

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Pilgrim's Rest
Centre ID:	OSV-0000376
Centre address:	Barley Hill, Westport, Mayo.
Telephone number:	098 27 086
Email address:	info@pilgrimsrest.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Pilgrims Rest Nursing Home Limited
Provider Nominee:	Noel Marley
Lead inspector:	Nan Savage
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
30 July 2014 10:00	30 July 2014 18:00
31 July 2014 08:00	31 July 2014 16:30
04 September 2014 09:00	04 September 2014 11:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority's (the Authority) Regulation Directorate. The centre had applied for registration renewal with a change to a person participating in the management of the centre.

As part of the inspection, the inspector met with residents, the provider who also fulfils the role of person in charge and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies, procedures and staff files. The inspectors also reviewed the Authority's

resident and relative questionnaires which were received during the inspection.

There were 32 residents living in the centre of whom was in hospital on the day of inspection. Fourteen residents were of maximum dependency, 8 high dependency, 8 medium dependency and 1 low dependency.

The inspector found that the provider and person in charge demonstrated commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. There was evidence of good practice in many aspects of the service, although, non-compliances were identified in some areas that placed residents at potential risk of harm.

The provider and person in charge had systems in place to promote the safety of residents, however, significant improvements were required to aspects of restraint management and use and risk management. The provider was required to take immediate steps to address risks associated with the use of restraint for one resident and management of risk that related to the smoking room. The provider responded promptly and addressed the specific concern relating to the use of restraint and took measures to address environmental risks identified including issues relating to the smoking room. On day three of the inspection, the inspector verified that these actions had been taken and that other required actions were in the process of being completed.

The inspector identified on day one and two of the inspection that improvement was also required to staffing arrangements, provision of appropriate training in moving and handling of people, aspects of the care planning documentation, physical environment, maintenance and accessibility of records and implementation of some policies and procedures. On day three of inspection, there was evidence that required actions relating to these areas were in the process of being addressed.

On the days of inspection, the inspector was satisfied that residents' nursing, medical and healthcare needs appeared to be well met. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Residents were seen to be relaxed and comfortable when conversing with staff and the feedback from residents was complimentary of the services and care provided.

The findings are discussed further in the report and all 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 2013 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the statement of purpose and found that it did not comply with all the requirements of the Regulations. For example, the conditions of registration, arrangements made for consultation with, and participation of residents in the operation of the centre and the arrangements for the supervision of therapeutic techniques in the centre had not been documented.

On day 1 and 2 of the inspection, the provider updated the statement of purpose and that version complied with most requirements detailed in the Regulations. The inspector found that the updated version better reflected the service provided and had been made available to residents. Some further improvement was required to ensure the number of bedrooms listed in the statement of purpose corresponded with the provider's application for renewal of registration. The provider addressed this matter by submitting a revised application to the Authority to apply for 35 residential places and updated the statement of purpose to reflect this change.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector noted that systems were in place to monitor and develop the quality of care and experience of residents. There was a management structure in place that identified the lines of authority and accountability. While systems were in place and resources were available to support the delivery of safe and quality care services, some improvement was required.

The inspector found that a system had continued to be implemented to ensure the quality of care given to residents was monitored, developed and improved on an ongoing basis. Audits were carried out in a number of areas including the management of residents' weights, provision of care, infection control, catering and staff competency in manual handling. Data was collated, analysed and there was evidence that the results were used to improve service delivery. However, a residents' feedback survey that had been conducted in April 2014, had not yet been completed. The inspector noted that most feedback was positive although some suggestions for improvement that had been raised had not been reviewed.

Judgment:

Non Compliant - Minor

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

An informative Residents Guide in respect of the centre was available to residents. However, this Guide did not comply with all the requirements of the Regulations as it did not include an adequate summary of the current services and facilities available to residents.

The inspector viewed a sample of residents' contracts of care and found that there was an agreed written contract in place which included details of the services to be provided for that resident and the overall fee payable. Fees at an additional cost to residents had been detailed on some residents' contracts but this had not been listed on all residents' contracts, where applicable.

Judgment:

Non Compliant - Minor

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There had been no change to the role of person in charge since the previous inspection. The inspector found that the centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

The inspector interviewed the provider in his role as person in charge and found that he was suitably qualified and had the required experience. He demonstrated good clinical knowledge and understanding of his legal responsibilities under the Regulations and Standards. The inspector saw that he was well known to residents, relatives and staff.

The person in charge had engaged in some continuous professional development. In the previous 12 months he had completed courses in areas including a management course on understanding your organisation and a train the trainer programme.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector reviewed a range of documents, including residents' and staff records, directory of residents and insurance policy. The inspector found that, while most records were maintained in a manner so as to ensure completeness accuracy and ease of retrieval, some improvement was required. Specific issues raised on the previous inspection that related to staff files and centre's insurance had been addressed by the provider.

There were examples of good record keeping, although, some improvement was required.

The provider had put in place an up-to-date insurance policy for the centre. The inspector noted that the centre had been insured against accidents or injury to residents, staff or visitors.

The directory of residents contained all the required information as detailed in the Regulations apart from the sex of the resident. The register was maintained up to date with information including residents' admission dates, next of kin details and transfer details. On day 3 of the inspection, the inspector noted that the provider had now included the sex of the resident in the register.

The inspector viewed a random sample of staff files and found that most information required by the Regulations had been obtained for each staff member. However, the inspector noted that there was no documentary evidence to explain gaps in some staff members' employment history.

The inspector requested to view a sample of Schedule 5 policies and all were made available during the inspection. However, some policies had not been formally adopted into practice. On day three of the inspection, the inspector read that the provider had adopted most of these policies into practice.

Some policies had not adequately informed staff practice including the policy on the use of restraint and the complaints policy did not fully reflect current practice. The inspector also noted that the medication management policy did not provide guidelines for nursing staff on the prescribing, administering and disposal of as required (PRN) medication and disposal of unused general medications.

Judgment:

Non Compliant - Minor

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was familiar with his responsibility to notify the Chief Inspector of the absence of the person in charge. On the days of inspection, adequate arrangements were in place for the management of the centre in the absence of the person in charge.

The provider had appointed a senior staff nurse in September 2013 to provide additional cover in his absence. The inspector interviewed this nurse on inspection and found that she had engaged in continuous professional development and stated that she planned to complete an additional qualification in gerontology and a management course. At the time of inspection no formal arrangements had been made to complete these courses.

The senior staff nurse was familiar with most legal responsibilities of the person in charge including requirements in relation to the submission of notifications to the Chief Inspector. The areas that she was not as familiar were discussed further at the time of inspection and adequate measures were taken to ensure satisfactory knowledge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The provider and person in charge had taken measures to safeguard residents from being harmed or from suffering abuse, although, improvements were required.

There were was a policy for the prevention, detection and response to abuse. However, some aspects of the guidance on how to report an allegation of abuse were not centre specific and there was insufficient guidance on how to respond to an allegation of abuse against a member of management. There was also no reference to the requirement to notify the Authority in the event of an allegation of suspected or confirmed abuse. The inspector noted that the policy detailed good guidelines on how to identify and prevent abuse.

Staff spoken with outlined what they would do if they suspected abuse. Staff and training records reviewed confirmed that staff had received instruction in this area. Residents spoken with and those who had completed questionnaires reported that they felt safe in the centre and related this to the care provided and the premises being kept secure.

Residents personal finances were managed in a safe manner and balances checked were accurate. However, some residents did not have easy and immediate access to their financial details. These residents' finances were managed by an external agency. A required action relating to this matter is included under Outcome 17.

The provider and person in charge had worked towards achieving a restraint free environment. However, the national and centre policies on the use of restraint had not adequately informed practice and the inspector found that significant improvements were needed to safeguard all residents from potential harm. Before implementing a restraint measure, an assessment was completed to determine the suitability of the restraint for the specific resident and alternatives to the use of restraint had been successfully used for some residents. However, this assessment was not comprehensive and relevant factors including the risk of entrapment had not been assessed. The inspector was concerned that bedrails were in use for a resident that had been identified at risk of climbing over the bedrails and at potential risk of injury from the use of the bedrails. The inspector requested the provider to review this as a matter of priority. The provider submitted evidence shortly after the inspection which confirmed that the use of the bedrails had been reassessed and subsequently discontinued for this resident and an alternative measure had been put in place. On day three of the inspection, the inspector noted that these bedrails were no longer in use and that the provider had planned to implement a more comprehensive assessment that he had researched.

The inspector also found that in some cases sufficient details were not recorded on the alternatives that had been trialled prior to using the restraint measure for other residents. In addition, while some controls had been developed for the use of bedrails some checks had not been completed when required.

The inspector noted that residents were provided with support that promoted a positive approach to behaviours that challenges. Arrangements were in place to manage potential behaviours that challenges, although, some improvement was required to the associated care planning documentation and a required action relating to this is included under Outcome 11. There was a policy, which gave instructions to staff on how to manage behaviours that challenge and the inspector noted that care plans were in place for residents that had exhibited potential behaviours that challenged. Staff were familiar with techniques they used in response to these behaviours and had received training in this area since the last inspection. However, some identified triggers for these behaviours had not been documented in the associated care plans.

Judgment:
Non Compliant - Minor

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. However, significant improvement was required in some areas of risk management and specific issues identified on the previous inspection had not been adequately addressed.

There was a risk management framework implemented, which included risk management policies and procedures. The inspector noted that risk assessments had been completed by the provider since the previous inspection of areas and specific hazards.

However, the inspector was concerned that some of these assessments and the smoking policy were not accurate and the inspector identified some risks in these areas which had not been adequately controlled. For example, the inspector read in the smoking policy that there was a fire extinguisher, call bell and metal bin in the smoking room as control measures but these were not evident in practice. The inspector also noted that smoke drifted from this room into communal areas in the vicinity. The inspector brought these risks relating to the smoking room to the immediate attention of the provider on day one of the inspection and noted that the provider had started to address these issues prior to completion of day two of the inspection. The inspector noted on the third day of inspection that new fire extinguishers had been installed directly outside the smoking room and glass ashtrays were in use. The inspector also saw that works had commenced to install a call bell in this room. The provider confirmed that they were currently waiting for the arrival of the call bells and that these would be operational in all areas used by residents by 14 September 2014.

While bedrooms and bathrooms had been risk assessed, the inspector identified some hazards in these areas including inappropriate storage of assistive equipment in the bathrooms and poor natural lighting in one bedroom. The provider stated that he had previously installed extra lighting in this bedroom but that he would review this further. The inspector also noted that a number of toilets used by residents had been raised on a platform but the suitability of using these raised toilets had not been risk assessed.

There was evidence that specific infection control measures had been implemented including the provision and use of hand sanitising agents by staff. However, the inspector identified some aspects of infection control that required improvement. For example, there was no hand-wash basin in one of the communal residents' toilets and the hand-wash basin located in the laundry room was not readily accessible and there

was no suitable means of hand drying located beside this basin. Cleaning equipment was inappropriately stored in the sluice room during part of the inspection. The provider outlined plans to provide a designated area for cleaning equipment. The inspector also noted that the process for changing the mop water used to wash residents' bedrooms and ensembles was not adequate. This specific issue was addressed by day three of the inspection.

Formal precautions were not in place for specific risks identified in the Regulations such as self harm. Also, as noted on the last inspection formal arrangements had not been established for the identification, recording, investigation and learning from serious incidents.

Some staff had not attended fire drills specific to the centre at suitable intervals and adequate records pertaining to fire drills had not been maintained. Issues relating to the provision of fire drills had been identified on the previous inspection.

The provider had taken other measures to prioritise the safety of residents in the event of fire. The inspector found that there was an effective programme in place for the servicing and checking of fire safety equipment. Staff spoken with were familiar with the centre's procedures on fire evacuation and training records viewed confirmed that staff had received formal fire safety training and there was an ongoing training plan in place. The inspector also read records which demonstrated that internal safety checks were completed.

While staff used safe practices to assist residents to mobilise, the inspector was concerned that the in-house staff trainer in moving and handling of people had not up to date certification in this area. The provider was requested to address this matter as a priority and the inspector noted on day three of the inspection that the staff trainer had commenced the updated training course. The inspector noted that manual handling assessments had been carried out for residents and were kept up to date.

There was an emergency plan in place, which identified what to do in the event of emergencies. However, the plan did not contain contingency arrangements in the event of a full evacuation of residents such as transport arrangements and alternative accommodation that would be used.

The provider had ensured that corridors were wide and fitted with handrails which promoted residents' independence and safety.

The provider had implemented a system to safeguard residents, which included controlled access to the centre and the completion of a visitor's book.

Judgment:

Non Compliant - Major

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

Medication management practices were generally safe and processes were in place to guide and support practice. An inspector reviewed a sample of residents' medical notes and read that residents' health needs were being monitored. Residents' medications were reviewed regularly and an out-of-hours GP service was available to residents.

The inspector found that residents' prescription and administration sheets contained required information. A sample of records were reviewed and completed in line with professional guidelines.

At the time of inspection there were no residents prescribed medications that required special control measures. The inspector noted that appropriate arrangements were in place for the management and storage of these medications if prescribed by the GP. Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored. The inspector also noted that the medication trolleys were secured and the medication keys were kept by a designated nurse at all times.

There was a system in place for the recording and management of medication errors. Staff who spoke with the inspector described the process for the recording and management of medication errors.

There were no residents self-medicating at the time of inspection. The inspector noted that there was a procedure in place to enable residents self-administer, where deemed appropriate.

Judgment:

Compliant

Outcome 10: 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

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

No actions were required from the previous inspection.

Findings:

The provider in his role as person in charge had maintained a system for the recording of incidents and from the sample of records viewed, all notifiable events had been submitted to the Authority.

From the selection of incident reports reviewed, details of incidents were appropriately documented including the immediate action taken. The person in charge had implemented a monitoring system for the purposes of reducing the likelihood of re-occurrence which included a quarterly review of incidents including accidents. The inspector noted that the number of incidents had reduced by 50 per cent in the centre between April 2014 to June 2014 compared to the previous quarter.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

The health needs of residents appeared to be well met. Appropriate medical care was provided and residents had access to allied health professionals. While good practice was noted, improvements were required to aspects of some residents' care planning documentation to accurately reflect the current needs of these residents. The inspector also noted that a required action identified on previous inspections had not yet been adequately addressed.

The inspector reviewed a sample of residents' files, including the files of residents with compromised skin integrity, nutritional needs, at risk of falling and end-of-life care. There was evidence that clinical needs were appropriately managed and overall guided by evidence based policies, although, some associated documentation did not reflect all residents' current needs and wishes including potential behaviours that challenges and end-of-life wishes as covered in Outcomes 7 and 14.

A range of risk assessments had been completed for each resident and had been used to develop mostly informative care plans that were individualised, person centred and described the care to be delivered. There was evidence that assessments and care plans were reviewed regularly, however, there was no formal pain assessment completed when required.

There was evidence that residents' representatives were involved in the development and review of the residents' care plan, however, there was limited evidence that residents were actively involved, where possible.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was generally suitable and met residents' individual and collective needs in a comfortable and homely way. Since the previous inspection the provider had implemented a programme of renewal which included replacement of the floor covering in the main day room and in some residents' bedrooms. The inspector was also informed by staff and residents that areas within the centre had been repainted. New signage had also been erected to direct visitors and others to the location of the nursing home.

However, the inspector found that some areas of the physical environment required improvement to promote the residents' independence and safety. Some deficits identified in the physical environment had been identified on previous inspections. For example, adequate ventilation had not been made available in the smoking room. The inspector found that while there were means of ventilation in this room, the ventilation did not sufficiently allow for adequate circulation of fresh air into the room and as a result there was a build up of smoke. The provider outlined to the inspector his plan to upgrade the mechanical ventilation system in this room.

Emergency call bells were not available in all rooms used by residents. As noted in Outcome 8 there was no emergency call bell in the smoking room. The inspector also found that there was no call bell in the day rooms. Grabrails were not available at the

bath to support residents.

There was inadequate storage space in the centre for assistive equipment and other items when not in use such as hoists, the laundry and linen trolleys. As a result, at times during the inspection these items were inappropriately stored in residents' bathroom/shower facilities. On day three of the inspection the hoists were appropriately stored in a designated storage room.

The inspector found that the centre was maintained in a clean condition and those that completed questionnaires were satisfied with the standard of cleanliness in the centre. However, the inspector noted that there was no appropriate designated area for the storage of cleaning equipment. As a result, during part of the inspection the cleaning trolley was stored in the sluice room and residents' bath/shower room.

The majority of residents resided in single bedrooms and the remaining residents shared a two-bedded room. Some of these bedrooms had an ensuite toilet and hand-wash basin. The bedrooms without ensuites had hand-washing facilities in the room. However, as noted under Outcome, there was inadequate natural lighting in one bedroom.

There was adequate communal space available including options for residents' to meet their visitors in private.

There was evidence that a maintenance programme was in place. Maintenance records viewed demonstrated that there was ongoing maintenance completed in the centre and the inspector saw that most areas of the centre were maintained in a good condition. Some areas and furnishings required renewal and this had been identified on previous inspections and by the provider prior to the inspection. A plan was in place to renew these areas.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector noted that formal arrangements were in place for responding to complaints, although, some improvement was required to the complaints policy and procedure in order to comply with all the regulatory requirements. The provider

considered complaints as opportunities to review and improve the service. Residents that spoke with the inspector and completed questionnaires identified who they would speak to if they had any issues or wished to make a complaint.

The complaints procedure was displayed at the entrance area. However, the documented procedure was not effective in that it did not clearly describe the steps to follow when making a complaint and how the complainant can appeal the outcome of a complaints investigation if not satisfied.

There was a centre-specific complaints policy in place which gave guidance to staff. However, the policy had incorrectly referred to abuse as a complaint. The inspector reminded the provider that an allegation of abuse would not be dealt with as a complaint but investigated in accordance with the centre policy and procedures on the prevention, detection and response to abuse as referenced to under Outcome 7. The complaint's policy as identified had incorrectly included the Authority as part of the centre complaints and did not identify a second nominated person to ensure that all complaints are appropriately responded to and that all records are maintained in accordance with the Regulations. This had been identified and addressed following previous inspections and actions required had been addressed however, the current policy was found to be non-compliant.

The inspector viewed a sample of complaints maintained in the complaints register and found that complaints were adequately dealt with and the satisfaction level of the complainant was documented.

Judgment:

Non Compliant - Minor

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of care provision, although, some improvement was required to the associated assessment and care planning process.

The inspector reviewed a sample of residents' records and noted that end-of-life care plans had been developed for residents. While end-of-life preferences had been assessed for some residents these had not been consistently captured for all residents and recorded in their associated care plans as identified on previous inspections. A

required action relating to this area for improvement is included under Outcome 11.

The provider and person in charge had established strong links with the local hospice team, which provided palliative care support and the inspector noted that some key staff had received training on end-of life-care.

The provider and staff confirmed that overnight facilities and refreshments were available to residents' family members and close friends during end-of-life care. An inspector read that this was included in the centre policy on end-of-life care.

Judgment:

Compliant

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

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

No actions were required from the previous inspection.

Findings:

A nutritious and varied diet was offered to residents that incorporated choice at mealtimes. The inspector found that staff offered assistance to residents in an appropriate and sensitive way. Residents and staff spoken with confirmed that there were daily meal choices and that staff asked for their preferences.

The inspector found that there was a pleasant dining experience. Mealtimes were unhurried events that provided opportunities for residents to communicate with each other and staff. Residents spoken with were pleased with the menu choices available and were offered snacks and refreshments throughout the inspection.

Measures were in place to ensure residents' dietary requirements were met. The chef on duty demonstrated knowledge of residents' special dietary requirements and showed the inspector up to date information on residents' dietary needs and other relevant information including guidance on food fortification.

The person in charge had put in place an effective system to monitor residents' nutritional needs. A nutritional assessment tool had been used to develop informative care plans. Residents' weights and body mass index (BMI) were monitored monthly and more regularly when required. The inspector noted that input had been sought from residents' GP, a dietician and SALT when required and recommendations were recorded in residents' files. The inspector also found that nursing staff informed the chef of residents' dietary requirements and medication records showed that nutritional

supplements were administered as prescribed.

The inspector visited the kitchen and found that it was maintained in a very clean condition. There were ample supplies of fresh and frozen food, which were stored appropriately. Separate staff toilet facilities were provided for catering staff.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents and or their representatives were consulted with and participated in the organisation of the centre. There were examples where residents' privacy and dignity was respected and their choices and independence promoted. However, improvement was required to ensure all staff practices supported residents' privacy and dignity. There were opportunities for residents to participate in meaningful activities, although, some improvement was required to ensure all residents had access to appropriate activities suitable to their capabilities.

Arrangements had been made for respecting the privacy and dignity of residents, although, some improvement was required to ensure compliance with all aspects of the regulations. The inspector noted that adequate screening had not been provided in shared bedrooms to support the privacy and dignity of both residents sharing the bedroom. The inspector also found that there was an unacceptable level of noise during an early part of the morning, while most residents were still in their beds. This noise resulted from staff hovering and the wheels on the breakfast trolley. The inspector brought this to the attention of the provider and this matter was addressed on inspection.

Opportunities were available for residents to participate in meaningful social care and the inspector saw staff engaging with residents throughout the inspection. Some improvement was required to ensure all residents including those that spent most of their time in their bedrooms had access to meaningful stimulation tailored to suit their capabilities. During the inspection a number of residents participated in activities including music, singing and a themed tea party. The inspector spoke with the activities

coordinator and other staff who described some other activities that were available to residents including newspaper review and arts and crafts. The inspector noted that special events were also celebrated including St Patrick's Day and residents' birthdays. From the sample of files reviewed the inspector noted that residents' social needs had been captured and associated care plans had been developed.

Residents' meetings took place monthly and the inspector reviewed a sample of minutes from meetings that had taken place during 2014. Items discussed at these meetings included meals, activities and changes in the physical environment. These meetings give residents and or their representatives an opportunity to give feedback and raise any issues or make suggestions for improvement.

Residents' political, civil and religious rights were promoted. Residents and staff confirmed that residents had been facilitated to vote during elections and referendums. Residents and staff spoken with confirmed that religious services took place regularly and that residents from different religious denominations were supported to practice their beliefs.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The provider had implemented measures to protect residents' personal property and possessions, although, some improvement was required. Also, as noted under Outcome 7 some residents did not have ready access to their personal finances that were managed by an external agency.

The inspector visited some residents' bedrooms and saw that suitable storage was available for residents' personal belongings including lockable storage space. These bedrooms were also individualised with residents' own personal effects including family photographs. Residents confirmed that they were encouraged to bring in personal items to make their bedroom more comfortable and this was documented in the Residents' Guide.

Adequate arrangements were in place for regular laundering and return of clothes to residents. An inspector found that the laundry room was equipped with laundry

equipment and arrangements were in place for sorting clean and soiled laundry. There was a system in use for identifying residents' clothing which assisted in the safe return of clothes to residents.

Property lists had been completed for residents' personal belongings on admission, however, the inspector noted that these had not been maintained up-to-date with additional items.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to recruit staff and volunteers. Improvement was required to ensure best recruitment practice and full compliance with the Regulations. Staff rosters required review to ensure adequate nursing staff were on duty at all times.

While adequate staffing levels and skill mix was noted during the days of this inspection, the inspector noted from a review of staff rosters and discussions with staff that sufficient nursing cover had not been consistently rostered at all times. This issue in regard to staffing had been identified on previous inspections and undertakings had been given by the provider/person in charge to address this. On some days, evening and weekend shifts there was one nurse on duty instead of two nurses that were rostered most days during the week. This nurse was responsible for attending to residents that required nursing intervention, administer medications to a significant number of residents, supervise care delivery and staff. The provider was requested to review the nursing skill mix to ensure continuity of care was supported. The inspector found that on day three of the inspection that the provider had started to implement changes to staffing arrangements. The inspector viewed a sample of staff rosters and noted that since 13 August 2014 extra hours had been allocated to care provision each night from 9pm.

The provider had made resources available for staff to complete training pertinent to their role and the needs of residents. Staff spoken with and records viewed confirmed that staff had received training in areas including nutrition, wound care management, dementia care and the management of potential behaviours that challenges. However, as noted under Outcome 8, the inspector was not satisfied that training provided in moving and handling was adequate as the trainer did not have up to date training certification in this area.

Systems were in place to monitor and support volunteers that attended the centre and provided valuable services. There was evidence that Garda vetted had taken place. However, their roles and responsibilities were not set out in a written agreement as required by the Regulations.

Up to date person identification numbers (PIN) were available for all nursing staff.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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 report¹

Centre name:	Pilgrim's Rest
Centre ID:	OSV-0000376
Date of inspection:	30/07/2014
Date of response:	25/09/2014

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The residents' feedback survey that had been conducted in April 2014 as part of the provider review of the service, had not been completed.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Residents feedback questionnaire from April 2014 Has been reviewed and the items raised having been put in place are now documented.

Proposed Timescale: 11/09/2014

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The Residents' Guide did not include an adequate summary of the current services and facilities available to residents.

Action Required:

Under Regulation 20(2)(a) you are required to: Prepare a guide in respect of the designated centre which includes a summary of the services and facilities in the centre.

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

Residents guided amended to reflect the current services and facilities as well as a summary of amended complaints process.

Proposed Timescale: 10/09/2014

Theme:

Governance, Leadership and Management

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

Residents' personal contribution fees were not consistently included in residents' contracts, where applicable.

Action Required:

Under Regulation 24(2)(a) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.

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

All residents contracts of care are under review and amended where necessary.

Proposed Timescale: 31/10/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Some policies had not been adopted into practice and some had not adequately informed staff practice including the policy on the use of restraint or did not fully reflect practice such as the complaints policy.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

All policies have been amended to comply.

Proposed Timescale: 01/09/2014

Theme:

Governance, Leadership and Management

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

The medication management policy did not provide guidelines for nursing staff on the prescribing, administering and disposal of as required (PRN) medication and disposal of unused general medications.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

- The Medication management policy has been amended to include provision for the return of all unused or out of date medicines.
- A pharmacy returns book has been commenced so that all non controlled items of pharmacy returned are itemised and signed for by the returnee and receiving pharmacy.

Proposed Timescale: 08/09/2014

Theme:

Governance, Leadership and Management

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

There was no documentary evidence to explain gaps in some staff members' employment history.

Action Required:

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

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

All staff files are under review to comply with the requirement of complete work history. Commenced 01/09/2014, TBC by 31/10/2014

Proposed Timescale: 31/10/2014

Outcome 07: Safeguarding and Safety**Theme:**

Safe care and support

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

The national policy on the use of restraint had not adequately informed staff practice in this area. The assessment for the use of restraint was not comprehensive and in some cases there was insufficient evidence that all alternatives had been tried prior to the use of bedrails. Some control measures that related to the release of bedrails had not been consistently completed when required.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

- The Centre restraint policy has been reviewed and updated to reflect current practise including a restraint assessment tool which will be used in all instances where restraint is considered.
- Individual care plans and risk assessments are reviewed in line with the above.

Proposed Timescale: 31/10/2014

Outcome 08: 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:

Some risk assessments were not accurate and some associated hazards had not been adequately controlled in relation to the smoking room, some bedrooms and bathrooms.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

A review of risk has taken place with the following actions;

- Call bells in place in all sitting room smoking rooms and shower rooms

Proposed Timescale: 11/09/2014

Theme:

Safe care and support

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

Some hazards had not been risk assessed including the suitability of toilets used by residents that had been raised on a platform and the secure courtyard for residents' use.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The potential risk associated with residents use of raised toilets and walking/sitting in enclosed garden have been assessed and documented.

Proposed Timescale: 10/09/2014

Theme:

Safe care and support

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

The risk management policy did not include formal precautions for self harm.

Action Required:

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

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

A risk assessment and proposed action in the event of threatened or actual self harm has been added to the risk management log.

Proposed Timescale: 07/09/2014

Theme:

Safe care and support

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

The risk management policy did not include formal arrangements for the identification, recording, investigation and learning from serious incidents.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

The risk management policy and hazard identification list has been reviewed and is being updated to comply with regulation 26.i. d. setting out the associated actions, roles and responsibilities.

Proposed Timescale: 15/10/2014

Theme:

Safe care and support

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

The emergency plan did not detail the contingency arrangements in the event of a full evacuation of residents such as transport arrangements and alternative accommodation that would be used.

Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

The plan has been updated to reflect the arrangements in place including alternative

accommodation and means of transport.

Proposed Timescale: 07/09/2014

Theme:

Safe care and support

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

Some aspects of infection control within the centre were not consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

- Use of trolleys containing sheets towels wipes etc and their storage in bathrooms is being discontinued
- Separate area including mop bucket filling and emptying, and hand washing/drying facility being developed for cleaning staff.

Proposed Timescale: 31/10/2014

Theme:

Safe care and support

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

Some staff had not attended fire drills specific to the centre at suitable intervals.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Up to date Fire drill practice is extended to all staff.

Proposed Timescale: 15/09/2014

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:

Aspects of residents' care planning documentation did not reflect some residents' current needs and wishes that related to pain management, potential behaviours that challenges and end-of-life.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

A pain management scale being used in the home is now being documented where appropriate.

Resident's who present with behaviours that challenge have appropriate assessment planning and evaluation processes in place and are referred to specialist services where necessary.

End of life care plans are in place for all residents.

Proposed Timescale: 10/09/2014

Theme:

Effective care and support

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

There was evidence that residents' representatives were involved in the development and review of the residents' care plan. However, there was limited evidence that residents were actively involved, where possible.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Where possible all residents are consulted regarding their overall care management and are always consulted regarding daily care before and during its delivery

Care plan documents have been amended to reflect this.

Proposed Timescale: 07/09/2014

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:

Some areas of the physical environment did not comply with the requirements of the Regulations. Deficits were identified in the physical environment, some of which had also been identified on previous inspections including:

Emergency call bells were not available in all rooms used by residents.

Grabrails were not available at the bath to support residents.

There was inadequate storage space in the centre for items when not in use such as the laundry and linen trolleys.

Adequate ventilation had not been made available in the smoking room.

There was inadequate natural lighting in one bedroom.

Cleaning equipment was not stored in a suitable designated area.

Some furnishing used by residents required repair and/or replacement.

Action Required:

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

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

- Emergency call bells ;

as above being installed 11/09/2014. Installed 11/09/2014

- Grab rails were not available at the bath to support residents.

OT contacted awaiting report 31/10/2014

- There was inadequate storage space in the centre for items when not in use such as the laundry and linen trolleys.

Linen trolleys being taken out of use items being stored in residents rooms

31//10/2014

- Adequate ventilation had not been made available in the smoking room.

Currently Being addressed as follows;

The doors between the smoking room and communal area which had in practise been left open are now closed whenever the smoking room is in use.

The extractor fan in the smoking room is being upgraded to give effective extraction of fumes, however this fan will not be available for fitting until mid October 2014 hence the date of completion ; 31/10/2014

- There was inadequate natural lighting in one bedroom.

Extra lamps supplied with increased wattage.

- Cleaning equipment was not stored in a suitable designated area.

As above being addressed 31/10/2014

- Some furnishing used by residents required repair and/or replacement.

Tearing on fabric under repair by upholster 31/10/2014

Proposed Timescale: 31/10/2014

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 procedure was not effective in that it did not clearly describe the steps to follow when making a complaint and how the complainant can appeal the outcome of a complaints investigation if not satisfied.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

- The complains policy and procedure has been reviewed and updated to comply with regulation
- Public notice re complains updated to include information on independent body
- The complaints policy includes contact information for other agencies which a complainant may wish to contact as part of their statutory rights.

Proposed Timescale: 07/09/2014

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 specify a second nominated person to ensure that all complaints were appropriately responded to and all records maintained in accordance with the Regulations.

Action Required:

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

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

The policy has been amended to highlight the fact that the unit secretary will review complaints log weekly and ensure that all complaints are dealt with in a timely manner.

Proposed Timescale: 07/09/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Adequate screening had not been provided in shared bedrooms to support the privacy and dignity of each resident.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The most suitable rail and curtain for this is being researched at present.

Proposed Timescale: 31/10/2014

Theme:

Person-centred care and support

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

Some residents including those that spent most of their time in their bedrooms did not have sufficient opportunity to engage in meaningful stimulation tailored to their capabilities.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

The activities coordinator has a program of activities for residents who spent time alone and is now documenting this in their daily care notes.

Proposed Timescale: 01/09/2014

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Property lists had not been kept up-to-date with additional items belonging to residents.

Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

Property lists for all residents is being reviewed to ensure that lists are up to date signed and dated.

Proposed Timescale: 30/09/2014

Theme:

Person-centred care and support

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

Some residents did not have ready access to their personal finances that were managed by an external agency.

Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

We have three residents who's finances are managed externally, we have written to the relevant authority to request details of their financial status and await a reply.

Letter written August 2014 –we have received required information from the HSE
03/10/2014

Proposed Timescale: 03/10/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

A sufficient number of nursing staff had not been consistently rostered at all times to support continuity of care and ensure residents were safe and that their needs were continually met.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

An increase in staff hours to address an identified deficit has been actioned, recruitment

for the remaining gap is underway.

Proposed Timescale: 31/10/2014

Theme:
Workforce

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

Some mandatory training in moving and handling had not been delivered by a trainer that had up to date certification in this area.

Action Required:

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

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

Director of care is the centres Moving and handling trainer. She has qualified as a registered trainer and has done a refresher course in 2009.

In line with HSA regulations she is due to refresh again this year (5 yrs) and has recently (September 2014) done so at level 6.

- All staff are trained in moving and handling
- Compliance with training is regularly monitored in audits using the TILE audit tool. (The required refresher course has been completed and passes a registered trainer as of 30/09/2014)

Proposed Timescale: 30/09/2014

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.

Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

A volunteer agreement has been put in place for current and prospective volunteers at the centre.

Proposed Timescale: 30/09/2014