. While complaints were being managed in the centre, the procedure informing complainants did not explicitly identify the person nominated as complaints officer if the complainant wished to go directly to them with an issue, nor does it identify the separate nominated person to whom the complainant can appeal the outcome of a complaint.

Complaints were documented in a complaints log, which summarised the details of each complaint, identified actions taken to rectify the issue and the outcome of the complaint, including notes on whether the complainant was satisfied with the outcome. This log recorded complaints made verbally or informally with the same level of detail as those submitted formally.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving

visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were consulted about the day to day running of the centre and were enabled to make choices about how they lived their lives. A resident council meeting was held regularly in the centre. These were attended by residents acting as representative for the residents as a whole, a representative for relatives and for the community. Matters discussed according to meeting minutes include feedback and suggestions for meals and menus, activities, events and external visitors. Actions are generated from these minutes and these being completed were evident in the centre, such as the creation of a newsletter for the centre, receiving a external art teacher for a weekly session, and the rotating of a care assistant to the role of activities coordinator. The centre had access to new external advocates and future meetings would have them in attendance.

Individual residents or relatives were facilitated to provide feedback on the services of the centre via a suggestion box and a satisfaction survey. The provider collated responses to these and audited them for trends and areas requiring improvement. The comments were mostly positive, with the lack of variety of activities comprising most of the negative response. Mass was held weekly in the oratory for residents to practice their religion, and the centre had arrangements to ensure residents were registered and facilitated to vote.

A schedule of activities had been planned for the month, including sessions such as board games, cards, visiting pets, bingo, arts and crafts, movie nights and time for reminiscing of the good old days. Each day had one morning and one afternoon session scheduled. A number of care assistants had designated shifts in which they operated as activities coordinator. This consisted of their focus being on staying in the communal spaces, chatting to the residents and providing a stimulating environment. The care assistants' knowledge of the residents and their histories and interests allowed them to have conversations on topics which mattered to them, let them know of upcoming TV shows or get in magazines on particular subjects. The activities coordinator advised that there was time set aside for one to one interaction with residents who stayed in their rooms or were not capable of participating in group activities. However, times, durations, type of activity or level of participation for these one to one interactions were not recorded anywhere to ensure that as the role rotates, residents of this type have appropriate and meaningful stimulation in their day. This is an action, identified as required, under Outcome 11- Health and Social Care.

Judgment:

Substantially Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

An actual and planned roster was maintained in the centre and changes were clearly indicated. The person in charge and the clinical work manager worked from 9am until 5.30pm Monday to Friday. Current allocation of staff was appropriate for the number of residents. A schedule of admission to the new unit was planned with a maximum of two new admissions per week. The person in charge stated that new staff had been recruited and staff had applied to transfer from another site run by the provider. These staff members would be added to the rota as residents were admitted.

A training matrix was used to track the training courses attended by staff members. Inspectors saw that staff working in the centre had completed mandatory training in safeguarding of vulnerable adults and on fire safety, and where expiry was occurring soon, dates for upcoming training sessions were noted. However eleven staff members who were included in the staff rota were overdue training on manual handling and there were no training dates scheduled. Training sessions had signed attendance sheets documented. Staff had received supplementary training in the use of defibrillators, nutrition for residents with a dementia, and infection control.

A sample of personnel files were reviewed and these were found to contain information required by Schedule 2 of the regulations, including employment history, which was an action of the previous inspection. However, as discussed under outcome 5, a copy of the vetting disclosure from An Garda Síochána was not present on the staff files reviewed or on the file of a volunteer who supported residents. An action requiring the provider to address this has been included under outcome 5 and the provider was required to submit the relevant vetting disclosure for these staff.

Nurses active in the centre had confirmation of their 2017 registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Marie Matthews
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:	Ballinasloe Community Nursing Unit
Centre ID:	OSV-0005270
Date of inspection:	31/03/2017
Date of response:	18/05/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

National Bureau vetting disclosure confirmations were absent from the staff files reviewed and from the file of a volunteer working in the centre.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

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

The HSE will comply with the requirement that National Vetting Bureau Disclosure will be available for inspection at individual centres. An identified senior person will be appointed to manage and co-ordinate the maintenance and provision of this information.

The first meeting will take place on 31/05/2017.

Proposed Timescale: 31/05/2017

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:

For some residents there was no record kept of the activities they took part in and there was no alternative method of capturing this information.

For one to one interaction with residents who stayed in their rooms or were not capable of participating in group activities the times, durations, type of activity or level of participation for these one to one interactions were not recorded anywhere to ensure that as the role rotates, residents of this type have appropriate and meaningful stimulation in their day

2. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

A diary is now being maintained documenting one to one interactions with all residents who do not wish to partake in group activities. This documentation is the responsibility of the activity co-ordinator and is reviewed by the CNM.

Proposed Timescale: 31/03/2017

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:

Some door close mechanisms on bedrooms and day rooms were not installed. A damaged hinge on one of the bedroom doors did not allow the door to close.

Some bedrooms were not completely furnished

3. Action Required:

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

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

Rooms 13 – 23 are ready for use, fully furnished and maintained. Rooms 1 – 12 require some light maintenance and await the delivery of items of furniture, this furniture is ordered and delivery is eminent. All maintenance issues will be completed before residents are admitted to the additional beds.

Proposed Timescale: 01/05/2017

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:

The complaints procedure did not clearly identify the person in the centre nominated to receive and manage complaints.

4. Action Required:

Under Regulation 34(1)(c) you are required to: Nominate a person who is not involved in the matter of the subject of the complaint to deal with complaints.

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

The person in charge is now named as the nominated person to deal with complaints. Documentation has been reviewed to reflect same.

Proposed Timescale: 12/04/2017

Theme:

Person-centred care and support

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

The complaints procedure did not clearly identify the person nominated to act as an independent appeals contact for complainants unsatisfied with the outcome of the complaint.

5. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

A named independent person has been nominated to ensure that all complaints are responded to appropriately, and that records are maintained under Regulation 34 (1)(f). Documentation has been reviewed to reflect same.

Proposed Timescale: 10/04/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Eleven staff members included in the rota were overdue for training in manual handling.

6. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

It has been arranged to have two staff trained in manual handling per week from the first week of May. It is expected that all staff will be trained by mid June.

Proposed Timescale: 16/06/2017

Theme:

Workforce

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

The centre did not have an An Garda Síochána vetting disclosure form for the volunteer in the centre, instead having a letter from the Health Service Executive stating that vetting had been completed

7. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

An Garda Síochána vetting disclosure form for the volunteer in the centre has been requested to support the letter from the Health Service Executive stating that vetting had been completed.

Proposed Timescale: 08/05/2017