<table>
<thead>
<tr>
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<th>Rosemount Nursing Home</th>
</tr>
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<tbody>
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<td>OSV-0000380</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Garrabeg Road,</td>
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<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Telephone number:</td>
<td>091 631 847</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:donal.rosemounthouse@gmail.com">donal.rosemounthouse@gmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Michael and Mary Walsh, P.J. and Philomena O’Gorman Partnership</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Walsh</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
14 November 2014 09:30 14 November 2014 17:00
18 November 2014 15:00 18 November 2014 18:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
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<tbody>
<tr>
<td>02: Governance and Management</td>
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<tr>
<td>05: Documentation to be kept at a designated centre</td>
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<tr>
<td>08: Health and Safety and Risk Management</td>
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<tr>
<td>11: Health and Social Care Needs</td>
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<tr>
<td>12: Safe and Suitable Premises</td>
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<tr>
<td>18: Suitable Staffing</td>
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Summary of findings from this inspection
This inspection was unannounced and took place over two days. The inspector met with residents and staff members as part of the inspection. The inspectors observed practices and reviewed documentation such as care plans, accident logs, the management of risk, staff duty rosters and staff files.

The inspector found that the provider was not ensuring that an adequate standard of evidence based care was provided to residents. The inspector was further concerned that the provider had not completed actions required following most recent inspections within the agreed time frames and required improvements which had been commenced as previously agreed with the Authority had not been sustained.

There were significant issues identified during the inspection relating to healthcare and staffing levels. The management of nutritional issues, fire safety awareness, documentation of care planning interventions and provision of suitable recreational opportunities for all residents were also identified as areas for improvement.

The inspector found that staffing levels and skill mix and staff supervision were not
adequate and this impacted on the delivery of appropriate and safe care to residents.

Evidence of good practice was found in other areas of the service. The building was warm, clean, comfortable and well maintained. There was a variety of communal spaces available to residents.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Governance and management systems in place were not fully effective in ensuring that the service provided was safe, appropriate, consistent and adequately monitored. This resulted in poor outcomes for residents in healthcare including falls management and nutritional care planning. Issues relating to unsatisfactory fire safety, staffing levels and supervision by staff were also identified on this inspection. The non-compliances are further discussed in outcomes 8, 11 and 18 of this report.

There were limited systems in place to review and monitor the quality and safety of care and the quality of life of residents for the purpose of learning and improving the service. For example, falls were not being suitably audited to identify trends and introduce appropriate interventions to control this risk. During the last inspection it was identified that there was limited formal auditing being undertaken to inform improvement of practices. The person in charge had commenced auditing of some areas of practice. The person in charge did a monthly review of falls and compiled an overview of falls every three months. There was no recorded overview and conclusion generated from the audit, although the person in charge confirmed that she processed falls information informally and that there had been no trends emerging. In addition the person in charge carried informal reviews of other incidents and complaints the occurrences of which were low in the recording system. She found that the nature of these events was varied and that there had been no trends or patterns evident.

Judgment:
Non Compliant - Minor

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:**
During the last inspection the inspector found that the information in the directory of residents and the recording of accidents and incidents was inadequate and required improvement. This were reviewed on this inspection and found to have been suitably addressed in respect of the directory of residents. The directory of residents included the required information such as residents’ marital status, the gender of each resident and contact details for residents next of kin and doctors.

Details of accidents and incidents were being recorded, but this recording was not consistent. Most accidents, such as falls, were recorded in the computerised care planning system, while some were recorded in a separate folder. The provider and person in charge said that this would be reviewed. In addition, the recording of incidents was not in line with the guidance in the risk management policy and this is further discussed in outcome 8.

The staffing roster was reviewed and was found to accurately reflect the actual and planned staffing levels in the centre, including the role of the manager. However, the times allocated for breaks within shifts were unclear on staff rosters or accompanying documents. It was not specified when nursing staff would take their lunch break and who would cover their duties at lunchtime.

The inspector examined a sample of staff files, all of which were in line with legal requirements and held the required information to establish suitability, such as photographic identification, Garda Síochána vetting and suitable references.

**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:
Since the last inspection the risk management policy and risk register had been reviewed and updated. The document was generally in line with the requirements of the Regulations and provided guidance to staff on the identification, assessment and control of risk. The risk management policy contained guidance on the specific risks identified in Regulations. However, it required some improvement to ensure that the information was accurate and centre specific to adequately guide staff. Further improvements were required to address risks associated with self harm.

The risk management policy included guidance for the identification, recording, investigation and learning from serious incidents, but this was not being fully implemented in practice. The policy advise that all incidents/accidents should be recorded by the staff member involved in or witnessing the event, although this did not happen in practice. Care staff did not have access to the recording systems and relayed relevant information to the nursing staff who documented it on the computerised system or in the accident/incident report forms on their behalf. This presented a risk of information being misinterpreted.

During the last inspection some doors to bedrooms and a sitting room were held open, which presented a risk to the prompt implementation of fire safety measures in the event of a fire. On this inspection this was found to have been suitably addressed. Alarm activated automatic closing devices had been fitted on all bedroom doors which gave residents the option of having their doors open while in their bedrooms if they wished.

Action was required at the last inspection in respect of fire training. The inspector viewed the training plan and discussed fire safety training with the manager. The manager confirmed that fire safety training by an external trainer was carried out once a year and that he, the manager, had given fire safety training to any staff who commenced employment in the interim. He stated that he was satisfied that all of these staff were fully familiar with fire safety and evacuation procedures in the centre. However, all staff were not familiar with the appropriate fire safety procedures. The inspector discussed fire evacuation procedures with staff and found that not all staff were fully sure of the actions to be taken in the event of a fire. Some staff had not had the opportunity to partake in a fire drill/simulated evacuation of the centre.

Judgment:
Non Compliant - Major

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:
This outcome was not reviewed in full at this inspection, but care planning and some aspects of nursing care was inspected.

During the last inspection the inspectors found that substantial improvement was required to residents’ healthcare assessment and care planning. The provider indicated in her response that all care plans were being reviewed and suitably updated by nursing staff and that this work would be completed by the end of May 2014. This work had not been satisfactorily completed.

The inspector viewed a sample of files for residents with nutritional issues, behaviour that is challenging, high falls risk and an infection. Some of the care plans reviewed were not sufficient to direct the provision of care. The interventions which had been identified were generic and were not specific to the care needs of each resident. For example, some care plans to manage high nutritional risks did not indicate the nutritional plans to be implemented for each resident but provided general guidance, such as, ‘food will not be rushed’ and ‘food served at appropriate temperatures’. In addition, a care plan for the management of behaviour that is challenging was generic in nature and did not include any of the interventions that staff had described to the inspector. The inspector also viewed the infection control measures for a resident with the bacterial infection, methicillin-resistant staphylococcus aureus (MRSA). Staff had not developed a plan of care for the management of this infection, although a wound care plan had been developed. Consequently, it was difficult to establish residents care needs from reading some of these files.

Furthermore, there was no evidence that suitable care had been delivered to a resident following a fall. Records written in the residents file indicated that regular neurological observations had not been undertaken in the time following the fall and that the resident had not been suitably supervised and supported by staff prior to the fall.

The provision of recreational opportunities had improved since the last inspection, but required some further development. There was an activity coordinator, whose hours had been increased to include all weekday afternoons and mornings. She engaged in group and one to one interaction with residents. However, there was no planned approach for staff to assist residents to partake in activities suited to their assessed needs, interest and capabilities at other times. Many residents were observed sitting in a sitting room for long periods with nothing to do and no interaction with staff.

Judgment:
Non Compliant - Major

**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)
Theme:
Effective care and support

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

Findings:
The inspector found the centre to be warm, clean, comfortable and well maintained with a range of communal space and safe accessible outdoor space available to residents. There were some improvements required during the last inspection and these had been addressed.

Since the last inspection:
- work had been carried out to improve the accessibility of baths and showers
- the visitors' room had been restructured to provide an office for the person in charge as well as a visitors' room
- the staff dining area had been refurbished and upgraded
- separate changing rooms, equipped with secure storage facilities, had been provided for male, female and catering staff.
- the provider had carried out additional work to prevent the spread of smoke from the smoking room to the adjoining communal areas. The spread of smoke was controlled when the inspector visited the adjoining conservatory and sitting room during the inspection.

Bedroom accommodation generally met residents’ needs for comfort and privacy. However, the inspector found that one two-bedded room was of limited size. This room did not provide adequate space for a bedside locker or a chair to be placed adjacent to each bed. There was also insufficient space to negotiate the use of a hoist or other assistive equipment if required. This room, although furnished to accommodate two, was occupied by one resident only at the time of inspection and the manager stated that this room would in the future be for sole occupancy.

There was one two-bedded room which the provider wished to increase to a three-bedded room. The provider had prepared plans for this proposal, which the manager stated were being revised and would be forwarded to the Authority in the near future.

Judgment:
Non Compliant - Minor

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

Findings:
During the last inspection, the inspector found staff allocation was not consistently organised to meet the needs of residents and this had not been suitably addressed. There was no planned approach for staff supervising and integrating with residents in the communal areas. The impact of staff organisation on residents had been discussed with the manager and person in charge at the last inspection. The person in charge and manager agreed to review staffing levels, skill-mix and work organisation and planning. The provider’s response to the last inspection report indicated that a review of staffing was being undertaken and that their assigned responsibilities would be structured to include more social care. The response indicated that these arrangements would be in place at the end of March 2014.

The staffing level and skill mix at certain times of day or night was not adequate to meet the needs of residents. The inspector reviewed staffing levels and skill mix and found that staffing levels had not been sufficiently maintained to consistently meet the assessed needs of all residents. The inspectors noted that key factors such as residents’ numbers, dependency levels and the size and layout of the centre had not been adequately used to inform and review staffing levels and skill mix.

There was no planned approach for staff supervising and integrating with residents in the communal areas. On the day of inspection, the inspector observed care staff to be task oriented and there was very little social or recreational opportunities provided to residents other than that provided by the activity co-ordinator. The inspector noted several times throughout the inspection that residents were left unattended for periods in one of the sitting rooms, without supervision or social interaction. At one part of the afternoon there were two care assistants on duty, which was inadequate to provide care to all residents, one of whom had become unwell on the day. There was one nurse on duty during the day, who appeared to be very rushed.

Staff members are not supervised appropriate to their roles. There were no clear lines of responsibility particularly in the afternoons. The person in charge and a nurse were on duty although none had defined supervisory roles. Due to the inconsistent level of supervision, suitable supervision and interaction with residents was not assured.

On reviewing the staff roster the inspector found that the number of whole time equivalents available to fill nursing shifts was insufficient. There were four full time nurses, and one nurse who worked on a temporary capacity was available to fill all gaps in day and night nursing shifts. This presented a concern regarding the availability of nursing staff, particularly in the event of an emergency absence or holiday leave. Since the last inspection, the provider had recruited an additional nurse, although another
nurse had resigned resulting in the numbers of whole time equivalent nursing staff being unchanged. The manager and person in charge stated that there was an additional nurse available on a part-time basis if required.

There was evidence that these nurses had been suitably recruited.

**Judgment:**
Non Compliant - Major

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**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:**

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
### Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Rosemount Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000380</td>
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<td>14/11/2014</td>
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### 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:**
Governance and management systems in place were not fully effective in ensuring that the service provided was safe, appropriate, consistent and adequately monitored.

There were limited systems in place to review and monitor the quality and safety of care and the quality of life of residents for the purpose of learning and improving the service.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The system to audit, review and monitor the quality and safety of care and the quality of life of residents will be improved for the purpose of learning and improving the service. The person in charge and deputy person in charge will review the clinical information collected in areas each quarter i.e. pressure sores, restraint, falls and medication.

The manager and person in charge will review incidents, complaints, fire safety, staffing levels and supervision each quarter.

This information will be used to give an overview, conclusion and action if any. This will be recorded. Measures will be introduced to prevent any risk occurring from the recorded action.

All staff will be presented with this information at the monthly meeting.

Proposed Timescale: 16/01/2015

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:
The times allocated for breaks within shifts were unclear on staff rosters or accompanying documents. It was not specified when nursing staff would take their lunch break and who would cover their duties at lunchtime.

Action Required:
Under Regulation 21(4) you are required to: Retain the records set out in paragraphs (6), (9), (10), (11) and (12) of Schedule 4 for a period of not less than 4 years from the date of their making.

Please state the actions you have taken or are planning to take:
The staff roster will be amended to indicate the times when nurses take their lunch breaks and who would deputise at the time.

Proposed Timescale: 19/12/2014

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:**
The measures for the identification, recording, investigation and learning from serious incidents, as outlined in the risk management policy were not being fully implemented in practice.

**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 recording of any serious incident involving a resident will be recorded in the computerised incident file by the nurse or person in charge immediately following an incident. The recording of an incident will be in line with the incident reporting procedure as outlined in the risk management policy. The reporting and recording of incidents involving residents was discussed at the December staff meeting. Staff will complete the incident report written form immediately following any incident involving residents.

The risk management policy will be amended to reflect the change in recording incidents by staff.

**Proposed Timescale:** 23/01/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy required some improvement to ensure that the information was accurate and centre specific to adequately guide staff.

**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:**
The risk management policy will be reviewed and amended where required to ensure that the information is accurate and centre specific to guide staff.

**Proposed Timescale:** 30/01/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in**
**the following respect:**
Further improvement was required to the risk management policy to address risks associated with 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:**
The section on self harm (7.5) in the risk management policy will be reviewed and improved where required.

**Proposed Timescale:** 16/01/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all staff were fully sure of the actions to be taken in the event of a fire.

**Action Required:**
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

**Please state the actions you have taken or are planning to take:**
The registered provider provides fire safety training for all staff at least once a year by an external trainer. In 2014 fire safety training was provided on the 27th of February and 24th of April by two different external trainers. The training provided included fire safety measures, prevention, evacuation and emergency procedures, building layout, raise the alarm, fire alarm call points, fire exit locations, use of fire extinguishers, first aid for burns and shock, fire control techniques and the procedures to be followed in the event a residents clothes catches fire. Staff in attendance were certified by the trainers that training outlined above was received and understood by them. The manager attended fire safety training on the 27th of February, 2014.

Staff recruited from May, 2014 were given fire safety training by the manager. These staff members will get fire safety training by an external trainer in 2015.

**Proposed Timescale:** 30/01/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in**
the following respect:
Some staff had not had the opportunity to partake in a fire drill/simulated evacuation of the centre.

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:
A fire drill/simulated evacuation will be carried out in the centre every 2 months in 2015 and following.

Staff names will be recorded in the fire and general register as having partaking in the fire drill/simulated evacuation. Every staff member will have an opportunity to participate in fire drills/simulations during 2015 and going forward independent of external training provided.

Proposed Timescale: 30/01/2015

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:
Care interventions were generic and were not specific to the care needs of each resident and it was difficult to establish residents care needs from reading some of these files.

Some care plans to manage high nutritional risks did not indicate the nutritional plans to be implemented for each resident.

Care planning for the management of behaviour that is challenging was generic in nature and did not include sufficient information to guide staff.

Staff had not developed appropriate care planning for the management of MRSA infection.

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:
All care plans will be fully reviewed and overseen by the PIC to ensure that they are not generic, but specific and person centred. All nursing staff have now been advised in
writing to ensure that all new episodes of care required by a resident are accompanied by a relevant care plan.

**Proposed Timescale:** 31/01/2015

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence that suitable care had been delivered to a resident prior to and following a fall.

**Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**
Linked with the previous action plan, all nursing staff have been advised in writing to ensure that appropriate care plans are in place prior to and following falls or serious incidents.

In relation to the resident who had a fall on the day in question and in accordance with previous assessments this resident was not at risk of a fall. This was out of character for the resident. One set of observations was recorded and then the resident refused to allow any further observations.

**Proposed Timescale:** 14/01/2015

**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:**
One two-bedded room was of limited size and did not provide adequate space for a bedside locker or a chair to be placed adjacent to each bed. There was also insufficient space to negotiate the use of a hoist or other assistive equipment if required.

**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:**
The twin room is now a single room.
**Outcome 18: Suitable Staffing**

**Theme:** Workforce

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

The staffing level and skill mix was not adequate to meet the needs of residents and dependency levels of residents and the size and layout of the centre had not been adequately used to inform and review staffing level and skill mix.

There was no planned approach for staff supervising of and integrating with residents in the communal areas.

The number of whole time equivalents available to fill nursing shifts was insufficient.

**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:**

1. Management have emphasised the need for staff to have more social interaction with residents in the two dayrooms through monthly staff meetings. This has had some success. The activity co-ordinator will have a support person to assist with supervision and social interaction in the morning time (10am -12pm). Proposed Timescale: 18th January

2. An advertisement campaign for full and part time nursing jobs has commenced since the 27th of November in local press (Galway and Clare). It is also been advertised in a job vacancy website. A recruitment company will be engaged in January if no progress has been made through the advertisement campaign. Proposed Timescale: February, 2015

3. The person in charge draws up the off duty for staff and allocates staff numbers and skill mix in accordance with best practice (within HSE West and INHO guidelines). The number and dependencies of residents along with the centre size and layout are taken into consideration when preparing the off duty for staff. Proposed Timescale: 14th December, 2014

**Proposed Timescale:** 28/02/2015

**Theme:** Workforce
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff members are not supervised appropriate to their roles.

Action Required:
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
The duty roster is prepared to ensure the more experienced and senior healthcare workers are allocated to work with the more recently recruited staff members. This will ensure that the Senior healthcare person can advise the new staff member on their roles and responsibilities.

The person in charge and manager carry out regular daily checks on the service provided at day time. The manager also has commenced checks at night time now.

Proposed Timescale: 14/12/2014