

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Beech Lodge Care Facility
<b>Centre ID:</b>	OSV-0000408
<b>Centre address:</b>	Bruree, Limerick.
<b>Telephone number:</b>	063 90522
<b>Email address:</b>	info@beechlodgcarefacility.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Beech Lodge Care Facility Limited
<b>Provider Nominee:</b>	Anne Maria Moore
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	John Greaney
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	66
<b>Number of vacancies on the date of inspection:</b>	0

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 20 July 2016 09:30 To: 20 July 2016 21:15

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Substantially Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant

**Summary of findings from this inspection**

This inspection of Beech Lodge Nursing Home by the Health Information and Quality Authority (HIQA) was unannounced. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers were invited to attend information seminars presented by HIQA. In addition, evidence-based guidance was developed by HIQA to guide providers on best practice in dementia care and the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this prior to the inspection. On the day of the inspection there were 66 residents in the centre. It was easily accessible to residents, relatives and staff and was situated within walking distance of the town of Bruree, Co. Limerick. It was purpose built as a care centre and was divided into two units. The person in charge had stated that there were 23 residents in the centre who had dementia and 15 of these residents resided in the dementia specific unit.

Inspectors observed that the environment and layout of the centre promoted wellbeing and autonomy. Inspectors found that staff were committed to providing a high quality, inclusive service for residents with dementia.

As part of the dementia thematic inspection process inspectors observed care practices and interactions between staff and residents who had dementia. In addition, inspectors used a validated observation tool to document periods of interaction. Inspectors met with residents, visitors, the person in charge, the provider, the clinical nurse manager(CNM), staff nurses, care staff, activity personnel and other staff members. The provider informed inspectors that she was involved in the centre on a daily basis. Inspectors reviewed documentation such as care plans, medical records, allied health care records, policies and the planned activity programme. A number of staff files and residents' files were checked for relevant documentation. Documentation was maintained on an electronic system which staff were seen to be familiar with. Inspectors found the premises, fittings and equipment were of a high standard. The main garden area was well maintained, secure and furnished with suitable outdoor seating and colourful planting. This was accessed independently, during the day, by residents.

The Standards set by HIQA to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland formed the basis for the judgments made by inspectors. Inspectors found that the centre was substantially compliant in four of the six Outcomes which were inspected against on this inspection and moderately compliant in the other two Outcomes.

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

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

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

**Findings:**

Records indicated that residents' health care needs were met through timely access to medical treatment. A number of general practitioners (GPs) visiting the centre and there was an out-of-hours medical service available. A sample of residents' files were reviewed. Inspectors observed that residents had access to allied health professionals such as dieticians, occupational therapists (OT), speech and language therapists (SALT), opticians and chiropodists. The centre had a physiotherapist employed in the centre Monday to Friday who trained staff in moving and handling techniques and carried out assessments for residents. Inspectors spoke with this staff member who described his role and explained how he facilitated chair based and individual exercise plans for residents.

There were systems in place to encourage early detection of ill health such as routine blood pressure monitoring and monthly weights. Residents' care plans were updated on a four monthly basis and a range of assessments were carried out for example, falls assessment, skin integrity assessment and continence assessment. Residents and their representatives confirmed that they had been consulted regarding these reviews.

Detailed care plans were developed to guide staff in providing care to residents with dementia. However, inspectors found that in some instances, these were generic and did not comprehensively describe the relevant aspects of the plan. The person in charge and the provider explained that they had changed to an updated electronic system three weeks ago and that there had been some problems transferring information to the new system. Historical information was contained in the current plans of care. For example, there was an end of life care plan on file for one resident. The care plan for last year was still in place and the resident's wishes were clearly set out. However, it was not clear how the current updated decision had been reached, due to lack of detail in the documentation available. In addition, the resident's involvement, or not, in the decision was not clearly set out. Care plans were not always personalised, for example, a resident was referred to as a 'service user' in one step of a care plan. Furthermore, the care plan for a resident with diabetes did not contain details as to how often his blood sugar should be checked. Inspectors noted a discrepancy in this information as follows:

an audit had indicated that his blood sugar should be checked weekly, in contrast to this, staff indicated that it was to be checked six monthly.

Inspectors observed that written consent was obtained from residents or their representatives for the development of care plans. Consent for the use of photographs and bedrails use was also recorded. The clinical nurse manager stated that a copy of the care plan could be printed for a resident at their request. Residents had the right to refuse care, for example, it was documented in a resident's file that they had refused the flu vaccine.

A number of GPs attended residents in the centre. The GP was seen attending to residents on the day of inspection. The person in charge stated that a GP visited the centre regularly two days a week. Inspectors found that medication was reviewed and that for example, psychotropic medication had not been increased where a resident was assessed as high falls risk. The GP had noted this in the resident's file. However, a number of residents did not have a doctor's note in their file of when they were seen by the GP and not all residents had written medical instructions. Staff explained that they would send a fax to the office of the GP and inspectors saw that in some situations a fax was returned with the suggested treatment outlined on the fax. Evidence of this was viewed by inspectors. However, It was not clear to inspectors if all residents were seen by some GPs when this was required. In one situation a fax was sent on two occasions where the staff nurse had concerns about a resident's hip position. The resident was sent for an x-ray the following day. However, there was no medical notes recorded on the resident's file to indicate if the resident was examined by a doctor prior to this. The provider and person in charge were asked to review this practice to ensure that residents' records were clear, complete and comprehensive.

**Judgment:**

Non Compliant - Moderate

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The policy on the prevention of elder abuse set out the protocol in place for the prevention, detection, reporting and investigating of any allegations. The policy was seen to reference the Health Service Executive's (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, Policy & Procedures, 2014. Inspectors found that measures were in place to protect and safeguard residents. Staff spoken with by inspectors were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records reviewed confirmed that staff had received training on recognising and

responding to elder abuse. Staff stated that training was delivered on a yearly basis. Residents spoken with said they felt safe in the centre and stated that staff were supportive and helpful.

There was an up to date policy in the centre to support staff in interventions and approaches for residents who exhibited behaviours that challenge, which were related to the behavioural and psychological symptoms of dementia (BPSD). Staff members spoken with confirmed that training had been provided to them in how to support residents with dementia. However, the person in charge informed inspectors that a number of staff had yet to complete this training. Training records confirmed this. Individualised care plans on behaviour issues were in place, in a sample of residents' files viewed by inspectors. Inspectors noted that the use of psychotropic medication was reviewed regularly by the GP. Inspectors observed staff interacting with residents and intervening appropriately when a resident began to communicate upset or anxiety. For example, residents who were restless was facilitated to avail of the darkened music room where soothing music and atmospheric lighting created a relaxing environment. Residents in this room informed inspectors that they enjoyed the experience.

Residents who required bedrails were checked regularly when these were in use. Records confirming these checks were viewed by inspectors. There was evidence that consent of the resident or a representative had been sought for the use of any form of restraint and there was multidisciplinary involvement in decision making. Inspectors observed that most residents had the use of low-low beds and in some cases cushioned mats were placed next to beds to mitigate the risk of injury should a fall occur.

Inspectors found that residents' finances were managed robustly in the centre. Two staff members signed for financial transactions and a sample of records checked were seen to be accurate.

**Judgment:**  
Substantially Compliant

### ***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**  
Person-centred care and support

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

**Findings:**  
There was evidence that residents with dementia were consulted about the running of the centre. Feedback was sought from residents and relatives and this was seen to inform changes when appropriate. Residents meetings were held on a monthly basis and minutes reviewed indicated that the meetings were well attended. Minutes were displayed on the notice board and were available in residents' bedrooms. Items on the

agenda for the residents' meetings included food, laundry and outings. Residents were facilitated to exercise their civil, political and religious rights. For example, residents could vote in the centre or go out to vote if they preferred. Members of different clergy visited the centre on a regular basis. One resident had walked to mass on the nearby town and was seen returning to the centre with the daily paper. Inspectors observed that notices were on display which indicated that residents and their representatives were provided with contact information for independent advocacy services.

There was a broad range of activities in the centre and two staff members were employed as activity co-ordinators. These staff worked on opposite days from Monday to Saturday from 10.30am to 4.30pm. During the inspection activities such as bingo, exercises, relaxation, newspaper reading, cooking, hairdresser appointments and walking were undertaken by a number of residents in all units, including the dementia specific unit. There was great excitement in the centre on the day of inspection as new born chickens were placed in the chicken run in the garden. These chickens had been incubated and hatched in the centre. These were located in the secure garden area off the dementia unit and residents with dementia were seen to enjoy the arrival of the chicks.

There was a collection of photos inserted under the glass table top in the large sitting room and resident with dementia were seen to enjoy looking at these. The sitting room for residents with dementia was divided by the use of wall paper and decor to include a library corner, a sitting room section and the garden room. Sensory boxes and soft toys and dolls were available where required to fulfil residents sensory needs. The kitchen in this area was specifically designed for residents with dementia. There were ornaments and items of interest displayed on the dresser. It was located in a conservatory type room which was surrounded by the gardens. The person in charge informed inspectors that residents with dementia were enabled to make choices and maintain their independence. For example, one resident was seen to help staff to fold the laundry. The person in charge stated that staff always fold laundry and write up documentation while sitting with residents. This optimised the time spent in the company of residents and added a homely atmosphere for residents. A group of residents were seen to be involved in cooking a bread and butter pudding, which was later eaten at tea time. This time was used as a reminiscence opportunity.

Visitors were generally unrestricted and there were a number of sitting areas where residents could meet visitors in private. Visitors were observed spending time with residents in the restaurant, in the bedrooms, in the sitting room and in the gardens. During the inspection, inspectors spoke with the activity coordinator and the physiotherapist who informed inspectors that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one to one interactions. The activity coordinator stated that she spent time with these residents facilitating for example, music sessions, hair dressing, religious services, hand massage and reading. Documentation to this effect was seen in residents' care plans.

Life stories were available in each resident's care plan and this information was used to inform the activity plan and the daily choice of each resident. For example, a resident was seen walking outside in the garden on a number of occasions. A review of his care plan later indicated that walking was one of his favourite past-times before



admission. The person in charge informed inspectors about his rehabilitation and explained that when he was first admitted he was wearing a lap belt while sitting in the chair. Support from staff and in particular from the staff physiotherapist had successfully rehabilitated him to walk independently, thereby greatly improving his quality of life. A number of residents were seen to be walking outside and doors to the gardens were open in all units.

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

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. Inspectors used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in a sitting room area and in the dementia specific unit. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between carers and residents with dementia. In one sitting room area the observing inspector noted that interactions were positive and meaningful. The staff member interacted with residents in a calm and relaxed manner. Residents were referred to by name. The staff member engaged in social conversation and encouraged residents to respond according to their abilities and capacity. The activity was designed to encourage and facilitate successful responses. Residents were seen to be enjoying the group interaction and were heard responding and commenting to each other during the observation period. The overall evaluation of the quality of interactions during this period was one of positive, connective care. A further observation period was undertaken after dinner in the dementia specific unit. Staff were not present at all times during this observation period. However, residents appeared to experience a sense of well being by smiling, talking to each other and adjusting the TV volume. When staff were present they sat and spoke with residents on an individual basis. They informed residents before they acted, such as when moving residents who were sitting in specialised chairs. Residents were offered drinks of water and juice on a regular basis. Staff were seen to facilitate independence for residents and were aware of residents usual behaviour. For example, one resident liked to collect up cushions and other items and to walk outside with these. The observing inspector found that the majority of interactions during the 30 minutes observation period were noted to involve positive connective care.

Residents who had dementia were seen to be independent at mealtimes. Residents were treated equally and where encouragement was required this was sensitively offered. There were sufficient staff on duty in the dining room and staff and residents engaged in social conversation and gentle banter. There was a calm and happy atmosphere in the dining room providing a sense of positive wellbeing for residents with dementia. The meal was unhurried and staff were available to support residents and staff throughout

the period of observation. Residents were neatly and appropriately dressed indicating a sense of respect for their dignity.

Similar to findings on a previous inspection the provider was asked by inspectors to review the centre's use of CCTV (closed circuit television) to ensure that it complied with data protection guidelines and the promotion of privacy and dignity for staff, relatives and residents. This was due to the fact that CCTV was seen in operation in areas such as the sitting room, dining room, kitchen, laundry room and the visitor's room. Signage was in place and a policy for the use of CCTV was reviewed. The provider stated that data was stored for 30 days and that CCTV cameras were not used for resident or staff supervision.

**Judgment:**  
Substantially Compliant

#### ***Outcome 04: Complaints procedures***

**Theme:**  
Person-centred care and support

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

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

Inspectors reviewed the complaints log and found that complaints were responded to promptly. HIQA had been made aware of a number of concerns prior to the inspection. One complainant had stated that staff all take their tea break together. The person in charge stated that this no longer happens and that staff now stagger their breaks to enable residents to be adequately supervised. Actions following other complaints were documented. Details of these complaints and actions had been entered in the complaints book. However, the satisfaction or not of each complainant was not always recorded.

**Judgment:**  
Substantially Compliant

#### ***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

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

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

**Findings:**

The person in charge informed inspectors of the number of staff on duty during the day and night shifts, including their role and responsibilities. Inspectors reviewed the staff rota which confirmed this. Staff spoken with stated that they felt there were adequate numbers of staff available to meet the health and social care needs of the residents. However, inspectors noted that there was an extended period of time in the evening when there were no staff interacting with residents in the sitting room of the dementia specific unit. Staff were putting other residents to bed at this time. This observation was discussed with the person in charge who stated that she would address this issue.

All staff had up-to-date mandatory training as required by the Regulations. Appropriate training such as manual handling, infection control and dysphagia (difficulty in swallowing) training was also provided. However, as outlined under Outcome 7 a number of staff had yet to receive training in understanding the behaviour and psychological symptoms of dementia (BPSD). In addition a small number of staff nurses had yet to undertake updated medication management training. However, the person in charge stated that the remaining staff nurses were scheduled for updated training. All staff members had yet to attend training in dementia care, appropriate to their role.

Inspectors reviewed a sample of staff files and noted that records were maintained in accordance with Schedule 2 of the Regulations. Files were found to have the required information including up-to-date professional registration where applicable. Documentation was seen which indicated that staff appraisals were carried out annually. However, gaps were noted in the curriculum vitae of one staff member and some references had not been verified by the centre.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Safe and Suitable Premises***

**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 design and layout of the centre was in line with the statement of purpose. Inspectors observed that the premises and gardens were well maintained and there was suitable lighting, heating and ventilation in the centre.

The centre was decorated in a homely manner and was noted to be clean and comfortable. There was adequate private and communal space for residents. Additional seating was available in the reception and a number of residents were seen sitting there. A large group of residents were seen to use the main sitting room and there was also an additional small sitting room where residents read the paper in the morning. There was a separate kitchen with appropriate and sufficient cooking facilities. A separate visitors' room had been provided where visits could be held in private. However, CCTV cameras were in use in this room which was addressed under Outcome 3: Residents rights, dignity and consultation. An enclosed garden was accessible to residents, who spoke with inspectors of how they enjoyed sitting and walking outside, alone or with relatives.

The dementia specific unit was decorated in a manner that promoted reminiscence. For example, there was a sitting room area where residents sat by the fire and the kitchen was decorated with an old fashioned stove and cooking implements. There were some interesting features such as a large wall mural of a tree and one corner of the sitting room was decorated with 'library room' wallpaper. A large conservatory style sitting room was located off the inner sitting room area. The staff nurse stated that the decorative changes to this section had a positive and calming effect on residents with dementia. In addition, occupancy in this section had been reduced from 21 to 15 residents. However, similar to findings on the previous inspection in 2015, the garden for the dementia unit lacked colour and areas of interest. The person in charge stated that this would be addressed.

The bedrooms were spacious and suitable for residents. Each bedroom had en suite, toilet, wash-hand basin and shower. Personal items were on display as well as residents' photographs of past and present events. Each bedroom had the required furniture and shared rooms had adequate privacy screening. There was suitable storage for residents' belongings with lockable storage available. A functioning call bell was in place and during the inspection, bells were answered in a timely fashion. Inspectors had viewed a previous complaint that a bell was not answered in a timely fashion and this had been addressed by the person in charge.

Residents had access to appropriate equipment to promote independence and comfort such as lifting equipment, specialised seating, pressure relieving mattresses and electronic beds. Service records were available for all equipment and machinery was seen to be stored safely and in good repair. Handrails were provided in circulation areas and grab rails were in place in the shower and toilet areas.

**Judgment:**  
Substantially Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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 report<sup>1</sup>

<b>Centre name:</b>	Beech Lodge Care Facility
<b>Centre ID:</b>	OSV-0000408
<b>Date of inspection:</b>	20/07/2016
<b>Date of response:</b>	19/08/2016

#### 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: Health and Social Care Needs

##### Theme:

Safe care and support

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

Ensure that updated relevant and personalised information is available on residents' care plans following assessment.

##### **1. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

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

As indicated on the date of the inspection, the care facility had changed to an updated care planning system two weeks previously. This new care planning system wasn't fully compatible with our current care plans resulting in some care planning inaccuracies being noted by the inspector. Together the IT Consultants, Management and Nurses are developing a new care plan regime and intend to have accurate, personalised and resident centred care plans within the next six months.

**Proposed Timescale:** 19/02/2017

**Theme:**

Safe care and support

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

Ensure that appropriate blood tests are carried out for residents with diabetes.

**2. Action Required:**

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

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

All residents routine and diabetic bloods have been confirmed for frequency by the GPs, implemented by nursing staff and reflected in the resident centred care plans.

**Proposed Timescale:** 19/08/2016

**Theme:**

Safe care and support

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

Records were not available to inspectors in some instances to enable an assessment to be made of whether appropriate medical treatment had been made available to residents, when required.

Medical assessments were not incorporated into all care plans.

**3. 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:**

Management have brought to the attention of all GPs attending the residents of the nursing home, the importance of making notes in the Residents files after reviewing them. Management and Nursing staff will continue to monitor, remind and ensure that appropriate notes are made after each consultation.

**Proposed Timescale:** 19/08/2016

**Outcome 02: 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:**

A number of staff had yet to undertake training to update their knowledge and skills in behaviours that challenge.

**4. 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:**

There is ongoing training in Behaviour that Challenges and Dementia. All new staff will receive this training, with the next scheduled date for training being September the 12th 2016.

**Proposed Timescale:** 12/09/2016

**Outcome 03: 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:**

CCTV was in use in communal areas where residents spent long periods of time in activities which they may have preferred to carry out in private such as dining, relaxing in the sitting room and entertaining visitors.

**5. 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:**

CCTV cameras shall be removed from the Visitors room and the dining room to ensure



resident privacy.

**Proposed Timescale:** 19/08/2016

#### **Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

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

Ensure that the satisfaction or not of each complainant is recorded.

**6. 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:**

New Epic has an area for indicating satisfaction or not on the complaint. The complaint cannot be closed without being first indicated.

The new system had not transferred all the appropriate information re the closure of some complaints.

**Proposed Timescale:** 19/08/2016

#### **Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

Ensure that the staffing levels are sufficient at all times in accordance with the needs of residents.

**7. 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:**

The registered provider ensuring the best quality care for the residents has allocated the senior carer to assist with supervision in the evening times within the Daffodil Unit.

**Proposed Timescale:** 19/08/2016

**Theme:**  
Workforce

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

A number of staff had yet to attend updated medication management training.

Staff had not attended training on dementia care appropriate to their role.

**8. 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:**

The training matrix was not up to date at the time of inspection.

Medication Management- all nurses except the nurse who had started on the day of the inspection, had undertaken or where undertaking the medication management training on HSE land if they hadn't received in house training.

**Proposed Timescale:** 19/08/2016

**Theme:**  
Workforce

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

There were gaps noted in a staff member's CV.

References had not been verified for some staff members.

**9. 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:**

References for staff coming from abroad shall be verified before arrival to Ireland and not when they pass their exams.

Gaps in CV- The Gaps in CV form was completed for the staff member in question and was produced to the inspector on the day of the inspection.

**Proposed Timescale:** 19/08/2016

**Outcome 06: 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 garden off the dementia unit required attention to ensure it was a more suitable and interesting space for residents with dementia.

**10. 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 Dementia garden plan available on the day of the Inspection shall be implemented in three stage process in order to make the garden more colourful and resident friendly. Phase 1 has commenced at present. Phase 1 within three months, garden completed within a year.

**Proposed Timescale:** 19/08/2017