

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Breffni Care Centre
Centre ID:	ORG-0000489
Centre address:	Ballyconnell, Cavan.
Telephone number:	049 952 6782
Email address:	ann.gaffney@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Rose Mooney
Person in charge:	Anne Gaffney
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor 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: 08 April 2014 09:00 To: 08 April 2014 17:15

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

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection. The purpose of this inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and follow up on the action plan and provider's response to previous inspection carried out 7 August 2013. Notifications of incidents received since the last inspection was also considered and reviewed on this inspection.

Overall, the inspector was satisfied the centre was operating in compliance with the conditions of registration and found evidence of positive outcomes for residents. Residents spoken with expressed satisfaction with the care provided and were complimentary of the staff. They had good access to nursing, medical and allied health care. Residents had opportunities to participate in meaningful activities, appropriate to their interests and capacities. Care plans that were regularly reviewed, person-centred, individualised and described the current care to be given.

Residents had good access to general practitioner (GP) and allied health professionals.

The inspector identified aspects of the service that required improvement. Risk management procedures required review in the area of fire safety, provision of care plans for resident who smoke and the use of physical restraint, namely bedrails and their positioning to minimise the risk of entrapment.

The provider is required to have in place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland within the time frame allocated

The action plan at the end of this report identifies all areas where improvements are required to comply with the Regulations and the Authority's Standards.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose set out the services and facilities provided in the designated centre. The aims, objectives and ethos of the centre were defined. The statement of purpose is kept under review by the provider and had been updated in August 2013. However, aspects of the statement of purpose required review to meet all the requirements of Schedule 1 of the Regulations and ensure more clarity in certain aspects. The areas requiring review are outlined below;

The maximum number of residents attending for day care was not stated as residents share a dining room for mealtimes. While the types of activities were outlined the role of the diversional activity therapist was not detailed and requires improved clarity for prospective residents.

The arrangement for dealing with complaints requires revision in the statement of purpose to reflect the complaints policy operated by the centre as it referred residents/complainants to the Authority which does not assist to resolve issues of

concern on behalf of residents.

While the procedure to consult with residents regarding their care plan was outlined the arrangements to consult with residents about the operation of the service and obtain their views and feedback was not indicated for example, through the existence of a residents forum or questionnaires.

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 has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was well known by residents. She had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She maintained her professional development and attended mandatory training required by the regulation in fire evacuation, safe moving and handling of residents and adult protection.

There was an organisational structure in place to support the person in charge. The clinical nurse manager deputises in the absence of the person in charge. The arrangements and reporting systems were known to staff and were described in the statement of purpose.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was provided with a copy of the centre's policy on prevention, detection and response to elder abuse. The policy was specific to the centre and defined the various types and signs of abuse and the reporting arrangements. Protected disclosure procedures to guide staff in their reporting of a suspicion of abuse were documented in the policy.

Residents spoken with stated that they felt safe in the centre. No incidents, allegations or suspicions of abuse have been recorded or notified to the Authority in the preceding 12 months at this centre. There was a visitors log in place. Access to the centre via the main door was monitored by the receptionist who was on duty during office hours.

However, the inspector identified some safeguarding and safety issues in relation to the accessibility of the care environment. The designated centre was not fully secured as it was open and accessible by the public via the entrance to the primary health care team who share the building with the residents of the designated centre. There was not a system in place to ensure unrestricted access by the public attending appointments to the residents' care environment. This was identified as an issue for attention on the last inspection.

The inspector viewed documentation confirming all staff were trained in adult protection. Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern.

Garda Síochána vetting had been applied for all staff members. This was evidenced by a review of returned Garda Síochána vetting forms examined by the inspector.

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:

A comprehensive risk management policy including health and safety procedures to ensure the protection and wellbeing of residents' staff and visitors was in place. The risk management policy included an environmental and clinical identification and assessment of risk throughout the centre. Precautions to control or minimise risk were specified.

There was an emergency plan in place. There were policies in place to guide staff in the event of a resident going missing. Procedures to guide staff actions in the event of violence, aggression and self harm were included in the schedule of policies required by the regulations.

Infection control practices in relation to hand hygiene were robust. Hand sanitising dispensing units were located at intervals along the corridor. Supplies of protective clothing to include aprons and gloves were easily accessible to staff. Staff were observed to be vigilant with hand hygiene and staff had been trained on best practice in this regard. However, there was limited storage and clean commodes were stored in the sluice room posing a risk of cross infection. This was identified as a risk on the last visit.

Service records showed that the fire alarm system was serviced and the emergency lighting and fire equipment regularly. The inspector read the training records which confirmed that all staff had attended fire evacuation training annually. All staff had not participated in a minimum of two fire drill practices within the past year. While two fire drills were conducted in the past 12 months they did not include simulated evacuation techniques to reinforce staff knowledge from annual training. The fire drills procedures undertaken by staff did not include details of timeframes to respond to alarms, clarity on the role of the fire warden to direct the fire drill practice. There was no evaluation of learning from fire drills completed.

The fire policy reviewed by the inspector indicated all residents were to be evacuated to the main entrance. However, staff informed the inspector the practice in the first instance was to ensure resident safety and evacuate past a set of fire doors. As fire evacuation sheets were not provided to the beds of residents a risk assessment was not in place for each resident to identify the type of assistive equipment required for example those requiring a wheelchair or evacuated by moving the bed.

The records in the fire register were not being maintained consistently. The inspector identified a gap for a period of three week where no fire safety checks were recorded. The plans to show the nearest means of escape and notice of the procedure to hear on following the alarm were not displayed around the building. The inspector was informed these safety notices were removed when repainting was undertaken.

The inspector viewed evidence staff were trained in the safe moving and handling of residents. A moving and handling assessment was available for each resident in case files reviewed. However, each resident did not have a moving and handling assessment completed specifying the type of hoist required for use by the resident to assist staff in helping them safely mobilise with details of the sling type and size.

There were four residents who smoked. A risk assessment to ensure residents were safe to smoke independently outlining the level of assistance and supervision they may require was not in place. Presently there is no designated smoking room and residents who wish to smoke have to go outside to the enclosed garden. While a shelter was erected this is not conducive to person centred care and does not provide a suitable choice to meet the needs of residents in safe and homely manner.

There were arrangements in place for recording and investigating untoward incidents and accidents. All incident and near miss events were recorded which were reviewed by the person in charge. No falls resulting in serious injury were reported to the Authority since the last inspection. However, neurological observations were not recorded in all cases where a resident fell un-witnessed witnessed or was unable to communicate to determine if a head injury had been sustained and/or the level of consciousness affected.

The centre did not have falls management and prevention policy in place to provide clear procedures to guide staff actions and intervention should a resident sustain a fall and details on completing neurological observations in line with best practice.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

There was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

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, legible and distinguished between PRN (as needed), regular and short term medication. The maximum amount for PRN medication was indicated on all prescription sheets viewed by the inspector.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes.

There was space to record when a medication was refused on the administration sheet.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked at the change of each shift and signed by two nurses. The inspector checked a selection of the balances and found them to be correct.

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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

Judgement:

Findings:

There are two designated beds for respite care and the remaining 22 residents are accommodated for extended care. The arrangements to meet residents' assessed needs were set out in individual care plans. The inspector found a good standard of evidence-based care and appropriate medical access. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition.

The inspector reviewed three resident's care plans in detail and certain aspects within other plans of care. The inspector found that all files reviewed were detailed. A comprehensive assessment was undertaken on admission of a new resident. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, tissue viability and cognitive functioning. Assessments were regularly reviewed and were used to develop care plans that were person-centred, individualised and described the current care to be given.

There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan when reviewed or updated. However, this was a standard form outlining the same information for each resident a date and signature. Reviewing care plans was not personalised to each resident's plan of care to reflect the individual care being delivered. Where residents were unable to discuss their care plan the reason was not documented.

Care plans were in place for all identified needs and good detail of interventions to manage problems were outlined in documentation in the majority of cases. However, the inspector noted care plans to manage mood disorders or episodes of aggressive tendencies required more detail. There was evidence in the medical file of good links with community mental health services and regular reviews of medication to ensure optimum therapeutic values. However, care plans for these problems did not identify triggers, outline preventative and reactive strategies or the impact of prescribed medication.

Residents had access to GP services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents' medical notes showed that GP visited the centre regularly. There was evidence of referral to allied services such as speech and language and occupational therapy. The chiroprapist attended the centre routinely and recorded their treatment in the care plan.

The policy on restraint was based on the national policy on promoting a restraint free environment. The inspector reviewed a sample of assessments that underpinned restraint practice. Restraint measures in place included the use of bedrails by ten residents. There was a risk assessment completed prior to the use of the restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative. However a restraint register was not maintained to record the names of all residents with bedrails in place and the times the restraint measure is applied and released.

The inspector checked and confirmed 22 of the beds were of the type where the bedrails were independently attached to the bed. An audit or documented routine check of safe positioning of these bedrails had not been completed. This is required regularly with these types of bedrails to ensure safe dimensional limit requirements and positioning to protect the safety and welfare of residents and mitigate the risk of entrapment. Where bedrails were not in use they were not removed from the bed.

Activities were led by the diversional activity therapist employed five days each week. There were opportunities for all residents to participate in activities. The activity schedule provided for both cognitive and physical stimulation. Residents were facilitated to practice their religious beliefs and Mass was celebrated each week and an oratory was available to residents.

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:

The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. There was a good standard of décor throughout and very high levels of personalisation evident in residents' bedrooms. The building was repainted since the last inspection. Residents spoken with confirmed that they felt comfortable in the centre. The inspector noted the building was comfortably warm. Hand testing indicated the temperature of radiators and hot water did not pose a risk of burns or scalds.

The majority of residents are accommodated in multi occupancy bedrooms. While the maximum number of residents accommodated has reduced there are two wards accommodating five residents and two wards accommodating four residents each. The layout and configuration of beds does not ensure residents safety and comfort and did not encourage and aid their independence. On the last visit the inspector found that in the main adequate wardrobe space was not provided for residents' clothing and personal possessions. A number of hospital locker style wardrobes were in place and the hanging space was limited. There are restriction in multi occupancy bedrooms to ensure adequate personal space and privacy. There are four single bedrooms and one twin bedroom. The provider is required to have in place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland within the time frame allocated.

Staff facilitates were provided with lockers for the storage of personal belongings. Separate toilets and showering facilities were provided for care and kitchen staff in the interest of infection control. A separate cleaning room and sluice room were available and access was restricted in the interest of safety to residents and visitors. Corridors and communal rooms were clear of any obstructions and residents mobilised freely and with assistance where required.

A safe enclosed landscaped garden was available to residents. Seating was provided in the garden.

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Judgement:

Non Compliant – Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that complaints were listened to and there was a local policy and procedure in place to ensure complaints were monitored and responded to. Formal complaint procedures and appeals details were outlined in the HSE complaints policy 'your service your say'.

The local procedure confirmed issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. A designated individual was nominated with overall responsibility to investigate complaints. A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified. An independent appeals procedure was outlined. Timescales were indicated at each stage of the complaints procedure to respond or update the complainant

The inspector reviewed the complaints log which contained the facility to record all relevant information about the nature of a complaint. However, the form in the complaints log did not outline or have space to detail how the complaint was investigated and the action taken to resolve the matter raised by the complainant. Complainants were not requested to sign to verify they were satisfied with the outcome of the issue raised by them. No complaints were being investigated at the time of this inspection.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The chef discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff received this information from the nursing staff and from speaking directly to residents. The chef was knowledgeable regarding the dietary needs, preferences and nutritional value of food and providing appropriate meals for residents with specific conditions such as diabetes and those with swallowing difficulties.

Residents' weights and body mass index (BMI) were monitored and those identified at risk had their weight reviewed on frequent basis. The inspector reviewed assessments completed by the speech and language therapist. Care plans were updated following reviews and changes communicated to staff appropriately. Medication records showed that supplements were prescribed by a doctor.

A food intake record and fluid balance chart was being maintained for one resident. However, the resident's fluid intake was being recorded on the food intake chart and not on the fluid chart available. Fluids were not recorded per 100mls and were not totalled to ensure a daily fluid goal was achieved.

The planned menu was rotated every three weeks and all food was cooked on the premises. The inspector reviewed the menu and discussed options available to residents. The breakfast choice consisted of a variety of cereals, porridge, juice, tea and toast the inspector was informed. However, the breakfast options were not indicated on the menu and residents appeared unaware of the option to have a choice of hot breakfast if they wished.

The options available in the late evening required review to ensure sufficient or optimum calorific intake particularly those for those on fortified diets. The evening time tea was served at 16:30 the timeframe to the next main meal was extensive. While two residents were provided with specific types of snacks to ensure suitable nutrition mainly the options were breads with tea. There were no choices for all residents to ensure optimum calorie intake with appropriate fortified snacks available to include yoghurts, milk pudding and enriched milk in the later evening time.

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:

The inspector viewed the staff duty rota for a three week period. The rota showed the staff complement on duty over each 24-hour period. The staff roster detailed their position and full name. The inspector noted that the planned staff rota matched the staffing levels on duty. There was an adequate number and skill mix of nursing, care

assistants, catering and cleaning staff rostered on the day of inspection to meet the assessed care needs of residents. Staff on duty included the person in charge, one CNM2, one CNM1 and one staff nurses, three care attendants, one diversional activity therapist, one cleaning and two catering staff. This number and skill mix of staff appeared adequate to meet the needs of the 23 residents accommodated throughout the day.

However, a continuous review of the numbers and skill mix of staff to ensure appropriate levels are available to meet all residents' individual and collective needs is required in the early evening. A review of the rosters indicated from 18:00 hrs some evenings there are only two staff members available to meet residents needs, one nurse and one care assistant. Considering the number of residents and those requiring assistance to retire to bed and the completion of a medication round, the inspector was not satisfied a sufficient number of care assistants were available each evening of the week.

There was a training matrix available which conveyed plans were in place for staff training and continued professional development throughout 2014. The inspector found that in addition to ongoing mandatory training required by the regulations, continued professional development training was planned for 2014 for staff members. Staff had completed training in oral care and continence promotion since the last inspection. Training on end of life training was planned for May 2014.

A record of An Bord Altranais PINs (professional identification numbers) for all registered nurses was maintained.

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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Breffni Care Centre
Centre ID:	ORG-0000489
Date of inspection:	08/04/2014
Date of response:	23/05/2014

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 01: Statement of Purpose

Theme: Leadership, Governance and Management

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

Aspects of the statement of purpose required review to meet all the requirements of Schedule 1 of the Regulations and ensure more clarity in certain aspects. The areas requiring review are outlined below:

- The maximum number of residents attending for day care was not stated as residents share a dining room for mealtimes.
- While the types of activities were outlined the role of the diversional activity therapist was not detailed and requires improved clarity for prospective residents.
- The arrangement for dealing with complaints requires revision in the statement of purpose to reflect the complaints policy operated by the centre as it referred residents/complainants to the Authority which does not assist to resolve issues of concern on behalf of residents.
- While the procedure to consult with residents regarding their care plan was outlined the arrangements to consult with residents about the operation of the

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

service and obtain their views and feedback was not indicated for example, through the existence of a residents forum or questionnaires.

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

- The Statement of Purpose has been reviewed and updated.
- The Statement of Purpose has been updated to reflect the maximum numbers of day care clients attending day care.
- The Statement of Purpose will include a clear outline of the role of the Diversional Therapist.
- The Statement of Purpose will include a summary of the process for referral of unresolved or formal complaints to an Independent Complaints Officer is included, with reference to the policy that governs this process (Cavan Monaghan Area PCS Policy for the Management of Comments, compliments and Complaints 2013). The Area PCS Policy includes the process for appeals.
- The Statement of Purpose will outline the role of the residents forum.
- A copy of the Statement of Purpose is available within the Centre. A copy of the Statement of Purpose is being provided to the Authority along with this Action Plan.

Proposed Timescale: 19/05/2014

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

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

The designated centre was not fully secured as it was open and accessible by the public via the entrance to the primary health care team who share the building with the residents of the designated centre. There was not a system in place to ensure unrestricted access by the public attending appointments to the residents' care environment.

Action Required:

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

- Maintenance Manager has been contacted and key pads will be placed on both entrances to the Residential area to ensure unrestricted access by the public.

Proposed Timescale: 30/06/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

There was limited storage and clean commodes were stored in the sluice room posing a risk of cross infection.

Action Required:

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

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

- Storage facilities have been reviewed, and there are now improved facilities for the storage for clean commodes.

Proposed Timescale: 31/05/2014

Theme: Safe Care and Support

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

Each resident did not have a moving and handling assessment completed specifying the type of hoist required for use by the resident to assist staff in helping them safely mobilise with details of the sling type and size.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

- A moving and handling assessment has been carried out on each resident specifying the type of hoist being used and size of sling. Details of same recorded in care plan.

Proposed Timescale: 20/05/2014

Theme: Safe Care and Support

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

A risk assessment to ensure residents were safe to smoke independently outlining the level of assistance and supervision they may require was not in place.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

- A Risk assessment has been carried out on our residents who smoke.

Proposed Timescale: 20/05/2014

Theme: Safe Care and Support

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

Neurological observations were not recorded in all cases where a resident fell un-witnessed witnessed or was unable to communicate to determine if a head injury had been sustained and/or the level of consciousness affected.

The centre did not have falls management and prevention policy in place to provide clear procedures to guide staff actions and intervention should a resident sustain a fall and details on completing neurological observations in line with best practice.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

- Falls Management Policy is now in place to guide staff on actions and interventions to be carried out when a resident sustains a fall to include all neurological observations.
- 3 Monthly Audits will be carried out by the CNM to monitor same.

Proposed Timescale: 31/05/2014

Theme: Safe Care and Support

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

A restraint register was not maintained to record the names of all residents with bedrails in place and the times the restraint measure is applied and released.

The inspector checked and confirmed 22 of the beds were of the type where the bedrails were independently attached to the bed. An audit or documented routine check of safe positioning of these bedrails had not been completed. This is required regularly with these types of bedrails to ensure safe dimensional limit requirements and positioning to protect the safety and welfare of residents and mitigate the risk of entrapment. Where bedrails were not in use they were not removed from the bed.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

- All Bed rails not in use have been removed.
- A risk assessment is being carried out using a Risk Assessment Audit Tool to assess residents who still have bed rails in situ. The assessments includes the positioning and the dimensional limit requirements to mitigate the risk of entrapment.
- This audit will be carried out on a three monthly basis or more frequently if required.

Proposed Timescale: 30/05/2014

Theme: Safe Care and Support

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

All staff had not participated in a minimum of two fire drill practices within the past year.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

All staff will participate in routine fire drill practices.

Proposed Timescale: 30/06/2014

Theme: Safe Care and Support

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

The fire drills procedures undertaken by staff did not include details of timeframes to respond to alarms, clarity on the role of the fire warden to direct the fire drill practice. There was no evaluation of learning from fire drills completed.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

- Fire drills undertaken by staff to include details of response times to alarm and this will be documented in the Fire Log and will be available for inspection.

Proposed Timescale: 31/05/2014

Theme: Safe Care and Support

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

The fire policy reviewed by the inspector indicated all residents were to be evacuated to the main entrance. However, staff informed the inspector the practice in the first instance was to ensure resident safety and evacuate past a set of fire doors.

Action Required:

Under Regulation 32 (1) (c) (v) you are required to: Make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.

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

- Fire policy has been amended and the practice will be in the first instance residents will be evacuated past the first set of fire doors.

Proposed Timescale: 31/05/2014

Theme: Safe Care and Support

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

As fire evacuation sheets were not provided to the beds of residents a risk assessment was not in place for each resident to identify the type of assistive equipment required for example those requiring a wheelchair or evacuated by moving the bed.

Action Required:

Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

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

- Risk assessments have been carried out on all residents to identify the type of equipment required in the event of a fire and list placed beside fire panel.-Complete.
- Fire evacuation sheets have been ordered for all beds.

Proposed Timescale: 31/07/2014

Theme: Safe Care and Support

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

The plans to show the nearest means of escape and notice of the procedure to hear on following the alarm were not displayed around the building.

Action Required:

Under Regulation 32 (3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

- All notices which were removed during painting of unit have been replaced showing nearest escape routes and notices of procedure upon hearing the fire alarm.

Proposed Timescale: 31/05/2014

Theme: Safe Care and Support

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

The records in the fire register were not being maintained consistently. The inspector identified a gap for a period of three week where no fire safety checks were recorded.

Action Required:

Under Regulation 32 (2) (b) you are required to: Maintain, in a safe and accessible place, a record of all fire alarm tests carried out at the designated centre together with the result of any such test and the action taken to remedy defects.

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

- The records of the fire register to be maintained weekly be nominated person and in their absence Nurse in Charge to delegate this task.

Proposed Timescale: 30/06/2014

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:

There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan when reviewed or updated. However, this was a standard form outlining the same information for each resident a date and signature. Reviewing care plans was not personalised to each resident's plan of care to reflect the individual care being delivered. Where residents were unable to discuss their care plan the reason was not documented.

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:

- The form used for reviewing Care Plans has been reviewed and now includes a more individualised approach to resident's care needs.
- In cases where residents are unable to discuss their care plans, the reasons will be documented.

Proposed Timescale: 30/09/2014

Theme: Effective Care and Support

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

The inspector noted care plans to manage mood disorders or episodes of aggressive tendencies required more detail. Care plans for these problems did not identify triggers, outline preventative and reactive strategies or the impact of prescribed medication.

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:

- Care plans for our three residents with mood disorder have been reviewed and updated to record triggers identified that may exacerbate their mood disorder.

Proposed Timescale: 20/05/2014

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 layout and configuration of beds does not ensure residents safety and comfort and did not encourage and aid their independence. On the last visit the inspector found that in the main adequate wardrobe space was not provided for residents' clothing and personal possessions.

There are restriction in multi occupancy bedroom that impact adequate personal space and privacy.

The provider is required to have in place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland within the time frame allocated.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

- The provider will have in place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the National Standards for residential care settings for Older people in Ireland within the time frame allowed.

- Bed numbers have been reduced in the interim to allow more personal space while awaiting the construction of the new building in 2015.

Proposed Timescale: 31/07/2015

Theme: Effective Care and Support

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

Presently there is no designated smoking room and residents who wish to smoke have to go outside to the enclosed garden. While a shelter was erected this is not conducive to person centred care and does not provide a suitable choice to meet the needs of residents in safe and homely manner.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

- Room 53 has been identified for upgrading to a smoking facility in line with Health and Safety for our residents.

Proposed Timescale: 31/08/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

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

A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified.

Action Required:

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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

- The Complaints Policy has been revised to reflect the requirements of Regulations 39(5) and 39(7). The aforementioned nominees are identified by name and designation and each person's role and responsibility in dealing with complaints has been clarified. The timescale for resolution of informal complaints has been included. A summary of the process for referral of unresolved or formal complaints to an Independent Complaints Officer is included, with reference to the policy that governs this process (Cavan Monaghan Area PCS Policy for the Management of Comments, compliments and

Complaints 2013). The Area PCS Policy includes the process for appeals.

Proposed Timescale: 20/05/2014

Theme: Person-centred care and support

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

The form in the complaints log did not outline or have space to detail how the complaint was investigated and the action taken to resolve the matter raised by the complainant. Complaints were not requested to sign to verify they were satisfied with the outcome of the issue raised by them.

Action Required:

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

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

- Complaints log will now include details of how complaints was investigated and if appropriate the complainant will be requested to sign to verify they are satisfied with outcome of complaint.

Proposed Timescale: 23/05/2014

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 resident's fluid intake was being recorded on the food intake chart and not on the fluid chart available. Fluids were not recorded per 100mls and were not totalled to ensure a daily fluid goal was achieved.

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:

- Fluid balance charts to be recorded in mls and total at the end of each 24 hour period. This will be audited by the CNM2 on a three monthly basis.

Proposed Timescale: 31/05/2014

Theme: Person-centred care and support

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

The options available in the late evening required review to ensure sufficient or optimum calorific intake particularly those for those on fortified diets. There were no choices for all residents to ensure optimum calorie intake with appropriate fortified snacks available to include yoghurts, milk pudding and enriched milk in the later evening time.

Action Required:

Under Regulation 20 (2) part 6 you are required to: Provide each resident with food and drink that takes account of any special dietary requirements and is consistent with each residents individual needs.

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

- The menu plan has been reviewed by the Dietician and the Catering Officer to ensure optimum calorific intake particularly for those on fortified diets and to ensure there is sufficient choice for all residents to ensure optimum calorie intake with appropriate fortified snacks.

Proposed Timescale: 30/05/2014

Theme: Person-centred care and support

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

The breakfast options were not indicated on the menu and residents appeared unaware of the option to have a choice of hot breakfast if they wished.

Action Required:

Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

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

- The daily menu has been updated to include the breakfast menu
- A snack menu is now available and copy is displayed in residents sitting room.

Proposed Timescale: 20/05/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

A review of the rosters indicated from 18:00 hrs some evenings there are only two staff members available to meet residents needs, one nurse and one care assistant.

Considering the number of residents and those requiring assistance to retire to bed and the completion of a medication round, the inspector was not satisfied a sufficient number of care assistants were available each evening of the week.

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:

- Rosters from the 12th May 2014 now reflect two care assistants from 18.00 hrs to 20.00 hours and one Staff Nurse.

Proposed Timescale: 31/05/2014