<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Fermoy Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000560</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Tallow Road, Fermoy, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>025 31 300</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:patrick.ryan1@hse.ie">patrick.ryan1@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Patrick Ryan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>John Greaney;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>63</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>9</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, 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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>23 June 2015 09:00</td>
<td>23 June 2015 17:00</td>
</tr>
<tr>
<td>24 June 2015 08:30</td>
<td>24 June 2015 16:30</td>
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</table>

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

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

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspectors met with residents, relatives, and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspectors found that the recently appointed person in charge demonstrated a high level of commitment to meeting the requirements of the Health Act 2007 (Care
and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Following a recent review of the quality and safety of care in the centre she had identified and prioritised a number of improvement initiatives such as care planning, skill mix/rosters/role clarification, food safety management systems, complaints management, elder abuse, restraint management and falls management.

There was evidence of good practice in some areas. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

On the day of inspection, the inspectors were satisfied that the residents' nursing and healthcare needs were being met. The inspectors observed sufficient staff on duty during the inspection. Improvements were required regarding accessing physiotherapy for long stay residents, nursing documentation and providing meaningful activities for all residents.

However, inspectors had concerns that the design and layout of parts of the building did not meet with the needs of residents or comply with the requirements of Regulations and Standards including inadequate dining space, inadequate storage space for equipment, some bedrooms unsuitable for use and other multi occupancy bedrooms. There was no plan in place to address these issues.

Inspectors noted that improvements were also required in risk management, restraint management and complaints management.

All areas for improvement are contained in the Action Plan at the end of this report.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector reviewed the statement of purpose dated December 2014 which was submitted with the application to renew registration. The statement of purpose required updating to reflect the recent changes in the person in charge and to include arrangements in place for the management of the centre in the absence of the person in charge.

Judgment:
Substantially Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors were satisfied that there was a full time person in charge with the appropriate experience and qualifications for the role. Deputising arrangements were in place in the absence of the person in charge. There was an on call out of hours system.
The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included an assistant director of nursing and the designated person to act on behalf of the provider. The management team met regularly. The person in charge told the inspectors that she felt well supported in her role that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

Systems were in place to review the safety and quality of care. The management team had carried out a recent review of the quality and safety of care in the centre and had identified and prioritised a number of improvement initiatives such care planning, skill mix/rosters/role clarification, food safety management systems, complaints management, elder abuse, restraint management and falls management. Recent audits had been completed in areas such as blood glucose monitoring, care plans, insulin administration, medication management, hand hygiene and mattresses. The person in charge had commenced the review of incidents and falls and told inspectors that she was in the process of improving the audit tools to ensure better learning and improvement to practice.

The person in charge carried out monthly reviews of areas such as dependency levels, restraint, psychotropic medications, night sedation, antibiotic therapy, incontinence, urinary catheters and wounds. She stated that she used this information to assist her prioritise quality improvement initiatives relating to resident care and also to see if improvements were taking place.

The management team told inspectors that it was planned to set up a quality and safety committee in September 2015.

Judgment:
Compliant

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 inspectors reviewed the resident's guide which was available to residents in the
centre. However, the guide required updating in order to fully comply with the Regulations. The terms and conditions relating to residence in the centre were not included.

Contracts of care were in place for all residents. The inspector reviewed a sample of contracts of care. They included the fees to be charged, the services to be provided and details of additional charges were set out.

**Judgment:**
Substantially Compliant

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**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 a registered nurse with the required experience in the area of nursing older people. She was recently appointed and had been in the post since April 2015. She worked full time and was on call at weekends and out of hours.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development having previously undertaken a Certificate and Diploma and recently completed a Masters Degree in Healthcare Management.

The person in charge was actively engaged in the governance of the service and accepted responsibility and accountability for its governance, operational management and administration. Suitable governance arrangements were in place in the absence of the person in charge. The assistant director of nursing (a/DoN) deputised in the absence of the person in charge. There was always a clinical nurse manager or senior staff nurse on duty to supervise the delivery of care.

The inspectors observed that the person in charge was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

**Judgment:**
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 noted that most records as required by the Regulations were maintained in the centre however, some staffing files reviewed did not fully comply with the requirements of the Regulations.

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner.

All policies as required by Schedule 5 of the Regulations were available.

Systems were in place to review and update policies. Staff spoken with were knowledgeable of policies. Policies were centre specific and reflected in practice.

The inspectors reviewed the register of residents which was found to be complete and in compliance with the Regulations.

The inspectors reviewed a sample of staff files however, they did not contain all of the information as required by the Regulations such as two written references, full employment history and Garda vetting.

Judgment:
Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.
### Theme: Governance, Leadership and Management

#### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

#### Findings:
The person in charge and management team were aware of the requirement to notify the Chief Inspector of the absence of the person in charge. The provider had notified the Chief Inspector of the absence of the person in charge in the past.

#### Judgment:
Compliant

### Outcome 07: Safeguarding and Safety

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

### Theme: Safe care and support

#### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

#### Findings:
The inspectors found that while measures were in place to protect residents from being harmed or abused however, improvements were required to restraint management.

The inspectors reviewed the comprehensive policy on safeguarding vulnerable persons from at risk from abuse dated 2015. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area. However, training records reviewed indicated that all staff did not have up to date training. The person in charge told inspectors that refresher training was scheduled for 29 June 2015.

The inspectors were satisfied that residents' finances were managed in a clear and transparent manner. There was a policy in place on the management of residents' personal property. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two staff members.

Inspectors reviewed the policy on responding to adults who display behaviour that challenges. The policy outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The person in
charge told the inspectors that there were no residents at present who presented with behaviours that challenged.

The inspectors reviewed the policy on restraint and noted that it required updating to fully reflect the national policy 'Towards a restraint free environment'. Inspectors noted that risk assessments in use were not in line with national policy. While risk assessments had been completed for all residents using bedrails however, the assessments were not informative and there was no clear rational outlined for using restraint measures. There were no care plans in place to guide practice when restraint measures were in place. In addition, staff spoken with were unclear regarding the definition of physical restraint and told inspectors that they had not received training in restraint management or the implementation of the national policy.

The inspectors observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and appeared happy in the company of staff. Residents spoken with told the inspector that they were happy and felt safe living in the centre.

Judgment:
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
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</table>

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
While the provider had some systems in place to protect the health and safety of residents, staff and visitors however, some improvements were required in relation to risk management.

There was a health and safety statement available. The inspectors reviewed the recently updated risk register however, all risks specifically mentioned in the Regulations such as accidental injury, aggression and violence were not set out.

There was an established health and safety group represented by all grades of staff who met on a quarterly basis to discuss risks and health and safety issues. Some staff had completed training as health and safety representatives.

During the inspection the inspectors noted a number of risks that had not been identified or included in the risk register including:
- the doors to sluice rooms used to store clinical waste and cleaning agents were
unlocked which posed a risk to residents and visitors.
- the doors to cleaning stores and cupboards used for storing cleaning chemicals were unsecured and open posing a potential risk to residents and visitors.
- the doors to unattended kitchenettes were left open posing a risk to residents and visitors.
- there were no window restrictors provided to a number of windows posing a potential hazard to residents.
- there was access through an open door to the external grounds via an open sluice room door which posed a potential hazard to residents.
- there was a defective/loose grab rail adjacent to a toilet in one of the residents bathrooms.

There was a recently update site-specific emergency policy in place however, it did not include guidance for staff in the event of evacuation of the centre or include arrangements for alternative accommodation in the event of the building having to be evacuated.

Training records reviewed indicated that all staff members had received training in moving and handling. Staff spoken to confirmed that they had received training. Refresher training was scheduled for September and October 2015.

The inspectors reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in March 2015 and the fire alarm was serviced on a quarterly basis. The last fire alarm service took place on 25 March 2015. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. The last fire drill took place on the 28 April 2015 and drills were planned to take place three times a year. Staff spoken to told the inspector that they had received fire safety training. However, training records reviewed indicated that some staff did not have up to date fire safety training. The person in charge confirmed that fire training was scheduled for those staff members the day following the inspection.

The inspectors reviewed the incident/accident report logs and found details of all incidents were recorded. A Clinical Nurse Manager (CNM) and the person in charge reviewed all incidents and discussed action plans with staff. A copy of incident reports were kept on residents files. Incidents and falls were reviewed by the person in charge on a quarterly basis. The person in charge and the aDoN were scheduled to attend serious incident management systems training in July 2015.

The inspectors noted that infection control practices were robust. There were comprehensive infection control policies in place relating to infection prevention and control. The inspectors spoke with cleaning staff who were knowledgeable regarding infection control procedures. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. All staff had received training in infection control and hand washing techniques. Recent audits reviewed by the inspector indicated good compliance.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
The inspectors noted that the policies and procedures for medication management were generally robust.

The inspectors reviewed the medication management policy which was found to be comprehensive, and gave detailed, clear guidance on areas such as administration, prescribing, storage, disposal, crushing, "as required" (PRN) medications, medications requiring strict controls and medication errors.

Inspectors spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management.

Inspectors reviewed a sample of medication prescribing and administration sheets. All medications were regularly reviewed by the general practitioners (GP).

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for recording of medication errors and the return of medications to the pharmacy and nursing staff were familiar with them.

Regular medication management audits were carried out in house. Inspectors noted that there was an action plan in place following the last audit however, it did not identify the name of the person responsible for pursuing the actions or ensuring the actions were addressed and it did not include a time frame for completing the actions. One of the actions was 'ongoing medication management training' however, no recent training had taken place.

There were large stocks of medications stored unnecessarily in the centre. Medications were ordered from the HSE pharmacist and stored in stock cupboards/pharmacy room which were then dispensed to the medication trolleys. However, inspectors observed that there was no stock list maintained and some stock was near to its expiration date.
There were no systems in place to record and monitor this stock. The provider nominee advised inspectors that they were currently reviewing the system of ordering medications with a view to ordering only one months supply of medications for each resident.

| 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):**

No actions were required from the previous inspection.

| Findings: | The person in charge and management staff were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge. |

| Judgment: | Compliant |

**Outcome 11: Health and Social Care Needs**

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

| Theme: | Effective care and support |

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

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

| Findings: | The inspectors found that while residents’ overall healthcare needs were met and they had access to appropriate medical and some allied healthcare services however, improvements were required to accessing physiotherapy for long stay residents, nursing |
documentation and providing each resident with opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to general practitioner (GP) services. There was an out-of-hours GP service available. The inspectors reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A range of other services were available including speech and language therapy (SALT), occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspectors reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes. Physiotherapy was available for one and half hours per week for respite residents, however, there was no physiotherapy available to long stay residents. The person in charge told inspectors that she was in the process of putting a business plan together in consultation with the geriatrician to develop the physiotherapy service for long stay residents.

The inspectors reviewed a number of residents’ files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk and with specific medical conditions. Restraint management is discussed under outcome 7.

The inspectors found that there was a range of risk assessments completed including dependency, moving and handling, nutrition, risk of developing pressure ulcers and falls.

While nursing staff were clearly able to describe the care delivered however, this in many instances was not reflected in the nursing documentation.

The inspectors noted many inconsistencies in the documentation including:

- risk assessments were not always up to date
- care plans were not always up to date
- there were no care plans in place for some identified issues
- care plans in place were not always detailed or person centered
- care plans were not always updated following assessment by allied health professionals such as speech and language therapist (SALT)
- documentation was sometimes confusing for example, it was difficult in some cases to determine if bedrails were in use or not
- problem identification sheets in use were not up to date therefore it was difficult to determine if an issue had resolved or not
- social care needs assessments were not fully completed, residents life histories, interests, capabilities were not documented.

The person in charge told inspectors that care planning had been identified as a priority initiative following the recently completed review of the quality and safety of care. She advised that training for staff and care planning work shops were planned and due to be held shortly.

Judgment:
Non Compliant - Moderate
**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

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

**Findings:**
The centre comprises three units 'Cuisle' (30 beds), 'Dochas' (30 beds) and 'Sonas' (12 beds). It was generally well maintained clean and comfortable. There was a variety of communal day spaces that were appropriately furnished and comfortable. However, inspectors had concerns that the design and layout of parts of the building did not meet with the needs of residents or comply with the requirements of the Regulations and Standards.

There was inadequate dining space for residents. The dining room in 'Dochas' a 30 bed unit had dining spaces for 12 residents. The dining room in 'Cuisle' a 30 bed unit had dining spaces for 8 residents.

There was inadequate facilities and space for storage of equipment. Equipment was stored inappropriately in several areas of the centre including corridors, bathrooms, shower and sluice rooms.

A number of bedrooms in 'Sonas' unit did not meet the needs of residents. The three bed room to the left of the entrance/nurses station was unsuitable for use as a bedroom due to its lack of natural ventilation/lighting and the design compromised residents privacy and dignity. There was no openable window to the external air. The room was dark due to limited natural lighting (one internal opaque glass window between it and another communal seating area). Residents could not see outside from this room. Residents confirmed that artificial lighting was required in the room throughout the day. The walls between the bedroom and the adjoining communal seating area did not extend fully to the ceiling and there was no door provided. This impinged on the privacy and dignity of residents using this room.

The design of the three bed room to the right of the nurses station did not meet the needs of residents. The walls between the bedroom and the adjoining nurses station/reception area and corridor did not extend fully to the ceiling and there was no door provided to the room. This impinged on the privacy and dignity of residents using...
this room.

The area used for the 'observation bed' was unsuitable for use as a bedroom. The bed was located in an area adjacent to the nurses station, the area was an open thoroughfare used by residents, visitors and staff to access other bedrooms and facilities. This impinged on the privacy and dignity of the resident using this room.

There was a further four bedded room in 'Sonas', three (four bedded rooms) in 'Dochas' and two (four bedded rooms) in 'Cuisle'. These multi occupancy rooms were not in compliance with the Standards and impinged upon the privacy and dignity of residents residing in these bedrooms.

Inspectors noted that some internal courtyards were poorly maintained, unattractive and unsuitable for residents use. The garden furniture in one of the courtyards in 'Cuisle' was defective and weather beaten. There were some large gaps noted around some external doors. The wall surfaces to some bathrooms were worn and defective.

There was appropriate assistive equipment provided to meet the needs of residents, specialised beds, hoists, specialised mattresses and transit wheelchairs. The inspectors viewed the maintenance and servicing contracts and found the records were up-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):
No actions were required from the previous inspection.

Findings:
The inspectors found that improvements were required to complaints management.

Inspectors reviewed the complaints policy and noted that it required updating in order to reflect the requirements of the Regulations.
The policy did not clearly set out the details of the nominated complaints officer, appeals procedure and the nominated person to oversee complaints and to ensure that all complaints were appropriately responded to and records maintained.

Inspectors noted that while the HSE generic complaints procedure 'Your service your say' was displayed however, the details of the local complaints procedure were not.
Inspectors were informed that complaints were logged in each unit, however, there were no complaint logs in some units. Inspectors noted that some complaints were documented in residents notes.

Inspectors reviewed some complaints that were recorded and noted that there was no evidence that the complainant was listened to or action taken in response. There was no evidence that the complainant was satisfied or not with the outcome.

**Judgment:**  
Non Compliant - Moderate

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**Outcome 14: End of Life Care**  
*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspectors were satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre, however, some improvements were required in the care planning documentation. The action in relation to this non compliance is under Outcome 5 Documentation.

There was an end of life policy in place which guided practice. The inspectors reviewed some files of recently deceased residents and were satisfied that residents approaching end of life received a good standard of nursing and medical care. There was good access to palliative care services, there was evidence of review and referral of residents approaching end of life.

A number of staff had recently completed 'Train the trainer' in the use of syringe drivers. Many staff members had attended training on end of life care over the past number of years.

Families were accommodated to stay overnight and a visitor’s room was also available.

Inspectors noted that end of life care plans were not personalised and detailed to adequately direct care to be provided at end of life. The action in relation to this non compliance is under Outcome 11 Health and Social Care Needs.

**Judgment:**  
Compliant
**Outcome 15: Food and Nutrition**

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

**Theme:**
Person-centred care and support

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

**Findings:**
A comprehensive policy on food and nutrition was in place and all residents had been nutritionally assessed.

Residents were offered a varied and nutritious diet. Some residents required special diets or modified consistency diets and these needs were met. The quality and presentation of meals was of a high standard. Residents and relatives commended the quality of the food. Staff and residents confirmed that snacks and drinks were available throughout the day and night from the kitchen. The inspectors observed a variety of drinks available to residents and staff were observed to encourage residents to take drinks. An inspector spoke with the chef on duty who was knowledgeable regarding residents special diets, likes and dislikes. Systems were in place to ensure effective communication regarding residents diets to all staff. Staff spoken with were knowledgeable regarding varying consistencies and stated that they had received training in dysphagia and use of thickening agents.

The daily menu was displayed; choices were available at every meal. Residents confirmed that they were given a daily choice. A selection of home baking and homemade soups were offered daily.

As previously discussed under Outcome 12 Safe and Suitable Premises, there was inadequate dining space in two of the units, many of the residents had their meals at their bedside. The dining rooms in use were bright, homely and comfortable. Residents sat at round tables seating up to four; condiment sets, sauces and serviettes were provided. A choice of drinks was offered. Staff were observed to sit beside residents who required assistance with their meals while encouraging other residents to eat independently.

**Judgment:**
Compliant

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**Outcome 16: Residents’ Rights, Dignity and Consultation**

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

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors noted that the privacy and dignity of residents was respected by staff. Bedroom, bathroom doors and screening curtains were closed when personal care was being delivered.

Residents were treated with respect. The inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance and personal hygiene and were observed to be caring towards the residents. All residents spoken with were very complimentary of staff stating that they were all great and treated them with respect. Relatives spoken with told the inspector that staff were very caring and treated residents with respect.

Residents’ religious and political rights were facilitated. Mass was celebrated twice weekly in the church located on the grounds and weekly in the centre. The person in charge was in the process of setting up a link so that mass could be relayed from the church to residents in the centre. The person in charge told inspectors of arrangements in place for residents of different religious beliefs. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during recent elections.

Daily national and weekly local newspapers were available to residents on request. Some of the residents were observed reading. Residents had access to a telephone for use in private, some residents had their own personal mobile telephones.

Staff outlined to the inspector how links were maintained with the local community. The legion of Mary visited and facilitated a weekly bingo session and said the rosary with residents. The local ICA (Irish Countrywoman’s Association) visited and chatted with residents. Local musicians visited regularly and local school children visited during the year. Volunteers visited and were involved in the knitting group and providing a library service to residents. All residents were encouraged to attend family occasions and many went on family outings. One residents attended a day centre and had links with the local men’s shed.

Residents advocacy group meetings were held quarterly to which family members were invited to attend. A residents forum had recently been set up and was being facilitated by the nurse administrator. Minutes of the meetings were documented and there was
evidence that change had been brought about as a result of the meetings such as a new large clock provided to the main communal area, changes to meal times and new suggestion/comment boxes in place. Residents had requested that mass be celebrated twice weekly in the centre, the person in charge told inspectors how she was in the process of arranging this with the local priest.

Residents had access to independent advocacy services if required. One staff member was planning to attend advocacy training.

While inspectors noted that there were some activities taking place however, they were limited in scope. Many residents were noted sitting in their rooms with little or no meaningful activities taking place for them. Social care needs were discussed and actioned under Outcome 11 Health and Social Care Needs.

The person in charge told inspectors that they are planning to develop the role of the nurse administrator to ensure more meaningful and appropriate activities take place.

**Judgment:**
Compliant

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**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:**
There were no laundry facilities on site but arrangements were in place with a local launderette for laundering of residents' personal clothing. There was a charge for this service which was set out in the contract of care. Staff informed inspectors that most families took care of their own relative's laundry.

However, limited personal storage space was available in some multi occupancy bedrooms. The wardrobes in some rooms were inadequate as they were very small and some residents additional clothing was stored in store rooms.

**Judgment:**
Substantially Compliant

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**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme: Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors noted that there was an adequate ratio of staff to residents on duty throughout the day. On the day of inspection there were nine nurses and six multitask assistants (resident care) on duty during the daytime, five nurses and five multitask assistants on duty at night time. There was a CNM on duty in each unit during the day time, the person in charge and aDoN were normally also on duty Monday to Friday.

Some multi task assistants were also responsible for cleaning duties and advised inspectors that they often did not have sufficient time to fully complete cleaning tasks as residents care was always prioritised. The person in charge advised inspectors that there was on going negotiations with the HSE and employment unions in relation to developing a new roster.

The inspectors reviewed a sample of staff files and noted that they did not contain all of the information as required by the Regulations such as two written references, full employment history and Garda vetting. This action was included under Outcome 5.

Nursing registration numbers were available and up-to-date for all staff nurses. The person in charge advised inspectors that up to date Garda vetting was in process for all staff and inspectors noted that it had already been completed for many staff.

The inspectors reviewed the files of volunteers and noted that Garda vetting and two written references were in place, however, their roles and responsibilities were not set out in writing.

The management team were committed to providing ongoing training to staff. Training records indicated that staff had attended recent training in infection control, use of syringe driver, cardiac pulmonary resuscitation and dementia care. The person in charge had identified staff training needs and put a training plan in place for 2015. Training was scheduled to take place in care planning, falls prevention and management and food safety.

Judgment:
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:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
-provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Fermoy Community Hospital</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000560</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>23/06/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28/07/2015</td>
</tr>
</tbody>
</table>

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 required updating to reflect the recent changes in the person in charge and to include arrangements in place for the management of the centre in the absence of the person in charge.

Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 has been amended to reflect the recent changes in the person in charge and to include arrangements in place for the management of the centre in the absence of the person in charge

**Proposed Timescale:** 28/07/2015

### 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 terms and conditions relating to residence in the centre were not included in the residents guide.

**Action Required:**
Under Regulation 20(2)(b) you are required to: Prepare a guide in respect of the designated centre which includes the terms and conditions relating to residence in the centre.

**Please state the actions you have taken or are planning to take:**
The residents guide is currently being updated and a copy of a blank contract of care that includes the terms and conditions relating to residents in the centre, will be supplied concurrently.

**Proposed Timescale:** 04/09/2015

### 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:**
Some staff files did not contain all of the information as required by the Regulations such as two written references, full employment history and Garda vetting.

**Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.
Please state the actions you have taken or are planning to take:
Management have undertaken a review of all staff files. Identified gaps are currently being addressed and appropriate documentation sought to ensure compliance under Regulation 21(1)

Proposed Timescale: 31/10/2015

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:
The restraint policy required updating to fully reflect the national policy 'Towards a restraint free environment'. Risk assessments in use were not in line with national policy. There were no care plans in place to guide practice when restraint measures were in place. Staff had not received training in restraint management or the implementation of the national policy.

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

Please state the actions you have taken or are planning to take:
The Policy on Restraint is being reviewed and updated to fully reflect the national policy. Risk assessments for residents with restraint measures in place are currently being reviewed. Individualised plans of care will be updated to comply with national policy. An in-house training programme on the appropriate use and management of restraints will be developed and implemented for all healthcare staff involved in direct resident care.

Proposed Timescale: 31/12/2015

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 measures and actions in place to control accidental injury to residents, visitors and staff was not set out.

Action Required:
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management
policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
The risk register and risk assessments have been updated to include the measures and actions in place to control accidental injury to residents, visitors and staff.

**Proposed Timescale:** 28/07/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The measures and actions in place to control aggression and violence were not set out

**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 register has been updated to include the measures and actions in place to control aggression and violence. Training will be sourced for staff in “behaviours of concern”.

**Proposed Timescale:** 31/12/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspectors noted a number of risks that had not been identified and included in the risk register,
- the doors to sluice rooms used to store clinical waste and cleaning agents were left open which posed a risk to residents and visitors.
- the doors to cleaning stores and cupboards used for storing cleaning chemicals were unsecured and open posing a potential risk to residents and visitors.
- the doors to unattended kitchenettes were left open posing a risk to residents and visitors.
- there were no window restrictors provided to a number of windows posing a risk to residents.
- there was access through an open door to the external grounds via an open sluice room door which posed a risk to residents.
- there was a defective/ loose grab rail adjacent to a toilet in one of the residents bathrooms.
**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 register has been updated to include the identified hazards and the following actions have been taken:
- All doors to sluice areas, cleaning and chemical stores, and kitchenettes, have been fitted with digital locks.
- All staff has been informed of the importance of keeping doors closed.
- Appropriate signage has been sourced and erected.
- Restrictors have been fitted to windows.
- Grab rail identified on date of inspection has been repaired.

**Proposed Timescale:** 28/07/2015

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency policy did not include guidance for staff in the event of evacuation of the centre or include arrangements for alternative accommodation in the event of the building having to be evacuated.

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

**Please state the actions you have taken or are planning to take:**
The emergency plan is currently being reviewed to include guidance for staff in the event of evacuation of the centre. An identified location in the event of evacuation to provide alternative accommodation has been included in the plan. Ongoing education for same will be provided.

**Proposed Timescale:** 30/09/2015

**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:
There were large stocks of medications stored unnecessarily in the centre. Inspectors observed that some stock was near to its expiration date and there were no systems in place to record and monitor this stock.

**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:**
Following discussion with the Pharmacist and CNMs, all excess stock has been returned to pharmacy. The pharmacist will develop a formulary and a system to ensure stock rotation. A process for the disposal of any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident, will be disposed of in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation. The process will be guided 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. (Timescale 31/08/2015)

A log book is in place for any required stock held at ward level. (Timescale 28/07/2015)

**Proposed Timescale: 31/08/2015**

**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:**
- There were no care plans in place for some identified issues.
- Care plans in place were not always detailed or person centered.
- Documentation was sometimes confusing for example, it was difficult in some cases to determine if bedrails were in use or not.
- Problem identification sheets in use were not up to date therefore it was difficult to determine if issue had resolved or not.
- Social care needs assessments were not fully completed, residents life histories, interests, capabilities were not documented.

**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:**
As part of the centre’s review of Quality & Safety in April 2015, a CNM2 was appointed to lead a review of the care plans. A working group has been established. Support has been requested from the NMPDU to ensure best practice on care plans. Ongoing education for staff involved in care planning will be carried out by the working group to ensure care plans are person centred, concise, up to date and social care needs assessments are completed. This process will be done in collaboration with the resident where possible or their next of kin.

**Proposed Timescale:** 30/11/2015

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
- Risk assessments were not always up to date.
- Care plans were not always up to date.
- Care plans were not always updated following assessment by allied health professionals such as speech and language therapist (SALT).
- Problem identification sheets in use were not up to date therefore it was difficult to determine if the issue had resolved or not.

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

**Please state the actions you have taken or are planning to take:**
As part of the centre’s review of Quality & Safety in April 2015, a CNM2 was appointed to lead a review of the care plans. A working group has been established to include RGN’s from all units. Ongoing education for staff involved in care planning will be carried out by the working group to ensure care plans are person centred, concise, up to date and risk and social care needs assessments are completed.

**Proposed Timescale:** 30/11/2015

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Social care needs assessments were not fully completed, residents life histories, interests, capabilities were not assessed and documented.

**Action Required:**
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
The working group will ensure on-going education on the importance of the need for a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.

CNM2 will ensure all care plans are reviewed and updated on a three monthly basis.

**Proposed Timescale:** 30/11/2015

**Theme:**
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no physiotherapy available to long stay residents who required this service.

**Action Required:**
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
Long-stay residents with an identified need of physiotherapy will be referred to the Physiotherapy Department for assessment by the person in charge.

**Proposed Timescale:** 28/07/2015

**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:
There was inadequate dining space for residents. The dining room in 'Dochas' a 30 bed unit had dining space for 12 residents. The dining room in 'Cuisle' a 30 bed unit had dining space for 8 residents.

There was inadequate facilities and space for storage of equipment. Equipment was stored inappropriately in several areas of the centre including corridors, bathrooms, shower and sluice rooms.
A number of bedrooms in 'Sonas' unit did not meet the needs of residents. The three bedroom to the left of the entrance/nurses station was unsuitable for use as a bedroom due to its lack of natural ventilation/lighting and the design compromised residents privacy and dignity. There was no openable window to the external air. The room was dark due to limited natural lighting (one internal opaque glass window between it and another communal seating area). Residents could not see outside from this room. Natural lighting was required throughout the day. The walls between the bedroom and the adjoining communal seating area did not extend fully to the ceiling and there was no door provided. This impinged on the privacy and dignity of residents using this room.

The design of the three bed room to the right of the nurses station did not meet the needs of residents. The walls between the bedroom and the adjoining nurses station/reception area and corridor did not extend fully to the ceiling and there was no door provided to the room. This impinged on the privacy and dignity of residents using this room.

The area used as the 'observation bed' was unsuitable for use as a bedroom. The bed was located in an area adjacent to the nurses station, the area was an open thoroughfare used by residents, visitors and staff to access other bedrooms and facilities. This impinged on the privacy and dignity of the resident using this room.

There was a further four bedded room in 'Sonas', three (four bedded rooms) in 'Dochas' and two (four bedded rooms) in 'Cuisle'. These multi occupancy rooms were not in compliance with the Standards. This impinged upon the privacy and dignity of residents residing in these bedrooms.

Inspectors noted that some internal courtyards were poorly maintained, unattractive and unsuitable for residents use. The garden furniture in one of the courtyards in 'Cuisle' was defective and weather beaten. There were some large gaps noted around some external doors. The wall surfaces to some bathrooms was worn and defective.

**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:**
A design team will be appointed, and plans will be completed by, November 2015.

Planning permission will then be applied for, and provided there are no objections, it is anticipated planning will be granted by, March 2016.

A tendering process will begin to appoint a suitable construction company, and this process is expected to be completed by June 2016.

We then expect construction to commence in July 2016, subject to the appropriate statutory approval and funding for same.
It is expected that the building works will be completed by July 2018.

Storage space has been identified.
The garden furniture has been removed.
The courtyards have been power washed.
Flower pots have been added.
New External doors have been ordered.
Contractors have been contacted to cost the refurbishment of the bathrooms.

**Proposed Timescale:** 01/07/2018

<table>
<thead>
<tr>
<th>Outcome 13: Complaints procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> The complaints policy did not clearly set out the details of the nominated complaints officer, appeals procedure and the nominated person to oversee complaints to ensure that all complaints are appropriately responded to and records maintained.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> The local complaints policy is being reviewed and updated to set out the details of the nominated complaints officer, appeals procedure and the nominated person to oversee complaints to ensure that all complaints are appropriately responded to and records maintained. (timescale: 28/07/2015)</td>
</tr>
<tr>
<td>The learning outcomes from complaints are being identified and ongoing training for all staff will be provided.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/10/2015</td>
</tr>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Details of the local complaints procedure were not prominently displayed.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.</td>
</tr>
</tbody>
</table>
Please state the actions you have taken or are planning to take:
The residents guide will be updated to include details of the local complaints procedure. The local complaints policy will be on display at each nurse’s station and posters to promote the reporting of complaints and the name of the local nominated Complaints Officer will be displayed and placed in key areas throughout the centre. The HSE policy “Your Service Your Say” will be available and visible for all residents, staff and visitors to the centre for their consideration.

Proposed Timescale: 04/09/2015
Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no complaint logs in some units.

Inspectors reviewed some complaints that were recorded and noted that there was no evidence that the complainant was listened to or action taken in response. There was no evidence that the complainant was satisfied or not with the outcome.

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:
A review and update of the current complaints template to ensure evidence that the complainant was listened to, action was taken in response, and that the complainant was satisfied or not with the outcome is ongoing. Learning outcomes will be identified and inform future management of complaints.

A complaints log is in place in each unit.

Proposed Timescale: 28/07/2015
Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In a sample of complaints reviewed, there was no evidence that the complainant was listened to or action taken in response to the complaint. There was no evidence that the complainant was satisfied or not with the outcome. Some complaints were logged/documentied in residents notes.
**Action Required:**
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident’s individual care plan.

**Please state the actions you have taken or are planning to take:**
The local complaints policy has been reviewed and updated to set out the details of the nominated complaints officer, appeals procedure and the nominated person to oversee complaints to ensure that all complaints are listen to, appropriately responded to and records maintained.

**Proposed Timescale:** 28/07/2015

**Theme:**
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no systems in place to formally review complaints to ensure learning and improvement to the service.

**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:**
There is a monthly review of complaints by the nominated person.
A complaints template is completed monthly and submitted to the registered provider for his information & appropriate follow up.

**Proposed Timescale:** 30/09/2015

**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:
Limited personal storage space was available in some multi occupancy bedrooms.

**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:**
Resident have lockers beside their beds where they can store items they require immediate access to. Every effort is made to ensure residents retain control over their clothes by taking them to their wardrobes to choose their clothes or check on what is in their wardrobe.

This issue will also be addressed in the new build.

**Proposed Timescale:** 01/07/2018

### Outcome 18: Suitable Staffing

**Theme:** Workforce

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

Some multi task assistants were also responsible for cleaning duties and advised inspectors that they often did not have sufficient time to fully complete cleaning tasks as residents care was always prioritised.

**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 review of the current roster, skill mix and cleaning schedules is ongoing 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.

A roster will be developed with protected cleaning time for each unit.

There will be ongoing regular cleaning audits to ensure ongoing quality improvement.

**Proposed Timescale:** 30/04/2016

**Theme:** Workforce

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

The roles and responsibilities of volunteers were not set out in writing.

**Action Required:**

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

Please state the actions you have taken or are planning to take:
The roles and responsibilities of volunteers will be set out in writing.

**Proposed Timescale:** 30/09/2015