

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Joseph's Community Hospital
Centre ID:	OSV-0000575
Centre address:	Millstreet, Cork.
Telephone number:	029 70003
Email address:	lena.kelleher@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patrick Ryan
Lead inspector:	John Greaney
Support inspector(s):	Aoife Fleming; Vincent Kearns
Type of inspection	Announced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	4

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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 March 2015 09:10	04 March 2015 18:00
05 March 2015 08:30	05 March 2015 17:00

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

St. Joseph's Community Hospital, Millstreet comprises 26 beds and is situated on the outskirts of the town. It is a two-storey premises, however, all residents accommodation is on the ground floor. During this inspection, which was a renewal of registration inspection, the inspector met with a number of residents, relatives and staff members. The inspector observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files.

Overall the findings of this inspection indicated that residents received care to a good standard. The person in charge was knowledgeable of her obligations under the relevant standards and regulations, and demonstrated a commitment to providing a

high standard of care to residents. Nursing and care staff were knowledgeable of residents' needs and provided a high standard of care. There was good access to GP services, including out-of-hours and residents were referred for review by allied health/specialist services when indicated.

Four completed questionnaires were received from residents and three from relatives and the overall feedback was complimentary of the care provided. This was supported by positive feedback given to the inspector by residents and relatives on the days of the inspection.

Significant improvements were required, most notably in the design and layout of the premises. Bedroom accommodation comprised two 11-bedded dormitories, a twin bedroom and two single bedrooms. The beds in the dormitories were close together and did not support residents' privacy and dignity. In addition to unsuitable sleeping accommodation communal and dining space was also unsuitable, for example the male dayroom could only be accessed by going through the male dormitory resulting in it being used as a thoroughfare by visitors and staff while some residents remained in their beds. There was also inadequate storage space, including suitable storage for residents personal belongings and storage for equipment. The premises was also not in a good state of repair, for example, there was evidence of damage to wall surfaces due to dampness and wall tiles were damaged. The action plan submitted by the provider in relation to the premises and specifically the response to the action under Regulation 17 (2) and 9 (3) (b) did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish the response to this action and is considering further regulatory action in relation to this issue.

Additional required improvements included:

- review of quality and safety of care
- contracts of care
- statement of purpose
- restraint practices
- policies and procedures
- staff training
- risk management policy and practices
- emergency plan
- medication management
- notifications
- staffing levels
- privacy and dignity
- visiting times
-

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of 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.

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):

No actions were required from the previous inspection.

Findings:

The statement of purpose was reviewed by the inspectors. It was kept under review and described the service and facilities provided in the centre. It contained the information required in Schedule 1 of the Regulations. However, it did not adequately address the following:

- the complaints procedure referenced the 'Your services, your say' guidance but did not adequately outline the complaints process in the centre
- the visiting arrangements referenced the notice displayed at the front door of the centre but were not adequately outlined in the statement of purpose.

The statement of purpose outlined that there is a Palliative Care bed in the centre allocated to patients with life threatening illnesses. However, work practices did not reflect the statement of purpose because at the time of inspection a resident at end-of-life was in a bed in the multi-occupancy ward.

Judgment:

Non Compliant - Moderate

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:

There was a clearly defined management structure. All staff reported to the person in charge, who in turn reported to the provider nominee. A new provider nominee had been appointed in the months prior to this inspection. On this inspection the inspectors were informed that the person in charge would also be leaving the service and the clinical nurse manager was in the process of being appointed as the new person in charge. The Authority had not been notified of this proposed change.

A small number of audits had been completed including a monthly audit of accidents and incidents and a resident satisfaction survey that was carried out in June/July 2014. There was insufficient evidence that the monthly audits of accidents and incidents contributed to a quality improvement process as it only identified the number and times of falls or the number of medication errors and there was no associated action plan identifying actions to be taken to support learning and minimise reoccurrence. There were only two resident/relative surveys completed and both were complimentary of the care provided. Overall, inspectors were not satisfied that there was a comprehensive system in place to review the quality and safety of care on an annual basis as required by the regulations or that there were adequate management systems to ensure the service was effectively monitored.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The Residents' guide was seen by inspectors and was available to all residents. It was available in a prominent location at the front porch in the centre. However, the complaints procedure and visiting arrangements were not outlined in sufficient detail.

Contracts of care had been implemented for residents and a sample of these contracts was viewed by the inspectors. The contracts did not clearly set out the fees being charged or the arrangements under the Nursing Home Support Scheme, as required by Regulation 24 (2). The fees for additional services, such as hair-dressing and chiropody, were not outlined in detail.

Judgment:

Non Compliant - Moderate

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:

The person in charge was not present in the centre on the days of the inspection and inspectors were informed that she was leaving the service. The clinical nurse manager was in the role of acting director of nursing and it was planned that she would be appointed as the new person in charge. Inspectors interacted with the acting director of nursing throughout the two days of the inspections and were satisfied that she demonstrated adequate clinical knowledge and knowledge of her statutory responsibilities. Inspectors were satisfied that she was a suitably qualified and experienced manager, and had the required experience to be the person in charge

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):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed records including a sample of personnel records, a sample of residents' medical and nursing records, the directory of residents, residents' financial records, and operating policies and procedures. Overall, the inspector was satisfied that there was substantial compliance with the regulations in relation to records management and any issues identified for improvement will be addressed in the relevant outcome of this report.

A record was maintained of all visitors to the centre. The Directory of Residents contained all the items specified in Schedule 3 of the Regulations and an insurance certificate was submitted as part of the registration process indicating that the centre was adequately insured against accidents or injury to residents, staff or visitors.

Due to the system in place for filing the operating policies and procedures listed in Schedule 5 of the regulations it was not possible to ascertain if all policies and procedures were available or regularly reviewed. The person in charge was asked to ensure that all policies and procedures listed in Schedule 5 of the regulations were available and easily accessible.

Judgment:

Substantially Compliant

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:

As stated in Outcome 4 a clinical nurse manager was in the process of being appointed as the new person in charge. There was a new acting clinical nurse manager who would take charge of the centre in the absence of the person in charge.

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:

There was a policy and procedure in place in relation to safeguarding vulnerable adults at risk of abuse. Most, but not all, staff had received training on the procedures for the prevention, detection and response to abuse. Most staff spoken with by inspectors were knowledgeable of what to do in the event of an allegation of abuse, however, some staff were not aware of safeguarding arrangements in the event of an allegation of abuse. There have been no allegations of abuse and residents spoken with stated that they felt safe in the centre. There were adequate records in place supporting the appropriate management of residents' finances.

There was a HSE policy and clinical practice guidelines on the use of restraint. Improvements, however, were required in relation to the use of restraint. For example, consent for the use of restraint was not always obtained from residents, where applicable. Additionally, risk assessments were not always completed identifying the risk of injury associated with the use of restraint and records identifying alternative interventions to restraint were not always completed. When resident had a fall from a bed when bedrails were in place, there were no records of a reassessment of the appropriateness of the use of bedrails for that resident.

Judgment:

Non Compliant - Major

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 recommendation in the last inspection to review the multi-task attendant (MTA) roster had been implemented. Inspectors noted that MTA hours were now allocated solely to either cleaning duties or resident personal care on a weekly basis.

The centre had a health and safety statement which was updated in 2015. The risk management policy did not address all the items set out in Regulation 26(1) specifically

to control abuse, the unexplained absence of any resident, aggression and violence, and self-harm. The policy stated that the centre had a health and safety committee and that an annual safety audit was a requirement. However, it was reported to inspectors that no audit had been conducted in recent years. There was no plan in place for responding to emergencies or major incidents likely to cause death or serious injury, disruption to essential services or damage to property, as required by the Regulations.

A risk register was in place but it was out of date and inspectors noted risks to residents which had not been assessed. For example:

- there was a stair guard in place which had not been risk assessed and was found to be open regularly on the days of inspection
- residents access to an unsecured outside patio area had not been risk assessed
- electric heaters that posed a burn or falls risk to residents had not been risk assessed
- exposed piping in the residents shower/toilet areas which posed a trip hazard had not been risk assessed
- latex gloves were not stored in secure areas in the centre.

A functioning call-bell system was in operation. The service histories for manual handling equipment were viewed by inspectors and were up to date.

Alcohol hand gels were observed in appropriate locations and staff were observed wearing personal protective equipment when attending to personal care or housekeeping. The centre was seen to be clean throughout. There was an infection prevention and control policy in place, however, it was not always implemented in practice and inspectors observed a number of issues that potentially compromised the prevention of cross contamination in the centre. For example:

- wall tiles in the resident shower/toilet areas were in a state of disrepair
- bins for the safe disposal of used paper towels were not in place under all sinks
- a hand-washing sink in one sluice room was obstructed by chairs
- the second sluice room was visibly damp and tiles were damaged
- a cleaning trolley and floor vacuum were stored in the bathroom
- an open drain with green residue was present in the laundry.

Fire equipment had been recently serviced and records of daily checks of the fire equipment were in place. Records of fire training and bi-annual fire drills were in place. However, inspectors noted that a fire exit in the female day room was obstructed by chairs on several occasions. Staff were aware of what to do in the event of a fire. However, the PIC and PPIM were asked to risk assess the key-storing practice for the fire doors in the event of a fire, especially at night-time when emergency exit doors were locked.

Judgment:

Non Compliant - Moderate

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:

A centre-specific policy for the medication management was in place in the centre. The register of controlled drugs was maintained and the inspector conducted a balance check of the stock which corresponded with the register. The inspector saw records of controlled drug balance checks by two nurses at each shift handover.

The processes in place for the storage and disposal of medications were not safe. There was an excess supply of medications which were dispensed for residents, and no longer required, in the medication storage press. A bottle of liquid medication did not have an opening date or expiry date recorded on the label. Several creams which were open did not have an opening date recorded on them. There was no designated medication disposal bin in the centre, medications were disposed of in a sharps bin. The medication trolleys were secure and the temperature of the medication fridge was recorded daily.

There was documentary evidence that residents' medication was reviewed by the GP on a three-monthly basis and more regularly if necessary. A sample of medication administration sheets were reviewed and all included the resident's photo, date of birth, general practitioner details and allergy details. However, the maximum dosage for some medications prescribed PRN (as required) was not recorded. There was no evidence of systems in place to review and monitor the safety of medication management practices.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

At the most recent inspection in January 2014 it was identified that notifications required to be submitted the Chief Inspector at the end of each quarter and detailed in Schedule 4 of the regulations were not submitted. It was also found on this inspection that these notifications had not been submitted. Additionally inspectors identified that the unexpected death of a resident was not notified to the Chief Inspector as required.

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):

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

Findings:

Residents had good access to general practitioner (GP) services, including out-of-hours, and there was evidence of regular review. There was evidence of good access to allied health/specialist services such as dietetics, speech and language therapy and physiotherapy and there was evidence of referral and review.

Nursing notes indicated that nursing care was provided to a good standard. Residents were comprehensively assessed on admission and at regular intervals thereafter. Care plans were developed based on these assessments and were person-centred and mostly provided good guidance on the care to be provided. However, improvements were required as not all care plans addressed all issues identified on assessment such as the care of residents with diabetes or at risk of developing pressure sores. Some care plans did not always incorporate the advice received from allied health services, such as speech and language therapy, following review.

Judgment:

Substantially 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:

It was noted that the provider's response to the actions generated from the inspection of 23 January 2014 stated that the HSE were awaiting a response from the Department of Health on when extra capital funding would be available to address infrastructural standards. The provider also stated that interim arrangements can be put in place to better meet the needs of residents. On the dates of inspection these interim arrangements had not been put in place and deficits in the infrastructure had not been addressed.

St Joseph's Community Hospital was a two-storey building, which accommodated 26 residents on the ground floor. The second floor is used for administration offices, records, linen store, a clinical store, housekeeping stores and storage of residents' personal property. Access to the centre was via a long tree-lined avenue. The entrance leads directly to a conservatory, which contained comfortable seating, however, the seating cover was worn and damaged and would be difficult to clean. This room was also used by relatives to meet with residents.

Overall, in relation to the premises the inspectors found a number of deficits, including:

- there was unsuitable bedroom accommodation for residents
- there was inadequate communal space, including dining facilities, for residents
- there was inadequate sanitary facilities
- there was inadequate space for residents to store personal belongings
- there were inadequate sluicing facilities
- there was inadequate storage space for equipment
- the premises was not in a good state of repair.

Bedroom accommodation comprised two eleven-bedded rooms, two single bedrooms, and one twin-bedded room. The beds in the 11-bedded rooms were very close together and did not afford residents adequate privacy and dignity. Screening between the beds was provided by accordion like screens attached to the wall, however, when they were closed they did not provide adequate room for staff to manoeuvre when providing care. There were overhead hoists in these rooms. There was inadequate space for

residents to store store personal belongings. Some, but not all, residents had a bedside lockers. A set of cupboards, located in the eleven-bedded wards, housed residents' clothing that could be folded flat, however, there was no facility for residents to hang their clothes near their bedside. This facility was available on the second floor but was not accessible by residents. There was insufficient space for a bedside chair for residents' use in both eleven-bedded wards. Due to the proximity of beds to each other and the location of some beds against the wall, residents beds would have to be moved in order to provide personal care.

The twin bedroom contained a small wardrobe with only sufficient space for one resident to hang a small amount of clothes. All bedrooms had hand-wash facilities. There was a smoking area located outside the men's day room.

Sanitary facilities comprised four toilets, none of which were wheelchair accessible, Two of the toilet cubicles had sliding doors and two had double doors and did not adequately support the privacy and dignity of residents. Inspectors observed that one resident used the toilet and had to leave a mobility assistance device outside the door as the toilet was too small. Toilet facilities were not suitably located so as to be easily accessed by residents in all parts of the premises. There was one bathroom with an assisted bath, and one shower with an assisted shower. As already outlined in Outcome 8, the premises was not in a good state of repair, such as:

- damaged wall tiles in the resident shower/toilet areas
- a sluice room was visibly damp and tiles were damaged
- an open drain with green residue was present in the laundry
- the wall in one of the single bedrooms was discoloured due to dampness.

In addition to the conservatory area, communal space comprised a male dayroom and a female dayroom. The ladies' communal space was a long room which was used as both a dining area and living room. The dining area led into the seating area. The men's day room was a larger space with the dining table in the centre of the room and comfortable seating around the room. The male day room, however, was only accessible by going through the male dormitory, which does not support residents' privacy and dignity. Patio areas were accessible off each of the day rooms.

As identified on previous inspections, the provision of private and communal accommodation for residents remained inadequate. The dayrooms were used as a dining area, a sitting room, for activities, religious ceremonies and for the storage of furniture, such as speciality chairs.

Staff facilities included a large staff dining room alongside the nurses' office. Staff changing and toilet facilities were located on the first floor. A lockable stair gate was installed at the foot of the stairs on the ground floor.

There was a laundry on the grounds of the centre and all linen was laundered on-site. The laundry was adequate in size to support the segregation of clean and dirty linen, however, as already discussed, there was an exposed drain in the laundry with visible green residue.

Some remedial had works had been undertaken in some of the toilets but this had been ongoing for a considerable time and was not yet completed.

Judgment:

Non Compliant - Major

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 centre had an up to date complaints policy in place. The complaints procedure and a suggestions box were on display in the front porch. However, the complaints process on display was not accessible as it did not provide the name or contact details of the person responsible for managing complaints.

Not all complaints were recorded in detail, in line with the centre's policy. While the complaints reviewed by the inspector were addressed in a timely manner, there was no record of whether or not the complainant was satisfied with the outcome for some complaints. Measures to improve practice in response to complaints were not observed. For example, there were numerous complaints regarding residents clothing being mixed up on return from the laundry but when inspectors asked staff no actions taken to resolve this issue were outlined.

Judgment:

Non Compliant - Moderate

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:

The centre had an up to date policy on end of life care which comprehensively addressed the relevant issues such as the residents wishes for end of life care, care of the resident approaching end of life and religious and spiritual needs.

The inspector reviewed a care plan of a resident who was at end of life on the days of the inspection. There were detailed care plans in place to address the residents care needs and promote comfort such as oral care, pain relief and maintaining a calm environment. However, there were some gaps in the documentation of care. For example, the oral care assessment tool had not been documented in recent weeks even though oral care was being provided as outlined in the end of life care plan. The resident had developed a pressure sore and a detailed care plan was in place and updated regularly to record turning, dressing, observations, pain assessment and treatment. The resident's medications were appropriately reviewed by the general practitioner who visited the centre on a regular basis. Staff reported that palliative care services were available and accessible when required.

While appropriate and timely care was provided, the accommodation provided at the centre was not always appropriate for end of life care. The resident who was at end of life on the days of inspection was cared for in an eleven-bedded ward. If this resident had indicated a preference for a single room, this could not have been facilitated. While open visiting was facilitated, facilities for families and friends to visit with the resident in private were not available.

The inspector reviewed a number of care plans with regard to end of life wishes and noted that care plans recorded up to date information on residents' wishes regarding spirituality, religious beliefs, resuscitation and funeral/burial wishes. Evidence of family involvement in these discussions was also documented where appropriate.

Judgment:

Substantially 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:

There was a policy in place for monitoring and recording residents' nutritional intake. Residents nutritional status was monitored using a recognised evidence-based tool and were weighed regularly. Residents had good access to dietetic and speech and language therapy and were reviewed as appropriate.

Residents were served their breakfast in bed, or at their bedside and at a time of their choosing. Snacks and hot and cold drinks including juices and fresh drinking water were readily available throughout the day. Assistive cutlery or crockery required for a resident with reduced dexterity was available.

A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed by the general practitioner for residents were administered accordingly.

Food appeared to be nutritious and was available in adequate quantities. Choice was available to residents for breakfast, lunch and evening tea. The breakfast choice included a variety of hot and cold cereals, breads, juices and fruits. There was evidence that the chef sought feedback from the residents with regard to the meals served.

Residents requiring assistance were assisted by staff in a discreet and respectful manner. There was an adequate system in place for communicating specific dietary needs to catering staff. As already discussed in outcome 12, there were inadequate dining facilities.

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:

There was evidence of consultation with residents through regular residents' meetings that were facilitated by an external organisation, however, there was no associated action plan to identify what actions were taken in response to issues raised at the meetings.

There was a programme of activities that was facilitated by external organisations on two days each week and by a member of staff on other days. Religious preferences were facilitated.

Observations by inspectors indicated that staff were knowledgeable of residents' individual needs and preferences and interacted with residents in a respectful manner. However, due to significant issues in relation to the structure, layout and design of the premises it was not possible to at all times protect the privacy and dignity of residents. For example, beds were located close to each other and there was inadequate screening making it difficult to protect privacy and dignity during care provision. Toilet doors could not be closed properly.

The policy on visitors and a notice at the entrance to the centre indicated that visiting was restricted and visiting was allowed from 14:00hrs to 16:30hrs and from 18:00hrs to 20:30hrs each day which was not in compliance with regulations.

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:

An up to date policy on residents' personal property and possessions was in place. Inspectors saw evidence of up to date records on residents' clothing and personal possessions in their care plans.

However, there were regular issues regarding residents' clothes going missing on return from the laundry. There was inadequate storage space for residents' clothes and personal possessions. Residents lockers were often not located beside their bed. There was no hanging space for clothes in the residents' clothes storage press and these presses were not accessible for residents as they were not located near the residents bed.

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):

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

Findings:

The action from the previous inspection of January 2014 relating to staffing levels between the hours of 20:00hrs and 22:00hrs had not been addressed.

While the proposed and actual rota indicated that there were appropriate staff numbers and skill mix to meet the assessed needs of the 22 residents between the hours of 08:00hrs and 20:00hrs, the PIC was asked to review staffing levels between the hours of 20:00hrs to 08:00hrs as there was one staff nurse and two multitask attendants (MTAs) on duty between the hours of 20:00hrs and 22:00hrs and one staff nurse and one MTA on duty between the hours of 22:00hrs and 08:00hrs. From 20:00hrs to 22:00hrs the staff nurse attended to the administration of medications to the 22 residents and two MTAs attended to:

- - the provision of evening drinks/snacks
- - attending to residents' personal care needs
- - attending to residents getting ready to retire for the night
- - answering the telephones and opening the front door to visitors or staff.

Additionally, the roster demonstrated that there were no contingencies in place to cover for staff on sick leave.

The PIC and KSM were asked to review staff levels so as to ensure that the staffing levels and skill mix were at all times appropriate to the assessed needs of the residents and the size and layout of the centre. The PIC was also asked to review the process of staff supervision to ensure there is an adequate system in place for performance management.

A review of training records indicated attendance by staff at relevant training including the management of behaviour that challenges, infection prevention and control, dysphagia, manual handling and wound care. However, training records indicated that not all staff had up-to-date training in fire safety or in recognising and responding to abuse.

A sample of staff files reviewed identified that the requirements of Schedule 2 of the regulations were met for most, but not all, staff. Of a sample of five staff files reviewed, one did not contain evidence of the person's identity, a full employment history or written references.

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:

John Greaney
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:	St Joseph's Community Hospital
Centre ID:	OSV-0000575
Date of inspection:	04/03/2015
Date of response:	26/05/2015

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:

The statement of purpose did not adequately address the following:

- the complaints procedure referenced the 'Your services, your say' guidance but did not adequately outline the complaints process in the centre
- the visiting arrangements referenced the notice displayed at the front door of the centre but were not adequately outlined in the statement of purpose.

The statement of purpose outlined that there is a Palliative Care bed in the centre

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

allocated to patients with life threatening illnesses. However, work practices did not reflect the statement of purpose because at the time of inspection a resident at end-of-life was in a bed in the multi-occupancy ward.

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 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 will be adapted to address the complaints procedure & visiting times.

The occupancy of the end of life care bed will be reviewed to ensure patients can be moved from the multi-occupancy room if a resident's health status suddenly changes.

Proposed Timescale: Sept 30th 2015 for Statement of Purpose review and immediate for occupancy of palliative care room.

Proposed Timescale: 30/09/2015

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 an inadequate system in place to ensure that the service provided was adequately monitored.

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:

Staff will attend the auditing course in the Mercy University Hospital. Audits on different aspects of clinical care and the environment will be conducted monthly

Proposed Timescale: 30/09/2015

Theme:

Governance, Leadership and Management

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

There was not a comprehensive annual review of the quality and safety of care.

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:

An annual review of all audits and activity in relation to quality and safety of care will be undertaken, which meets the standards set by the authority.

Proposed Timescale: 30/11/2015

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 contracts did not clearly set out the fees being charged or the arrangements under the Nursing Home Support Scheme, as required by Regulation 24 (2).

Action Required:

Under Regulation 24(2)(c) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.

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

The Contract of Care has been amended to include the arrangements for the payment of monies

Proposed Timescale: 01/06/2015

Theme:

Governance, Leadership and Management

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

The fees for additional services, such as hair-dressing and chiropody, were not outlined in detail in the contract of care.

Action Required:

Under Regulation 24(2)(b) 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 fees, if any, to be charged for such services.

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

The contract of care will be changed to include costs charged for hairdressing and chiropody.

Proposed Timescale: 30/05/2015

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:

Due to the system in place for filing the operating policies and procedures listed in Schedule 5 of the regulations it was not possible to ascertain if all policies and procedures were available or regularly reviewed.

Action Required:

Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

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

A review of the filing system will be undertaken to make the policies more accessible for inspectors and staff.

Proposed Timescale: 30/11/2015

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:

Improvements were required in relation the use of restraint in areas such as:

- exploration of alternatives to restraint
- consent for the use of restraint
- assessments of the risk posed by the use of restraint in individual residents

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:

A review of the restraint used in St. Joseph's Community Hospital will be undertaken

Proposed Timescale: 30/06/2015

Theme:

Safe care and support

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

Not all staff had up-to-date training on the prevention, detection and response to abuse.

Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Remaining staff will receive training on the prevention, detection and response to abuse.

Proposed Timescale: 30/09/2015

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 risk management policy did not address all the items set out in Regulation 26(1) specifically to control abuse, the unexplained absence of any resident, aggression and violence, and self-harm.

Action Required:

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

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

The risk management policy will include the measures and actions in place to control abuse,.

Proposed Timescale: 30/06/2015

Theme:

Safe care and support

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

The risk management policy did not address all the items set out in Regulation 26(1) specifically to control abuse, the unexplained absence of any resident, aggression and violence, and self-harm.

Action Required:

Under Regulation 26(1)(c)(ii) 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 unexplained absence of any resident.

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

The risk management policy will include the measures and actions in place to control the unexplained absence of any resident.

Proposed Timescale: 30/06/2015

Theme:

Safe care and support

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

The risk management policy did not address all the items set out in Regulation 26(1) specifically to control abuse, the unexplained absence of any resident, aggression and violence, and self-harm.

Action Required:

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

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

The risk management policy will be updated to include the measures and actions in place to control aggression and violence

Proposed Timescale: 30/06/2015

Theme:

Safe care and support

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

The risk management policy did not address all the items set out in Regulation 26(1) specifically to control abuse, the unexplained absence of any resident, aggression and violence, and 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 risk management policy will be updated to include the measures and actions in place to control self harm

Proposed Timescale: 30/06/2015

Theme:

Safe care and support

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

There was no plan in place for responding to emergencies or major incidents likely to cause death or serious injury, disruption to essential services or damage to property, as required by the Regulations.

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:

There will be a plan in place to respond to major incidents likely to cause death or injury, serious disruption to essential services or damage to property

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

A risk register was in place but it was out of date and inspectors noted risks to residents which had not been assessed. For example:

- there was a stair guard in place which had not been risk assessed and was found to be open regularly on the days of inspection
- residents access to an unsecured outside patio area had not been risk assessed
- electric heaters that posed a burn or falls risk to residents had not been risk assessed
- exposed piping in the residents shower/toilet areas which posed a trip hazard had not been risk assessed
- latex gloves were not stored in secure areas in the centre.

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 risk management policy will include hazard identification and assessment of risks throughout the hospital.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

However, inspectors observed a number of issues that potentially compromised the prevention of cross contamination in the centre. For example:

- wall tiles in the resident shower/toilet areas were in a state of disrepair
- bins for the safe disposal of used paper towels were not in place under all sinks
- a hand-washing sink in one sluice room was obstructed by chairs
- the second sluice room was visibly damp and tiles were damaged
- a cleaning trolley and floor vacuum were stored in the bathroom
- an open drain with green residue was present in the laundry.

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:

Discussions are taking place between management and maintenance to get this work completed.

Proposed Timescale: 31/07/2015

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 processes in place for the storage and disposal of medications were not safe. There was an excess supply of medications which were dispensed for residents and no longer required in the medication storage press. A bottle of liquid medication did not have an

opening date or expiry date recorded on the label. Several creams which were open did not have an opening date recorded on them.

Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

Education of all staff of the local medication management policy regarding the disposal of drugs no longer needed by the patient, discontinued, out of date etc. Such drugs are returned to pharmacy for destruction

Education on all staff will take place to highlight the need for dating of creams and liquids on opening.

Proposed Timescale: 30/06/2015

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

The Chief Inspector was not notified of the unexpected death of a resident.

Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

This notification has been submitted.

Proposed Timescale: 31/03/2015

Theme:

Safe care and support

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

Notifications were not submitted at the end of each quarter as required.

Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

Quarterly notifications will be submitted in a timely manner

Proposed Timescale: 30th April 2015, 31st July 2015

Proposed Timescale: 31/07/2015

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:

Some improvements were required in relation to care plans as they did not always address issues identified on assessment such as the care of residents with diabetes or at risk of developing pressure sores. Some care plans did not always incorporate the advice received from allied health services, such as speech and language therapy, following review.

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:

An audit of all the care plans will be conducted and education of staff on effective care planning will take place. Care plans will be completed based on the assessment referred to in Regulation 5(2) no later than 48 hours after admission.

Proposed Timescale: 31/07/2015

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:

Overall, in relation to the premises the inspectors found a number of deficits, including:

- there was unsuitable bedroom accommodation for residents

<ul style="list-style-type: none"> • there was inadequate communal space for residents • there was inadequate sanitary facilities • there was inadequate space for residents to store personal belongings • there were inadequate sluicing facilities • there was inadequate storage space for equipment • the premises was not in a good state of repair. <p>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.</p> <p>Please state the actions you have taken or are planning to take: The response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.</p>
--

Proposed Timescale:

Outcome 13: Complaints procedures

<p>Theme: Person-centred care and support</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: The complaints process on display was not in an accessible format.</p> <p>Action Required: Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.</p> <p>Please state the actions you have taken or are planning to take: The complaints process on display will be changed to incorporate the name and contact details of the person responsible for managing complaints & will include the appeals procedure.</p>
--

Proposed Timescale: 30/06/2015

<p>Theme: Person-centred care and support</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: While the complaints reviewed by the inspector were addressed in a timely manner, there was no record on some recorded complaints on whether or not the complainant was satisfied with the outcome.</p>

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 officer will review all complaints three monthly to ensure they are resolved satisfactorily & will include the outcome of the complaint and whether or not the resident was satisfied.

Proposed Timescale: 30/09/2015

Theme:

Person-centred care and support

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

Measures to improve practice in response to complaints were not observed. For example, there were numerous complaints regarding residents clothing being mixed up on return from the laundry but when inspectors asked staff, no actions taken to resolve this issue were outlined.

Action Required:

Under Regulation 34(1)(h) you are required to: Put in place any measures required for improvement in response to a complaint.

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

A comprehensive review of the laundry procedure will be undertaken to ascertain as to why clothing is going missing.

Proposed Timescale: 30/09/2015

Theme:

Person-centred care and support

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

The complaints process on display did not provide the name or contact details of the person responsible for managing complaints.

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 complaints process on display will be changed to incorporate the name or contact details of the person responsible for managing complaints.

Proposed Timescale: 31/05/2015

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:

The accommodation provided at the centre was not always appropriate for end of life care.

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 admission policy is currently under review to ensure appropriate accommodation will be available for all residents at end of life care.

Proposed Timescale: 30/05/2015

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:

Due to the poor design and layout of the centre, residents could not undertake personal activities in private.

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 response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Theme:

Person-centred care and support

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

There was evidence of consultation with residents through regular residents' meetings that were facilitated by an external organisation, however, there was no associated action plan to identify what actions were taken in response to issues raised at the meetings

Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

The person in charge will develop an action plan to response to any issues raised at the residents meetings.

Proposed Timescale: 30/06/2015

Theme:

Person-centred care and support

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

Visiting times were restricted.

Action Required:

Under Regulation 11(2)(a) you are required to: Ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident, or the resident concerned has requested the restriction of visits.

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

Visiting times on display were changed to allow open visiting except during meal times unless the visitor is well known to the resident and the resident wishes to have the person present

Proposed Timescale: 30/03/2015

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:

There were regular issues regarding residents' clothes going missing on return from the laundry.

Action Required:

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

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

A comprehensive review of the laundry will be undertaken

Proposed Timescale: 30/06/2015

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 inadequate storage space for residents' clothes and personal possessions. Residents lockers were often not located beside their bed. There was no hanging space for clothes in the residents' clothes storage press and these presses were not accessible for residents as they were not located near the residents bed.

Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

We are currently reviewing available space with a view to doing some renovations to increase space available for resident's belongings until the new building is complete.

Proposed Timescale: 30/09/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Not ensuring that at all times there were adequate numbers and skill mix of staff to meet the needs of residents and in particular between the hours of 20:00 to 08:00.

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:

A 2nd nurse will work until 8.00pm instead of finishing at 7.00pm. A full review of the staffing on night duty will take place.

Proposed Timescale: 30/09/2015

Theme:

Workforce

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

Not all staff had up-to-date training in adult protection and fire safety.

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:

Education will be provided for staff on elder abuse in August/September 2015

Additional Fire safety training took place 18th March 2015 on use of the fire extinguishers.

Proposed Timescale: 30/09/2015

Theme:

Workforce

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

There was an inadequate system of staff supervision to support performance management.

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:

An adequate system of staff supervision is now in place supported by regular staff performance review meetings, when required.

Proposed Timescale: 31/03/2015