

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Joseph's Nursing Home
Centre ID:	OSV-0000288
Centre address:	Killowen, Kenmare, Kerry.
Telephone number:	064 6641 100
Email address:	info@kenmarestjosephs.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Rathsheen Investments Limited
Provider Nominee:	Donncha Kidney
Lead inspector:	Mary O'Mahony
Support inspector(s):	John Greaney
Type of inspection	Announced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	4

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:
26 April 2016 10:00	26 April 2016 19:00
27 April 2016 07:00	27 April 2016 19:30

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

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

Summary of findings from this inspection

This inspection by the Health Information and Quality Authority (HIQA) of St Joseph's Nursing Home was an announced inspection. The provider had applied for re registration of the nursing home which was a purpose-built, single-storey facility situated on the outskirts of Kenmare town. It was first registered in September 2010. An extension of the premises provided an additional 18 bedrooms and the centre

facilitated care for up to 50 older residents with a range of care needs. There were 46 residents accommodated on the day of inspection. There were four vacant beds in the centre. There were appropriate staff numbers and skill mix to meet the assessed needs of residents, taking in to consideration the size and layout of the centre. The décor and furnishings in the new part of the centre were of a high standard. There was sufficient car parking areas near the main entrance to the building. The grounds, internal and external, were well maintained and free from obvious significant hazards.

On this inspection the administrator/director, had been appointed as the provider nominee. Following the previous inspection, the provider had been asked to attend a provider meeting at which a warning letter, in relation to the level of non compliance, was issued by HIQA. Following this meeting the provider had engaged external support on systems of safety and quality of care. This resulted in improvements in documentation and care planning for residents. Care planning updates were in progress during the inspection.

Improvements were also noted in the area of medication management and safeguarding and safety. However, areas of non compliance with Regulations were identified on inspection. The action plan at the end of this report identifies where improvements were required to meet the requirements of 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. These included among others: governance and management, health and safety issues, health care needs, end of life care, staff training and staff files.

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:

Inspectors viewed the statement of purpose which accurately described the service that was provided in the centre. It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was reviewed on an annual basis.

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:

Management systems and sufficient resources were in place to ensure the delivery of care to residents. There was a clearly defined management structure in place that identified the lines of authority and accountability. Since the previous inspection the administrator/director, had been appointed as the provider nominee. He worked in the administration office in the centre on a full time basis and consulted daily with the

person in charge.

Inspectors found that the regulatory yearly review of the quality and safety of care had been completed. It was submitted following the inspection along with the residents' survey results. Key components of the review were reviewed on inspection such as, a detailed audit system and a monthly review by the person in charge of key performance indicators such as falls, infection control and a resident survey. However, inspectors formed the view that the management and supervision of areas such as wound care, smoking risks and specialist care needs was not sufficiently robust. This was further addressed under the relevant Outcomes of this report.

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 was a Resident's Guide available to residents. It contained all the required information. In a sample of residents' files reviewed inspectors found that there was a written contract signed and agreed on admission. Each resident's contract outlined the care and services available in the centre. The contracts specified the fees to be charged and outlined the services which were to be paid for by residents, for example, hairdressing fees and bus outings. There were some discrepancies seen in the documentation as to which services were covered under the fees. The provider stated that the contracts were being changed to provide more clarity. Inspectors noted that a number of these had already been changed.

Judgment:

Substantially 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 an experienced nurse manager and was actively involved in the day-to-day organisation and management of the service. She fulfilled the requirements of the regulatory requirements for the person in charge of a designated centre. Staff, residents and relatives all identified the person in charge as the person with responsibility for the delivery of care.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

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 were maintained accurately and were easily accessible to inspectors. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. Insurance certification was viewed by inspectors. The policies required under Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) were in place and were seen to be reviewed regularly. Complaints and incidents were documented. Copies of medication incidents were maintained in the centre. A copy of the statement of purpose, the Resident's Guide and previous inspection reports were available to residents. However, all the requirements of Schedule 2 of the Regulations as regards staff files were not maintained as required. This was addressed under Outcome 18: Staffing. In addition, all care plans were not specific to individual care needs of residents and were not sufficiently detailed to guide residents' care. This was addressed under Outcome 11: Health care needs.

Judgment:

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 nominee was aware of his statutory duty to inform the Chief Inspector 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 her absence. There was a suitably qualified and experienced person in place to deputise in the 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The centre had an up-to-date policy on the prevention, detection and response to abuse. There was evidence that staff had received training in the prevention of elder abuse and staff spoken with by inspectors were aware of what to do in the event of an allegation of abuse being made. Residents stated they felt safe in the centre and could talk to the person in charge or any staff member.

Inspectors reviewed processes in place for safeguarding residents' finances and noted that there were robust systems in place to safeguarding residents' money. Each resident had a record with details of financial transactions, signed by two people.

Closed circuit television (CCTV) was used in the corridors of the centre. A centre-specific policy was in place which outlined the use of CCTV and identified the locations of the cameras. The provider was aware of data protection responsibilities under the Data Protection legislation. Signage indicating the use of CCTV was in place. A CCTV camera had been removed from a sitting room since the previous inspection.

A log of the use of restrictive procedure was maintained and was viewed by inspectors. Notifications were submitted to HIQA for the use of bedrails and lap belts as required by Regulation. Staff in the centre had been afforded training to update their knowledge and skills in behaviours that challenge, appropriate to their role.

During this inspection, inspectors found evidence in documentation reviewed and during staff interviews that some care practices in the centre had been reviewed and updated in line with best practice guidelines, since the previous inspection, in order to enhance the privacy, rights and dignity of residents.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
The centre had an updated health and safety statement and an emergency plan inclusive of arrangements in place for responding to emergencies. A location had been identified for safe placement of residents in the event of evacuation of the centre.

There were procedures in place for the prevention and control of infection. Alcohol hand gels, disposable gloves and aprons were available in the centre. Adequate hand washing facilities were available and instructions on hand washing techniques were displayed. Clinical waste and sharps bins were securely stored and there was evidence of an arrangement in place for the collection of clinical waste by an external agency. Staff were observed wearing protective equipment (PPE) when engaging in personal care or housekeeping practices. The person in charge stated that specific cleaning staff were employed daily to clean the centre during the day. Additional cleaning was carried out by night care staff. A colour coded cleaning system was in use in the centre.

The risk management policy in the centre was up to date. The risks specified under Regulation 26 were identified in the risk management policy, for example the risk of abuse and the risk of absconsion. However, inspectors found that not all risks in the

centre had been identified or assessed. For example, the risk of choking had not been risk assessed for a resident with dysphagia (difficulty in swallowing). This resident did not conform to the modified diet recommended by the speech and language therapist. A plan of care for this resident was in place identifying the swallowing risk as discussed under Outcome 11. In addition, the fact that fire doors were held open by various objects had not been risk assessed.

A senior nurse was the trainer for moving and handling techniques. However, while there was evidence that staff attended training in moving and handling techniques inspectors noted that the trainer did not have the required updated certification necessary to deliver this training. This was addressed under Outcome 18: Staffing. The provider stated that this issue would be addressed. Documentation was viewed by inspectors indicated that manual handling equipment (hoists and slings), beds and mattresses were serviced by an external contractor.

Suitable fire management equipment was provided and fire extinguishers were serviced as required. Fire exits were unobstructed and were checked during the week. However, the provider stated that daily fire checks were not carried out at the weekends. A procedure for the safe evacuation of residents and staff in the event of fire was prominently displayed. Staff spoken with by inspectors were knowledgeable of fire safety procedures. Fire safety documentation reviewed by inspectors, confirmed that fire drills took place at suitable intervals. However, the provider confirmed with inspectors that fire drills had not been carried out other than the drills which took place during the training sessions. Inspectors noted that emergency lighting had not been serviced on a quarterly basis in line with the recommended standard. In addition, documentation seen by inspectors indicated that the fire alarm system had not been maintained on a quarterly basis. Furthermore, on three occasions during the inspection inspectors found that a number of designated fire safe doors were held open with bedroom bins and in one case by a bed side table.

There was a designated smoking room in the centre. This room was furnished appropriately. However, on two occasions during the inspection, inspectors observed that there was lack of staff supervision in this room. On one occasion this resulted in a near miss for one resident and on the second occasion a superficial burn was sustained by the resident. Inspectors formed the view that staff did not follow the controls in the risk assessment for this person which had been updated in March to state that a staff member would stay with the resident to supervise him while smoking. The risk assessment was again updated during the inspection to reiterate that a staff member would supervise the resident at all times when smoking. In addition, inspectors heard the person in charge remind staff of this requirement.

Judgment:
Non Compliant - Major

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):

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

Findings:

The centre's policy on medication management was up to date and signed as having been read by staff. A sample of medication prescription charts reviewed included the resident's name, date of birth, a photograph of the resident and details of any allergies were documented. There was evidence of ongoing review and audit of residents' medications.

Residents' medication was reviewed by the general practitioner (GP) on a monthly basis according to a sample of records reviewed by inspectors. The controlled drugs were suitably stored in the locked treatment room. A designated medication fridge was located in the treatment room and the temperature of the fridge was monitored daily. Records were reviewed which confirmed this practice. However, in a sample of medications checked by inspectors two bottles of eye drops, in use for residents, had not be labelled with the opening date. In addition, one prescription checked contained unclear instructions. These issues were rectified during the inspection.

Since the previous inspection medications which were required to be crushed for specific residents were prescribed, as suitable for crushing, by a medical practitioner. In addition, inspectors observed that subcutaneous fluid prescriptions were current and that the procedures for receiving phone orders for medications were in line with the policy. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. There were appropriate procedures for the handling and disposal of unused and out of date medicines in the centre. Safe medication management practices were reviewed and monitored. Pharmacists were facilitated to meet their regulatory responsibilities to residents. Residents had a choice of pharmacist and GP, where possible. Advice provided by the pharmacist was assessed for staff and residents.

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):

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

Findings:

There were improvements noted in the submission of notifications since the previous inspection.

A record was maintained of all incidents occurring in the centre.

Quarterly notifications were provided to HIQA as required. Notifications of wounds and pressures sores had been submitted in the quarterly notifications as required by Regulations.

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):

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

Findings:

Inspectors reviewed a sample of residents' care plans. Since the previous inspection the provider had engaged external support to develop more comprehensive and person centred care plans. Improvements were noted in a number of care plans. The person in charge stated that this work was on going at the time of inspection. There was evidence of referral to a number of allied health care services. Inspectors were informed that residents had timely access to GP services. Residents' care plans were reviewed four monthly. There was a named staff nurse identified as the key nurse for a group of residents. The person in charge stated that care plan reviews were done in consultation with residents and their representatives, where required. Documentation confirming this was seen by inspectors. Detailed narrative notes were maintained for each resident.

Comprehensive assessments for residents who required bed rail or lap belt restraint had been completed. Care plans of these residents contained risk assessments. Consent for the use of restraint was signed by residents or their representatives.

Residents had opportunities to participate in activities that were meaningful and purposeful to them. Residents confirmed this with inspectors. Each resident had a life history compiled in consultation with the resident and the resident's representative and this informed the choice of activities. Activities ranged from newspaper reading, prayers, music sessions, chair based exercises, 'Sonas', the hairdresser, arts and crafts, hand and

foot massage and outings. Inspectors observed musical entertainment during the inspection and a large group of residents were seen participating. A number of staff were observed to be supporting residents and inspectors observed that there was a good rapport between residents and staff.

Staff, spoken with by inspectors, were knowledgeable about residents' health and social care needs. Residents spoken with by inspectors stated that they were happy in the centre and that staff were kind to them. They stated that they had a choice of menu at mealtimes and that the food was good.

Documentation reviewed indicated that residents who experienced dysphagia (difficulty in swallowing) or were administered supplements for nutritional support had care plans in place. These residents had been assessed by the speech and language therapist (SALT) and the dietician. However, the care plan for a resident who was an insulin dependent diabetic was found to be generic and did not specify how often blood sugar levels were to be taken. In addition, there was no reference to insulin administration for the resident. Additional care plans which were seen to be generic and not specific to the resident were communication plans, falls and wound care plans. For example, it was unclear from the communication care plan of one resident if the resident required glasses or a hearing aid. In addition, the communication plan for a resident who had visual impairment due to the side effects of his medical condition did not provide guidance for staff in how often he was to attend for eye examinations or an explanation of how his vision was affected. Furthermore, a referral had not been made to palliative services for a resident at end of life stage. This issue and the non availability of a relevant care plan was discussed in more detail under Outcome 14: End of life care.

A number of residents had pressure sores or wounds caused by circulatory deficiency, pressure or medical conditions which required dressings. In a sample of documentation reviewed inspectors found that the documentation was inadequate to reflect the serious nature of the wounds. In addition, when there were multiple wounds present for one resident, care plans had not been in place for an extended period, prior to the inspection, which differentiated the individual wounds and the current state of each wound. However, the tissue viability nurse had attended the centre on 9 and the 21 April 2016 and had provided advice on care planning and appropriate care for each individual wound. Documentation confirming this was viewed by inspectors. Inspectors formed the view that wound care and pressure sore care in the centre required to be reviewed. Wound care plans seen by inspectors were not detailed or comprehensive enough to enable inspectors to make an assessment of the care and current status of the wounds.

Judgment:
Non Compliant - Major

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):

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

Findings:

The premises was a single-storey building set in a scenic area near the local town. Corridors were wide and spacious for residents to walk around safely, using the grab rails provided. The environment was homely, well decorated and clean. Communal areas included four sitting rooms, two interconnected dining rooms and a spacious reception area. There was a dedicated activities room, a treatment room, a visitor's room/meeting room and a room for 'Sonas' activities. The oratory and one sitting room could be connected when the sliding partition doors were moved. This facilitated a large group of residents to attend religious services. There were a number of recessed furnished sitting areas located along the public corridors. Residents had access to three internal courtyard areas. These were suitably planted according to seasonal changes. Inspectors found that these were readily accessible to residents and the exit doors to the courtyards were open on the day of inspection.

The bedroom accommodation in the centre consisted of:

- 23 single rooms
- seven two-bedded rooms
- three three-bedded rooms
- one four-bedded room.

All bedrooms had en suite toilet and shower facilities. Improvements had been made in the four bedded room to provide a more spacious layout, to improve access to the en suite area and to provide better wardrobe allocation. On the previous inspection, there was a separate bathroom in the centre. However, inspectors observed that the bathroom had now been converted into a store room and the bath had been removed. The person in charge stated that as the bedrooms had en suite shower facilities there was no longer a requirement for a bath for residents' use. In addition, the person in charge stated that commodes were not in use in the centre.

The dining room tables were nicely set with serviettes, fresh flowers, place mats and a variety of condiments. This was a large, bright room consisting of two interlinked areas adjacent to the spacious kitchen.

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):

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

Findings:

The centre had an up-to-date policy and procedure for the management of complaints. Since the previous inspection the policy now identified the name of a nominated person, as specified under Regulation 34 (3), other than the complaints officer, to ensure that all complaints were responded to and properly recorded. Residents were aware of how to make a complaint and they knew that the person in charge was the complaints officer. The person in charge informed inspectors that she monitored the complaints from each area.

Residents spoken with by inspectors stated that they could raise any issue or concern with the person in charge or staff. However, a complaint by a staff member which had been received on February 2016 was not referenced or recorded in the complaints book. However, this person had been advised of the right to appeal to the Ombudsman.

Judgment:

Non Compliant - Moderate

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:

Individual religious and cultural practices were facilitated and family and friends were encouraged to be with the resident at end of life. Residents had the option of a single room. However the person in charge stated that access to specialist palliative services was limited, as the palliative service was prioritised towards people with cancer, due to limited availability from the Health Service Executive (HSE) service. She confirmed that she had not sought a referral to be made for residents, due to this limitation. This was significant as there was a resident with very high needs who would have benefitted from specialist input for symptom control, at the time of inspection. An entry, seen by

inspectors, in this resident's care end of life assessment on 20/04/16 stated, "no care needs identified". In addition, there was no individualised plan of care which guided staff in providing holistic care at end of life, to this person. However, inspectors noted that the general practitioner (GP) service was readily available to the resident. The GP was seen attending the centre on two occasions during the inspection. Inspectors saw documentation which confirmed that other residents had end of life care wishes recorded in their personal care plans.

Inspectors reviewed the end of life policy dated as having been reviewed in March 2016. The policy focused on the holistic needs of residents and their relatives. The person in charge informed inspectors that staff had attended end of life training. There was an 'end of life box' available in the centre which contained relevant items for spiritual care at end of life.

Residents spoken with by inspectors confirmed that they had access to their individual priests or ministers.

Judgment:

Non Compliant - Moderate

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:

Inspectors viewed training records which indicated that staff had attended training on aspects of diet and nutrition from a dietician and a speech and language therapist (SALT). This was confirmed by staff with whom inspectors spoke. Inspectors observed mealtimes including dinner which was served at 12.00hrs and 13.00, and, afternoon tea at 15.30hrs and the evening meal at 16.30. Residents informed inspectors that there was a choice of meals on offer at each mealtime and that the quality of the food was very good. Inspectors observed residents being served their choice of meal. Residents utilised the main dining room for meals which were appropriately served, in a timely manner. The dining room tables were set with white table linen and napkins.

Throughout the meal staff were observed to be supporting residents. They were observed to be aware of residents' likes and dislikes. Inspectors spoke with staff who were aware of the actions to take if a resident appeared to be choking or presented with a swallowing difficulty.

Inspectors spoke with the chef who said that he regularly met with the person in charge to discuss residents' dietary needs. The chef showed inspectors his files which contained relevant information including a copy of the most recent assessments carried out by the speech and language therapist, the dietician and a record of residents' food preferences. The chef indicated that he received relevant training in nutrition. For example, HACCP (Hazard Analysis Critical Control Points) training had been updated. The chef explained to inspectors how he ensured that the diet was nutritious by having a variety of meat, vegetables and fruit sourced from a reputable local suppliers, as well as providing home baked bread and cakes. He was familiar with the special dietary requirements and the needs of residents who required modified or fortified diets. The kitchen was seen to be very clean and modern. Snacks and drinks were readily available throughout the day.

A sample of medication administration charts and care plans were reviewed by inspectors. These indicated that nutritional supplements were prescribed by the GP. Inspectors saw these supplements being provided to residents. Inspectors noted that all residents had a malnutrition universal screening tool (MUST) assessment and that this was repeated four-monthly or when required. The environmental officer had prepared a report on the kitchen and food preparation area. A copy of this was viewed by inspectors.

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

Findings:
There was evidence that residents were consulted with on how the centre was run. Residents' meetings were facilitated. There was evidence that suggestions emanating from these meetings were acted on. There was a policy on communication for residents in the centre.

Inspectors observed that residents received care in a manner which respected their privacy, as much as the environment allowed, with the use of curtains and screens in the multi occupancy rooms. Space for residents' privacy and dignity needs was restricted

in the three and four bedded rooms. However, improvements had been made in the four bedded room as regards the placement of beds and the wardrobe allocation for each resident. There was inadequate space for residents to carry out activities in private in these rooms. There was also limited space for staff to attend to the intimate care needs of residents, in a discreet manner. A number of residents in these rooms had high care needs. In addition, residents shared a TV in these rooms to which they had limited individual access.

Information on local events was provided by the activity coordinator. As the centre was located on the outskirts of a busy town, residents were apprised of local events. They were provided with a range of activities. The person in charge informed inspectors that residents were facilitated to vote, where possible. Residents with whom inspectors spoke conversed about their life and experiences in the centre. Inspectors observed that visitors were plentiful and those with whom inspectors spoke were pleased with most aspects of care in the centre. Inspectors observed that residents were facilitated to stay in bed for a further rest following breakfast and that getting-up time varied, for each resident.

Judgment:
Substantially 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:
Residents maintained control over their personal property and possessions. Inspectors viewed the relevant policy. There were adequate laundry facilities with systems in place to ensure that residents' personal clothing was marked and safely returned to them. There were plentiful supplies of clean linen stored in the linen cupboard. Personal clothing was washed at home by residents' representatives in the case of a small number of residents.

There was adequate space for each resident to store and maintain his/her own clothes and other possessions. Each resident had been supplied with a locked drawer in their bedroom for personal items. However, records of personal items, valuables and furniture belonging to individual residents were not maintained in the centre. This was significant as on a previous inspection there had been a number of complaints about residents

wearing another person's clothing or that the wrong clothing was placed in a resident's wardrobe.

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):

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

Findings:

The person in charge stated that there were appropriate staff numbers and skill mix to meet the assessed needs of the residents, taking in to consideration the size and layout of the centre. There was a two hour overlap of night and day staff in the morning. Staff spoken with by inspectors stated that the increased staffing level between the hours of 07.00 and 09.00 in the morning had a positive impact on the care and welfare of the residents, as meals were less rushed. In addition, the night nurse was afforded protected time to administer the morning medications. However, inspectors were informed that staff undertook some limited cleaning and laundry during the night which impacted on the time available to attend to residents' needs. The person in charge stated that this was under constant review. She also stated that she was available to support staff if there was a need for extra staff to be present at night, as she lived near the centre.

Staff training records were reviewed by inspectors. The majority staff had attended mandatory training. However, all staff members had not been trained in manual and people handling techniques by an appropriately trained instructor. Furthermore, two staff had yet to attend fire safety training. There was evidence of staff having been afforded a wide range of other education and training to meet the needs of residents. For example, training in infection control, elder abuse, end-of-life care, fire safety, falls management, challenging behaviour and dementia care. An updated training matrix was made available to inspectors.

However, a sample of staff files reviewed by inspectors did not conform with the

requirements of Schedule 2 of the Regulations. For example, curriculum vitae (CV) was not on file for a member of staff. In addition, there was no photographic identification for one staff member. There were gaps in employment details in a number of CVs, contrary to the requirements of Regulation. In addition, Garda vetting was not in place for an external contractor who provided hand and foot massage to residents.

On the day of inspection, staff were supervised on an appropriate basis. The person in charge stated that a staff appraisal system was in place. However, documentation to support these appraisals were not available in the sample of staff files reviewed. Inspectors viewed the staff rota, showing staff on duty during the day and at night. This correlated with the staffing levels in place on the day of inspection. However, the person in charge was asked to review the night shifts as staff worked 14 hours per shift. In addition, inspectors found that the night nurse was required to administer the morning medications thereby increasing the risk of error following a long shift. This practice had not been risk assessed.

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Joseph's Nursing Home
Centre ID:	OSV-0000288
Date of inspection:	26/04/2016
Date of response:	16/09/2016

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Findings on this inspection indicated that effective management systems were not in place to ensure that the wound care, smoking risks and specialist care was safe, appropriate, consistent and effectively monitored.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The Registered Provider will ensure that effective management systems are in place to ensure that wound care, smoking risks and specialist care is safe, appropriate, consistent and effectively monitored. The care plans for those with identified smoking risks, specialist care needs have been updated and amended to reflect the residents' needs. A new wound assessment document has been developed and implemented. Wound care is part of the weekly KPI monitoring system. The RP and PIC will continue to monitor all risks and the measures in place to reduce or manage these and risk management is an agenda item on monthly governance meetings.

The RP and PIC are currently amending the auditing and monitoring programme for 2016/2017 (based on the new HIQA Standards) and this includes regular health & safety checks, physical environment checks, risk register and care plans. A significant number of audits have already been undertaken and actioned to date.

All senior nursing staff have been advised as to their supervisory responsibilities and the PIC will oversee and monitor this. The centre is currently advertising for an additional CNM position which will support supervision of residents.

Proposed Timescale: 31/10/2016

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

There were discrepancies noted in the details of extra fees in the older contracts which were still in place for a number of residents. A number of contracts had yet to be updated to reflect the details of all fees charged to residents, in line with Regulatory requirements.

2. Action Required:

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

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

The Provider Nominee will ensure that all those residents with older Contracts of Care will be issued with a new contract which will reflect all fees and charges to residents in line with Regulatory requirements. In order to allow sufficient time for families/residents to consider the contract and seek legal advice if necessary, we will ask that all contracts be returned to us on/before September 2016. Moving forward all new residents will be

issued with the new Contract of Care on admission.

Proposed Timescale: 30/09/2016

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:

Not all risks had been identified or appropriately risk assessed and where controls were in place to mitigate risks these were not followed:

For example

- choking from not conforming to a recommended modified diet.
- burns from unsupervised smoking

3. 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:

All risk assessments have been reviewed. These do include identification of residents who smoke, for those who are non-compliant with recommendations for modified/therapeutic diets. The Person in Charge will ensure that any control measures identified are specific, achievable, realistic and can and will be followed by staff. She will ensure through regular auditing and supervision that these measures are followed.

Proposed Timescale: 16/09/2016

Theme:

Safe care and support

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

Emergency lighting and the fire alarm system were not serviced according to the appropriate standards.

4. Action Required:

Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

An entire new emergency lighting system was installed prior to the inspection at significant cost. Moving forward the new system will be serviced/maintained in accordance with the IS3217:2013 standard. The emergency lighting and fire alarm

system service contracts have been reviewed and a single contractor has been engaged to carry out the servicing and maintenance of both systems in accordance with the appropriate standards.

Proposed Timescale: 16/09/2016

Theme:

Safe care and support

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

Fire drills were not carried out by staff outside of the fire training provision. Staff on varied shifts had not taken part in fire drills at regular intervals.

5. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire drills will be carried at least twice yearly. All staff will have fire drill training completed by June end 2016.

Proposed Timescale: 15/10/2016

Theme:

Safe care and support

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

The containment of potential fires was compromised by fire doors been kept open by small bins and bed tables.

6. 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:

All the bedroom doors are fitted with an electro-magnetic door closer which is hardwired to the main fire alarm system. The doors being "wedged" open were bedroom doors. All residents have been advised that this is unsafe practice and staff have been instructed to advise residents that they should not use bins, tables etc. to "wedge" doors open. The nurse in charge on a daily basis will ensure that no doors are wedged open. We have identified three residents who are insistent that they keep their bedroom door ajar and have now retro fitted a magnetised "chain system" to each of these three doors which is connected to the main fire alarm system but allows each of

the three residents to keep their doors slightly ajar.

Proposed Timescale: 16/09/2016

Theme:

Safe care and support

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

Daily fire safety checks were not carried out at weekends.

7. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The nurse in charge of the day weekend shift has been instructed to carry out daily visual fire safety checks and to ensure that this is documented in the Fire Register. Immediate and ongoing.

Proposed Timescale: 16/09/2016

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:

A sample of eye drops in use were not labeled with the opening date.
A medication prescription was unclear.

8. 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:

A weekly monitoring system of the medication trolleys/cupboards/charts will be introduced to ensure that any discrepancies are identified and rectified. All nursing staff have been instructed to ensure that opening dates on all eye drops and where a medication prescription is unclear the GP will be asked to rewrite and to ensure that their instructions are clear.
Weekly monitoring system in place.

Proposed Timescale: 16/09/2016

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 care plans developed to support residents needs were specific and person centred.

Not all care plans guided the care of residents:

For example,

-how often blood sugar was to be tested and how often insulin was to administered

-if a resident required hearing aids and glasses

-care and condition of individual wounds

-did not provide guidance for staff in how often a resident with visual impairment secondary to a medical condition was to attend for eye examinations and an explanation of how his vision was affected.

9. 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:

As identified in the report, a new comprehensive care plan has been developed for the centre. The new care plan includes the following health care assessments (not exhaustive):

- A bed rail risk assessment
- An assessment for lap belt and tilt chair
- Falls risk
- Pressure ulcer risk assessment
- MMSE
- Depression monitoring (Cornell GDS)
- Wander/Elopement risk assessment
- Behaviour monitoring charts
- Sleep diary
- Smoking risk assessment
- Risk assessments for non-compliance with for example therapeutic/modified diets.

The implementation of the above project began in March 2016 and involves a complete review and re-assessment of the comprehensive care plan and assessments for all residents. On the day of inspection approximately 50% of these were complete and there was a focus on ensuring that those residents who were considered to be vulnerable to abuse including peer abuse or residents who present with behaviours that challenge had their care plans completed as a priority. This was to ensure that the new national safeguarding policy was implemented and reflected in practice as soon as possible. Given the short timeframe between the commencement of the project and the date of inspection, it would not have been possible to have all of the care plans completed to the required high standard, but, the PIC is fully committed to this project and it is anticipated that all the care plans will be complete by 28th September 2016.

Proposed Timescale: 28/09/2016

Theme:

Effective care and support

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

The care of a number of pressure sores and wounds was not comprehensively documented.

Appropriate wound care plans were not in place for a resident until April 2016 even though the resident had chronic and deteriorating wounds.

10. 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:

The monitoring of pressure ulcers and wounds is a part of the weekly KPI monitoring system. A new wound chart has been developed and implemented. The centre engaged an external tissue viability nurse who provided additional "hands-on" training on the documentation of wounds and pressure ulcers. All current and future wounds will be recorded using the new documentation. This should ensure that there is comprehensive documentation of wounds.

Proposed Timescale: 16/09/2016

Theme:

Effective care and support

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

Access to additional expertise such as wound care expertise and palliative care was not routinely accessed where necessary.

11. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

The PIC has contacted palliative care services and in the south region all referrals must be made through the resident's GP. The PIC will, where a need is identified, discuss this with each resident and the resident's GP. The tissue viability services will be accessed through University Hospital Kerry. The PIC will ensure that, where any need is identified for additional expertise referrals are made and will ensure that where the Executive cannot provide services this will be documented and will if possible, and agreeable to the resident, access private services.

Ongoing

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:

The premises did not conform to all requirements of Schedule 6 of the Regulations. For example:

-there was no bath or assisted bath in the centre

-there were no commodes in the centre

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:

The centre is currently engaged with its Architect in designing and developing phase three of the nursing home. Plans are in their final stages before submission to the Planning Authority. These plans will take into consideration all the requirements of the Health Act. Once the plans have been approved by the County Council, they in turn will be submitted to HIQA.

It is correct that the bath had been removed, but, this was done with due consideration. The justification for its removal has been submitted to the Authority, at its request. There was an identified need for additional storage for equipment such as hoists, which were posing a hazard and potential for risk to both residents and staff. The decision to use the bathroom was based on the fact that the bath had not been used for over five years and this was preferable to reducing communal resident space or visitors' quiet area or the "end of life room" or not putting measures in place to manage risk.

There is a commode in the centre and was present on the day of inspection. This is infrequently used as all residents have access to en-suite facilities which do promote privacy and dignity and as such there is no need (unless requested by a resident) for any resident to use a commode by a bedside.

Proposed Timescale: Plans to be submitted following approval by the County Council.

Proposed Timescale:

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:

Inspectors noted that all complaints were not recorded or referred to in the complaints book.

13. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

The PIC will ensure that all complaints will be recorded or referred to in the complaints book.

Proposed Timescale: 16/09/2016

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:

A resident with very high care needs did not have a relevant plan of care in place to support his holistic needs and to guide staff in the care required at end of life.

14. 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:

All care plans are currently under review and all residents are being reassessed and all nursing care plans will be complete by 28th September 2016. All residents will be offered the opportunity to complete the Irish Hospice Foundation "Think Ahead" booklet and each resident is currently being encouraged to engage in discussion about their end of life wishes. The PIC will ensure that each resident has in place a care plan to support his/her holistic needs which will also guide staff in the care required at the end of his/her life.

Care plans to be complete by 28th September 2016. "Think Ahead" booklets to be completed if and when residents wish.

Proposed Timescale: 28/09/2016

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 insufficient space in the multi occupancy rooms for residents to carry out activities in private.

15. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Room 19 a three bedded room exceeds the size requirements of 7.4m² per person.

Room 23 a three bedded room exceeds the size requirements of 7.4m² per person.

Room 32 a three bedded room exceeds the size requirements of 7.4m² per person.

Room 27 a four bedded room exceeds the size requirements of 7.4m² per person.

Prior to the inspection, all of these rooms had been re-configured to ensure that each resident has their own bed, chair, wardrobe, locker. The curtains have been replaced to ensure privacy and dignity of each person and can be drawn independent of the adjoining resident. The en suite for each room was considered for accessibility, ease of use and functionality. In one case, the en suite was completely renovated, this included moving the entrance door frame.

Care in progress signs have been designed and are in use by staff to further promote residents' dignity. The needs of residents who share bedrooms are constantly under review and where it is considered that their needs cannot be met in a shared room they are offered (when available) a single occupancy room. As discussed above, phase three plans will be submitted to the Authority once available.

Proposed Timescale: Curtains complete. New furniture, including chairs, lockers and wardrobes etc. have been purchased for the multi occupancy rooms – complete. Plans to be submitted as soon as possible.

Proposed Timescale:

Theme:

Person-centred care and support

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

Residents had limited access to TV in the multi occupancy rooms.

16. 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:

Access to tv was reviewed in the multi-occupancy room. A second tv has been installed.

Proposed Timescale: 16/09/2016

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:

An individualised property inventory of residents' personal furniture, valuables and belongings was not maintained in the centre. This was required to aid identification of residents' individual items.

17. 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:

Under Regulation 12 the Person in Charge does ensure that each resident has access to and retains control over their possessions as evidenced in the report. There will be an inventory of all residents furniture and valuables. These inventories will be complete by 31st October 2016.

Proposed Timescale: 31/10/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The provider was requested to maintain the night staff levels under review as the shifts were 14 hours long. For example: the night nurse was charged with administering the morning medications following this long shift.

18. 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:

We have reviewed employees' terms and conditions of employment, for whom a change to the 14 hour shift may effect. A meeting was held with staff following which a new roster/off-duty was implemented. No staff member is now working a 14-hour shift and the night shift starts at 2000 and finishes at 0800.

Proposed Timescale: 16/09/2016

Theme:
Workforce

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

Staff did not have access to appropriate training: for example, manual handling training.

Two staff members had yet to undertake fire safety training.

19. 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:

All staff will have the appropriate training and since the inspection end of life training, fire safety and moving and handling have been provided.

Proposed Timescale: End of life training complete, moving and handling training complete, fire safety training complete.

Proposed Timescale: 16/09/2016

Theme:
Workforce

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

The job description of an external person providing therapeutic care was not set out.

20. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

As per the Action Required above there is a requirement under Regulation 30(a) for the Person in Charge to ensure that people involved on a voluntary basis with the designated centre to have their roles and responsibilities set out in writing; however, there is no requirement for the Person in Charge to provide a job description for an external person, who is paid for their professional services. The person referred to is

not a volunteer. However, the centre is not an employer to this person and therefore it would not be correct to offer them a job description. However, the PIC has discussed with her the services she provides and the Registered Provider is currently developing a Service Level Agreement for this person.

Proposed Timescale: Service Level Agreement to be complete by October end.

Proposed Timescale: 31/10/2016

Theme:
Workforce

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

The person in charge had failed to seek vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved in aspects of care within the designated centre. In this case the person involved was an outside contractor involved in hand and foot massage for residents.

21. 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:

A vetting disclosure has been requested for this person who is not a volunteer but who does provide "hand and foot" massage to residents.

Proposed Timescale: 16/09/2016