

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Maynooth Community Care Unit
<b>Centre ID:</b>	OSV-0000516
<b>Centre address:</b>	Leinster Street, Maynooth, Kildare.
<b>Telephone number:</b>	01 610 6351
<b>Email address:</b>	helen.dreelan@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Brena Dempsey
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	39
<b>Number of vacancies on the date of inspection:</b>	2

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
27 January 2015 09:30	27 January 2015 18:00
28 January 2015 08:00	28 January 2015 18:30

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

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

**Summary of findings from this inspection**

This inspection was carried out in response to an application from the provider to renew registration. As part of the monitoring inspection, inspectors met with residents, relatives and staff members and an interview was held with the person in charge and the provider. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Inspectors also reviewed questionnaires submitted by residents and relatives prior to the inspection.

Inspectors found the health needs of residents were met to a good standard. The nursing care was provided by staff who were familiar with the care needs of

residents and was guided by policies and practices which were regularly reviewed. Residents had good access to the services of a general practitioner (GP) and, a range of allied health services. The quality of residents' lives was enhanced with availability of a variety of activities during the day, with good evidence of their involvement in the running of the centre.

A number of areas for improvement were also identified by the inspector. These included the annual review of quality and safety, staffing levels at some times of the day and the appropriateness of some residents sharing rooms. These matters are further discussed in the report and in the action plan at the end 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: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose contains all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a clear management structure in place that all staff were aware of, and defined reporting relationships within this structure. The designated centre was divided into two units, each of which had two clinical nurse managers, the senior of which was supernumerary. All the staff who had a management function were aware of their roles within that function, and their responsibilities under the regulations.

There were some processes in place to support communication throughout the management structure, for example, regular local meetings were held between the provider and senior managers of the centre, and a wider group within the organisation focusing on quality and risk had been introduced. However meetings between staff, clinical nurse managers and senior management were only held sporadically and no minutes were kept of these meetings.

There was no system of auditing within the designated centre. An audit of medication administration had been conducted, but this did not cover all aspects of medication management. A hygiene audit was also conducted on each unit of the centre. However, there was no structured system of review of the quality and safety of care as required by the regulations.

**Judgment:**

Non Compliant - Moderate

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There were contracts in place for all residents, which clearly outlined the services which were offered, and where applicable, any charges incurred.

Information for residents was clearly outlined in a residents' guide.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was a registered general nurse and had the relevant necessary experience. There was clear evidence of her continuing professional development and of her supporting staff to keep up to date. She was aware of her responsibilities under the regulations and showed clear leadership to staff.

**Judgment:**

Compliant

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records. All the policies required under Schedule 5 were in place, were centre-specific and in sufficient detail to provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. However the policy in relation to the use of physical restraints in residential care units was dated July 2010, and there was no evidence of a review within three years as required by the regulations.

Inspectors found that medical records and other records relating to residents and staff were maintained in a secure manner. The resident's guide had been drawn up in line with the requirements of the Regulations.

Staff took notes during handover to record the requirements and changing needs of residents and referred to these notes during the provision of care. However, there was no agreed procedure in relation to the storage or destruction of these notes and it was not clear that confidentiality of information was maintained. The person in charge rectified this during the course of the inspection by the provision of shredders in the nursing stations.

**Judgment:**  
Substantially Compliant

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

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
The provider and the person in charge were aware of the requirements in relation to notifying the authority of periods of absence of the person in charge, and there were satisfactory deputising arrangements in place in the event of such an absence.

**Judgment:**  
Compliant

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

**Theme:**  
Safe care and support

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

**Findings:**  
The inspector found that measures were in place to protect residents and to respond to any allegations of abuse. All staff had been trained in the protection of vulnerable adults and further training relating to a new policy was scheduled. All staff were knowledgeable in relation to the types, signs and management of any allegations of abuse. All residents spoken to said that they felt safe and secure in the centre.

Residents finances were examined by the inspector and the safeguarding systems were found to be robust. Residents who could sign for purchases or cash withdrawals did so,



and where the centre was managing money for residents receipts were maintained for all purchases and countersigned by staff.

Internal audits of the management of finances were conducted monthly within the organisation, and audits by an external agency were conducted annually.

Where residents behaved in a way that was challenging there was a detailed plan of care in place to guide staff response. Family involvement in the response to challenging behaviour was both facilitated and welcomed.

The inspector found that there were some restrictive practices in place which had not been identified as such, so that it was not clear that all alternatives to the restriction had been ruled out.

**Judgment:**

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed fire safety procedures and associated records. Fire orders were prominently displayed, fire exits were unobstructed and staff members spoken with by inspectors were knowledgeable with regard to the procedures to follow in the event of fire.

The inspectors reviewed the records with regard to servicing of equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system and of fire fighting equipment. A documented system of in-house checks on fire exits and the fire detection system was also in place.

The training records showed that most staff had up-to-date training in this area and records were also in place to show that regular fire drills took place. However, some staff still required fire safety training. The person in charge undertook to ensure that this took place at the next scheduled training date.

Satisfactory infection control procedures were in place including hand hygiene training and infection control policies to provide guidance to staff. Practices observed by the inspector in relation to the management of infection control issues were in accordance with best practice.

There were structures in place in relation to the management of risk, for example, there was a risk register which included the management of clinical risks, environmental risks and risks associated with equipment.

Individual risk assessments were in place for residents, for example in relation to smoking. There was a policy in place to provide guidance in relation to the management of risk which included all the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events as required by the regulations.

Systems were in place for the management of accidents, incidents and near misses. Required actions were identified and recorded and there was evidence that this information informed plans of care for residents. There were robust practices in place in relation to assessed risks such as skin integrity and missing persons.

Data relating to falls was analysed, and the inspector was satisfied that the response to any falls was immediate and ongoing.

**Judgment:**

Non Compliant - Moderate

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were policies and processes in place in relation to the safe management of medications. There was a centre-specific medication management policy in place which gave appropriate guidance to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines for the most part. However prescriptions for as required (PRN) medications did not specify the conditions under which the medication was to be administered, and the inspector was concerned that this may lead to subjective decision making.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines and the centre's policy. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the time of administration and change of each shift. The inspector checked the balances and found them to be correct.

**Judgment:**  
Substantially Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**  
Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was aware of her responsibility in relation to notifying the authority of incidents as required by the regulations. All required incidents had been notified as required.

**Judgment:**  
Compliant

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

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

**Theme:**  
Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents received a good standard of nursing care from staff who were familiar with their health care needs. Contemporary assessments were in place for all residents, and plans of care were in place in relation to healthcare and social needs for the most part.

Care plans were based on the assessed needs of residents, contained sufficient detail as to guide care delivery and were regularly evaluated. A three monthly review of care plans took place and was clearly documented. Any acute conditions reviewed by the inspector had detailed plans of care in place.

However, there was no plan of care in relation to one aspect of healthcare reviewed by the inspector. The issue had been identified in the assessment and a prescription was in place but there was no evidence of a plan of care.

Implementation of care plans was recorded for the most part, but one of the care plans reviewed by the inspector did not include recording of the implementation, so that it was not clear that the intervention took place, and the evaluation of the effectiveness of the intervention could not be assessed.

The inspector was satisfied that practice and documentation in relation to pressure area care was in accordance with the assessed needs for residents, and this was evident in the high standard of skin integrity throughout the service.

The inspector found a good standard of care in relation to the social and activation needs of residents. Each residents care plan included a thorough occupational therapy assessment. There was a full schedule of activities for residents facilitated by a dedicated staff member, and supported by a staff occupational therapist.

**Judgment:**

Substantially Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The designated centre was situated for the most part on the first floor of the premises, and was divided into two units. There was a comfortable communal living area and a pleasant main dining area in which meals were served, together with a second smaller dining area. There was a secure, enclosed garden, directly accessible from the centre which had been well planned and maintained. The centre was well equipped in accordance with the assessed needs of residents. There was a dedicated oratory for use by residents and families.

While there were still several multi-occupancy rooms, privacy was facilitated by the use of screening, and each resident had a defined personal area with storage for personal

belongings. In addition the provider furnished the inspector with satisfactory plans to eliminate the multi-occupancy rooms within an acceptable timeframe.

However, the inspector was concerned that the sharing of a four bedded room resulted in negative outcomes for one resident. One of the beds in the room was used for respite care, and there was evidence that the resulting continual change was a trigger for challenging behaviour for this person.

**Judgment:**

Non Compliant - Moderate

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a complaints procedure in place, it included an accessible version for residents and was clearly displayed in the centre. A complaints register was maintained and complaints records included required actions.

**Judgment:**

Compliant

***Outcome 14: End of Life Care***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found evidence of good practice in relation to end of life care for the most part. There was an end of life care plan in place for all residents, and where a resident did not wish to engage in discussions relating to their end of life this was documented.

There was a dedicated unoccupied room available in the event of a resident approaching end of life into which their bed would be transferred. A sofa bed was in place to accommodate relatives, together with a small discreet kitchenette.

However, there was some ambiguity in relation to end of life care in that while there were clear end of life orders in place for some residents, this was not always the case. Where residents or their families had requested that only comfort needs be met in the event of cardio-pulmonary arrest, or had requested not to be transferred away from the centre to an acute setting in the event of cardio-pulmonary failure, this was interpreted differently by various staff members, and the inspector was not satisfied that there was clear guidance to staff should these circumstances arise.

**Judgment:**

Non Compliant - Minor

***Outcome 15: Food and Nutrition***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents were provided with meals that were wholesome and in accordance with their assessed needs. The inspector spent time with residents in the dining rooms at meal times and they found residents were discreetly and respectfully assisted with their meals where required.

Nutritional care plans were in place for all residents with particular needs. Assessments had been conducted by the speech and language therapist and recommendations informed the care plans. The catering staff were knowledgeable in relation to any special dietary requirements and preferences of residents, and updated information was made available immediately.

The inspector visited the kitchen and found it was well laid out and stocked with a good supply of food. It was clear that a variety of snacks and drinks were available to residents throughout the day. Whilst the time of the evening meal was early, beginning at 16.30hrs, a substantial supper was offered later in the evening including sandwiches, smoothies and a variety of snacks.

**Judgment:**

Compliant

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

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident's privacy and dignity was respected. Staff were observed to interact with residents in pleasant and respectful manner, referring to them by their preferred name. It was clear that staff were familiar with the way in which each resident preferred interactions. There was a communication assessment care plan in place for each resident and practice observed by the inspector reflected these.

Residents were involved in the organisation of the centre, a residents' meeting was held every three months during which various issues were discussed and documented.

Visits were welcomed, encouraged and facilitated, and there was evidence of this during the course of the inspection. Residents' requests for families to be contacted were clearly facilitated promptly.

A charter of rights was clearly displayed in the centre. There was an emphasis on meeting the needs of residents in relation to occupation and recreation. In addition an external advocate was clearly identified.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions***  
***Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

The inspector was satisfied that each resident had access to, and retained control of their personal possessions. Adequate storage was available to each person, and each had the choice of having their clothing laundered in the centre or taken home by a relative.

However, apart from an initial inventory on admission, no record was kept of resident's personal belongings, including valuables.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the numbers and skill mix of staff was adequate to meet the assessed needs of the residents for the most part. There were always at least two nurses on duty. However, the inspector was concerned that a significant reduction in the number of staff between 18.15hrs and 20.15hrs due to shift patterns may have been negatively impacting on residents.

Staff training records were maintained, and appropriate staff training had taken place, including additional training relating to the individual needs of residents, for, example in safe nutrition.

As yet there was no formal system of staff appraisal in place, the person in charge was aware of this, and was arranging for managers to receive training. and was conducted annually.



<b>Judgment:</b> Non Compliant - Moderate
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### **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:***

Julie Pryce  
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 report<sup>1</sup>

<b>Centre name:</b>	Maynooth Community Care Unit
<b>Centre ID:</b>	OSV-0000516
<b>Date of inspection:</b>	27/01/2015
<b>Date of response:</b>	24/04/2015

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 02: Governance and Management

**Theme:**

Governance, Leadership and Management

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

There was no structured system of staff meetings.

**Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

<sup>1</sup> 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:**

Formal monthly meetings now take place between the DON, ADON and CNMs. These meetings commenced on 3rd March 2015. Minutes are being kept of the meetings.

**Proposed Timescale:** 03/03/2015

**Theme:**

Governance, Leadership and Management

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

There was no system of auditing to inform the annual review of quality and care.

**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:**

Education and Training for nursing staff in Nursing Metrics provided by the HSE/ NMPDU took place on March 25th. Audits to review the quality and safety of care commenced in April and will be continued on a monthly basis. Findings will help inform the Annual Review.

**Proposed Timescale:** 27/03/2015

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

Not all policies had been reviewed within three years

**Action Required:**

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The Restraint Policy has been reviewed and updated. A copy has been sent to both wards

**Proposed Timescale:** 10/03/2015

**Theme:**

Governance, Leadership and Management

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

Notes taken by staff at handover were not all disposed of safely

**Action Required:**

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

Shredders were provided to both wards on 27th January 2015.. Education and Training on the HSE Data Protection Guidelines by the HSE Consumer Affairs Department will be delivered on site on May 15th 2015

**Proposed Timescale:** 15/05/2015

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

It was not clear that all restraints were used in accordance with national policy.

**Action Required:**

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

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

The Restraint Policy was reviewed in February 2015 and the updated Policy circulated to both wards. An MDT review of each resident with bed rails in situ took place on 6/2/15. Bedrails have been removed from 14 residents' beds between February 9th and March 9th. The residents are being monitored closely.

**Proposed Timescale:** 27/03/2015

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

Some staff still required fire training

**Action Required:**

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Two of the three staff members who did not attend Fire Training due to sick leave attended training on April 9th 2015 and the third person will attend training on September 16th 2015

**Proposed Timescale:** 16/09/2015

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

Not all prescriptions included clear directions.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The subjective decision making by nursing staff in relation to the administration of PRN medications has been addressed. The prescribing doctor has documented the conditions under which the PRN medication is to be administered.

**Proposed Timescale:** 02/02/2015

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

**Theme:**

Effective care and support

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

**in the following respect:**

Not all assessed healthcare needs had resulted in a care plan.

**Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

The residents' assessed health care needs have a corresponding care plan in place.

**Proposed Timescale:** 29/01/2015

**Theme:**

Effective care and support

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

There was not always a record that healthcare had been delivered in accordance with the care plan.

**Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All residents have appropriate records of their healthcare requirements and of the care delivered in their care plans

**Proposed Timescale:** 29/01/2015

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Multi occupancy rooms did not meet the needs of all residents.

**Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A design team will be in place by the end of April 2015 and work will commence shortly after to improve the residents living environment.

**Proposed Timescale:** 31/01/2016

**Outcome 14: End of Life Care**

**Theme:**

Person-centred care and support

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

Appropriate treatment decisions at end of life were not ensured.

**Action Required:**

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

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

The HSE works with the residents and their families to try to ensure that the residents' end of life care is as per the residents' wishes. Clear guidance will be documented in all residents' care plans to avoid any ambiguity. Attempts to resuscitate any resident who collapses will be made in the absence of a clearly documented DNAR directive. This guidance will be reviewed by staff and the next-of-kin on a regular basis.

**Proposed Timescale:** 17/04/2015

**Outcome 17: Residents' clothing and personal property and possessions**

**Theme:**

Person-centred care and support

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

There was no inventory of residents' possessions.

**Action Required:**

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

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

All newly admitted residents have their personal possessions documented in the resident's property book with immediate effect. We will also ask families - if bringing in new items to residents - to make us aware so these items can be logged appropriately

**Proposed Timescale:** 11/02/2015

**Outcome 18: Suitable Staffing**

**Theme:**  
Workforce

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

The numbers of staff were not appropriate at all times of the day.

**Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

A recruitment process is currently underway. Interviews took place on March 9th 2015. New shifts will be introduced to support the needs of residents at evening time.

**Proposed Timescale:** 29/05/2015

**Theme:**  
Workforce

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

There was no system of staff appraisal in place.

**Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

A formal Performance management and Staff Appraisal system will be introduced in MCCU in May 2015. Education and Training will be provided to senior managers to support the introduction of a formal staff appraisal system

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



