

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Marian House Alzheimer Unit
Centre ID:	OSV-0000358
Centre address:	Main Street, Ballindine, Mayo.
Telephone number:	094 936 4101
Email address:	mhouserespite@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Western Alzheimers
Provider Nominee:	John Grant
Lead inspector:	Lorraine Egan
Support inspector(s):	Ann-Marie O'Neill;
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 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:
05 November 2014 08:45	05 November 2014 18:50
13 November 2014 18:30	13 November 2014 19:20

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 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

The purpose of the inspection was to inform the decision to register this centre by reviewing the provider's progress in response to required actions from the registration inspection of 4 and 5 June 2014.

As part of this inspection, inspectors met with residents, the provider, the person in charge and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records and policies and procedures.

As part of the actions required from the previous inspection the provider had stated he would be making physical changes to the premises and had submitted a proposed plan to the Authority. Following this inspection the inspector and inspector manager

reviewed the proposed plan to identify if it would address the non compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and Standard 25 of the National Quality Standards for Residential Care Settings for Older People 2009. The inspector subsequently met the provider on November 13 2014 to discuss the proposed plan.

The centre is a respite centre for people with dementia. Residents typically stay in the centre for one week at a time. At the time of the previous inspection the centre accommodated 12 residents. One bedroom was found unsuitable to meet the aims and objectives of the centre and the provider reduced the number to 11 residents in response to inspectors' findings.

Inspectors followed up on the required actions from the previous inspection and found that the majority had been addressed, some partially addressed and others required further improvement.. Of the actions which had not been addressed two actions pertained to the premises and the provider was working on a plan to address the required actions by making structural changes to the centre.

The inspectors were satisfied that required actions relating to areas including records and documentation, restraint management, risk management, fire safety, the provision of activities for residents and staff training had been completed.

Actions that related to the statement of purpose, the guide for residents, the system for reviewing and improving the quality and safety of care in the centre, medication management, the complaints procedure and screening in shared bedrooms were either partly addressed or in the process of being completed.

Required actions relating to the procedure for responding to an allegation of abuse, the procedure for protecting residents' money and valuables, the complaints procedure, staffing files, documentation to support residents to communicate and the assessment of residents' end of life wishes had not been addressed.

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

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

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

Findings:

The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which are provided for residents.

The inspector reviewed the day care register and found that a maximum of two day care residents were accommodated in the centre from 5 August 2014.

The statement of purpose had been amended but required additional minor changes to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 for example, the number of residents accommodated in the centre was not accurate throughout the document, the arrangements for the management of the centre in the absence of the person in charge was not included, some language required improvement and the document referenced the 2009 Regulations.

Judgment:

Non Compliant - Minor

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

<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: The person in charge had recently commenced auditing the quality and safety of care provided in the centre. She had carried out audits in medication management and food and nutrition. These were areas which had been identified by inspectors on the previous inspection as requiring improvement. The person in charge had identified areas for improvement and had addressed required actions arising from these audits.</p> <p>The person in charge told an inspector she was intending to continue to carry out audits in the centre. However, she did not have a documented plan regarding audits which would be carried out. She told an inspector she would be putting a plan in place which would conclude in an annual review of the quality and safety of care in the centre.</p>
<p>Judgment: Non Compliant - Minor</p>

<p><i>Outcome 03: Information for residents</i> <i>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.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: The guide for residents consisted of a summary of the facilities and services which are provided for residents, the terms and conditions relating to residence in the centre, the procedure respecting complaints and the arrangements for visits.</p> <p>The guide for residents had been amended but required additional minor changes for example, the guide referenced the 2009 Regulations and stated the centre catered for 12 residents. In addition, the detail regarding the provision of day care in the centre was inconsistent with an inspector's findings and the guide inaccurately stated the centre provided a smoking room for residents.</p>
<p>Judgment: Non Compliant - Minor</p>

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):

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

Findings:

The centre was managed by a suitably qualified registered nurse with experience in care of the elderly. She had been person in charge of the centre since it opened and she demonstrated knowledge of the residents' needs, clinical care and her statutory responsibilities.

She was engaged in the governance and operational management of the centre and had addressed or was in the process of addressing the non compliances identified at the previous inspection. She was aware of her regulatory responsibilities including those in regard to notifications to the Authority.

She had engaged in continuous professional development and had undertaken training in a variety of areas since the previous inspection, including infection control, neurology, nutrition in the elderly care setting, understanding a clinical audit, psychosocial interventions for people with dementia and end of life care.

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 Directory of Residents had been amended to include all items required in the Regulations.

A record of the occasions restraint was used on residents, release times and the duration of restraint was maintained in the centre.

Staff files did not contain all requirements of the Regulations, for example evidence of the person's identity, documentary evidence of relevant qualifications, a full employment history and written references, including a reference from the staff member's most recent employer.

The staffing rota required further improvement as the start and finish times of kitchen staff, administration staff and the activities coordinator were not identified on the rota. In addition, an abbreviation was used on the rota and it was not clear what the abbreviation meant.

Judgment:

Non Compliant - Moderate

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

The policy on the prevention, detection and response to abuse had been amended to include the procedure to be followed in the event of an allegation of abuse. It required improvement to ensure it was clear regarding the person who takes charge in the event the person in charge or deputy person in charge were not available. The policy did not outline timelines of investigation into an allegation of abuse.

The required action pertaining to the required amendment of the procedure for protecting residents' money and valuables to ensure it was consistent with practice in the centre had not been addressed.

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):

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

Findings:

The actions from the previous inspection had been addressed.

A centre specific risk register had been implemented and it outlined the risks in the centre and the control measures in place.

The risk register included the precaution measures in place to control the risks specified in the Regulations.

Staff had received training in fire prevention.

Staff had taken part in fire drills in June 2014 and further drills were planned for November 2014.

The Authority had received written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with.

The procedures to be followed in the event of a fire were displayed in a prominent position in the centre.

Judgment:

Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

Some actions had been addressed while others required further improvement.

Actions which had been adequately addressed were:

- the policy on medication management for discharge, transfer, leave and respite care had been amended to provide clear guidance for staff.
- there was a policy on prescribing, administration and review of PRN (as required) medication.
- medications which required specific control measures had been checked and counted consistently.
- prescription sheets had been revised to ensure the time of administration was clearly documented. Medication was signed as administered in line with the prescribed time.
- the temperature of the refrigerator used for storing medications had been documented as checked twice each day.
- PRN medication was no longer recorded under regular medication.

Actions which had not been adequately addressed were:

- the maximum dose of most PRN medications was not clearly outlined on prescription sheets.
- discontinued medications were not always signed as discontinued by the general practitioner (GP).

Judgment:

Non Compliant - Minor

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):

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

Findings:

Incidents had been notified to the Authority as required. Quarterly notifications had been submitted to the Authority.

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):

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

Findings:

An inspector met with the activities coordinator, observed activities taking place and reviewed documentation. Activities were taking place daily and there was a documented plan in place for each resident which was based on the resident's interests and wishes. An activities coordinator facilitated activities from 9am to 3pm each day and care assistants facilitated activities from 3pm onwards.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

Signage for residents had been improved and further improvement was planned by the person in charge.

The multi-purpose room was no longer used as a smoking room.

The provider told an inspector that thermostatic control valves had been fitted to the wash hand basins. An inspector tested the temperature of water in a sample of rooms and found it was at a safe temperature.

A new call bell system had been installed in the centre.

A bedroom which did not meet the needs of residents was no longer used as a bedroom. It was being used as a storage room for storing assistive equipment. The provider stated his intention to apply to register the centre as an 11 bedded centre.

Poor lighting in a corridor had been addressed with the addition of new lighting.

The provider had submitted a plan to address issues in regard to the use of one room as a shared sluice room and laundry room. The plan to convert the existing staff room to a sluice room and the existing laundry room to a divided room for dirty and clean laundry would address this non compliance with the Regulations and Standards.

Improvement was required to the plan to extend the centre to add additional activity space for residents and a staff room to the centre as the addition of the proposed extension would compromise the view of an existing bedroom. In addition, windows of two bedrooms in the existing centre were located internally and did not provide residents with an adequate view of the outside. The inspector met the provider on November 13 2014 to discuss the proposed plan. The provider stated his intention to review the plan and said he would submit an amended plan to the Authority.

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):

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

Findings:

The complaints procedure had been updated to include the names and contact details of two independent persons who could be contacted in the event a complainant wished to appeal the findings of an investigation into a complaint. Some further improvement was required to the procedure as it did not contain the contact details of the Ombudsman.

The person in charge told an inspector there was a person who held a monitoring role to

ensure that complaints were responded to and records maintained. However, this was not detailed in the centre's procedure.

There was inadequate detail maintained of whether or not the complainant was satisfied with the outcome of the complaint.

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):

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

Findings:

Residents did not have their end of life wishes set out in a care plan. An end of life care plan template was being drafted and there was evidence the person in charge had initiated contact with some residents' families regarding their loved ones wishes for their end of life care.

The person in charge was aware of the requirement for DNAR (do not attempt resuscitation) orders to be documented as a clinical decision. There were no residents with a DNAR order in the centre.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The person in charge and staff had received training in supporting residents who require modified consistency diets. Documentation showed that residents who required modified consistency diets had been assessed by a speech and language therapist. The person in charge had implemented a requirement for all residents who require a modified consistency diet to be assessed by a speech and language therapist prior to admission to the centre.

Residents were receiving modified diets in line with the prescribed diet outlined in their care plans. Kitchen staff were knowledgeable of residents' requirements.

The lunchtime meal experience was viewed by an inspector. Assistance was offered to residents in a discrete and respectful manner. There was a pleasant aroma of the meal and meals appeared appetising. Residents expressed satisfaction with the meal provided.

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):

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

Findings:

There was evidence that residents and their families had been consulted about the running of the centre. A family meeting had taken place in July 2014 and another was planned for November 2014. A resident meeting had taken place in August 2014. The person in charge stated her intention to look at further ways of ensuring residents were consulted with on an on-going basis.

A CCTV camera had been removed from a room which had been used as a bedroom.

Extra screening had been provided in shared bedrooms however, further improvement was required as some beds could not be screened unless both beds were screened.

Further improvement was required to documentation to ensure it supported residents to communicate, for example the provision of relevant procedures in an easy read format.

Judgment:

Non Compliant - Minor

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):

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

Findings:

Resident property lists were being maintained and were signed by the receiving staff member on admission. Residents' family members had signed to state they had received the property on discharge from the centre.

The facilities being used to launder residents clothing were not adequate. This is discussed further under Outcome 12: Safe and Suitable Premises and the relevant action is contained under Outcome 12.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

Some actions had been addressed while others required further improvement. The

actions which required further improvement relate to documentation and are detailed under Outcome 5: Documentation to be kept at a designated centre.

Actions which had been adequately addressed were:

- there was evidence the staffing levels had been assessed to ensure they were appropriate to the changing needs of the resident profile. The person in charge was using tools to assist her in assessing staffing levels in the centre.
- two new housekeeping staff had been employed. Care assistants were not performing housekeeping duties.
- the activity coordinator was not part of the care assistant staffing complement.
- the person in charge was included on the rota.
- a staff training needs analysis had been completed.
- staff had received training in a variety of areas relevant to their roles.
- staff supervision meetings were due to commence in December 2014 and the person in charge told the inspector that areas for improvement would be identified at the sessions.

Judgment:

Compliant

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:

Lorraine Egan
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:	Marian House Alzheimer Unit
Centre ID:	OSV-0000358
Date of inspection:	05/11/2014
Date of response:	30/12/2014

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

Minor changes to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were required.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of Purpose now states that 11 residents can be accommodated in the centre.

The name of the Assistant Director of Nursing is now included in the Statement of Purpose to manage the centre in the event of the absence of the person in charge.

Language has been amended in the Statement of Purpose.

The Statement of Purpose now cites Health Act 2007 (reg 2013) as reference. An amended copy will be forwarded.

Proposed Timescale: 26/11/2014

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:

There was no annual review of the quality and safety of care in the centre.

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 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:

The person in charge is preparing an audit plan and will then carry out an annual review of the quality and safety of care in the centre.

Proposed Timescale: 20/02/2015

Theme:

Governance, Leadership and Management

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

A documented plan regarding audits to be completed had not been prepared.

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 person in charge will have an audit plan in place to carry out audits in the centre

Proposed Timescale: 15/12/2014

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 guide for residents referenced the 2009 Regulations and stated the centre catered for 12 residents. In addition, details of the provision of day care in the centre was inconsistent with an inspectors findings and the guide stated the centre provided a smoking room for 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:

The residents guide now cites the Health Act 2007 (reg 2013) as reference.

The residents guide now states that 11 residents can be accommodated in the centre.

There is 2 day care places available daily except Friday.

The residents guide now states that the smoking area is at the rear of Marian House.

There is an up to date summary of the facilities and services in the residents guide.

Proposed Timescale: 26/11/2014

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:

Staff files did not contain all requirements of the Regulations, for example evidence of the person's identity, documentary evidence of relevant qualifications, a full employment history and written references, including a reference from the staff member's most recent employer.

The staffing rota required further improvement as the start and finish times of kitchen staff, administration staff and the activities coordinator were not identified on the rota.

An abbreviation was used on the rota and it was not clear what the abbreviation meant.

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:

The person's identity, documentary evidence of relevant qualifications, a full employment history, 2 written references including a reference from the staff members most recent employer will be in place for all staff members.

The staffing rota contains the start and finish times of kitchen staff, administration staff and the activities coordinator.

A glossary at the bottom section of the rota sheet will explain any abbreviations on the rota.

Proposed Timescale: 15/12/2014

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 policy on the prevention, detection and response to abuse required improvement.

Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The procedure to be followed in the event of an allegation of abuse has been revised to include the nurse on duty will take charge in the absence of the person in charge or deputy person in charge. The procedure also outlines timescales of investigation into the allegation of abuse.

The procedure in relation to protecting resident's monies and valuables has been revised to correspond with present practice in the unit.

Elder abuse of staff took place on the 20th & 21st May 2014. Person in charge attended further training in CNME, Castlebar on Thursday 27th November.

Proposed Timescale: 01/12/2014

Outcome 09: Medication Management

Theme:

Safe care and support

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

The maximum dose of most PRN medications was not clearly outlined on prescription sheets.

Discontinued medications were not always signed as discontinued by the general practitioner (GP).

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The maximum dose of PRN medications will be clearly outlined on "non-regular prescription sheet".

Discontinued medications will be signed off as discontinued and dated by GP.

Proposed Timescale: 26/11/2014

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:

Improvement was required to the plan to extend the centre to add additional activity space and a staff room to the centre as the addition of the proposed extension would compromise the view of an existing bedroom. In addition, windows of two bedrooms in the existing centre were located internally and did not provide residents with an adequate view of the outside.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Engineers are redesigning a new plan to incorporate activities room, staff room, toilets and bedrooms. We are awaiting report of new plan and this will be forwarded to HIQA.

The physical environment will meet the requirements of the Regulations by 1 July 2015.

Proposed Timescale: 01/07/2015

Theme:

Effective care and support

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

There was a shared laundry and sluice room in the centre.

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 existing sluice room will be divided to become a clean and dirty laundry room. Engineers discussing plans at present.

Staff room will become new sluice room.

The physical environment will meet the requirements of the Regulations by 1 July 2015.

Proposed Timescale: 01/07/2015

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:

There was inadequate detail maintained of whether or not the complainant was satisfied with the outcome of the complaint.

Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

The complaints notification form now contains an outcome section at back of form that will help to write detailed information regarding outcome of complaint and whether complainant is satisfied or not.

Proposed Timescale: 01/12/2014

Theme:

Person-centred care and support

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

The name of the person who held a monitoring role to ensure that complaints were responded to and records maintained was not detailed in the centre's procedure.

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 nominated person is now included in the complaints procedure.

The nominated person maintains a record of all complaints including details of any investigations into the complaints, the outcome and whether or not the resident was satisfied.

Proposed Timescale: 15/12/2014

Theme:

Person-centred care and support

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

The complaints procedure did not contain the contact details of the Ombudsman.

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 complaints procedure has now been amended to include the address and telephone numbers of ombudsman.

Proposed Timescale: 15/12/2014

Outcome 14: End of Life Care**Theme:**

Person-centred care and support

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

There was no assessment of residents' religious and cultural needs and wishes for their end of life.

Action Required:

Under Regulation 13(1)(b) you are required to: Ensure the religious and cultural needs of the resident approaching end of life are met, in so far as is reasonably practicable.

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

The religious and cultural needs of the residents will be discussed and documented in the residents care plan for end of life.

Proposed Timescale: 15/12/2014

Theme:

Person-centred care and support

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

Residents' wishes regarding friends and families being informed of their condition and being present at their end of life had not been assessed.

Action Required:

Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident's condition, with the resident's consent. Permit them to be with the resident and provide suitable facilities for them.

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

The residents care plan will document resident's wishes regarding family and friends being informed of their deteriorating condition at end of life and which relations they would like to have with them on their final journey.

Proposed Timescale: 15/12/2014

Theme:

Person-centred care and support

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

Residents' preference regarding his or her location at end of death had not been assessed.

Action Required:

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

The care plan will now contain the residents preferences regarding their location at end of life.

Proposed Timescale: 15/12/2014

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:

Further improvement was required to documentation to ensure it supported residents to communicate, for example the provision of relevant procedures in an easy read format.

Action Required:

Under Regulation 09(3)(c) you are required to: Ensure that each resident may communicate freely.

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

Changes are in progress to ensure residents can communicate more effectively and in particular with relation to the complaints policy which is now revised and printed in bigger print with pictorial effects. This will aid the resident with dementia to understand its content.

New signage has been erected to direct residents to their destination around the home.

Pictorial menus displaying different foods now decorate the daily menu.

Feedback from residents and their families through surveys and meetings will help to provide choices and residents requirements.

Advocacy services are available to residents in the home.

Communication mats are available to the residents in the home to assist their communication needs.

Proposed Timescale: 26/01/2015

Theme:

Person-centred care and support

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

Improvement was required to screening in shared bedrooms as some beds could not be screened unless both beds were screened.

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:

Screening in bedrooms is now completed and the screening allows each bed in shared

bedrooms to be independently and securely screened for privacy.

Proposed Timescale: 26/11/2014