

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carrigoran House
Centre ID:	OSV-0000445
Centre address:	Newmarket-on-Fergus, Clare.
Telephone number:	061 368 100
Email address:	info@carrigoranhouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sisters of Charity of the Incarnate Word
Provider Nominee:	Valerie Vaughan
Lead inspector:	Mary O'Mahony
Support inspector(s):	Michelle O'Connor
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	100
Number of vacancies on the date of inspection:	13

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 March 2016 09:30	08 March 2016 19:15
09 March 2016 09:45	09 March 2016 17:15

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	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

This inspection of Carrigoran House Nursing Home by the Health Information and Quality Authority (HIQA) was unannounced and took place over two days. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. Inspectors followed the experience of a number of residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia, using a validated observation tool. As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed by the Authority to guide providers on best practice in dementia care and the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this to the Authority. On the day of the inspection there were 100 residents in the centre. The person in charge had stated that there were 53 residents who had been

diagnosed with dementia and another 21 residents had cognitive impairment. There was a dementia specific unit in the centre, St Teresa's Unit, which provided care for 18 residents who were independently mobile. Inspectors observed that staff had created an environment there for residents which promoted wellbeing and autonomy as well as in the other three units in the centre. Inspectors found that staff were committed to providing a high quality, inclusive service for all residents with dementia who resided in the centre.

As part of the dementia thematic inspection process inspectors met with residents, visitors, the person in charge, the provider, the clinical nurse managers (CNMs), the facilities/health and safety manager, staff nurses, care staff, activity personnel, catering and household staff, Sisters of Charity of the Incarnate Word and administration staff. Inspectors observed practices and reviewed documentation such as care plans, medical records, allied health care records, policies and the planned activity programme. A number of staff files and residents' files were checked for relevant documentation. Documentation was maintained on an electronic system which staff were seen to be familiar with. Inspectors found the premises, fittings and equipment were of a very high standard. The centre was noted to be very clean and well maintained. Inspectors observed that there were opportunities for reminiscence provided by the quality of the 'shop front' decor, the plentiful memorabilia, wall murals and pictures on display in various locations in the centre. The person in charge informed inspectors that she was involved in the centre on a daily basis.

The centre and was found to be easily accessible to residents, relatives and staff. It was situated in an old estate with beautiful views of the surrounding Clare countryside. It was adjacent to farmland where farm animals were to be seen on most days. All rooms were designed to afford residents a view of the gardens which were landscaped and well laid out, with heathers and other colourful seasonal planting. There were five peacocks living in the garden and a variety of different small birds were seen on the many bird tables. The garden was furnished with suitable outdoor seating and water features, as well as a decorative memorial sculpture donated by family members.

The Standards set by the Authority to monitor 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 formed the basis for the judgments made by inspectors. Inspectors found that the centre was substantially compliant in two of the six Outcomes which were inspected against on this inspection and fully compliant in the other four Outcomes.

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):

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

Findings:

A comprehensive and personalised assessment of residents' health and social care needs was undertaken prior to admission. The person in charge explained to inspectors that the assessment of needs was important to ensure that the centre had the capacity and the capability to care for the specific needs of any person with dementia. Care plans included a detailed profile of each resident and residents and relatives, where appropriate, were involved in developing and reviewing the care plans. Care plans were revised following four monthly reviews. The sample of care plans viewed by inspectors were personalised and were seen to be implemented in practice. For example, one care plan outlined that a resident preferred to have her curtains closed as she disliked the glare through the window. When inspectors checked this room the curtains were closed in accordance with the resident's expressed wish.

Residents had access to general practitioner (GP) services and appropriate treatment and therapies. The CNM spoken with by inspectors indicated that residents' medication was reviewed by the GP every three months. This review was multi-disciplinary and was attended by the pharmacist, the doctor, the clinical nurse manager and the pharmacy technician. The aim of the review was to change or reduce medication where necessary. A sample of care plans of residents' who had been diagnosed with dementia were reviewed by inspectors. Specialist services and allied health care services such as physiotherapy, occupational therapy, and dietician services were seen to be availed of. The dietician attended the centre on the second day of the inspection and staff informed inspectors that the physiotherapist attended twice weekly. The chiropodist attended on a monthly basis and documentation confirming this was reviewed by inspectors. Records were seen which confirmed these referrals. Care plans were formulated as a result of these reviews and these were informative and detailed. Clinical assessments such as skin integrity, falls, continence, cognitive, pain and nutritional status were undertaken for each resident. The Malnutrition Universal Screening tool (MUST) was utilised to assess the risk of malnutrition for any resident who had lost weight. Residents' weight was recorded monthly. There was good communication between the dietician, the staff and the kitchen staff. Inspectors spoke with a number of the kitchen and restaurant staff who were found to be familiar with residents' nutrition needs, special diets, likes

and dislikes. Residents' right to refuse treatment was documented and brought to the attention of the GP, as required.

There were opportunities for residents to participate in a number of meaningful and varied activities. Life story information was used to ascertain resident's preferred activity or previous interests. These included music, art, balance and chair based exercises, card games, quiz, dominoes, doll therapy, Sonas, personalised activities such as hand massage and cooking. There were two dedicated activity staff in the centre who were supported by a number of the Sisters and other volunteer staff. One of the activity personnel spoken with by inspectors explained how activities were developed and provided according to the assessed needs and wishes of residents. For example, residents with a cognitive impairment were provided with Sonas and reminiscence therapy and those with restricted mobility were supported to enjoy pet therapy, dominoes and wheel chair access to the garden and the church. In addition, residents who enjoyed keeping up-to-date with current affairs were able to enjoy quiet reading space and access to radio and television. There was a spacious well equipped hairdressing salon on the premises and residents were seen to avail of this facility during the inspection. Residents in St Teresa's unit were seen to have their hair set by staff on the unit during one morning activity. A number of staff on this unit were licensed Sonas practitioners. Residents had access to secure gardens. A number of residents from St Teresa's unit were seen to be walking with staff in the garden on the day of inspection. They were appropriately dressed with coats and hats in keeping with the season.

Judgment:
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:
The policy on the prevention of elder abuse set out the protocol in place for the prevention, detection, reporting and investigating of any allegations. The policy was seen to reference the Health Service Executive's (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, Policy & Procedures, 2014. Inspectors found that measures were in place to protect and safeguard residents. Staff spoken with by inspectors were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records reviewed confirmed that staff had received training on recognising and responding to elder abuse. Staff confirmed that this topic was covered during their induction. However, three staff members were yet to receive refresher training. These staff were seen to have been scheduled for training on the week following the inspection. Residents spoken with said they felt safe and secure in the centre and stated

that staff were supportive and helpful. Relatives confirmed with inspectors that staff were approachable.

There was an up to date policy in the centre to support staff in interventions and approaches for residents who exhibited behaviours that challenge, which were related to the behavioural and psychological symptoms of dementia (BPSD). Staff members spoken with confirmed that training had been provided to them in how to support residents with dementia. Individualised care plans on behaviour issues were in place in a sample of residents' files seen by inspectors. PRN (as necessary) medication had been prescribed for administration if residents remained anxious following de-escalation techniques. Inspectors noted that the use of psychotropic medication was reviewed regularly by the GP. Inspector observed staff interacting with residents and intervening appropriately when a resident began to communicate distress or anxiety. For example, a resident who was restless was taken for a walk outside which seemed to alleviate his anxiety for a period of time. In addition, another resident in St Teresa's Unit was busy clearing off the dinner tables which supported her sense of well being. She spoke with inspectors about keeping the dining room tidy and clean.

The centre maintained a restraint free environment and on the day of inspection there were only two residents who had been assessed as requiring bedrails and one resident who required the use of a lap belt. These were checked regularly when in use and records were viewed by inspectors. There was evidence that consent of the resident or a representative had been sought or that where a clinical decision had been made for the use of restraint, a consultation process was followed. Multidisciplinary (MDT) input was sought and this was documented in relevant files. There were alternative measures in place which contributed to the low number of residents requiring the use of bedrails. Inspectors observed that most residents had the use of low-low beds and in some cases cushioned mats were placed next to beds to mitigate the risk of injury should a fall occur. Inspectors found that residents' finances were managed robustly in the centre. Two staff members signed for financial transactions and a sample of records checked were seen to be accurate.

Judgment:
Substantially Compliant

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:
The person in charge informed inspectors that residents with dementia were enabled to make choices and maintain their independence. There were opportunities for all

residents to participate in activities that suited their assessed needs and interests. Inspectors reviewed the minutes of residents' meetings and noted that any concerns raised were attended to. In addition, there were resident surveys carried out and actions from these were seen to have been addressed. Residents were seen to be consulted at meal times and they informed inspectors that there was choice available at each meal time. Inspectors spoke with members of the kitchen staff, one of whom informed inspectors that he served breakfast daily to residents who chose to go to the main dining room in the morning.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with inspectors and stated that they were satisfied with the sense of freedom they experienced to move around the communal areas. Most residents were seen to have unrestricted access to the gardens, the sitting rooms, the dining room and the spacious chapel. Inspectors observed that residents who were accommodated in St Teresa's Unit were accompanied by a staff member when walking outside in the secure garden area. However, the nurse on the unit said that in the warmer months the doors were opened and residents could go outside to the garden when they wished.

Residents' requests and choices were prioritised when planning activities and excursions. There were photographs on display in a photograph album which had been taken at events both inside and outside the centre. Visitors were unrestricted and there were a number of sitting areas where residents could meet visitors in private. Visitors were observed spending time with residents in the restaurant, in the bedrooms, in the comfortably furnished front hallway, in the chapel and in the alcove areas. There was a variety of activities available to residents which were organised and facilitated by two activity staff members. These staff members were supported by a group of the religious sisters who worked voluntarily in the centre. The weekly activity schedule included baking, quiz, dominoes, Sonas, music sessions, board games, arts and crafts, gardening, newspaper reading, religious activity, Sonas, balance exercises and chair based exercise.

During the inspection, inspectors spoke with the activity staff member and observed residents participating at various events such as Sonas, music and dominoes. Staff informed inspectors that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one to one interactions. The activity staff member spent time with these residents facilitating for example, music sessions, hair dressing, religious services, hand massage and Sonas. Documentation to this effect was seen in residents' care plans. One of the activity staff explained to inspectors how he had developed a specific activity based on the needs of residents with dementia. This took into account the fact that residents might want to get up and move about, as well as the fact that residents' concentration levels varied. In addition, the person in charge informed inspectors that she was awaiting delivery of 'snozzelan' equipment (a relaxation therapy based on the use of lights and music) which was portable. She stated that her plan was to have this used in the bedrooms and sitting areas of residents who were unable to, or did not want to, attend group activities.

Life stories were available in each resident's care plan and this documentation included details of residents' individual interests, level of communication, preferences and background. These life stories informed the activity plan and the daily choice of each resident. Residents with dementia received care in a dignified way that respected their

privacy. Staff were observed knocking on bedroom and bathroom doors. Privacy locks were in place on all bedroom and bathroom doors. Inspectors observed all staff interacting with residents in an appropriate and respectful manner. This included the household and restaurant staff who were knowledgeable about residents' needs and preferences and were seen to be familiar with visitors also. Residents had a section in their care plan that covered communication needs and there was a detailed communication policy in place that included strategies for effective communication with residents who had dementia.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. Inspectors used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in sitting room areas and in St Teresa's Unit. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between carers and residents with dementia. In one sitting room area the observing inspector noted that interactions were positive and meaningful. The staff member interacted with residents in a calm and relaxed manner. Residents were referred to by name and there was eye contact between residents and the staff member. The staff member engaged in social conversation and encouraged residents to respond according to their abilities and capacity. The activity was designed to encourage and facilitate successful responses. Residents were seen to be enjoying the group interaction and were heard responding and singing along to familiar songs and proverbs. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care. A further two observation periods were undertaken in St Teresa's Unit after meals. Staff were seen to facilitate residents to help with cleaning tables, to support residents who required help to eat their meals and to speak to each resident individually before any care support or social support was offered. For example, one resident who did not want to leave the room to go with staff to the bathroom was told that the staff member would return to him later, which she did.

Residents who had dementia were seen to be independent when eating their meals. Residents were treated equally and where prompting was required this was sensitively offered. There were sufficient staff on duty in the dining room and staff and residents engaged in social conversation and gentle banter. There was a calm and happy atmosphere in the dining room providing a sense of positive wellbeing for residents with dementia. The meal was unhurried and staff were available to support residents and staff throughout the period of observation. Residents were neatly and appropriately dressed indicating a sense of respect for their dignity. Inspectors found that the majority of interactions in St Teresa's Unit during the 30 minutes observation period were noted to involve positive connective care.

Inspectors observed that notices were on display which indicated that residents and their representatives were provided with contact information for independent advocacy services. Overall inspectors found there were systems and fora in place to support residents with dementia and their representatives, to participate in assessments and care planning.

Judgment:

Compliant

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:

Inspectors viewed the policy and procedure for making, investigating and handling complaints. The complaints process was displayed on an accessible notice board at the entrance to the centre. The name and contact details of an independent appeals person was detailed on the complaints process and contact details for the ombudsman were made available.

Inspectors reviewed the complaints log and found that complaints were responded to promptly. However, concerns raised at residents' meetings were not documented in the complaints log. These were documented and resolved in the records of residents' meetings. The person in charge stated that these concerns and small complaints will be documented in the complaints log in future for accessibility of records on inspection.

Judgment:

Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors observed staff interacting with residents in a respectful and attentive manner. Inspectors found there was an appropriate number and skill mix of staff available to meet the holistic needs of residents including residents with a diagnosis of dementia. The person in charge informed inspectors that staff were supervised according to their role and appraisals were conducted annually. An actual and planned roster was maintained in the centre. Inspectors reviewed this and the records indicated that there were consistent care staff in the centre some of whom had been working

there for over 20 years. In addition to the nursing and care staff, the centre had employed a health and safety manager, a head chef, a physiotherapist, an activity coordinator and activity facilitator, a chiropodist, a hairdresser, restaurant manager, catering staff, housekeeping, administration and maintenance staff. There were a number of sisters working in the centre from the order of the Sisters of Charity of the Incarnate Word, who provided invaluable social, palliative and psychological support to residents. Staff stated that these members of the team acted on a voluntary basis and supported and guided staff in maintaining the person centred ethos of the centre. However, the CNM in St Teresa's Unit, the dementia specific unit, was absent at the time of inspection and was not expected to return in the near future. One staff member stated to inspectors that there was not always a consistent staff team in this unit which required staff with specific skills and level of experience. For example, she stated to inspectors that on some occasions unfamiliar staff members were assigned there who would not be fully aware of all residents' needs.

A number of CNMs facilitated the auditing and management process in the centre and they informed inspectors that they were also involved in delivering staff training. Records viewed by inspectors confirmed that the majority of staff had completed mandatory training in areas such as safeguarding and safety, knowledge of BPSD, manual handling and fire safety. One staff member had yet to receive refresher training. Staff also attended external training events and seminars. The person in charge and the provider discussed staff issues with inspectors and proper protocols and records were seen to be in place where any concern had been identified. However, the person in charge stated that two of the CNMs were currently out on leave. The remaining two CNMs were occasionally required to fill a vacancy if a nurse was not available for the shift. This left limited time for their administration duties such as documentation, audit and staff supervision. In addition, the person in charge agreed with the view formed by inspectors that she would benefit from the support of a senior staff member, in her role as person in charge of such a large centre. The provider stated that they were reviewing the management structure in light of the needs identified by the provider and person in charge. The recruitment policy seen on inspection was implemented in practice according to a number of staff interviewed by inspectors. Inspectors reviewed a sample of staff files. These were found to contain the documents required under the Regulations and were well maintained.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:

The design and layout of the centre was in keeping with that outlined in the statement of purpose and was suitable for assessed needs of residents in the centre. The environment and decor throughout enhanced residents' sense of independence and wellbeing. Storage facilities were plentiful and residents had access to personal belongings. The provider maintained a safe environment for mobile residents with the provision of handrails in corridor areas and non slip safe floor covering. There was appropriate lighting, signage and colour schemes. The decoration throughout was of a very high standard and an ongoing programme of maintenance and upkeep was in place. Adequate space was available for private visits. There was a variety of communal space available in each of the four defined units. At the time of inspection heating, ventilation and water temperature were maintained to the required standard.

The premises and grounds were well-maintained. Maintenance staff were employed and two of these members of staff were seen to be working in the gardens during the inspection. The size and layout of bedrooms were suitable to meet the needs of those who resided in the centre at the time of inspection. Each bedroom had an en suite toilet and wash-hand basin facility. A small number of bedrooms were double occupancy. Inspectors observed however, that the number of baths and showers in each unit was limited. However, inspectors spoke with a number of staff and residents and found that there was no indication that residents' access to showers or baths was restricted in any way. Some residents had daily showers which were facilitated by staff on different shifts. Adequate and sufficient sluicing facilities were provided. Equipment was well maintained and service records were viewed by inspectors.

There was a suitably equipped and well stocked kitchen in the centre. Fresh vegetables and fruit were readily available as well as a variety of homemade bread and cakes. Kitchen staff spoken with by inspectors had received appropriate training. They were knowledgeable of the dietary needs of residents. They informed inspectors that the dietician and staff communicated with them about any changes in residents' dietary needs. The laundry service was outsourced for a number of residents. In addition, family members took laundry home for other residents. Inspectors were informed that the arrangement for laundry worked well with no complaints received about lost or damaged clothes items.

St Teresa's Unit, for residents with dementia who were independently mobile, was decorated with seasonal wall murals. These were appropriate to the life stories of residents. There were also wall murals which depicted traditional musicians. Signage, clocks and information boards were appropriately placed for residents. A piano and other musical instruments were located in the central hallway in the unit where plentiful comfortable seating was available around a walkway which was designed to create a circular journey for residents. There were colourful 'shop fronts' in the corridors depicting local establishments and these were seen to have displays of time specific memorabilia. Residents were seen to enjoy these displays and the presence of the shop fronts gave the impression of a street-scape, which supported residents who liked to go for a walk. The decor was homely and interesting to residents. There were two interlinked dining rooms in the centre which were seen to be used throughout the day for music, quiz and quiet activity. There were also two interlinked sitting rooms in this unit. One of these was furnished with comfortable armchairs and a large TV. The other

sitting room had a fireplace and suitable couches in place. Inspectors observed that as the evening approached the lights were dimmed and lamps were lit to facilitate time orientation for residents. Staff in the unit did not wear a uniform and staff explained to inspectors that this helped residents to relate to staff as companions as well as care supporters. Residents in the centre were seen to have a sense of wellbeing which was demonstrated by their smiling demeanour, sitting in a companionable way together and helping each other when distressed. For example, one resident who expressed that she was tired was helped to sit on a nearby seat by another resident with dementia. There was a relaxed environment in the unit and even though staff were busy they worked in a calm manner which created a relaxed environment for residents.

Judgment:

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:

Mary O'Mahony
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:	Carrigoran House
Centre ID:	OSV-0000445
Date of inspection:	08/03/2016
Date of response:	15/04/2016

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: Safeguarding and Safety

Theme:

Safe care and support

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

A small number of staff had yet to complete training in the prevention and detection of elder abuse.

1. Action Required:

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

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 staff that were overdue training on the prevention and protection of elder abuse received it on the 21/03/16.

Proposed Timescale: 21/03/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The management staff team was depleted at the time of inspection due to CNM absence. Due to the size and layout of the centre there was a need identified on inspection to augment the management team.

At various times consistent staff were not available to be assigned to the dementia specific unit.

2. 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:

Each of the units have permanent and regular staff, the number and skill mix of staff remains consistent and any staff member out sick is replaced.

All recruitment agencies have been notified of Carrigoran House's staffing needs and positions available are advertised on line.

To increase the administration time available to the CNM's a staff nurse has been re-hired on a part time basis and will commence duty on the 18/04/16.

2 full time nurses have been offered positions but are not able to commence employment until end of June.

A CNM will commence a course in Holistic Dementia care from the April 18th to June 15th.

In July, Sr Peter Lillian from the Avila Institute of Gerontology will be delivering training and education on Holistic Dementia Care and Behaviour Management.

The DON and CNM will be attending training on Mapping, awaiting confirmation of dates.

CNM out on sick leave is expected back on duty within 3 months.

Held interviews for a CNM position on the 08/04/16. Position was offered to one candidate but was declined. Awaiting further applicants.

Proposed Timescale: 15/07/2016

