

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Vincent's Care Centre
Centre ID:	OSV-0000483
Centre address:	Coosan Road, Athlone, Westmeath.
Telephone number:	090 647 5301
Email address:	pauline.lee@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	37
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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
25 November 2014 09:30	25 November 2014 17:30
26 November 2014 09:30	26 November 2014 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

The designated centre is a nursing home located in Athlone. The registered provider for the nursing home is the Health Service Executive. The centre has capacity for 40 residents. The purpose of the inspection was following an application by the provider to renew the registration of the nursing home under the Health Act 2007.

On the day of inspection there were 37 residents residing in the designated centre.

Inspectors met with residents and staff, reviewed documentation and observed practice. As part of the application to renew the registration of the designated centre, questionnaires were provided to the residents and relatives to complete. Eight relative questionnaires were returned to the Authority and ten questionnaires from residents. In the main, the feedback in the questionnaires was positive with residents stating that they feel safe and well cared for. Relatives stated that they were satisfied with the care their loved one received and that they were informed and consulted regularly. All relatives stated that they had never had a reason to complain.

Compliance was identified in seven of the 18 outcomes. There were eight moderate non-compliances identified, in relation to the review of the quality and safety of care, the residents' guide and the contract agreed on admission between the resident and the service provider and risk management. There was also moderate non-compliance identified in respect of the provision of behaviour support for residents who exhibit challenging behaviour. Improvements were required in the standard of care plans in respect of same, and the documentation regarding the support a resident receives at the end of their life. During the feedback meeting the inspector requested that management complete an internal review of the staffing levels at night as evidence did not support that they were adequate as outlined in Outcome 7 and 8.

Three major non-compliances were identified. Significant failings in respect of the premises which had been previously identified in February 2014 due to the presence of multiple occupancy rooms which the inspector determined is not fit for purpose and an absence of sufficient communal space. This significantly impacted on the privacy and dignity of residents and the provision of care provided to residents who experienced agitation and confusion. The inspector also observed numerous areas in the designated centre in disrepair. The provider has submitted plans to the Chief Inspector regarding restructuring the layout of the designated centre, however there was no time frame associated with the plans.

The inspector also found that staff employed in an auxiliary role had not provided a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Adults) Act 2012.

The inspector followed up on information received by the Authority since the last inspection and found that appropriate action had occurred.

Twenty two breaches of regulation were identified on inspection, fifteen of which are the responsibility of the registered provider and seven the responsibility of the person in charge.

The action plan at the end of the report identifies areas where mandatory improvements are required in order to comply 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.

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):

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

Findings:

As part of the application to renew the registration of the designated centre, the provider was required to submit a statement of purpose for the designated centre. Inspectors reviewed the Statement of Purpose and determined that it contained 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 and was reflective of the actual services provided to residents.

Judgment:

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 designated centre has a clearly defined management structure in place. The Health Service Executive has nominated the area director to engage with the Authority on behalf of the registered provider. The director of nursing is nominated as the person in

charge. The person in charge reports to the general manager who in turn reports to the provider nominee. Within the designated centre the person in charge is supported by an assistant director of nursing, a clinical nurse manager 2 and a clinical nurse manager 1. There is also a domestic supervisor who is responsible for the supervision and management of the care assistants and the multi task attendants. Each member of the management team have specific roles and responsibilities for all areas of care provision.

The inspector reviewed a sample of minutes of meetings which demonstrated the governance and management arrangements in place and the delegation of duties and responsibilities within the designated centre. The aim being to ensure the services offered are safe and effective and provide for positive outcomes for residents. Audits had been completed in relation to incidents and accidents, complaints, falls, tissue viability, use of restraint, medication management and care plans. The inspector determined that there was improvement required to the auditing systems in place for medication management to ensure that they encompassed all aspects of medication management including the disposal of medication not administered and medication returned to the pharmacy.

Following on from the inspection, the inspector requested a copy of the annual review of the quality and safety of care delivered to residents as required by Regulation 23 (d). The person in charge responded stating that the review was currently being undertaken considering the audits which have been conducted to date and would be available to the Chief Inspector at the end of December.

The inspector was not assured that the designated centre was sufficiently resourced from midnight to 8.00 hours. This was as the available evidence did not support that the assessed needs of residents could be met in the event of an emergency or for residents who required support as a result of behaviours that challenge. The inspector requested in the feedback meeting that the provider complete a review of the staffing levels to provide evidence to the Chief Inspector of the effectiveness of the resources available.

Judgment:
Non Compliant - Moderate

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:
There was a guide available for residents in respect of the designated centre. The guide

provided a summary of the services and facilities in the designated centre, the procedure in respect of complaints and the arrangements in place for visiting. The guide also outlined the rights of residents in the designated centre however it did not sufficiently provide for the terms and conditions relating to residence in the designated centre as per the contract for the provision of services. For example, the circumstances in which a resident could be discharged were omitted from the guide.

The inspector reviewed a sample of agreements in place between the resident and the designated centre. Of the sample reviewed the inspector confirmed that the contract sufficiently outlined the terms in which the resident will reside in the designated centre and the fees to be paid by the resident. Whilst the contract addressed the terms in which a resident may have to pay additional fees, no resident was currently being charged additional services at the time of inspection. There were instances where residents had chosen not to sign a contract and this was provided for in the contract. However there were instances where residents were awaiting assistance under the Long term Residential Care Service. The residents did not have a contract in place however they were being charged a fee which had been verbally agreed with the provider and the representative of the resident prior to admission. This is a breach of Regulation 24 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

As stated previously the person in charge is the director of nursing of the designated centre and has been employed since 2012. The person in charge is a registered nurse who has sufficient experience in nursing of the older person. The person in charge also has achieved a degree in nursing management and a special award in Gerontology. The person in charge demonstrated to the inspector that they had sufficient knowledge of the legislation and were actively involved in meeting their statutory requirements. They were actively involved in the governance and management of the designated centre.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector confirmed that the registered provider had prepared the policies and procedures as required by Schedule 5 of the regulations. However there was evidence from the sample of policies reviewed that policies were not consistently implemented in practice. For example, as stated in Outcome 9, medication management practices were not in line with policy and the management of residents' finances were also not in line with policy. The policy for the admissions, transfers and discharge of residents also did not account for residents' transfers to acute settings.

The inspector reviewed the directory of residents and confirmed that it contained all of the information specified in Paragraph (3) of Schedule 3 such as the date when the person was first admitted into the designated centre and the name and address of the authority, organisation or other body which arranged the resident's admission to the designated centre such as an acute hospital.

The designated centre also maintained all of the additional residents' records as required by Schedule 3 such as a record of all medical referrals and follow – up appointments. Improvements were required in the information contained in some of the records. For example, there was insufficient information to inform staff of the circumstances in which medication which was administered as required to support residents who experienced agitation or confusion should be administered.

There was a record of complaints, food provided, charges, visitors received, and fire safety as required by Schedule 4. There was also a record maintained of all staff members maintained in the designated centre and staff training and all notifications submitted to the Chief Inspector. However there was a breach identified in the records maintained regarding staff as required in Schedule 2. There was evidence that not all members of staff employed in an auxiliary role had provided a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Adults) Act 2012.

Judgment:

Non Compliant - Major

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Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge has not been absent from the designated centre for more than 28 days therefore no notifications were required as stipulated by Regulation 32. There are arrangements in place in the absence of the person in charge as the assistant director of nursing is nominated as the deputy person in charge. There are also arrangements in place on a daily basis in which specific staff members are nominated to be the senior person outside of the working hours of the person in charge and the deputy person in charge.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The registered provider has a policy in place for the prevention, detection and response to abuse. All staff had received training in the recognition and response to elder abuse. Staff spoken to were aware of the types of abuse and the response to same. Residents spoken to stated that they felt safe and of the questionnaires returned to the Authority, all relatives stated that they felt their loved ones were safe. Of the allegations and suspicions of abuse reported, the inspector confirmed that they had been investigated as per the policy of the organisation and appropriate actions had been taken. There was

an individual nominated to oversee all investigations.

As stated in Outcome 17, additional control measures were required in regards to the safeguarding of residents' finances. For example, there was evidence that residents' monies had been utilised to purchase items on behalf of residents however there was no evidence that the resident had requested or consented to same. Whilst the inspector found no evidence of financial abuse the absence of said control measures presented a risk.

There were inconsistencies in the response and care provided to residents who exhibited behaviours that challenge. Staff had received training in crisis intervention and residents had been referred to psychiatric services for the older person. However the proactive and reactive strategies in place were inadequate for some residents. For example, in some individual care plans there were specific strategies in place to proactively alleviate distress or agitation. However in other instances plans of care did not inform of the methods to respond and support the resident. One resident openly communicated a rationale for exhibiting inappropriate behaviours however there was no evidence that this was further investigated and attempted to be resolved. In another instance a resident was administered medication as required without evidence that this was the last resort and that other non restrictive interventions had been attempted. Another aspect which reduced the ability to meet the assessed needs of residents who exhibited behaviours that challenge was the layout of the premises, as there was limited locations in which residents could go to reduce stimulation and noise which was a factor identified as being a trigger to agitation for numerous residents.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

There was a policy in place for the health and safety of residents, staff and visitors and the management of risk. There was also a centre specific risk management policy in place. Improvements were required to the identification of the level of risk and the effectiveness of the control measures implemented to minimise the risk. For example, fire was noted as a major risk and control measures included that each resident had a personal evacuation plan. However there was an absence of evidence to demonstrate that the personal evacuation plans were effective and safeguarded residents. In one instance five residents resided in one room, four of the five residents required the

assistance of two staff at night in the event of an emergency. From midnight until 8.00am there was two staff on duty. There was no drill conducted to reflect that the two staff could evacuate the five residents from the room in a safe and appropriate timeframe. In another instance it had been assessed that there was a major risk to pregnant employees however it was not clear what the actual hazards were and the control measures stated that the actions to be taken to minimise the risk was ongoing vigilance and continue to monitor. There was no evidence that these control measures were effective.

There was a policy in place in relation to the control of infection. The inspector observed that the cleaning schedules evidenced regular cleaning, however as stated in Outcome 12 due to disrepair of the premises the inspector found that areas such as toilets had an unpleasant odour despite the inspector observing staff cleaning same. Relatives stated that they observed the premises to be always clean. Hand Hygiene Audits were completed and deficits identified were acted upon. The inspector observed staff to implement appropriate hand hygiene practices and wear appropriate personal protective equipment. In February 2014, there had been an outbreak of influenza in the designated centre and the inspector determined that staff had followed policy and minimised the risk the residents. The number of multiple occupancy rooms located in the designated centre increases the risk of containment of infection, as in some areas five residents are residing in the same room and there are insufficient areas to support residents who are ill without compromising the health of other residents.

As part of the application process for the renewal of registration for the designated centre, the provider is required to submit written confirmation from a competent person that all the requirements of the statutory fire authority are complied with. This confirmation was submitted to the Authority prior to the inspection. Inspectors also reviewed the records of fire maintenance and confirmed that fire equipment was checked and serviced at appropriate intervals. Of the sample of training records for staff reviewed, staff received training in the prevention and management of fire annually, as per the policy of the designated centre. The centre also has a clear policy on the action to be taken in the event of an emergency. Fire drills were conducted at six monthly intervals, however as stated previously they were not reflective of the actual time it would take to evacuate residents with the highest assessed needs when the staffing compliment was at its lowest.

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):

No actions were required from the previous inspection.

Findings:

The designated centre has policies in place regarding the prescribing, administration, recording and safekeeping of medications. Of the sample of prescription and administration records reviewed the inspector confirmed that they contained all of the necessary information such as the name and address of each resident, the name of the medication prescribed, the dose and times of administration. The administration records corresponded with the prescription times. Medication was stored in a safe and secure location with controlled drugs being counted and signed off by two nurses at the commencement of each shift.

The inspector observed the administration of medication and was satisfied that appropriate practices were utilised with residents being supported to take their medication in a dignified and respectful manner. The administering nurse also employed good hand hygiene practices.

The labels on medication packaging stated the name of the designated centre as opposed to the name of the resident that it is prescribed for. Therefore if more than one resident is prescribed the same medication it is administered from the same supply. There is a system in place that all medication which is unused or out of date is returned to the pharmacy on a weekly basis. The policy of the organisation states that if a medication is dispensed but not administered it should be recorded in the medication inventory ledger. However the inspector found that this does not consistently occur and that it was recorded in residents individual administration sheets. This was also not considered a medication error. Therefore there was no system in place to account for the number medications received from the pharmacy and the number of medications returned and the rationale for same. This had not been identified in the regular medication audits which occurred. There were however audits in place of the practices in relation to the administration and recording of medications. The pharmacist was also present on a weekly basis to review the medications that residents were prescribed and the effectiveness of same. There was an audit completed of medication errors and evidence of learning from same.

Judgment:

Compliant

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 inspector reviewed the accident and incident log and confirmed that all appropriate notifications had been submitted to the Chief Inspector within the appropriate time frame as required by Regulation 31 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

The inspector found that the health care needs of residents were being met. Each resident had an assessment completed on admission by a registered nurse. From this assessment plans of care were completed to address the identified needs of residents. There were evidence based tools utilised as part of the assessment process and were reviewed on a four monthly basis. The assessments also included an assessment of capacity which informed of the residents ability to make informed decisions regarding their care. There was evidence that plans of care were reviewed on a four monthly basis or sooner as a result of a change in need. For example, if a medication was prescribed for a resident a plan of care was created to account for the interventions required to reduce the side effects of the medication. The inspector found that care plans were created utilising evidence based nursing care. For example, residents who were assessed as being at risk of pressure sores had plans of care which addressed skin integrity, nutrition and repositioning of the resident. As stated in Outcome 6, improvements were required in care plans for residents who experienced confusion or agitation. There was evidence that care plans were created in consultation with the resident or their representative depending on the pre-mentioned assessment. Relatives also stated in the questionnaires that they were regularly updated and consulted on the care of their loved one.

Residents had access to their General Practitioner and there was evidence that there were referrals to Allied Health Professionals if a need was identified. Residents had access to physiotherapy, occupational therapy, pharmacy, dieticians, speech and language, psychiatry, continence advice, chiropody and tissue viability as part of the

services received and agreed for within their contract of care.

Residents also had assessments in place regarding their social care needs. The designated centre employ two staff who are responsible to provide activities in the designated centre. Residents expressed satisfaction with the activities offered to them and stated that there was a good variety. There was evidence that residents also had been supported to access amenities in the wider community with staff.

Of the sample of residents' files reviewed it was evident that if a resident was temporarily discharged from the designated centre, all pertinent information was provided to the receiving designated centre, for example the hospital. There was also evidence that the relevant information was obtained from the hospital on return. However the policy regarding the temporary absence of a resident from the designated centre did not address a resident's transfer to an acute setting.

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 designated centre is located in the centre of Athlone and provides services to forty residents between two units, Sonas and Auburn. Sonas is located on the ground floor and Auburn is located on the first floor. The premises of the designated centre have been a continuous non –compliance in previous reports based on the external grounds and the multiple occupancy rooms. On this inspection, the inspector confirmed that works had been completed to the external grounds as per the action plan of the previous report. Plans had also been submitted to the Authority regarding renovating the internal structure of the designated centre to reduce the number of beds in each room. There had also been efforts to address the privacy and dignity issues identified in the previous report in relation to the multiple occupancy rooms. However the inspector identified that there were additional actions required to ensure the assessed needs of residents were being met.

The inspector found that whilst efforts were made to keep the premises clean due to the state of repair of the premises there were deficits identified. For example, despite the inspector observing a staff thoroughly cleaning a bathroom based on the inadequate flooring there was still an unpleasant odour in the room. Paint was also chipped and scuffed throughout the designated centre both in private and communal areas.

Equipment such as hoists and walking aids were maintained in a good state of order, however there were numerous beds which were worn and marked. There were emergency call facilities by each bed for residents and adequate hand rails.

There was inadequate communal space for residents as all communal activities such as recreational and dining took place in the same space and as stated in Outcome 16, the dignity of residents was compromised due to the inadequate partitioning between beds.

The inspector recognised that staff had attempted to make bedrooms homely by supporting residents to have family pictures in their rooms. The storage facilities for residents' personal possessions were also limited as stated in Outcome 16.

Whilst the centre was suitably heated and ventilated, there was insufficient personal lighting in communal rooms for residents.

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 designated centre has a policy in place regarding the management of complaints which is operated in conjunction with the Health Service Executive's 'Your Service Your Say,' policy. The complaints procedure was located prominently throughout the designated centre and suggestion/complaint boxes were located at the entrance to each unit. The complaints procedure is also outlined in the residents' guide. Relatives and residents also outlined that they were comfortable making a complaint to any member of staff and that they felt the complaint would be addressed appropriately. There was a person nominated to manage complaints and a person nominated to oversee the management of complaints as required by Regulation 34 (3). There was a record of complaints maintained in the designated centre which included both formal and informal complaints. There was evidence that ongoing complaints had been responded to, investigated and the complainant was informed of the stages within the investigation process.

Judgment:

Compliant

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:

There was a policy in place for End of Life Care which was dated June 2014. Residents had End of Life care plans in place however in some instances the information was generic and not informative of the actual actions to be taken or the choice of the resident. In other instances the care plans were specific and accounted for the physical, emotional, spiritual and psychological needs of residents. This included aspects such as who the resident would like to be present and their choice of place for burial. The inspector reviewed a sample of residents' personal plans who had died and found that the evidence did not support the policy of the designated centre or the practice which the inspector was verbally informed of. For example, there was evidence that a resident had been transferred to an acute setting following a change in their health needs. It was apparent by the progress notes that the resident commenced palliative care whilst in the acute setting, however there was no evidence that the option had been discussed of the resident returning to the designated centre prior to their death. There were also limited entries in the plans of care following on from the death of a resident including the return of the resident's possessions to the family of the resident and the timeframe of same. The inspector was verbally informed that the practices were in place and the limited evidence available was due to a deficit in documentation.

Judgment:

Non Compliant - Moderate

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' nutritional needs were being met through evidence based practice and referrals to the appropriate Allied Health Professionals. Through a residents' satisfaction survey it was evident that the choice of meals available were reflective of the preferences of residents. Residents spoken to stated that the food that they were provided with was good and that there was 'plenty.' The inspector observed residents being offered snacks in between main meals and that there was a supply of water and juice available at all times. The inspector was present for a mealtime and observed that residents who required assistance were supported in a dignified and respectful manner. There were a sufficient number of staff available to meet the assessed needs of residents at mealtimes. The inspector identified that there was insufficient communal space in the designated centre, as stated in Outcome 12, which resulted in residents eating and taking part recreational activities in the same space for the majority of the day. This finding was supported in the residents' satisfaction survey which stated that 48 % of residents did not like the dining room.

Residents' nutritional status was assessed on a four monthly basis utilising an evidence based tool. Residents were also weighed on a monthly basis or sooner if weight loss was identified. Residents who were assessed as being at risk were referred to the appropriate Allied Health Professionals and recommended interventions were transferred into a care plan for residents. There was also emphasis placed on the importance of appropriate nutrition to maintain a residents' health for example in care plans for residents at risk of pressure sores. There was a system in place in which information regarding the nutritional needs of residents was transferred to the catering staff to ensure that the food prepared was wholesome and nutritious and appropriate for residents' needs. The dietician was actively involved in the creation of the menu cycle and a nutritional forum had been set up which met three times a year. There was a policy in place to support practice.

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:

Residents had opportunities to engage in activities which were in line with their interests and capacities. There was access to media through newspapers, television and radio. The inspector reviewed minutes of residents' meetings which demonstrated that residents were consulted in the running of the designated centre. For example, at the time of inspection the internal garden was being renovated. Residents had been informed at the last meeting that a forum would be set up for residents to be involved in decisions regarding the garden once construction was completed. There was also evidence that this forum was utilised for residents to express concerns or areas for improvement. Residents also had access to an independent advocate who was present at the meetings. Residents had also been referred individually to the advocate by staff if needed.

There were significant deficits in the designated centre in promoting the dignity and privacy of residents based on the layout of the centre and the multiple occupancy rooms. This has been a continuous area of non-compliance in previous reports and whilst efforts had been made to address this, the inspector observed that the current provisions were inadequate and additional immediate improvements were required. For example in the multiple occupancy rooms there was frosted glass utilised as partitions. However once the light was turned on in a room, it was easily identifiable of the activities being undertaken in individual areas. There was also an absence of personalised lighting in the multiple occupancy rooms resulting in the main light being required for activities regardless of if other residents were trying to sleep.

There were communication care plans in place for residents who required them.

The designated centre had a visitors' policy and a visitors' log was maintained. There was a restriction in place for visiting at mealtimes with the aim of promoting the dignity of residents who required support. There was a system of risk assessment in place to ensure that the appropriate control measures were in place for visits which could pose a risk to residents. There was a room available on each unit for residents to meet with visitors in private if residents chose to.

Judgment:

Non Compliant - Major

***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:

Residents had the opportunity to maintain control over their personal possessions and finances in the designated centre. However they also had the opportunity for the designated centre to manage their finances through the Health Service Executive's Patient Private Property Account. This system involved residents' income being paid into a central account which is controlled by the regional office. Residents' fees were paid to the registered provider from this account. If a resident required additional monies, this was transferred to a central account controlled by the designated centre. Any items a resident requested would be purchased and the monies withdrawn from the local account. Records of the amount of money each resident had in the central account was maintained in the designated centre and communicated to the regional office on a monthly basis. There was an external audit completed yearly. However as stated in Outcome 6, a risk was identified by the inspector as there was no evidence that residents had requested their monies to be utilised for purchasing items on their behalf, therefore reducing the control residents had over their own finances. This was not in keeping with the policy on residents' personal property and possessions.

There was a laundry on site and residents reported that their clothing was laundered regularly and returned to them. Each resident had a wardrobe and locker by their bedside however the inspector observed that the majority of wardrobes were narrow and in keeping with wardrobes associated with an acute setting as opposed to a home. This was also raised as an area of improvement in the questionnaires submitted by relatives to the Authority.

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):

No actions were required from the previous inspection.

Findings:

As stated previously, the inspector was not assured that the number and skill mix of staff was appropriate having regard to the layout of the designated centre and the assessed needs of residents particularly from midnight to 8.00 hours as the staffing

compliment was reduced to one staff nurse and one care staff in each unit. Therefore the provider was requested to complete an internal review to evidence that they were assured that the number and skill mix of staff was appropriate. Inadequate staffing levels had been identified previously by the person in charge which had resulted in an additional member of staff being placed on duty until midnight.

From a review of a sample of rosters, there was always a registered nurse on duty.

The inspector confirmed that staff had access to appropriate training such as Manual Handling, Fire Safety training and identification and response to elder abuse. Additional training had also been provided pertinent to staff roles such as hand hygiene, wound care and nutrition. There was evidence that staff had annual reviews to identify areas of improvement and training needs. There was also clear accountability within management for the person responsible for supervising different staffing groups.

There were volunteers in the designated centre and of the sample of files reviewed it was clear that they had appropriate support and supervision and had provided a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Adults) Act 2012.

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:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Vincent's Care Centre
Centre ID:	OSV-0000483
Date of inspection:	25/11/2014
Date of response:	08/07/2015

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:

Improvements were required to the auditing systems in place for medication management.

1. 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

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

monitored.

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

Medication audit was reviewed which now includes the procedure for the receipt of medication, disposal of medication not administered, and medication returned to the pharmacy.

Proposed Timescale: 28/02/2015

Theme:

Governance, Leadership and Management

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

There was no annual review of the quality and safety of care available on the day of inspection.

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Annual review completed.

Proposed Timescale: 30/01/2015

Theme:

Governance, Leadership and Management

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

The evidence did not support that the centre was effectively resourced from 12.00 hours to 08.00 hours.

3. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

An additional Health Care Assistant is rostered on duty between 12.00 hours and 8.00 hours.

Proposed Timescale: 07/02/2015

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 residents' guide did not provide for the terms and conditions relating to residence in the designated centre.

4. 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 was revised which provides additional information to residents in relation to terms and conditions including the terms in which a resident could be discharged. This was discussed at Residents meeting.

Proposed Timescale: 28/02/2015

Theme:

Governance, Leadership and Management

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

Residents who had not been approved for assistance under the Long Term Care Residential Care Service did not have a contract in place.

5. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

A contract of care is provided to residents on admission

Proposed Timescale: 26/11/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Not all of the policies as required under Schedule 5 were implemented in practice.

6. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

CNM2 currently is discussing schedule 5 policies with staff to be completed by 30th July as per action plan. Staff signature sheet is in place.

Proposed Timescale: 30/07/2015

Theme:

Governance, Leadership and Management

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

Improvements were required in the records maintained as required by Schedule 3 to ensure that medication administered as required for residents with behaviours that challenge were in line with the plan of care.

7. 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:

Medication prescription charts audited and actioned, to ensure the rational for administering medication prescribed" as required" is documented in the residents care plan, adhering to the individual care plan in place for behaviours that challenge

Proposed Timescale: 26/11/2014

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 Garda Vetting for staff employed in an auxiliary role.

8. 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:

All Garda vetting for staff in an auxiliary role (maintenance staff) has been forwarded to Garda vetting office on the 27/11/14 and garda clearance has been received.

Proposed Timescale: 30/01/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Documented evidence did not support that medication administered as required was utilised as the last resort.

9. 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:

Medication prescribed "as required" has been reviewed by the multidisciplinary team. The rationale for administering medication as required will be documented, in line with the residents care plan and adhering to the HSE National restraint policy.

Proposed Timescale: 14/02/2015

Theme:

Safe care and support

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

The proactive and reactive strategies in some plans of care for residents who exhibit behaviours that challenge were inadequate. There was evidence that some residents had expressed a rationale for exhibiting behaviours that challenge however this had not been explored.

10. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

CNM2 have reviewed care plans of residents with behaviour that challenge to ensure that all behaviours identified are explored with the resident or next of kin, documented, and goal of care developed.

Proposed Timescale: 14/02/2015

Theme:

Safe care and support

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

The systems regarding gaining a residents' consent for the use of their finances were inadequate.

11. 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:

Consent/request form in place and is signed by resident or next of kin, on each occasion that they may wish their monies to be utilised for purchasing items on their behalf.

Record of same to be kept in the finance office

Proposed Timescale: 07/02/2015

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:

There was no evidence to support that control measures identified were adequate and reduced risk.

12. Action Required:

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

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

Risk management training took place on the 4/02/15, encompassing procedure to be followed in completing risk assessments, identifying existing and additional control measures which would effectively reduce the risk and is included in the Risk management policy.

Proposed Timescale: 01/03/2016

Theme:

Safe care and support

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

Fire drills had occurred however they did not evidence that residents with the highest needs could be effectively evacuated with the lowest staffing level.

13. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Fire drill completed by the staff and the fire officer 08/01/2015 and it evidenced that residents with the highest needs could be effectively evacuated with the staffing levels at night, encompassing staff responding from other units within the centre in the event of a fire. Copy on Fire Register

Proposed Timescale: 07/02/2015

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:

Improvements were required to the plan of care for residents who experienced confusion or agitation.

14. 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:

CNM2 Audited Care plans of residents who are confused or agitated, identify improvements required and action same, in line with policy –Managing Behaviours that Challenge.SVCC039

Proposed Timescale: 30/04/2015

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:

The statement of purpose of the organisation states that the environment provides care which 'addresses the physical, psychological, social and cultural needs of the resident;'. However the inspector found there was inadequate private space for residents who require a reduction in stimulation as a result of agitation or confusion.

15. Action Required:

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

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

A new 50 bedded build has been sanctioned.

The Sonas unit has been refurbished which includes two patio exit doors to garden. New floor covering, painting and furniture provided. We are in the e process of relocating physio department to convert into dining area for Residents. New furniture for same has been purchased.

Audit carried out re personal lighting. All Residents have personal lighting.

Additional storage space is been provided where space allows.
Contact is been placed on the partitions between the beds in the multi-occupancy rooms to provide privacy and dignity of Residents.

Proposed Timescale: 31/12/2018

Theme:

Effective care and support

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

The premises did not adequately meet the requirements of Schedule 6 as:-

- There were areas which were in disrepair
- Flooring in some areas did not promote effective cleaning
- There was inadequate private space for residents in multiple occupancy rooms
- There was inadequate storage space for the personal belongings of some residents
- The dining/recreational space was inadequate
- There was inadequate personal lighting for residents
- Multiple occupancy rooms did not support residents' privacy and dignity

16. 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 new 50 bedded build has been sanctioned.

The Sonas unit has been refurbished which includes two patio exit doors to garden. New floor covering, painting and furniture provided. We are in the process of relocating physio department to convert into dining area for Residents. New furniture for same has been purchased.

Audit carried out re personal lighting. All Residents have personal lighting.

Additional storage space is been provided where space allows.
Contact is been placed on the partitions between the beds in the multi-occupancy rooms to provide privacy and dignity of Residents.

Proposed Timescale: 31/12/2018

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Care plans did not consistently account for the residents' preferences such as choice of place of death.

17. Action Required:

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

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

CMM2 have reviewed end of life care plans and residents preferences including choice of place of death is documented in line with policy SVCC019

Such preferences will be facilitated in so far as is reasonably practical.

Proposed Timescale: 30/03/2015

Theme:

Person-centred care and support

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

Documentation did not support the actual actions taken at the end of a resident's life and if their psychological and social care needs were met.

18. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Residents care at end of life will be documented including their psychological and social care needs as in line with End of Life policy SVCC019

Proposed Timescale: 26/11/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Multiple occupancy rooms did not facilitate residents to undertake activities in private.

19. 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:

Proposed refurbishment to reduce multi-occupancy rooms to 2 bedded rooms to facilitate residents to undertake activities in private,

Proposed Timescale: 31/12/2018

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

There was inadequate space for the storage of personal belongings.

20. 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:

Additional storage space to be provided for residents personal belongings and clothes.

Proposed Timescale: 01/08/2015

Theme:

Person-centred care and support

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

The evidence to demonstrate that residents had consented to the use of their funds was inadequate.

21. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

Introduction of a consent/request form to be signed by resident or next of kin , each time they wish their monies to be utilised for purchasing items on their behalf.

A record of same to be kept in the finance department.

Proposed Timescale: 07/02/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was no evidence that the staffing levels at night were adequate to support residents who experienced agitation or confusion. Fire Drills did not reflect staffing levels at night.

22. 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 review completed encompassing residents needs,risks, and the size and layout of the building.

An additional Health Care Assistant will be rostered on duty between 12.00 hours and 8.00 hours.

Proposed Timescale: 07/02/2015

