

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | East Ferry House |
| Centre ID: | OSV-0000226 |
| Centre address: | East Ferry, Midleton, Cork. |
| Telephone number: | 021 465 2538 |
| Email address: | annepatrica_wilson@hotmail.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Anne Wilson |
| Provider Nominee: | Anne Wilson |
| Lead inspector: | Mary O'Mahony |
| Support inspector(s): | Michelle O'Connor |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 7 |
| Number of vacancies on the date of inspection: | 5 |

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

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|------------------------|------------------------|
| From: | To: |
| 10 February 2016 10:00 | 10 February 2016 18:00 |
| 11 February 2016 10:00 | 11 February 2016 16:30 |

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

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

Summary of findings from this inspection

This report sets out the findings of an announced re-registration inspection of East Ferry House Nursing Home by the Health Information and Quality Authority (HIQA or the Authority). This was the ninth inspection of this centre by the Authority and it took place over two days. During the inspection, inspectors met with the person in charge who was also the provider, the nurse, residents, relatives and staff members.

Inspectors observed practices and reviewed documentation such as the updated health and safety statement, care plans, staff files, policies and procedures and medication management records.

The person in charge worked full time in the centre. She was committed to providing a person centred service to residents. The centre provided care for low to medium dependency residents and the person in charge outlined her admission protocol to inspectors. Residents and relatives expressed satisfaction with the staff and the homely environment. Family involvement was encouraged and inspectors viewed letters and pre-inspection questionnaires from relatives confirming their satisfaction with all aspects of care.

Inspectors viewed a number of alterations which had been advised by the fire officer and completed since previous inspections. However, inspectors found that there were a number of issues yet to be addressed in the centre, to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. Areas of non compliance which were outstanding since the previous inspection included: the statement of purpose: the maintenance of staff files, risk assessment, infection control and access to independent advocacy.

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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):

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

Findings:

The statement of purpose had not been updated since May 2014. While it described the facilities in the centre and outlined the aims and ethos it did not specify the size and description of the rooms used for residents' accommodation, as required by Regulations. In addition, similar to findings on the previous inspection the arrangements for emergency admissions had not been clearly set out. Inspectors viewed the template which the provider had developed for the new statement of purpose and she undertook to submit this to the Authority following the inspection.

Judgment:

Non Compliant - Moderate

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The quality of care of residents was monitored on an ongoing basis. Effective management systems were seen to be in place in the centre during the inspection. The provider assured inspectors that there were sufficient resources in place to ensure the delivery of safe and quality care to residents.

The person in charge/provider was supported by an experienced nurse who participated in the daily management of the centre. There were clear lines of authority and accountability. There were handover meetings held by staff daily and staff meetings were held on a frequent basis. Inspectors viewed minutes of these meetings. Annual audits of care plans were undertaken and the pharmacist carried out medication management audits in the centre. However, audit on infection control, health and safety and other aspects of care had yet to take place. In addition, there was no evidence of consultation with residents and their relatives and residents did not have access to external advocacy services, as required by Regulations. The person in charge stated that due to the small number of residents in the centre she spoke with each resident on a daily basis and ensured that their needs were addressed. She also informed inspectors that she would make contact with an independent advocacy service on behalf of residents.

However, the person in charge stated that she did not currently have a nurse available who could deputise for one of the two senior management staff, in the case of an emergency absence. In addition, the regulatory annual review of the quality and safety of care in the centre had yet to be undertaken.

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:

The Resident's Guide was viewed by inspectors. It was easily accessible to residents and their representatives. It was seen to comply with the requirements of the Regulations.

Contracts of care had been implemented for residents and samples of these contracts were viewed by inspectors. The contracts were comprehensive and contained the required details under the Regulations such as: the fees to be charged and how the care and welfare of residents would be met. There was also information available for residents on notice boards in the centre, from newspapers, from staff and from visiting

community groups.

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 also the registered provider and she resided within the building. She stated to inspectors that she was available in an emergency situation and was on call to support the night nurse, when required.

She was an experienced nurse manager and was actively involved in the daily organisation and management of the service. Staff and residents identified her as the person with overall authority and responsibility for the delivery of care in the centre. She was found to be committed to providing individualised care to residents. She demonstrated good clinical skills and was found to be knowledgeable of residents' needs and of their life stories, throughout the inspection.

She outlined her specific criteria for admission of residents, in relation to the service she provided for residents with low to medium dependency levels.

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:

Not all items were available in staff files, in line with the requirements of Schedule 2 of the Regulations.

All Schedule 5 policies had not been reviewed with the three year period required by Regulations.

Inspectors observed that records were securely stored and the person in charge informed inspectors that residents had access to their care plan, if necessary. Records of inspections by other bodies were maintained. Inspectors viewed a sample of residents' care plans. Each care plan outlined the social and medical needs of residents and evidenced based tools were used to assess the medical, physical and psychological needs of residents. There was evidence of input from, and assessments by, allied health professionals, where required. Inspectors observed that the centre maintained a record of visitors to the centre as required under Schedule 4 (12) of the Regulations. This had been put in place since the previous inspection.

There were centre specific policies which were updated and reviewed when required and these included the policies specified in Schedule 5 of the Regulations. However, similar to findings on previous inspections some policies were out of date such as the staff training and development policy which had last been updated in 2011. In addition, the complaints policy required updating in line with the requirements of Regulation 34. Staff spoken with by inspectors demonstrated awareness of a sample of policies discussed, for example, the policy on the prevention of elder abuse. However, inspectors noted that there was no signature sheet available to indicate that staff had signed that they had read and understood relevant policies.

The centre was adequately insured against injury to residents according to the insurance certificate viewed by inspectors. Fire safety records were seen and were found to have met the requirements of Regulations as regards, training, testing and maintenance of the system. The provider explained that a fire compliance inspection was due to take place on Monday following the inspection. This was to verify that the fire safety improvements had been completed in line with regulatory requirements.

Inspectors viewed a sample of staff files and found that they were generally well maintained. Personal identification numbers (PIN) from An Bord Altranais agus Cnaimhseachais na hEireann, were on file for nursing staff. However, there was no staff file available for the person in charge. A number of employment gaps had not been accounted for and qualification certificates were not available in one staff file reviewed. The staff roster was viewed by inspectors who noted that it correlated with the staffing levels which the person in charge had outlined. Inspectors viewed the complaints and incident books. There were no complaints or incidents documented since the previous inspection.

Training records were maintained in the centre. Since the previous inspection mandatory training had been provided to the majority of staff. This was addressed under Outcome 7: Safeguarding and safety. Other training issues were addressed under Outcome 18: Staffing.

Judgment:
Non Compliant - Moderate

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:
There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge for more than 28 days. The person in charge worked full time and was supported in her role by an experience nurse who acted as the senior staff nurse. She informed inspectors that she deputised for the person in charge in her absence. The provider was aware of her responsibility to inform the Authority about any absence of the person in charge.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:

Since the previous inspection the majority of staff in the centre had been provided with mandatory training in the prevention and recognition of elder abuse. Staff members had also been trained in the management of behaviours that challenged, appropriate to their role. Staff spoken with by inspectors were knowledgeable of how their training impacted positively on the care of residents.

During this inspection training certificates were available for review by inspectors. However, these were not maintained in an accessible manner. In addition, a small number of staff had yet to attend the aforementioned training. Staff spoken with by inspectors were aware of what to do if an allegation of abuse was made to them. There was a policy in the centre on the protection and safeguarding of vulnerable adults and this had been updated in 2016. The policy on care of residents with dementia and any associated behaviours, was also seen to have been reviewed in 2016. The person in charge informed inspectors that the centre did not accept any valuable items or large sums of money for safe keeping. She stated that none of the residents had requested this service to date.

Restraints such as bed rails were documented, notified to the Authority and checked regularly when in use. There was an updated policy in place to guide staff on best evidence practice in this area.

Residents spoken with said that they felt safe in the centre. One resident stated that he put this down to "the person in charge who was very good and always available" He also said that he had his own "routine" which was facilitated by staff. Inspectors later saw him walking independently to the dining room using his walking aid. His walking aid was placed within easy reach of his chair and staff were seen to be readily available to provide encouragement where required.

There were no incidents and accidents recorded in the centre and there were no such notifications made to the Authority. Residents and staff confirmed that there had been no falls or incidents in the centre.

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

Findings:

Not all risks in the centre had been assessed.

During this inspection fire policies and procedures were seen to be centre-specific. The fire evacuation plan was viewed by inspectors. There were fire safety notices for residents and staff appropriately placed throughout the building. Records and certificates of tests carried out on fire extinguishers and the fire alarm system were viewed. A suitably qualified person had carried out a review of fire safety in the centre and a number of major improvements had taken place in the structure and décor of the centre. Wooden ceilings had been painted with fire retardant paint and specific fire doors had been installed. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire and how to evacuate residents. Fire evacuation drills were undertaken twice a year in conjunction with yearly fire training. Inspectors viewed certificates for this training. The person in charge stated that she was awaiting completion certificates for the new fire safety works carried out. Copies of these certificates would be forwarded to the Authority on receipt of same. However, similar to findings on the previous inspection, the two fire doors which led to the very small office spaces were held open with chairs at all times. The person in charge said that this was due to the lack of space in these rooms. There was a computer and printer stored in this area. There was no risk assessment carried out on this practice. Inspectors formed the view that alternative office space should be sourced due to the risk of fire associated with the presence of the IT equipment, without the protection afforded by the closed designated fire safe doors.

Inspectors viewed the accidents and incidents book and observed that that no accidents or falls had occurred in the centre. This was confirmed by residents and staff members. Clinical risk assessments were undertaken for residents, including falls risk assessment, assessments for dependency, nutritional status, skin integrity, continence and moving and handling assessment.

A hand sanitizer was present at the entrance to the building. The person in charge informed inspectors that no outbreaks of infection had taken place. However, as identified on previous inspections there were inadequate hand washing facilities and hand sanitisers in the kitchen and dining room. A report by another agency seen by inspectors had specified some issues to be addressed in this area, including a new placement for the raw meat sink. In addition, the bedpan washer was positioned in an unsecured alcove in an area off the lower corridor. The bedpan washer was not contained within a sluice room. This arrangement was not in compliance with the requirements for infection control as set out in the Guidelines on Infection Control as published by the Authority. Furthermore, inspectors observed that there was no hand washing sink available in the laundry room and that the food storage area was only accessible through the laundry room, thereby creating a risk of cross contamination. In addition, a colour coded floor cleaning system was not in use. Staff informed inspectors that the same mops were used for all rooms. These were seen soaked in disinfectant in a bucket in the laundry room sink between use. Staff indicated that there was a separate mop available if spills occurred, for example, in the dining room.

The centre-specific safety statement and policy had been updated since the last inspection. This was dated August 2015 and contained risk assessments for different areas in the home including the bedrooms, kitchen, outdoors and environmental issues.

However, there were additional risks highlighted by inspectors during the inspection, as outlined above. Residents were afforded the use of commodes in the upstairs bedroom area. These commodes were stored in the bedrooms. Inspectors formed the view that there were inadequate facilities in the upstairs bathroom areas to clean these commode pans after use. The person in charge stated that these were washed in the toilets before being brought downstairs to the bedpan washer. However, she informed inspectors that there were only two residents residing in the upstairs level.

Further hazards noted on inspection included:

- controls not in place for : perimeter fence and external gate to road which were not secured
- damp patch on ceiling and wall in upstairs room
- there was no lock on the treatment room door. This presented a risk to health and safety due to the presence of a 'sharps' container within.

The person in charge informed inspectors that as residents were of low to medium dependency they were enabled to go outside independently where their mobility allowed. However, inspectors noted that one resident who went outside for walks on the road, unaccompanied, did not have an associated risk assessment carried out. The person in charge informed inspectors that a new driveway was planned which would create more security in the garden area and new entrance gates were to be installed.

Appropriate hazard signs for oxygen stored in this area were in evidence.

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):

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

Findings:

Inspectors viewed centre specific policies relating to the ordering, prescribing, storing and administration of medicines to residents. The practice of checking, dispensing and recording of the drugs administered was in line with current legislation. The processes in place for the handling of medicines, including controlled drugs, were safe and in line with best practice guidelines. Photographic identification for residents was present. The person in charge and the senior staff nurse demonstrated a clear understanding of the An Bord Altranais agus Cnaimhseachais na hEireann guidelines on medication management.

The pharmacist provided support and expertise on medication management for nursing staff in the centre and the person in charge said that the pharmacist was responsive and attentive to the needs of the residents. There was a very good general practitioner (GP) service to the centre and South doc services also attended promptly, when required. Residents' medications were seen to be reviewed on a regular basis.

Minutes of staff meetings viewed by inspectors indicated that medication management issues were discussed. In addition, minutes of meetings with the pharmacist were maintained and records of drugs returned to the pharmacy were listed and signed by the pharmacist. There was a pictorial reference guide for staff of all drugs used in the centre. Staff spoken with stated that this was helpful when checking the monthly delivery of drugs. All medications stored in the secure cupboard were in date and medication administration records were in order. There was a signature sheet and an associated list of staff initials available for all nursing staff in the medication file.

Judgment:
Compliant

Outcome 10: Notification of Incidents

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

Theme:
Safe care and support

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

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

Findings:

Notifications of events and incidents were made to the Authority in line with Regulations.

The person in charge stated that she did not always have access to a computer. However, she posted notifications to the Authority, in this event.

One resident had died since the previous inspection. However, according to the person in charge this person had been discharged prior to his death, to a medical facility due to the onset of an acute illness. Notification of his discharge had been made to the appropriate authorities

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:

Residents were encouraged to maintain their independence and inspectors observed residents being supported to walk around the centre, using their mobility aids. Inspectors observed person centred care being provided which enabled and facilitated residents to maintain their preferred daily routine. For example, one resident informed inspectors that she liked to return to bed for a rest after breakfast. She informed inspectors that this was part of her daily routine and she was supported by staff.

Residents were provided with the services of a local GP who provided an attentive and timely service to the residents. Residents received a regular review of their medical care, blood test were carried out at suitable intervals and medication was reviewed on a three-monthly basis, or sooner if required. Documentation was viewed which indicated that "South Doc" was accessed for evening and night time service. Similar to findings on the previous inspection chiropody service was available to residents on a monthly basis. Dietician services were provided by a nutrition company and a physiotherapist could be accessed if required. This was funded privately by residents. Optical and dental assessments were carried out on a yearly basis or more frequently if necessary. The speech and language therapist (SALT) provided guidance for residents who experienced swallowing difficulties. Related care plans were seen by inspectors. Kitchen staff were familiar with these guidelines.

A sample of care plans reviewed by inspectors were comprehensive and detailed. Staff informed the inspectors that the only form of restraint in use in the centre was the use of bedrails. These were used in line with best practice guidelines and appropriate risk assessments and consent forms were seen in residents' care plans. A log of restraints was maintained in line with the requirements of Regulations.

Daily and nightly narrative notes were recorded by nursing staff and residents were seen to have records kept of their vital signs and monthly weight. Daily newspapers were provided in the centre, parties were celebrated and outings were organised. Chair based exercises were seen to be facilitated during the inspection and residents were heard to enjoy a sing song. The centre had a pet cat. and one relative informed inspectors that she brought her father's dogs to the door of the centre when the weather was fine. The resident would sit outside watching the dogs and enjoying the lovely harbour view. Residents spoke with inspectors about their satisfaction with life in the centre. They praised the staff, the homely atmosphere, the person in charge and the food quality. However, there was not a good variety of meaningful activities available for residents.

This was addressed under Outcome 16: Residents' rights, dignity and consultation.

Judgment:

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):

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

Findings:

The centre was an old building with many of its original stone walls, tiled floors and large picture windows still in place. It was warm and homely with a large coal burning stove located in the main sitting room. There was a scenic view of the harbour and of the colourful well maintained gardens, from most rooms.

A number of residents' bedrooms were personalised. For example, items such as family photographs, bedspreads and books were observed in the bedrooms. Residents had access to individual wardrobes, a chest of drawers and a bedside locker. Residents spoken with by inspectors said that they were happy with the accommodation provided and that it was comfortable. However, in some single and multi-occupancy bedrooms there were unused beds. The centre had downsized in recent years and was now registered to accommodate 12 residents. However, there were still approximately 20 beds in the centre. This arrangement impacted on residents who were accommodated in multi-occupancy rooms. For example, two residents were accommodated in a bedroom which had two empty, unused beds also. In addition, there was a broken hoist awaiting repair in this room. Consequently the room was not personalised, for example, all the wardrobes were lined up against one wall. Inspectors observed that there were no lockable storage facilities available to residents should they wish to store personal items. The provider was asked to designate which rooms and beds were to be used for residents to avoid any potential issues as regards registration. Furthermore, the presence of unused beds in the shared bedrooms impacted on residents' space and on the environment in these shared rooms, which appeared cluttered as a result.

The kitchen was clean and organised with adequate supplies of food. As previously discussed there were some renovations to be carried out as recommended by another inspection body. This was addressed under Outcome 15: Food and nutrition.

The gardens were easily accessible to residents. During the inspection the gardener was seen maintaining the flowers and shrubs. There were old stone steps leading to various sections of the garden where water fountains and other stone garden ornaments were located. Outdoor seating was available for residents and relatives, who informed inspectors that they would sit out in the garden during the fine weather. Other residents said that they could go outside for a walk by choice.

Renovation works were ongoing at the time of inspection. Two large downstairs rooms had been converted into large double bedrooms with en suite facilities. The person in charge stated that these were occupied by respite residents at intervals. In one of these bedrooms there was an area that was furnished with appropriate seating. This area was located in front of a large window creating a restful calm space for relaxation. There were portable wooden privacy screens in these rooms appropriate for the era of the house. In other shared rooms there were privacy curtains around each bed which were in good repair. As discussed under Outcome 8: Health and safety, designated fire doors had been installed and other fire safety works had been undertaken during the past year.

Care staff in the centre also carried out cleaning duties and all staff members did personal laundry for residents. This did not appear to impact on the care of residents during the inspection as there was always one staff member with them. The person in charge also employed the services of contract cleaners to shampoo and clean all carpets and upholstery when necessary.

Closed-circuit television (CCTV) was positioned in the conservatory area which led to the smoking area. This was currently not in use and had been disconnected during renovations. There was external CCTV in operation which the person in charge stated was installed to maintain the safety of residents.

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:

The complaints procedure was displayed in a prominent position in the centre. A recent policy on 'Responding to complaints' was viewed by inspectors. This policy outlined how staff should handle informal complaints and when a complaint should be referred to the

nurse in charge. However, the appeals process was unclear. In addition, a second nominated person or independent advocate was not identified.

Inspectors reviewed the complaints log for the centre and found that no entries had been made for the last two years. Residents, relatives and staff, interviewed by inspectors, confirmed they were content with how the centre was run and stated they had never had cause to make a complaint. A number of completed pre-inspection questionnaires contained positive comments about the staff and level of care in the centre. The provider/person in charge was available on a daily basis and stated that she addressed any issues that might potentially give rise to concern.

Judgment:
Substantially 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):

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

Findings:

There were policies and protocols in place for end-of-life care. This had been reviewed by the person in charge in 2016. The policy was viewed by inspectors and was found to contain information on the emotional, psychological and spiritual support required for the resident and relatives at end-of-life. Inspectors spoke with the person in charge, the nurse, care staff, and kitchen staff. They explained to inspectors how they would support and care for residents and relatives at end of life stage. Even though the centre accommodated residents with a low to medium dependency level the person in charge stated that residents could choose to stay in the centre at end of life stage if that was their wish. Staffing levels and capacity to care for residents' needs were assessed on an individual basis. Inspectors viewed training records which indicated the end of life care training been undertaken by staff since the previous inspection.

Residents had the opportunity to attend religious service held in the centre and there was a single room available on the day of inspection for any resident who might need it. There were facilities for relatives to stay overnight with a relative, if necessary. Pastoral care was available to residents and on the first day of inspection this was seen to be administered. Inspectors reviewed a sample of care plans and noted that residents' medical status was regularly reviewed by the general practitioner (GP). The person in charge indicated that if a resident refused treatment this request would be facilitated, in consultation with the GP.

End-of-life care discussions were recorded in the sample of care plans seen by inspectors. The person in charge informed inspectors that she ascertained residents' wishes for their future care where these were forthcoming. She explained how representatives were consulted where appropriate.

Specialist palliative care services could be accessed, according to the person in charge. She indicated that this service was rarely needed as the GP provided pain and other symptom control where necessary. A former resident had died in a medical facility since the previous inspection and staff described the loss of this person as "like a death in the family". Staff and residents spoke warmly about this resident and minutes of staff meetings indicated that support was available to staff and residents following the death, which was unexpected.

Judgment:
Compliant

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):

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

Findings:

Residents were provided with food and fluids at times and in quantities suitable to their individual needs. Residents had the option of taking meals and snacks in a dedicated dining room, communal area or their bedrooms. Pre-admission assessment included recording dietary preferences. The provider/person in charge developed menu plans two days in advance following consultation with the chef and residents. The food on offer was freshly prepared in the centre and included daily cake baking. Meal choice was displayed on a board in the dining area. Food served appeared wholesome and nutritious and respected residents' religious traditions. For example, fish was served on day one of the inspection which had significance for residents of a particular religious persuasion. Residents requiring a modified diet were served meals that had an appetising appearance. Staff spoken with were aware of the special dietary requirements or preferences of residents. During mealtimes staff were observed assisting residents with meals or encouraging residents to eat independently. However, residents were not always assisted to eat at an appropriate level, for example, a staff member was seen to stand over a resident while offering assistance.

Inspectors viewed recently updated policies and procedures relating to nutritional status

and management. The policy contained guidelines for staff on nutrition screening using the malnutrition universal screening tool (MUST) and on monitoring and documenting nutritional intake. Staff spoken with by inspectors confirmed that residents were weighed monthly, their body mass index (BMI) was calculated and the MUST tool was used to evaluate risk of malnutrition. Staff stated to inspectors that they had received training on the use of MUST and in supporting residents with dysphagia (difficulty in swallowing). Training records viewed by inspectors confirmed this. However, while a Food Safety Authority daily record of food temperatures and of the cleaning regime was maintained in the kitchen, there was no policy available on food safety. In addition, both regular and relief kitchen staff did not have updated training appropriate to their role, For example, hazard identification and critical control point (HACCP) training or food hygiene training. For one relevant staff member this training had last been attended in 2008. This was addressed under Outcome 18: Staffing.

Recommendations of a Health Service Executive (HSE) environmental health department inspection carried out 10 June 2015 specified the need to move a raw meat fridge and preparation area to a more suitable location in the kitchen. This had not been addressed since the previous inspection. The provider/person in charge stated that follow up on this recommendation had been delayed due to lack of space and logistics. In addition, major fire safety renovation work had been undertaken during the previous year which had a monetary impact. The person in charge informed inspectors however, that this recommendation would be addressed in the future. This was discussed further under Outcome 12: Premises.

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:
Residents and relatives told inspectors that there was a respectful ethos in the centre. Inspectors observed that residents' privacy and dignity was promoted by staff. For example, residents were discreetly supported to access the toilet areas during the day and serviettes were used for clothes protection at dinner time. There was an open visiting policy in operation and this was confirmed by inspectors who observed residents

and relatives enjoying each others' company during the inspection. A number of these visitors spoke with inspectors. They were praiseworthy of the individualised care each resident received. They informed inspectors that there was good communication with the person in charge and with staff. They stated that they were updated frequently about any changes which occurred. Inspectors viewed a number of pre inspection questionnaires that were completed by relatives prior to the inspection. Inspectors observed that visitors were having tea with residents in various rooms during the afternoon. The conservatory was used by one family and the resident was seen to be responsive and talkative during their visit.

Daily newspapers were made available to all residents as discussed under Outcome 11: Health and social care needs. However, there was a limited supply of magazines and some residents who enjoyed reading these were seen to access the same magazines on a couple of occasions. There was access to TV and DVDs in the sitting room and in some bedrooms. Residents said that they enjoyed movies, the news, documentaries and music DVDs. However, there was not a good variety of meaningful activities available for residents. Residents participated in exercise and singing activities which were provided during the second day of inspection. The group was observed by inspectors to become more animated and communicative with each other when the activity was undertaken. This was discussed with the person in charge. For example, one resident stated that she had asked if she could play a game of cards and this activity was not available.

Residents stated that they were consulted daily about their life in the centre and that they felt that they were listened to by staff.

Judgment:

Non Compliant - Moderate

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:

Residents' clothing and possessions were well maintained in the centre. Clothes were laundered on site and residents had no complaints about missing clothing. Staff spoken with by inspectors stated that as there were a small number of residents in the centre it was easy to take care of their clothes. However, similar to findings on the previous inspection, inspectors found that there were no records of residents' personal furniture

items maintained, as required in the Regulations. The person in charge stated that resident had no items of personal furniture in their rooms. There was adequate storage space for residents' belongings.

Judgment:
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):

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

Findings:

During the previous inspection in July 2015 inspectors found that staff did not have access to appropriate training. A training programme had been implemented in the intervening time and training certificates were available. However, these were not adequately maintained in a manner that was easily accessible for review by inspectors. While staff spoken with were aware of policies and procedures related to the general welfare and protection of residents, these policies had not been signed off as having been read and understood by staff members. In addition, as outlined under Outcome 15, not all staff had been afforded training appropriate to their role, for example HACCP training, food hygiene training and infection control training. Furthermore, there was no evidence of the previous date of manual handling training attended by staff, which was appropriate for their role.

Inspectors were satisfied that the centre currently had sufficient day staff to meet the assessed needs of residents and the size and layout of the designated centre. A nurse was on duty at all times and both staff and residents were happy with the availability and involvement of the provider/person in charge. However, similar to findings on the previous inspection, inspectors remained concerned that there was only one staff member on duty at night time. This was significant as there were two residents with high needs currently in residence. In addition, two residents had their bedrooms located upstairs. The person in charge stated that she was always available on call for the night staff and that this had been risk assessed. However, as the person in charge also worked on day duty inspectors formed the view that the feasibility of this arrangement

was not sustainable in the long term. In addition, the absence of the provider/person in charge would present a major challenge to staffing levels in the centre. The provider/person in charge agreed with this observation.

Inspectors reviewed staff files and found that not all the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were met. Not all staff had a staff file available. Relevant qualifications were not available in some files on the day of inspection, not all gaps in employment were accounted for and staff contracts did not contain an adequate or accurate job description. In addition, Garda vetting had not been obtained for a volunteer in the centre. This was addressed under Outcome 5: Documentation.

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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: | East Ferry House |
| Centre ID: | OSV-0000226 |
| Date of inspection: | 10/02/2016 |
| Date of response: | 22/03/2016 |

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The registered provider had failed to review and revise the statement of purpose at intervals of not less than one year.

1. Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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:

Statement of Purpose has been revised.
Room measurements will be forwarded.

Proposed Timescale: 22/03/2016

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:

The system of audit in the centre was not adequate to ensure that the quality and safety of care was consistently monitored.

2. 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.

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

Audits medication residents done. Yearly audit of care plans done.

Proposed Timescale: 22/06/2016

Theme:

Governance, Leadership and Management

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

The registered provider failed to ensure that there was an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care was 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.

3. 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:

This issue is been addressed and an annual review has commenced.

Proposed Timescale: 22/06/2016

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:

Not all policies and procedures referred to in Regulation 4(1) were reviewed within the required three year period.

4. 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:

All required policies were revised.

Proposed Timescale: 22/03/2016

Theme:

Governance, Leadership and Management

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

There was no staff file available for the person in charge as required under Schedule 2 of the Regulations. All the requirements of Schedule 2 had not been met for all staff files reviewed.

5. 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:

There is a copy of this file now available in the centre .

Proposed Timescale: 22/06/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Two members of staff, including a volunteer, had yet to attend training in up to date knowledge and skills to enable them to respond to and manage behaviour that was challenging.

6. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Abuse/Challenging behaviour all staff but for cook.
In house training certs issued.

Proposed Timescale: 22/06/2016

Theme:

Safe care and support

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

Two members of staff including one volunteer had yet to attend mandatory training in the protection of vulnerable older adults.

7. Action Required:

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

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

This training has been scheduled

Proposed Timescale: 02/12/2016

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:

The risk management policy did not set out all hazard identification and assessment of all risks throughout the designated centre.

For example:

- no lock on the treatment room
- residents walking on the road unaccompanied
- unsecured perimeter fence and gateway to road

8. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

These issues have been addressed.

Proposed Timescale: 22/03/2016

Theme:

Safe care and support

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

The registered provider failed to ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections as published by the Authority were implemented:

For example:

- the provision of adequate hand sanitisers and a hand washing sink in the laundry
- the new placement of the raw meat sink in the kitchen, as recommended by the appropriate inspection body.
- the placement of the bedpan washer in an open alcove
- the arrangements for the washing of commode pans in the upstairs area
- access to a food storage area through the laundry
- there was no colour coded system in use for floor mopping.

9. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

These have been addressed.

- There is a hand washing sink in the laundry area.
 - The bedpan washer will be relocated by 31 July 2016
 - Food storage has been relocated to a more suitable area.
 - A colour coded mopping system is in place
 - HACCP training is planned for September 2016
- The raw meat fridge has been relocated.

Proposed Timescale: 01/09/2016

Theme:

Safe care and support

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

The registered provider failed to make adequate arrangements for containing fires.

For example:

-two designated fire safe doors to both small office areas were held open with chairs due to lack of space. Electrical equipment was in use in these offices i.e. IT equipment.

10. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Chairs removed immediately.

The fire officer and fire engineer have made a site visit and a fire safety certificate will be issued shortly.

Proposed Timescale: 31/05/2016

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:

Rooms which had been converted into bedrooms did not have a description or plan of these rooms included in the statement of purpose. In addition, there were a number of unused beds and bedrooms in the centre. The provider was asked to designate which rooms were to be used for residents to avoid any potential issues as regards registration. Furthermore, the presence of unused beds in the shared bedrooms impacted on residents' space and on the environment in these shared rooms which appeared cluttered as a result.

11. Action Required:

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

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

Bed measurements occupancy have been sent to HIQA, Mahon, Cork.

Proposed Timescale: 22/03/2016

Theme:

Effective care and support

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

the following respect:

Some areas of the premises did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

For example:

- there were inappropriate sluicing facilities in the centre
- there were no locked storage facility available to residents for their personal possessions
- there was no wash hand basin in the laundry room.

12. 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:

Wash hand basin is being installed.

Proposed Timescale: 05/04/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

There was no person nominated other than the person nominated in Regulation 34 (1)(c), to be available in the designated centre to ensure that all complaints were appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintained the records specified under in Regulation 34 (1)(f). This person was required to be named on the complaints policy and procedure.

13. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

This person is now identified and nominated as above.

Proposed Timescale: 22/03/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There was a lack of organised and informal opportunities for recreation and meaningful activities in the centre in accordance with residents interests and capacities.

14. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Exercises and further recreation provided.

Proposed Timescale: 22/03/2016

Theme:

Person-centred care and support

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

Not all residents had the choice or availability of TV in their bedroom or in another room apart from the sitting room.

15. Action Required:

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

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

TV is located in all bedrooms.

Proposed Timescale: 22/03/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Inspectors remained concerned that there was only one staff member on duty at night time, in particular as there were two residents with high needs currently in residence. The person in charge stated that she was always available on call for the night staff. However, as she also works on day duty inspectors formed the view that the feasibility of this arrangement was not sustainable in the long term.

16. 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:

In the long term there will be a care assistant with nurse on night duty.

Proposed Timescale: 22/07/2016

Theme:

Workforce

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

Not all staff had been afforded training appropriate to their role, for example HACCP training, food hygiene training and infection control training. Furthermore, there was no evidence of the previous date of manual handling training attended by staff.

17. 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:

HACCP been organised.

Training has been scheduled for other staff.

Proposed Timescale: 22/09/2016

Theme:

Workforce

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

Garda vetting had not been obtained for a volunteer who worked in the centre.

18. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

Vetting application gone for this volunteer.

Proposed Timescale: 22/03/2016