

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rochestown Nursing Home
Centre ID:	OSV-0000275
Centre address:	Monastery Road, Rochestown, Cork.
Telephone number:	021 484 1707
Email address:	rochestownnursinghome@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brenda O'Brien
Provider Nominee:	
Lead inspector:	Caroline Connelly
Support inspector(s):	John Greaney
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 March 2016 09:10 To: 01 March 2016 17:50

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an inspection of Rochestown Nursing Home, which was unannounced and the fourteenth inspection of the centre by HIQA. This was a follow-up inspection that was carried out to monitor the compliance with the regulations due to the level of non-compliance identified during previous inspections in January, June and September 2015. The provider had completed an application to renew the registration of the centre but due to the levels of ongoing non-compliances HIQA had issued a notice of proposal to refuse the application for registration renewal. The provider nominee attended a meeting at HIQA offices and submitted representation to HIQA which outlined the plans to address the areas of non-compliances.

During this inspection the inspectors inspected against the representation received and followed up on the actions from the previous inspections. This inspection will also serve to inform a decision in relation to the application by the provider to renew the registration of the centre. Since the last inspection there had been changes to the management team including that one of the persons participating in management had resigned from a management role but was still working in the centre in an administrative role. The provider had also taken a hands on role in the

provision of activities to the residents and was seen providing an imagination gym session and music session during the inspection. However there was confusion over the provider role. The owner who was also the current provider was under the impression that she could nominate somebody else to be provider nominee but as she is a sole trader she cannot devolve this responsibility. The provider said in her representation to HIQA and at the inspection that discussions were ongoing in relation to restructuring the centre to a limited company but that was not in place at the time of the inspection.

During the inspection the inspectors met with the person in charge who had been newly appointed prior to the inspection in June 2015, the assistant director of nursing (ADON), the provider, the administrator, residents and members of the staff team. Inspectors observed practices, the physical environment and reviewed documentation such as policies, procedures, risk assessments, reports, residents' files and training records.

Inspectors found improvements in a number of key areas since the previous inspection, which had a demonstrable effect on improving residents' quality of life. These included the development of increased scope and choice of activities for residents. Issues in relation to the premises had been addressed and gave more space in many of the residents' bedrooms. There was an ongoing programme of painting and decorating and general maintenance which had enhanced the décor of the centre. Staff were observed on this, as on previous inspections, to support residents in a dignified and warm manner.

Failings identified to be at the level of major non-compliance at the previous inspection relating to staffing issues were now substantially compliant. On this inspection of the eight outcomes followed up on compliance was found in three outcomes, three further outcomes were found to be substantially compliant and moderate non-compliance was identified in two outcomes.

Further improvement was required in governance, documentation, premises, notifications and staff training records. These areas are detailed in the body of the report, which should be read in conjunction with the action plan at the end of this report. The action plan at the end of the report identifies improvements necessary to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

Since the last inspection there had been changes to the management team including that one of the persons participating in management had resigned from a management role but was still working in the centre in an administrative role. The provider had also taken a hands on role in the provision of activities to the residents and was seen providing an imagination gym session and music session during the inspection. However there was confusion over the provider role as the owner who is also the current provider was under the impression that she could nominate somebody else to be provider nominee and stated she had stepped down from the provider role. However as she is a sole trader she cannot devolve this responsibility. The provider said in her representation to HIQA and at the inspection that discussions were ongoing in relation to restructuring the centre to a limited company but that was not in place at the time of the inspection. The inspectors required clarification and confirmation of the management structure.

The person in charge was newly appointed prior to the inspection in June. She had embraced her role as person in charge and had implemented a formal structure to ensure systems and processes were in place to effectively manage and implement an integrated programme of quality and safety. The inspectors saw evidence that this was in place and the quality and safety of care and the quality of life for residents was continually evaluated to determine outcomes for residents regarding the effectiveness of care and support received. This was based on the National Standards and in addition, quality data was gathered on a weekly basis (pain, pressure sores, physical restraint, psychotropic medication, falls, indwelling catheters, significant weight loss, complaints, unexplained absences, significant events, vaccinations and immobile residents). This data was trended to inform practice. Other clinical audits were demonstrated to ensure suitable and safe care, for example, hand hygiene and environmental hygiene. These

reports formed the basis for the monthly 'Quality Management Systems Improvement meetings' attended by the provider and the person in charge. Actions with responsibilities and time-lines were assigned to ensure improvements occurred and these were followed up in subsequent meetings. There was evidence that all incidents and issues were discussed, along with any staffing issues. The inspectors saw that the performance management for new staff was discussed, extra supervision put in place for these staff and appropriate action taken by the person in charge to address performance issues. However there was not 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 HIQA under section 8 of the Health Act 2007 and approved by the Minister for Health under section 10 of the Act.

Residents were consulted with on a daily basis. Formal residents' meetings were facilitated at six – eight weekly intervals. A resident chaired the meetings and maintained minutes of these meetings which were submitted to the person in charge and provider for follow- up, for example, residents suggested menu changes and more outings for the summer and residents spoken with confirmed that these were facilitated.

On the previous inspection it was demonstrated that work permits which legally allow non-European citizens to be employed in Ireland were not in place for all relevant staff. Two staff members did not have work permits in place. While it was reported to the inspectors that staff held work permits, these were not evidenced. On this inspection the two staff members that did not have work permits were dismissed and were no longer working at the centre. This was confirmed by staff working in the centre, duty rotas, the person in charge and the provider who said they now had a more robust recruitment process to ensure all staff had the appropriate and approved work permits.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge has been in post since May 2015. She was a full time registered nurse, with the required experience of nursing dependant people (as detailed in the regulations). She demonstrated good knowledge and understanding of the regulations and the National Standards to inform care and welfare and this was evidenced through the interview conducted as well as the quality initiatives she commenced since taking up

the post.

She was proactive in her own professional development, for example she had completed education to enable her to train staff in adult protection, manual handling and lifting and hand hygiene. She organised the yearly training schedule for staff with the centre manager. She was instrumental in ensuring that all staff had read and understood the policies which she updated since her arrival.

As discussed under outcome 2 she had put managerial and quality systems in place.

Staff, residents and relatives identified her as the one with the overall responsibility and accountability for residents' care.

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):

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

Findings:

On the previous inspection the inspectors found that the policy to support the practices relating to management of residents' finances did not adequately protect residents and staff; the procedure to direct staff in the appropriate practices relating to residents' safe keys was not described. On this inspection inspectors saw that the policy and practices had been updated to protect the residents and staff and robust systems were seen to be generally in place.

Also on a previous inspection the inspector identified that CCTV was placed in one sitting room (for monitoring purposes) where residents would have a reasonable expectation of privacy and dignity as described in the Data Protection Commission guidelines. On this inspection inspectors saw that the policy around the use of CCTV required review and updating to include the reasons for usage, the monitoring of same, the storage of data and length of time stored, to ensure it was compliant with the data commission guidelines. Although inspectors saw there was signage in the main entrance advising

that CCTV was in operation, this was not in place in all areas where CCTV was in use.

Staff records are discussed further in outcome 18 staffing, but the action for this issue is outlined under schedule 2 records. A staff member had left the centre for a period of a year. Although a verification form was completed from the hospital where she was employed there was no written reference from management at the hospital just a reference from a colleague. The staff member had three other written references on file from their previous employment there but best practice would be to have a reference from the period of time she was absent from the centre.

One of the employment histories looked at did not have dates therefore it was difficult to establish if there were any gaps in employment.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and this training also formed part of the staff induction programme. Staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if there were suspicions of abuse.

There was an up-to-date policy in place regarding adult protection and the person in charge was aware of her legal obligations to report issues. She adequately described protection of residents as well as actions to be taken if an allegation was made.

Residents had individual safes in their bedrooms to keep their valuables and most residents were responsible for their own finances. On the previous inspection the inspectors identified that residents' accounts which the centre was responsible for were not robust to ensure the safety of residents and staff. On this inspection it was seen that the policy had been updated and procedures had been put in place which limited access to financial keys to the nurse in charge only. There were receipt books available for chiropody and hairdressing demonstrating residents receipt of these services, but individual receipts would make the system more transparent which the provider said she

would put in place.

The inspectors saw that the centre was operated as a restraint free centre and no bed-rails or other physical restraints were in use. The person in charge also informed inspectors that they did not use p.r.n. medicine (a medicine only taken as a need arises) to manage any responsive behaviours which was evidenced in her quality improvement statistics.

Judgment:
Compliant

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:
On the previous inspection it was identified that although there were two sinks in the laundry a hand-wash sink was not in place in line with best infection control practice guidelines. There was also a large container for boiling water on the drainer of one of the sinks which the cleaner used. There was advisory signage highlighting boiling water however, inspectors requested that this arrangement be risk assessed and also requested that this containers purpose be identified. On this inspection inspectors saw that a hand-wash sink had been fitted in the laundry and the large container for boiling water was no longer in use.

On the previous inspection inspectors saw that there was a new sluice room with a sluice sink, bedpan washer and designated hand wash sink. However, appropriate storage for bedpans and urinals following washing to facilitate appropriate drainage and drying was not available in line with best practice guidelines. On this inspection inspectors saw that there was a draining rack in place over the sluice sink for storage and drying of bedpans and urinals following washing.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A record of all incidents occurring in the centre was maintained and most notifiable events were notified to the Chief Inspector as required. However on this inspection inspectors saw that there had been an incident where a resident had required hospital treatment as a result of an accident that had not been notified to HIQA. This was subsequently notified following the inspection.</p>
<p>Judgment: Substantially Compliant</p>

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

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: On the previous inspection there were a number of issues relating to the premises that required action. These included: Twin bedrooms 10 and 11 had very limited space to accommodate two residents. Conditions attached to the registration certificate for this centre outlined that when one resident vacated room 10, then that room will be converted to single occupancy; this room remained twin occupancy and the same residents had resided there for a number of years. Twin bedroom number 11 had very limited space to accommodate two residents; the television in this room was practically inaccessible for residents because of its location. On this inspection this room had been extended by the removal of the hall press, a new wash-hand basin was fitted and the room had been fully redecorated. The television was now accessible and available to both residents. The room was of a size to ensure the privacy and dignity of residents could be maintained.</p> <p>The two three bedded rooms at the previous inspection were noted to be limited in space to accommodate the three residents occupying these rooms. On this inspection the inspectors saw that the layout in bedroom 12 had been altered and all unnecessary</p>

equipment had been removed from the room which allowed more space between the beds. In the second three bedded room the person in charge told the inspectors that wardrobes were changed to allow for more space and although there was one resident who had maximum dependency needs in that room the other two residents were independent and up and about all day and did not require assistive equipment.

There had been an ongoing programme of maintenance and painting of the centre. The centre and the grounds overall were noted to be clean and in a good state of repair and décor.

On the previous inspections it was noted that the showers in bedrooms 7 and 8 had a step into them and were not suitable for dependant residents and were not wheelchair accessible. On this inspection inspectors saw that the provider had removed the shower trays but unfortunately she had also removed the showers leaving just a toilet and wash-hand basin in the two en-suites. The provider and person in charge said the residents never used the showers in these bathrooms. However this meant that overall there were only two assisted showers in the premises for 23 residents. The provider said she would get the showers converted to wet rooms.

A curtain was noted to be torn in one of the bedrooms and floor tiles around a newly fitted toilet required repair

The inspector saw evidence of the use of assistive devices, for example, hoists, wheelchairs, walking aids, clinical monitoring equipment and specialist seating provided for residents' use. And up-to-date service record was in place. There was a functioning call-bell system in place.

The external courtyard was well maintained and residents stated they enjoyed this during the summer. This space was partially covered and provided a safe outdoor space.

Judgment:
Substantially Compliant

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):

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

Findings:

On the previous triggered inspection undertaken in September 2015 the inspectors found that staff files demonstrated that some staff had full employment histories, however, several files had gaps in the employment histories.

Some recently appointed staff did not have appropriate references in place as described in the regulations.

Work permits which legally allow non European citizens to be employed in Ireland were not in place for all relevant staff. Two staff members did not have work permits in place. While it was reported to the inspectors that staff held work permits, these were not evidenced.

On this inspection the two staff members that did not have work permits were no longer working at the centre. This was confirmed by staff working in the centre, duty rotas, the person in charge and the provider who said they had a more robust recruitment process to ensure all staff had work permits. Inspectors reviewed a sample of staff files and saw that more robust recruitment had been employed and there was evidence that references for all newly recruited staff were verified. However, a staff member had left the centre for a period of a year and although a verification form was completed from the hospital where she was had been employed, there was no written reference from management at the hospital apart from a reference from a colleague. The staff member had three other written references on file from their previous employment there but best practice would be to have a reference from the period of time she was absent from the centre.

One of the employment histories looked at did not have dates therefore it was difficult to establish if there were any gaps in employment. This is actioned under outcome 5 records.

Overall residents and relatives spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. The inspectors saw very positive interactions between staff and residents throughout the inspection.

Training records viewed by the inspectors confirmed the provision of ongoing professional development training. There was evidence and staff confirmed that mandatory training was in place for fire safety, protection of vulnerable adults, responsive behaviours and resident moving and handling. However, it was difficult to establish what training was due for renewal or updating as there was not a comprehensive training matrix in place showing when all staff last had the training.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Rochestown Nursing Home
Centre ID:	OSV-0000275
Date of inspection:	01/03/2016
Date of response:	06/04/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was confusion over the provider's role as the owner was under the impression that she could nominate somebody else to be provider nominee and stated she had stepped down from the provider role. However, as she is a sole trader she cannot devolve this responsibility. The inspectors required clarification and confirmation of the management structure.

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

1. Action Required:

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

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

Management structure is as follows. Brenda O' Brien is Provider and key senior management consists of Person in Charge and deputy Person in Charge. Updated management structure sent in.

Proposed Timescale: 06/04/2016

Theme:

Governance, Leadership and Management

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

There was not 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 HIQA under section 8 of the Health Act '007 and approved by the Minister for Health under section 10 of the Act.

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 of the quality and safety of care delivered to residents been drafted.

Proposed Timescale: 29/04/2016

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:

On this inspection inspectors saw that the policy around the use of CCTV required review and updating to include the reasons for usage, the monitoring of same, the storage of data and all aspects to ensure it was compliant with the data commission guidelines. Although inspectors saw there was signage in the main entrance advising there was CCTV in operation, this was not in place in the areas where CCTV was in use.

3. 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:

Further CCTV signage has been put around nursing home advising CCTV in operation and is in use. Policy has been reviewed & updated.

Proposed Timescale: 06/04/2016

Theme:

Governance, Leadership and Management

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

A staff member had left the centre for a period of a year and although a verification form was completed from the hospital where she had been employed, there was no written reference from management at the hospital apart from a reference from a colleague. The staff member had three other written references on file from their previous employment there but best practice would be to have a reference from the period of time she was absent from the centre.

One of the employment histories looked at did not have dates therefore it was difficult to establish if there were any gaps in employment.

4. 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:

Written reference received for staff member and is now in staff file. Employment history updated to clarify any possible gaps in employment.

Proposed Timescale: 06/04/2016

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

In this inspection inspectors saw that there had been an incident where a resident had required hospital treatment as a result of an accident that had not been notified to HIQA. This was subsequently notified following the inspection.

5. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing

of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

All further notifications to be sent to authority in a timely manner. Person In Charge submitted notification of incident following the inspection.

Proposed Timescale: 06/04/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

On the previous inspections it was noted that the showers in bedrooms 7 and 8 had a step into them and were not suitable for dependant residents and were not wheelchair accessible. On this inspection inspectors saw that the provider had removed the shower trays but unfortunately she had also removed the showers leaving just a toilet and wash-hand basin in the two en-suites. The provider and person in charge said the residents never used the showers in these bathrooms. However this meant that overall there were only two assisted showers in the premises for 23 residents. The provider said she would get the showers converted to wet rooms.

A curtain was noted to be torn in one of the bedrooms and floor tiles around a newly fitted toilet required repair.

6. 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:

Curtain has been replaced in bedroom and floor tiles cleaned. Rooms 7 & 8 both to be retiled and converted to wet rooms.

Proposed Timescale: 15/08/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was evidence and staff confirmed that mandatory training was in place for fire safety, protection of vulnerable adults, responsive behaviours and resident moving and

handling. However it was difficult to establish what training was due for renewal or updating as there was not a comprehensive training matrix in place showing when all staff last had the training.

7. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training Matrix has been done up and schedule of upcoming training in place.

Proposed Timescale: 06/04/2016