

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Hospital of the Assumption
Centre ID:	OSV-0000662
Centre address:	Thurles, Tipperary.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maria Bridgeman
Lead inspector:	Mairead Harrington
Support inspector(s):	Mary O'Mahony
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	60
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
04 February 2016 11:45	04 February 2016 18:35
05 February 2016 09:15	05 February 2016 13:40

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Non Compliant - Major

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to focus on the care and quality of life for residents with dementia living in the centre. The inspection was unannounced and took place over two days.

The provider had submitted a completed self assessment on dementia care to the Authority with relevant policies and procedures prior to the inspection. Overall the provider assessed that the general health and welfare of residents with dementia were appropriately met. Improvements identified by the provider, and related action plans, included training on safeguarding and safety, a review of restraint and the introduction of independent advocacy services.

Whilst the centre did not have a dementia specific unit where residents with a dementia diagnosis were accommodated exclusively, it did have a unit with a

dementia focus, where all residents with a current diagnosis were accommodated with other residents. Of the 59 residents who were residing in the centre on the days of the inspection nine had a diagnosis of dementia with seven others recording cognitive impairment or related diagnoses. Appropriate policies and procedures were in place to protect residents from any form of abuse and staff spoken with understood how to recognise, respond to and report abuse. Inspectors found that staffing arrangements facilitated continuity of care and supported a consistent positive approach to the behaviours and psychological symptoms of dementia (BPSD). Inspectors noted effective communication between staff and residents and that appropriate consideration was also given to residents with dementia or cognitive impairment.

In relation to residents' healthcare and nursing needs the inspection findings were positive with a good standard of care in evidence where assessed. However, the physical environment required development to better meet resident needs in relation to both privacy and dignity and also to improve the quality of life for residents, particularly those with advanced dementia who might require an enhanced personal environment. These issues are further explored in the body of the report.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. Systems were in place to prevent unnecessary hospital admissions. The nutritional and hydration needs of residents with dementia were met and residents were protected by safe medication policies and procedures.

Residents had access to allied healthcare professional services such as dietetics, speech and language therapy, physiotherapy, occupational therapy and podiatry services. The centre also had access to consultant geriatrician services and an on-site palliative care team. However, inspectors were informed during inspection that residents did not have the option of retaining the services of their own general practitioner (GP) on admission.

Inspectors reviewed a number of admission assessment forms and care plans and found that these were maintained in keeping with regulatory requirements. Care plans reviewed contained relevant information to guide the care of residents and were updated routinely on a four monthly basis and to reflect the residents' changing care needs. The care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment and skin integrity. Care plans reviewed documented records of consultation with families. Relatives who met inspectors during the course of the inspection also confirmed that they were consulted and kept informed of their relative's care. Admission procedures were in keeping with policy and included assessment by an appropriately qualified member of staff using a standardised admission assessment format. Of the files reviewed correspondence relating to any hospital transfer arrangements was in place. These included relevant information about the residents' health, medications and communication needs.

Residents either diagnosed with dementia or presenting impaired cognition had appropriate assessments around communication needs in place. Inspectors observed staff communicating with residents and noted that they adopted a sensitive approach and protected privacy appropriately.

Of the care plans reviewed inspectors noted that discussions with residents and their families about end of life care arrangements had taken place and were recorded. These included preferences of setting for delivery of care such as not being transferred to hospital, being taken home and also burial arrangements. Measures to support residents in their preferences included the administration of intravenous antibiotics and subcutaneous fluids to treat dehydration in order to avoid unnecessary hospital admissions. Inspectors noted that religious and cultural practices were facilitated within the centre and that residents could attend mass in the chapel daily and that pastoral services were available.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Staff were observed to follow appropriate administration practices.

The inspectors found that nutritional needs were well met in the centre. Residents were seen to be provided with a regular choice of freshly prepared food. Mealtimes observed were sociable and interactive. Meals were well prepared and presented. Residents on a modified diet had the same choice of meals as other residents and appropriate consideration was given to the presentation of these meals to make them appetising in appearance. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists were appropriate.

Communication records were in place to ensure staff were made aware of the needs, or changing needs, of residents. A record of residents who were on special diets such as diabetic and fortified diets or fluid thickeners was available for reference by all staff and kept under review.

Service systems were in place to ensure residents had access to regular snacks and drinks. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were seen to be maintained on a monthly basis and more regularly where significant weight changes were indicated. Nutritional and fluid intake records were appropriately maintained as necessary. Inspectors observed mealtimes and saw that choice was offered and that staff were aware of the individual preferences of residents. Care provided by staff during mealtimes was attentive and person-centred.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy and procedures in place for the prevention, detection and response to abuse which required updating and did not reference the National Policy 'Safeguarding Vulnerable Persons at risk of Abuse (2015)'. This issue was addressed by management in the course of the inspection. Records indicated that regular training on safeguarding and safety was provided. Staff members spoken with by inspectors had received training and understood how to recognise instances of abuse and were aware of the appropriate reporting systems in place. However, in some instances staff did not have current training in safeguarding and safety. Residents spoken with stated they felt safe and well minded in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. Where allegations had been made inspectors noted that the recording and management of this information was in keeping with related procedures and statutory guidance.

There was a current policy and procedure in place on the management of residents' accounts and personal property. The inspector spoke with an administrator who explained the related procedures and safeguards which included an internal and external audit. Of a sample of transactions reviewed documentation was in keeping with protocols and balances reconciled with records.

A current policy and procedure was also in place in relation to managing challenging behaviour. Through observation and review of care plans the inspectors were satisfied that staff were knowledgeable of their residents' needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were seen to reassure residents and divert attention appropriately to reduce anxieties. A current restraint policy was in place. Where restraints such as bed-rails were in use appropriate assessments had been undertaken and nursing notes reflected regular monitoring and review of restraints. However, information on the use of such restraints were not recorded on quarterly notifications as per statutory requirements.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was an information policy for residents that referenced the statement of purpose, information booklet and also the complaints process and the charter of rights in place at the centre. Residents were facilitated to exercise their civil, political and religious rights and inspectors saw records of the most recent resident meeting on 29 January 2016 when celebrations for Patrick's Day, Easter and voting arrangements for the general election were discussed. Inspectors observed a person-centred culture of care in the centre. Both staff and visitors appropriately considered the privacy needs of residents with cognitive impairment. Staff were seen to enquire appropriately as to the preferences of residents with dementia and also to accommodate those preferences and facilitate where residents might choose to change their minds about preferences. Appropriate consideration was given to how the mood of a resident with dementia might change and staff were seen to implement measures to ease residents who were experiencing agitation, including tactile reassurance and moving with them to a quieter area for a time.

There were no restrictive visiting arrangements and on the day of inspection a good number of visitors were observed spending time with residents in all areas of the centre. Feedback from visitors was consistently positive around their experience and observation of care at the centre. Residents were observed participating in mass after lunch and this was seen to be a social occasion with many residents attending and visitors also partaking.

The centre provided a good range of activities including those specifically designed to support residents with dementia or cognitive impairment. For example tactile stimulation such as head and hand massage, diversional therapy and regular attendance by the therapy dog 'Sam'. The weekly activity schedule included morning and afternoon arrangements for activities such as music, arts and crafts, Sonas and exercise time. There was a hairdressing service and a well equipped salon operating two days a week and inspectors saw this facility being availed of by residents. Residents had opportunities for outside activities and the centre had designated transport facilities which were appropriately equipped to support residents in this regard. Mobile residents with dementia had free access to a secure well maintained sensory garden. This was well laid out with a central covered area where musical performances took place in the warmer months of the year.

Inspectors used a standardised tool to measure staff/resident interactions. During these periods of observation interactions recorded were positive and it was noted that residents with dementia or cognitive impairments had their social needs met in an appropriate and consistent manner. A group of several residents in the dining/day room of Unit C had regular interactions with a number of staff and were stimulated and engaged with conversation, refreshments, hand massage or staff members simply sitting

with residents and providing the comfort of holding their hand. Inspectors observed that members of staff acknowledged all residents as a matter of course and noted that those with advanced dementia were also routinely acknowledged and included in the conduct of day to day activities and duties. Although these exchanges were often brief the communication was consistent, appropriate, interactive and inclusive. Staff from all areas of the centre, household and catering staff as well as care staff, were seen to engage positively in this way.

Residents with dementia were seen to receive care in a dignified way that respected their privacy. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. However, as outlined in Outcome 6 of this report the design and layout of multi-occupancy rooms did not support all residents in providing adequate privacy and dignity in relation to use of space for personal hygiene, information and communications of a private nature or personal recreation. Privacy for personal care was provided by means of curtained screening. However, in these rooms there was insufficient space to attend to the personal care of a resident without impinging on the personal space of the adjacent resident. Although each room had a TV, in four-bedded rooms the sight-line to the screen could be restricted depending on the location of the resident's bed. Also, some work routines did not reflect a person-centred approach such as name labels over beds or plans of care on view.

A member of staff acting for the person in charge explained to inspectors that a trained independent advocate was scheduled to visit the centre and deliver training within the week. However, at time of inspection the arrangements for residents to access an independent advocate were not in place.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

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 complaints policy in place and the complaints procedure was displayed prominently in the centre. A summary of the complaints procedure was outlined in the residents' guide book. The procedure for making a complaint included the necessary contact details of a nominated complaints officer and also outlined the internal appeals process including relevant contact details and also provided information on the wider appeals process of the office of the Ombudsman.

Throughout the inspection residents spoken with understood who was in charge and

were able to explain how they would raise a concern with management. The inspectors reviewed the complaint records on file and noted that records were maintained about each complaint with details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. Where complainants remained dissatisfied appropriate protocols were implemented in relation to appeal. The system included the appointment of an individual from another area of the organisation to review the process and ensure oversight and that complaints were appropriately managed in line with the policy. Inspectors were satisfied that the system for dealing with complaints was in keeping with statutory requirements. The member of staff acting for the person in charge on the day explained that where there was learning to be gained from complaint outcomes these were conveyed to staff through staff meetings and further training.

Staff and management spoken with throughout the inspection demonstrated a person-centred approach to care and ensuring that the voice of the resident was heard. Inspectors saw correspondence that confirmed training on advocacy by an independent service was scheduled for 10 February 2016.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The planned and actual staff rota was reviewed and the inspectors were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. Recruitment and vetting procedures were in place that verified the qualifications, training and security backgrounds of all staff. A sample of staff files was reviewed and documentation was appropriately maintained as per Schedule 2 of the Regulations. A record of current professional registration details was in place.

The inspector reviewed recruitment and training records and procedures and spoke with staff and management in relation to both these systems. Staff spoken with demonstrated an appropriate knowledge of evidence based good practice and were competent to deliver care and support to residents. Staff were also familiar with the Standards and Regulations and were aware of their statutory duties in relation to the general welfare and protection of residents. A regular programme of training was in place that captured all mandatory training and also addressed the specific needs of the resident profile, for example training in dementia and stroke rehabilitation. Staff spoken

with had obtained a qualification in diversional therapy and explained how this informed the development of meaningful activities to support health promotion and improve quality of life for all residents. A senior staff member was also qualified to deliver training on the management of behaviours that might challenge. Staff spoken with confirmed that they were supported to attend training as required. Gaps in training are recorded for action against the relevant Outcomes of this report.

At time of inspection the system of supervision was directed through the person in charge with designated administrative support. Management systems were in place to ensure that information was communicated effectively and minutes of staff meetings were available for reference. There was a clearly defined management structure that identified the lines of authority and accountability. A schedule of staff appraisals was in place. Supervision was also implemented through monitoring and control procedures such as audit and review. Security protocols around medication such as controlled drugs were effective. An appropriately qualified, registered nurse was on duty at all times. Copies of the Standards and Regulations were readily available and accessible by staff. Inspectors saw that increased staffing levels were available in Unit C where there was a focus on dementia where students also partook in a training initiative.

The centre engaged a number of volunteers who had been appropriately vetted with appropriate supervision arrangements in place. However, not all volunteers had their roles set out in writing as required by the Regulations.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

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 premises of this centre had been found to be non-compliant on the last inspection in that the design and layout of some areas did not meet the needs of the residents. Several findings from that inspection were identified again, such as the use of some multi-occupancy rooms that did not fully meet the needs of residents and examples of ensuite facilities that could not safely accommodate the provision of assisted care. Also, the dining spaces could not adequately accommodate all residents at the centre should they choose to have their meals there.

The centre was a purpose built single storey premises located on the edge of Thurles town. There was ample car parking facilities for both visitors and staff. The premises

and the grounds were well maintained with suitable heating, lighting and ventilation. The entrance to the centre was serviced by a large reception area with seating and reception desk where visitors could sign the visitors' record.

The centre was registered for occupancy by 72 residents and currently operated to a maximum occupancy of 60 residents. The centre included residential accommodation divided into three units. Unit A comprised 11 single rooms and 2 four-bedded rooms. Unit B comprised 7 single rooms and 6 four-bedded rooms. Unit C, a dementia focused care unit, comprised 12 single rooms and 2 four-bedded rooms.

The centre provided adequate communal space for residents with separate sitting rooms available on each unit where residents could meet visitors in private if they so wished. Corridors were accessible with seating areas at intervals along them. A family room was available and could be used by relatives of residents in palliative care. Call bells were provided in all bedrooms and communal areas. There was satisfactory provision of hand rails and grab rails throughout the centre. A smoking room was appropriately equipped with a fire blanket and extinguisher. There were adequate cleaning, sluice and storage facilities throughout with restricted access as appropriate to prevent access to areas of risk or hazardous substances. Residents had access to a secure sensory garden area with seating and shade.

There was a central dining area which was bright with natural light where music sessions and mass took place as well. However, this area could only seat 25 residents at mealtime and inspectors noted that a number of residents were taking their meals either in their rooms or in the four-bedded wards at their bedside. In this respect resident choice around mealtimes was limited by the restrictions of the dining spaces available.

The size and layout of bedrooms, other than the four-bedded wards, were appropriate to the needs of residents. Residents had access to an adequate number of toilets, bathrooms and showers. However, as identified on previous inspection, in some instances the dimensions and layout of ensuite and shower facilities were not suitable to safely manoeuvre a hoist, or facilitate access for two staff to adopt safe manual handling practice, if required. There were wash-hand basins in each room. All bedrooms were clean, bright and had adequate personal storage space including a lockable unit for each resident. The rooms were comfortable and adequately decorated. The rooms of many residents were appropriately individualised with family photographs and personal memorabilia. Decoration throughout the centre was to a good standard. Attention had been given to the use of contrasting colours, particularly in Unit C to support residents in their orientation and provide assistance identifying bathroom facilities. Signage was used to good effect throughout the centre. However, the inspectors noted in Unit C in particular that several rooms lacked personalisation with little or no decoration or content to indicate who might be living there. In this unit effort had been made to make the communal sitting area homely with decoration and ornaments. However, on day of inspection this space was also used to store items and equipment. This sitting area was located at the far end of the unit and inspectors noted that throughout the inspection it remained largely unused. By contrast the dining area in this unit was almost continually occupied and at peak use around mealtimes inspectors noted it was quite cramped. At these times, even with assistance, residents were seen to mobilise with difficulty in this space.

Judgment: Non Compliant - Major

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:

Mairead Harrington
Inspector of Social Services
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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Community Hospital of the Assumption
Centre ID:	OSV-0000662
Date of inspection:	04/02/2016 and 05/02/2016
Date of response:	01/03/2016

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: Health and Social Care Needs

Theme:

Safe care and support

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

Residents did not have the option of retaining the services of their own general practitioner (GP) on admission.

1. Action Required:

Under Regulation 06(2)(a) you are required to: Make available to a resident a medical practitioner chosen by or acceptable to that resident.

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

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

The current medical governance is provided by our Medical Officer who attends the hospital Monday to Friday and out of hours and weekends. The residents/families are always informed of the Medical Governance in our service on admission. The Medical Practitioner is acceptable to the residents and their families. From an Organisational perspective, we are satisfied that the medical governance is appropriate to meet the needs of the residents.

Proposed Timescale: 31/03/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

In some instances staff did not have current training in safeguarding and safety.

2. Action Required:

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

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

All staff in the Community Hospital of the Assumption have attended Elder Abuse Training on site. However the training for the new National Safeguarding policy is in progress and delivered on site by the ADON. The Senior Managers .i.e. the DON and ADON's have attended training external to the CHOA & further training is ongoing internally. Train the trainer training is scheduled for the Mid-West and nominations from Older Person's has been forwarded to attend. The National Safeguarding Policy will be adapted at local level immediately.

Proposed Timescale: 01/09/2016

Theme:

Safe care and support

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

Quarterly notifications on the use of restraint were not being returned as per Schedule 4 (2)(k).

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The Quarterly notifications were not submitted as an enabler log was in use throughout the hospital. All use of restraints have now been notified to HIQA as per Quarterly notifications – due in Jan 2016. Full compliance will be maintained as per regulation. Additional restraint training has been arranged through the CNME on site for 15th March, 2016 and 8th April, 2016. The national Restraint Policy is currently under review and we await the final document and training will be facilitated nationally under the CNME following publication of same. This training will be made available to all staff within the Community Hospital of the Assumption.

Proposed Timescale: 01/09/2016

Outcome 03: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

The design and layout of multi-occupancy rooms did not support all residents in providing adequate privacy and dignity in relation to use of space for personal hygiene, information and communications of a private nature or personal recreation.

4. 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:

With the current layout of the multi-occupancy rooms the staff must always ensure that privacy and dignity for the residents is utmost during care delivery. The en suite room / bathroom is available for the residents to attend to toilet/ personal hygiene and in the event that this is not possible every effort will be made to maintain adequate privacy and dignity for the resident. For the purpose of mealtimes all units have a dining room and as far as possible residents are encouraged to avail of the dining room experience for all meals.

All communication, especially that of a sensitive nature is delivered in a private and dignified manner. However, in a multi-occupancy room challenges must be overcome as they arise.

There are adequate suitable sitting rooms available on all units and in the main concourse and residents/families are encouraged to avail of same.

Proposed Timescale: 01/09/2017

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Effective arrangements for residents to access an independent advocate were not in place.

5. Action Required:

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

Sage advocacy training took place in the Community Hospital of the Assumption, on 10.02.2016 as arranged. 28 staff and 6 students attended same. Additional dates are awaited from the Sage Representative who has agreed to represent the residents as their advocate within the Community Hospital of the Assumption. The next appointment is Thursday 25th February to attend the CHOA.

We have scheduled the next Residents Committee meeting for 30th March 2016 and we have arranged for the Sage advocate to provide an information session for the residents. Information is available throughout the hospital and we have requested advice leaflets from Sage for the residents.

Proposed Timescale: 01/03/2016

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

Not all volunteers had their roles set out in writing as required by the Regulations.

6. 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 for all volunteers have been completed with immediate effect and same is on file.

Proposed Timescale: 01/03/2016

Outcome 06: Safe and Suitable Premises**Theme:**

Effective care and support

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

As previously identified issues in relation to the design and layout of premises included:

- the use of some multi-occupancy rooms that did not fully meet the needs of residents,
- examples of en-suite facilities that could not safely accommodate the provision of assisted care,
- dining spaces that could not adequately accommodate all residents at the centre should they choose to have their meals there.

7. 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:

There are two residents in Unit B that have a preference for a single room and will be accommodated as soon as a single room is available.

A proposed plan has been submitted to HIQA by the provider and this outlines an additional infrastructural plan which will comply with regulation.

The current en suite meets the needs of the residents and the health and safety requirements of our staff. If and when required an alternative washroom / wet room is available in all units for maximum dependent residents.

The current layout of the Dining Room is under review in Unit C , to maximise the available floor space and provide a more spacious environment for the residents and staff.

Proposed Timescale: 01/09/2017