

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Residential Care Home Unit 5 & Unit 6 (Merlin Park Hospital)
<b>Centre ID:</b>	ORG-0000635
<b>Centre address:</b>	Dublin Road, Galway.
<b>Telephone number:</b>	091 775 566/775 568 / 775 569
<b>Email address:</b>	aine.riddell@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Catherine Cunningham
<b>Person in charge:</b>	Mary McHugh
<b>Lead inspector:</b>	Nan Savage
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	37
<b>Number of vacancies on the date of inspection:</b>	15

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From:	To:
10 April 2014 12:00	10 April 2014 18:00
11 April 2014 10:00	11 April 2014 12:30

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This monitoring inspection took place over two days. As part of the inspection, the inspector met with residents, relatives, the person in charge and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

While the centre was registered to accommodate a maximum of 52 persons, the person in charge informed the inspector that due to staffing restrictions and in order to safeguard residents, a decision had been made to limit the number of residents to 40 with 20 residents in each unit. On day one of inspection there were 37 residents living in the centre, 25 of whom were of maximum dependency, 8 high dependency and 4 medium dependency.

The inspector observed many examples of good practice which were reflected in positive outcomes for residents. However, the inspector also found that a number of required actions from the previous action plan had not been adequately addressed. Improvements were required in order to bring about substantial compliance with some of the requirements of 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.

The person in charge and staff demonstrated a comprehensive knowledge of residents' needs and were knowledgeable about the prevention of abuse of vulnerable persons. Good practice was also observed in relation to food and nutrition.

The inspector found that residents' healthcare needs were met and good medical care was provided to residents. Improvements had been noted in care planning documentation although further improvements were required to better reflect aspects of the high standard of care provided and incorporate residents or their representatives' participation in the review of the care plan. While some activities were provided this was limited especially for residents with communication and sensory difficulties.

Systems were in place to manage risk although improvements were required in aspects of risk management and the maintenance of associated documentation to ensure the safety of residents.

Staffing levels and skill mix were adequate during the inspection. However, a review of staff rosters confirmed that nursing staff levels did not consistently meet the assessed needs of residents. Improvements were required to ensure all staff had been recruited and vetted appropriately.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.

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

**Outcome 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:**

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

**Findings:**

The statement of purpose that was made available during the inspection did not comply with all the requirements of the Regulations.

The inspector found that an older version was in use from the version that had been amended as required on the previous inspection. The version in use did not comply with some requirements detailed in Schedule 1 of the Regulations. For example, the conditions of registration and the size of rooms in the centre had not been documented.

**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:**

There was no change to the role of person in charge since the previous inspection.

The person in charge demonstrated her competency in clinical care and understanding of her legal responsibilities under the Regulations and Standards. Throughout the inspection process she showed strong commitment to delivering good quality care to residents and to improving the service delivered. The person in charge had maintained her professional development and had completed a higher diploma in gerontology in September 2013.

Further to a formal notification received by the Chief Inspector the person in charge confirmed that from 30 April 2014 she was no longer fulfilling this role and that a plan was in place to appoint a senior staff nurse to this position.

### **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 provider and person in charge had taken measures to protect residents from being harmed and from suffering abuse although improvement was required on this inspection.

The policy on preventing abuse and responding to allegations or suspicions of abuse had been reviewed in February 2014. The inspector noted that the policy provided guidelines to staff on the different types of abuse, the prevention and protection of residents from abuse and how to respond to suspicions of abuse. However, there was not sufficient guidance on how to respond to an allegation of abuse against a member of management and the policy did not reflect some current staff practice. While staff spoken with clearly described what they would do if they suspected abuse and had received training in this area some staff had not read the updated policy. The inspector noted that the person in charge had organised staff to attend training sessions on policies and procedures. She had also scheduled a number of staff to attend refresher training on abuse during May 2014.

Although systems remained in place to manage residents' finances and provide protection to residents some improvement was required. The inspector noted that the policy on residents' personal property and possessions had been updated since the last inspection. However, the policy did not guide some practice and did not comply with all the requirements of the Regulations. For example, some records that related to the management of residents' monies were not accessible during this inspection. The

inspector found that key staff including the person in charge did not have access to this information. The inspector also read that there was a clause in the policy that the provider did not accept responsibility for personal property unless deposited for safe keeping and a receipt issued. This clause did not comply with the Regulations.

Residents that spoke with the inspector commented that they felt safe in the centre due to the premises being kept secure and support provided by staff.

### **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:**

The provider and person in charge had measures in place to promote and protect the safety of residents, staff and visitors to the centre although improvements were required.

While some specific issues raised on the previous inspection had been addressed other issues had not been satisfactorily completed. For example, staff had attended fire drills as part of formal fire safety training in July 2013 and staff spoken with were clear about the procedure to follow in the event of a fire. However, records viewed, staff and the person in charge confirmed that fire drills had not taken place since this training.

The provider continued to take other measures to promote the safety of residents in the event of fire. Fire extinguishers were last serviced in July 2013 and quarterly servicing of fire alarms had been completed. The inspector viewed records which showed that internal safety checks were completed including a weekly inspection of fire extinguishers and monthly check of fire doors. Fire instructions remained prominently displayed in both units.

There was a risk management framework in place which included a risk management policy, health and safety statement and risk register. However, the risk management policy referred to a different centre. Formal arrangements and precautions were established for specific risks identified in the Regulations including resident absent without leave and self harm.

The inspector found that there had been an ongoing review of risk in the centre since the last inspection. Some additional risk assessments had been completed and other

assessments had been updated. However, the inspector noted that some hazards had not been adequately addressed even though the person in charge had reported these hazards on a number of occasions. Prior to the inspection, the inspector read that remedial works had been scheduled to address some of these hazards by 14 April 2014. The inspector found that some other hazards had not been formally risk assessed including the use of apron and glove dispensing wall-mounted units which were not securely stored and a sloping floor surface outside a residents' bedroom.

An emergency plan in place remained in place which identified what to do in the event of emergencies. However, the inspector noted that the plan had not been updated to reflect recent changes in the organisation structure and subsequent supports that were available to staff and management in the centre.

The inspector observed staff using appropriate practices to assist residents to mobilise. Staff spoken with and training records viewed confirmed that staff had received adequate training in moving and handling. Manual handling assessments had been carried out for residents and informed staff practice.

The inspector noted a good standard of cleanliness in the centre and there were a range of measures and policies in place to control and prevent infection.

There continued to be a system in place to monitor visitors to the centre to ensure the safety of residents which included controlled access and the completion of a visitor's book.

### **Outcome 08: Medication Management**

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

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

The person in charge had ensured that medication management practices were safe and processes were in place to direct and support practice in most areas. However, the inspector found that an action from the previous inspection had not been addressed that related to the requirement for guidelines on self-administration of medications. While the inspector noted that in response to a previous inspection the medication policy had been updated to include a specific procedure for as required (PRN) medication this procedure was not available on this inspection.

The inspector found that there had been no formal review of medication management practices to identify any possible learning. The person in charge confirmed that there were no internal medication management audits since the last inspection. She stated that there had been pharmacy audits but there were no copies of these audits available on the units and the findings had not been discussed with staff.

The inspector reviewed a sample of residents' medical notes and found that residents' health needs were well monitored. Residents' medications were regularly reviewed and an out-of-hours doctor service was available to residents. The inspector read that residents' prescription and administration sheets contained required information and the sample viewed were completed in line with professional guidelines. The inspector noted that there were no residents self-medicating at the time of inspection.

Medications that required special control measures were appropriately managed and stored. Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored on a daily basis. The inspector saw that the medication trolleys were kept secured when not in use and the medication keys were held by a designated nurse at all times. However, the inspector saw that there was no ventilation in the medication room in unit 5 and there was no monitoring of the air temperature in this room.

#### **Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had implemented an effective system for the recording and notification of incidents. The inspector viewed a sample of incident reports and found that incidents that had occurred were appropriately documented and notified to the Chief Inspector when required.

**Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

The health needs of residents were met and appropriate medical care was provided. Residents had good access to a range of allied healthcare services when required and associated documentation was kept on residents' files. Since the last inspection access to speech and language therapy (SALT) in unit 5 was now made available when required. A high standard of evidence-based nursing care was noted in areas including wound care management and use of restraint. On the previous inspection some improvements were required in the management of falls, behaviour that challenges and areas of the care planning documentation. Although improvement had been made in the documenting of residents' assessments and care plans some further improvement was required to accurately reflect the current needs of some residents and ensure continuity of care. There were opportunities for residents to participate in meaningful activities but this was ad-hoc and there continued to be limited opportunities for residents with higher dependency levels to engage in social care.

Since the previous inspection all residents' care plans had been updated to a more comprehensive care planning system that had been partly implemented on the last inspection. The inspector reviewed a selection of residents' files, including the files of residents with nutritional needs, compromised skin integrity, at risk of falling, a form of restraint in use and potential behaviour that challenges. The inspector found that these clinical needs were well managed and guided by evidence based policies. However, some improvement was required to the assessment and care planning process to ensure continuity of care.

For example, while comprehensive nursing assessments were completed on admission they were not consistently reviewed to identify changing needs to the residents' activities of daily living. The inspector noted that a range of additional risk assessments had been completed. Most assessments were used to develop informative care plans that were individualised, person centred and described the care to be delivered.

However, some had not been reviewed three monthly or as required by the residents' changing needs. Residents or their representative were involved in the development of the residents' care plan although there was no evidence that they inputted into the ongoing review of the care plan.

The person in charge had implemented an effective system to monitor residents' nutritional requirements and this is further discussed in Outcome 15. With the exception of one resident's file, the inspector noted that a nutritional assessment tool was used to develop up to date informative care plans which guided staff practice. However, the inspector noted that one resident did not have an up-to-date nutritional care plan in place even though this resident's nutritional requirements had significantly changed. The inspector found that in practice positive outcomes had been achieved for this resident regarding their nutritional status.

Arrangements were in place to manage potential behaviour that challenges although some improvement was required to the associated care planning documentation. Residents with potential behaviour that challenged had been assessed and an associated care plan implemented for the management of this behaviour. However, sufficient guidance had not been documented in one resident's associated care plan. There was a policy which gave instructions to staff on how to manage behaviours that challenge and staff described techniques they used in response to this behaviour. The inspector also read that there was input from psychiatric services, where required.

There were some opportunities for residents to participate in meaningful social care and the inspector saw staff engaging with residents in an appropriate and respectful manner. However, suitable activities based on residents' capabilities were limited particularly for those with sensory or communication difficulties. For example, the inspector found that even though a number of staff were trained on sonas (a programme of therapeutic activity focused on promoting communication, especially for people with dementia) the last session that took place was on 31 January 2014. Some residents that spoke with the inspector mentioned that there was not much to do during the day. The person in charge informed the inspector that funds had been allocated to train a staff nurse on activity provision.

### **Outcome 13: Complaints procedures**

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

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

The provider had established formal arrangements for responding to complaints including the implementation of a complaints policy and procedure although some improvement was required.

The complaints procedure had been amended since the last inspection and was now prominently displayed in both units and staff had received training in this area.

The inspector viewed the complaints policy which had been developed since the previous inspection. The policy gave guidance to staff on the management of complaints, however, the policy did not comply with all the requirements of the Regulations. For example, a second nominated contact person had not been appointed to ensure that complaints were properly responded to and documented. Also, the Authority had been incorrectly included in the centre complaints process.

The inspector noted that the person in charge supported residents to express their views. The inspector reviewed a sample of complaints maintained in the complaints register and found that they were dealt with promptly and appropriate actions taken. The satisfaction level of the complainant with the outcome of the investigation was now consistently documented.

Residents spoken with told the inspector they felt comfortable raising any concerns with the person in charge or any member of staff should the need arise.

**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:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident was provided with food and drinks adequate for their needs. Food was suitably prepared, cooked and served and residents were offered a varied diet that included choice at mealtimes. The inspector noted that staff provided assistance to residents in an appropriate manner. Residents spoken with confirmed that there were daily meal choices and that staff asked for their preferences.

The inspector found that during the inspection there had been improvements in the provision of timely support for residents who required assistance with their meals. Since

the previous inspection the inspector noted that additional staff had been provided during mealtimes when required and meal times had been staggered to ensure residents were not left waiting for assistance while their meal went cold in front of them.

There was a policy in place for the monitoring and documentation of nutritional intake which had been updated during September 2013 and provided detailed guidance to staff. The inspector also noted that an additional policy had been developed during November 2013 which gave clear direction to staff on assisting residents with their meals.

Adequate measures were in place to ensure residents' dietary requirements were met and information was kept on residents' special dietary requirements and preferences. The inspector read that input had been obtained from the speech and language therapist (SALT) when required and that recommendations were maintained in residents' files regarding the consistency of meals and eating requirements. Staff spoken with were knowledgeable of residents' special dietary requirements and referred to nutritional and SALT guidelines. The inspector also noted that medication records showed that nutritional supplements were administered as prescribed.

The inspector noted that adequate arrangements were in place for food preparation, cooking and service. The inspector noted that the food was cooked in the main kitchen located in Merlin Park Hospital and transported to unit 5 and 6 in heated trolleys. Kitchen staff prepared residents' food for serving from the unit kitchen.

### **Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**  
Workforce

**Judgement:**  
Non Compliant - Moderate

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

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

### **Findings:**

While appropriate staff numbers and skill mix were rostered during the inspection to meet residents assessed needs a review of staff rosters confirmed that adequate nursing staff levels had not been consistently maintained over the 24 hour period. There was a system in place for the recruitment, selection and vetting of staff. However, there was not sufficient evidence to demonstrate that safe recruitment practices remained in place

for all staff.

The inspector found that during the inspection there were adequate staffing levels and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. However, a review of the staff rosters confirmed that the skill mix at night-time did not consistently meet the needs of all residents. The inspector noted that on some nights there was one nurse and three care assistants in each unit and not two nurses as required. Some staff spoken with and documents viewed detailed examples of how this had posed significant challenges to ensure residents' needs were met in a timely manner and that sufficient cover was available to respond to emergencies. The inspector was informed by management that an active recruitment programme was currently underway.

The inspector was not satisfied that adequate systems had remained in place for the recruitment, selection and vetting of all staff. The inspector noted that from 1 April 2014 agency staff were occasionally employed in the centre. However, the provider did not have written evidence available to demonstrate that these staff members had been appropriately vetted and met the requirements of Schedule 2 of the Regulations. The inspector also examined a sample of staff files and found that some information required by the Regulations had not been obtained for staff such as sufficient evidence of mental and physical fitness and three written references.

Volunteers and outsourced service providers attended the centre and provided valuable services. These had been vetted appropriate to their role, however, the inspector noted that their roles and responsibilities were not set out in a written agreement as required by the Regulations.

A continuous professional development programme remained in place for staff. Records viewed demonstrated that staff had received training on subjects including basic food hygiene, hand hygiene and cardiopulmonary resuscitation (CPR). The inspector also noted that a staff nurse had completed a post graduate diploma on gerontology.

## 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:***

Nan Savage  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	Residential Care Home Unit 5 & Unit 6 (Merlin Park Hospital)
<b>Centre ID:</b>	ORG-0000635
<b>Date of inspection:</b>	10/04/2014
<b>Date of response:</b>	08/05/2014

**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:**

The statement of purpose that was made available during the inspection did not comply with all the requirements of the Regulations.

**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:**

Complete.

**Proposed Timescale:** 31/05/2014

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

## 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 updated policy on residents' personal property and possessions had not been fully implemented and did not comply with all the requirements of the Regulations. Some records that related to the management of residents' monies were not available during the inspection.

**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:**

1. A Total of 19 Staff attended In Service Training on Recognising and Responding to Elder Abuse on May 14th, 2014. We aim to continue this until all staff attend.
2. A new Grade Three Clerical Officer has been appointed since 25th of May and we shall action the Management of Residents Monies, as part of her Role to comply with the regulations.
3. A Policy Review Committee has been set up with Staff representation from both Unit 5 & 6. As Part of the Terms Of Reference of this committee ,all policies are being reviewed, as they now need to reflect our transfer to PCCC.

**Proposed Timescale:** 20/06/2014

## 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:**

Adequate measures had not been taken to address some hazards that had been formally assessed and reported by the person in charge on a number of occasions.

Some hazards had not been risk assessed that related to the use of disposable apron/gloves and the uneven floor surface outside a residents' bedroom.

**Action Required:**

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

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

1. A Formal Risk Assessment has been carried out regarding the Glove and Apron dispensing Wall Mounted Units and control measures in Place to include ongoing observation of ambulant residents by all Staff.

2. A Formal Risk Assessment has been carried out with regard to the Sloping Floor, and existing control measures in place, to include, non -ambulant residents assigned to this room, with the exception of one resident who declined to transfer to another room, even after being informed of the reason such a move was advisable. A notice indicating the slope on the ground is visible to those entering and leaving the room. The Maintenance Department have undertaken an assessment and are currently costing the project.

**Proposed Timescale:** 04/06/2014

**Theme:** Safe Care and Support

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

The emergency plan had not been updated to reflect recent changes in the organisational structure and subsequent supports that were available to staff and management in the centre.

**Action Required:**

Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

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

Emergency Plan to be revised in consultation with HSE Emergency Planning Department to reflect our transfer to PCCC. It is anticipated that minimal changes will be necessary.

**Proposed Timescale:** 12/06/2014

**Theme:** Safe Care and Support

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

Staff had not attended regular fire drills.

**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:**

A Total of 26 Staff attended the Fire Lecture and Drill on May 20th, 2014. Scheduled Drill and lecture by 30th June for remainder of Staff to attend.

**Proposed Timescale:** 30/06/2014

**Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

There was no procedure on self-administration and as required (PRN) medication.

There was no ventilation in the medication room in unit 5 and there was no monitoring of the air temperature in this room.

**Action Required:**

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

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

1. The Policy on "PRN Medication" complete and for implementation
2. The "Self Administration " Policy is in Draft Form.
3. Monitoring and recording of Medication Room temperature in progress daily.
4. Air Vent installed on the 28th, May 2014.

**Proposed Timescale:** 31/05/2014

**Outcome 11: Health and Social Care Needs**

**Theme:** Effective Care and Support

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

There were limited opportunities for residents to participate in activities based on their interests and capabilities.

**Action Required:**

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

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

1. A Review of all residents Likes and Dislikes, in consultation with each resident and the "My Day, My Way " document as part of the DML Care plans.

2. Staff participate in various structured and non structured activities for residents and document same in the Car Plan and the new Activities Register we have implemented in the Unit.

3. Staff are Assigned to undertake Sonas sessions with residents, at least Twice Weekly.

**Proposed Timescale: 08/05/2014**

**Theme: Effective Care and Support**

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

Some care planning documentation did not adequately reflect the care provided or current needs of residents.

**Action Required:**

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

1. Audit completed on May 16th, 2014.
2. Staff Currently aware and adapting care plans to reflect above Action required.

**Proposed Timescale: 31/05/2014**

**Theme: Effective Care and Support**

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

There was no evidence that residents or their representative were involved in the review of the resident's care plan.

**Action Required:**

Under Regulation 8 (2) (d) you are required to: Notify each resident of any review of his/her care plan.

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

1. Audit carried out and completed on May 16th, 2014.
2. Staff Currently aware and adapting care plans to reflect that each resident has been notified of any review of His/her care plan required.

**Proposed Timescale: 31/05/2014**

**Theme:** Effective Care and Support

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

There was no evidence that residents' care plans were revised after consultation with the resident or their representative.

**Action Required:**

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

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

1. Audit carried out and completed on May 16th, 2014.
2. Staff Currently aware and adapting care plans to reflect above Action required.

**Proposed Timescale:** 31/05/2014

### **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:**

The complaints policy did not comply with all the requirements of the Regulations.

**Action Required:**

Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

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

1. Second nominated person appointed to ensure that complaints are responded to promptly.
2. HIQA has been excluded from the policy as requested.
3. A Complaints Advice Board and Compliment Received board is on display in the Unit. We plan to do an audit and compile the complaints received and acted upon to date and place results on display, on this board.

**Proposed Timescale:** 20/06/2014

## Outcome 18: Suitable Staffing

Theme: Workforce

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

Nurse staffing levels at times were not sufficient to meet the needs of all residents.

**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:**

Approval received for the appointment of ADON and 10 Staff Nurses.

**Proposed Timescale:** 08/05/2014

Theme: Workforce

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

Some information required by the Regulations had not been obtained for all staff.

Written evidence was not available to confirm that agency staff had been appropriately vetted and met the requirements of Schedule 2 of the Regulations.

**Action Required:**

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

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

Information provided and continuous updating will provided by the Agency.

1. ADON by end of August 2014.
2. Staff nurses by year end 2014.

**Proposed Timescale:** 31/12/2014

Theme: Workforce

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

The roles and responsibilities of volunteers were not set out in a written agreement as required by the Regulations.

**Action Required:**

Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

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

We are in the process of identifying the roles of the volunteers within the Unit, in consultation with them. This is only at the consultative stage and they have been provided with verbal advice regarding their roles and responsibilities. Formal Guidelines, based on Best Practice and Research will be implemented.

**Proposed Timescale:** 30/06/2014