

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	New Ross Community Hospital
Centre ID:	OSV-0000602
Centre address:	Hospital Road, New Ross, Wexford.
Telephone number:	051 421 305
Email address:	don@newrosscommunityhospital.com
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	New Ross Community Hospital Limited
Provider Nominee:	Mark Walsh
Lead inspector:	Caroline Connelly
Support inspector(s):	Paul Dunbar
Type of inspection	Unannounced
Number of residents on the date of inspection:	32
Number of vacancies on the date of inspection:	3

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 June 2015 10:00 To: 03 June 2015 16:30

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

Outcome 02: Governance and Management
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 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report set out the findings of an unannounced follow up inspection in New Ross Community Hospital which took place on the 3 June 2015 by the Health Information and Quality Authority's Regulation Directorate. The provider had applied for renewal of their registration and the registration inspection took place over two days on the 25 and 26 February 2015.

The follow up inspection took place to inspect against the actions from the previous inspection. As part of the inspection the inspectors met with the provider, the assistant director of nursing (ADON), the administrative assistant, residents, nurses, care staff and numerous other staff members. The person in charge was on leave and the ADON was covering for her absence. The inspectors followed up on actions from the previous inspection, observed practices and reviewed documentation such as care plans, medical records, accident logs and policies and procedures.

There were a large number of non compliances identified on the previous inspection. There were major non compliances identified in four outcomes, moderate non compliance in six outcomes and one outcome was substantially compliant. On the follow up inspection the inspectors found that out of the 11 non compliant outcomes,

only one was compliant, one was substantially compliant, there were six moderate non compliant and there remained three major non compliance outcomes. Overall, the inspectors found that the premises continued to pose numerous challenges in the provision of care due to the lack of private and communal space and facilities for residents. The majority of residents were accommodated in multi-bedded rooms and there was a lack of general storage for personal property and possessions. The provider had not submitted plans in relation to alterations to the building as required by the Authority to ensure compliance with the regulations and the standards.

Due to the high level of continual non compliances found at the follow up inspection, the provider and person in charge were called to a meeting in the Authority's office on the 08 June 2015 to outline concerns regarding the findings of the inspections and the potential consequences of continued non compliance.

There continued to be numerous improvements required and these are described under each outcome statement and are set out in detail in the action plan at the end of this report. A response to this inspection is required within five working days of receipt of the report. Improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centers 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 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection inspectors identified that there was no evidence of the audit of data in relation to accidents, incidents and falls to identify patterns and establish trends and identify areas requiring improvement to ensure quality and safety of systems and care. There were some systems in place to assess the quality of life and safety of care but the person in charge acknowledged that these were at an early stage and required further development to support appropriate and corrective action being taken in response to clinical audit. On the follow up inspection there was no evidence available to show that any of this action had been addressed and therefore this outcome remained non compliant.

There was also no evidence of an annual quality review of the quality and safety of care delivered to residents in the centre as required by legislation.

Due to the number of continual non compliances the inspectors were not satisfied that there was a clearly defined management structure that identified the lines of authority and accountability, specifies roles, and detailed responsibilities for all areas of service provision. There was evidence that there was not appropriate delegation of managerial tasks and the ADON was not facilitated to be fully involved in the ongoing management of the centre.

Judgment:

Non Compliant - Major

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):

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

Findings:

On the previous inspection Inspectors found that although required records were present, the records reviewed were not all maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as records tending to be between various offices and the most up to date version of a document were not always to hand and this could lead to errors. On this inspection the person in charge was not present and although most records were available the staff had difficulty locating a number of records.

Judgment:

Substantially 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):

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

Findings:

The previous inspection by the Authority found that there were shortcomings in relation to record-keeping of residents' finances. Inspectors reviewed a sample of residents' financial records and found two discrepancies. The first related to a record keeping error where a resident's current balance had not been updated to reflect recent transactions. The second discrepancy was a shortfall in a resident's wallet compared to their documented balance. Staff were able to locate the missing money during the course of the inspection. However, the inspectors were not satisfied that the system in place to safeguard residents' finances was sufficiently robust and this required immediate review.

The centre was required to ensure that all staff had received training in elder abuse subsequent to a previous inspection by the Authority. The time-scale outlined by the provider for completion of this training was 22 April 2015. Inspectors found that this deadline had not been met. Staff advised that training was scheduled in an upcoming off-duty roster. However, staff were not able to produce this roster in order to confirm that the training was scheduled. This action remained non compliant.

On the previous inspection the inspectors identified issues with restraint assessments and the restraint registrar on this inspection improvements were seen in the assessments for restraint and in the completion of the restraint registrar.

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):

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

Findings:

Inspectors were not satisfied that all of the non compliances found on the previous inspection had been satisfactorily rectified. On the previous inspection, it was noted that there were wooden chairs in use in bathrooms. The chairs presented an infection control risk as they were of a design and style that could not be easily cleaned. On this inspection although some chairs had been replaced Inspectors found wooden chairs remained in use in two of the bathrooms in the centre.

The incident report form was found to be unsatisfactory on the last inspection as it did not include a review to state how to prevent recurrence of the incident. The provider had committed to devising a new template which was to be in place by 20 April 2015. The new template was available for inspectors to review. However, it was found that none of the recent incidents recorded used the new template. This action remained non-compliant.

Inspectors found a deficit in the number of staff with up-to-date fire training on the previous inspection. The provider had committed to having all staff trained in fire safety by 30 April 2015. Staff advised that fire training had taken place on 19 May 2015. However, there were still five staff who had not received training. This action remained non-compliant. The emergency lighting in the centre had been serviced and checked by a suitably qualified technician on 26 March 2015 and this action was now compliant. Inspectors also found that fire doors and exits were clear and unobstructed. The staff

member assigned the duty of overseeing fire safety was carrying out daily checks of exits and emergency lighting and this action was now also compliant.

On the previous inspection the laundry service was found to be non-compliant in terms of infection control. Segregation of dirty and clean items was inadequate and staff were also using the laundry room to bring rubbish to waste containers outside. Inspectors spoke with staff that were clear on the segregation of dirty and clean laundry items. However, staff advised that rubbish continued to be brought through the laundry room. This was previously identified as an infection control risk and was again found to be non-compliant.

The provider had reviewed and risk assessed the practice of blood samples being deposited in the centre by general practitioners and patients from the community for delivery to an acute hospital. The inspectors saw letters sent out to all GP practices and saw that samples were now only delivered in bulk once a day and stored safely in a refrigerator. The ADON said they were keeping this under review and the inspectors were satisfied that safeguards were in place.

On the previous inspection there was an issue with staff not following a care plan for a resident with an infectious disease on this inspection there were no residents identified as suffering from infectious diseases.

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:

On the previous inspection there were a number of medication management practices that required review to be in compliance with professional guidelines and legislative requirements. On this inspection two of these areas continued to remain unchanged despite a response to the action saying they had been rectified. From a review of the medication charts sampled it was identified that :

- nurses were not following professional guidance in relation to transcriptions of prescriptions
- medications to be crushed were not individually prescribed by the general practitioner (GP)

Judgment:

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:

On all previous inspections there were a number of areas where the premises did not meet the requirements of schedule 6 which included a lack of private space, a lack of storage space for residents' use, a lack of private space for visiting and a lack of storage space for equipment. A costed and time bound plan was to be submitted to the Authority in relation to renovations to the premises but this had not been received to date.

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):

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

Findings:

Inspectors found that the handling of complaints was not compliant with the regulations on the previous inspection. While improvements were evident in the documentation there were some elements of the action which had not been satisfactorily implemented.

The centre maintained a complaints record. There had been three complaints documented since the last inspection by the Authority. The person in charge, as the

complaints officer, had satisfactorily documented the complaints and the actions taken to resolve them. However, there was no recording of whether or not the complainant was satisfied with the outcome. The provider advised the inspectors that one complaint from a resident's relative had been referred to an independent person to investigate and a full review was due. However, there was no record of this in the complaints book. This action remained non compliant.

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:

At the previous inspection it was identified that the centre did not have designated single rooms for residents at end of life. On this inspection there was no resident at end stage of life and there was currently a single room vacant. Therefore it was not an issue on this inspection but it required careful consideration by the provider and person in charge.

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:

On the previous inspection it was identified that the size and layout of the multi

occupancy rooms meant that there was very little space between some of the residents' beds. Residents were unable to undertake personal activities in private. On this inspection the inspectors noted that one bed had been removed from the nine bedded male dormitory and although this facilitated a little more space in the room the issues identified remained unchanged and the centre remained non compliant.

On the previous inspections it was identified that there was not private space available for visiting in the centre. The person in charge said that they were going to convert the smoking room into a sitting/visiting room and provide an alternative area for the two residents that smoked. Despite agreeing that this would happen immediately following the inspection the inspectors found that this had not happened to date and the sitting room remained a smoking room and a strong smell of smoke was in the corridor in the vicinity of the smoking room. The activities co-ordinator also reported activity sessions being interrupted by visitors as there was no alternative visiting area.

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):

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

Findings:

On previous inspections it was identified that residents did not have adequate space to store their clothing and personal possessions. On this inspection despite efforts to send residents clothing home it was seen by the inspectors that this remained an issue for residents and the centre remained non compliant.

On the previous inspection there were issues with clients clothing going missing, on this inspection it was seen by the inspectors and confirmed by the laundry staff that all clothing was now fully marked which assisted in the prevention of clothing going missing.

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:

On the previous inspection the inspectors found that the staffing levels were not adequate to ensure the nurse administered the medications safely without interruption and to ensure residents had a choice in bedtimes. This had also been identified by residents and relatives who were not satisfied with the evening staffing levels. On this inspection the staff informed the inspectors that some changes to rosters had taken place such as one member of staff working nine to nine instead of eight to eight but it was reported that staff did not like the changed hours so they had reverted to eight to eight shifts. Therefore the situation remains the same and the centre remains non compliant.

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:

Caroline Connelly
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:	New Ross Community Hospital
Centre ID:	OSV-0000602
Date of inspection:	03/06/2015
Date of response:	15/06/2015

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 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 evidence of an annual review of the quality and safety of care delivered to residents

Action Required:

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

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

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

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

A template has been developed for annual review and data will be compiled over the coming weeks. It will be presented to the Board of Directors at the September 2015 meeting.

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 no evidence of the audit of data in relation to accidents, incidents and falls to identify patterns and establish trends and identify areas requiring improvement to ensure quality and safety of systems and care.

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:

2014 data will be completed in line with the annual review and presented to the Board of Directors at its meeting in September 2015. The trending of accidents and incidents and falls will be conducted each month.

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:

Due to the number of continual non compliances the inspectors were not satisfied that there was a clearly defined management structure that identified the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision. There was evidence that there was not appropriate delegation of managerial tasks and the ADON was not facilitated to be fully involved in the ongoing management of the centre.

Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The allocated hours for the ADON, with immediate effect, will be undisturbed time for the ADON to be fully involved in the management of the centre.

Proposed Timescale: 15/06/2015

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:

Although most records were available the staff had difficulty locating a number of records.

Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

The document filing system has undergone a significant upgrade in the last 12 months. All the required records are maintained in a safe and accessible manner.

Proposed Timescale: 15/06/2015

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:

Not all staff had received training in elder 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:

Training took place on 11th June 2015 and facilitated 9 staff. The remaining staff will receive training in elder abuse on 19th June 2015.

Proposed Timescale: 19/06/2015

Theme:

Safe care and support

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

The systems in place to manage residents' finances were inadequate.

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:

Staff were informed on 10th June 2015 that failure to comply with our procedures in relation to Regulation 08(1) regarding residents' finances will result in disciplinary action.

Proposed Timescale: 15/06/2015

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 incident report form did not include a review to state how to prevent recurrence.

Action Required:

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

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

All previous versions of incidents forms have been disposed of. The current incident form provides for statement regarding prevention of re-occurrence.

Proposed Timescale: 15/06/2015

Theme:

Safe care and support

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

Wooden chairs were in use in bathrooms and presented an infection control risk.

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:

Wooden chairs have been removed and disposed of. Staff training on infection control under Regulation 27 will be conducted in July 2015.

Proposed Timescale: 31/07/2015

Theme:

Safe care and support

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

The laundry room continued to be used as a route to bring rubbish to waste containers outside the centre.

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:

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.

Proposed Timescale: 31/07/2015

Theme:

Safe care and support

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

Not all staff had received fire safety training.

Action Required:

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

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

Remaining staff will have completed the fire safety training by the proposed timescale in accordance with Regulation 28(1)(d) by the date previously indicated.

Proposed Timescale: 18/06/2015

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:

A number of medication management practices required review to be in compliance

with professional guidelines and legislative requirements.

- nurses were not following professional guidance in relation to transcriptions of prescriptions
- medications to be crushed were not individually prescribed 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 medication chart has been modified and it adheres to professional guidelines. Medications requiring crushing will be prescribed by the GP and same will be stated on the chart.

Proposed Timescale: 15/06/2015

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:

On all previous inspections there were a number of areas where the premises did not meet the requirements of schedule 6 which included a lack of private space, a lack of storage space for residents' use, a lack of private space for visiting and a lack of storage space for equipment. A costed and time bound plan was to be submitted to the Authority in relation to renovations to the premises but this had not been received to date.

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 time and cost bound plan was presented to HIQA on 8th June 2015. The hard copy accompanies this report. Regulation 17(2) and matters set out in the Schedule thereto are addressed in the submissions made.

Proposed Timescale: 12/06/2015

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:

The documenting of complaints was inadequate and there was no recording of whether the complainant was satisfied with the outcome. The provider advised the inspectors that one complaint from a resident's relative had been referred to an independent person to investigate and a full review was due. However, there was no record of this in the complaints book.

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 record of the complaint has been returned in the file (copy attached). Follow up section amended to include confirmation of complaint outcome in accordance with Regulation 34(1) (f).

Proposed Timescale: 19/06/2015

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:

The size and layout of the multi occupancy rooms meant that there was very little space between some of the residents' beds. Residents were unable to 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:

Under Outcome 12/Future Development Works Regulation 09(3)(b) will be complied with and this action will be met.

Proposed Timescale: 31/10/2016

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 not private space available for visiting in the centre.

Action Required:

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

This was scheduled to be completed by 30th June 2015; this remains the schedule.

Proposed Timescale: 30/06/2015

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

The inspectors found that these staffing levels were not adequate to ensure the nurse administered the medications safely without interruption and to ensure residents had a choice in bedtimes.

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:

Staffing levels have been reviewed and found to be in accordance with guidelines. The previous rostering shift of 9am to 9pm has been restored to meet the needs identified by HIQA.

Proposed Timescale: 15/06/2015