Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Sullivan Centre
Centre ID:	OSV-0000494
Centre address:	Cathedral Road, Cavan.
Telephone number:	049 432 6000
Email address:	pauline.townsend@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Rose Mooney
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	2

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:	To:
04 May 2016 08:45	04 May 2016 18:30

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
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Substantially Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Substantially Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six specific outcomes relevant to dementia care.

Prior to this inspection the provider had submitted a completed self- assessment document to the Health Information and Quality Authority (HIQA) along with relevant polices. The inspector reviewed these documents prior to the inspection.

The inspector met with residents, staff members and the person in charge. The inspector tracked the journey of residents with dementia and observed care practices and interactions between staff and residents. A formal recording tool was used for

this purpose. Documentation to include care plans, medical records and staff files were examined.

The purpose and objective of the service as outlined in the Statement of Purpose ‘is to provide a quality residential service to older people who have a diagnosis of dementia’. The centre provides care for a maximum of 21 residents. Sixteen residents are accommodated on a long term basis. Five beds are designated for respite care for a maximum period of two weeks.

The centre provided a good quality service for residents living with dementia. The inspector spent a period of time observing staff interactions with residents with a dementia. The care needs of residents with dementia were met in an inclusive manner. Pre admission assessments are conducted by the nurse management team. Residents’ healthcare needs were well met. Doctors visited regularly. When needed, residents were transferred to hospital for investigation and treatment. Residents were facilitated to attend specialist medical appointments.

The centre was well maintained, warm and visually clean. There was a comfortable and welcoming atmosphere. There was an adequate complement of staff with the proper skills and experience on each work shift to meet the assessed needs of residents.

A total of seven Outcomes were inspected. The inspector judged six Outcomes as substantially complaint and one Outcome as complaint with the regulations.

The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres' for Older People) regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. These include improvements to premises and care planning process.

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:
There were 19 residents in the centre during the inspection. There were eight residents with maximum dependency care needs. Three residents were assessed as highly dependent and four had medium dependency care needs. Three residents were assessed as low dependency. Sixteen residents were residing in the centre for continuing care. Three residents were accommodated for respite care. Separate days were assigned each week to admit and discharge residents.

Residents' healthcare needs were well met. Doctors visited regularly. When needed, residents were transferred to hospital for investigation and treatment. Residents were facilitated to attend specialist medical appointments. There was a policy in place that stated how residents' needs would be assessed prior to or on admission, and reviewed at regular intervals.

There was a preadmission assessment completed for residents admitted for long term care. There was evidence of discussion through a multi disciplinary meeting the placement was appropriate to meet the residents care needs. Some residents admitted for long term care were well known to the management team having being admitted for periods of respite care previously. All residents had a diagnosis of either dementia, cognitive impairment or Alzheimer's, as this is a prerequisite for admission to the centre.

On admission a range of risk assessments were completed and were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, nutritional care, the risk of developing pressure sores, continence needs, cognitive functioning and an assessment for depression in dementia.

These were used to develop care plans that were person-centred, individualised and described the current care to be given. There was good linkage between assessments completed and developed plans of care. Residents had care plans for impaired communication secondary to dementia and loss of identify and self esteem. Care plans described well each resident's independence and the level of assistance and support required. Documentation outlined what residents could still do for themselves. There

was documentary evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their plan of care.

The majority of residents had personal profiles developed with details of their life history, their likes and dislikes, interest and hobbies. However, they were not in place in all residents' bedrooms or details captured to inform care planning. In some of the files reviewed information such as who the resident still recognised or what activities could still be undertaken to guide staff practice was not always evident. It was not clear in some files where the resident was on their dementia journey. Further work is required to ensure the same high standard of care planning is implemented for all residents in this area.

As outlined in the centre's Statement of Purpose 'the Sullivan Centres' sole purpose is the care of older people primarily over the age of 65 years, who are mobile and have a diagnosis of dementia'. Therefore all residents accommodated have a condition which will progressively impair their capacity and are facing a situation in which loss or impairment of capacity is foreseeable. Documentation evidenced that decisions concerning future healthcare interventions were outlined. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were documented in end-of -life care plans in most cases. However, there was variable detail in some files and further work is required to ascertain the needs of some residents. As residents move to another centre if they become immobile, functional capacity maybe further diminished limiting the ability to elicit residents' preferences for end of life care at this time.

Transfer of information within and between the centre and other healthcare providers was found to be well maintained. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were retained in files.

There were systems in place to ensure residents' nutritional needs were met. Residents' weights were checked on a monthly basis. Nutritional care plans were in place that outlined the recommendations of dieticians and speech and language therapists. Nutritional intake records were in place and completed where required. Information was available to all staff including catering staff outlining residents who were on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids.

Records showed that where medical treatment was needed it was provided. Residents had timely access to GP services, and referrals had been made to other services as required, for example, dietician, the speech and language therapist, psychiatry, or optician.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

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 effective and up to date safeguarding policies and procedures in place. Staff demonstrated a good knowledge of adult protection issues. Staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified a senior manager as the person to whom they would report a suspected concern. However, refresher training in the safeguarding of vulnerable adults was not completed with staff in line with the introduction of a new safeguarding policy.

Restraint management procedures were in line with national policy guidelines (the use of bedrails, lap belts or security monitoring bracelet) in place. At the time of this inspection there were no bedrails or lapbelts in use. Resident's capacity to make decisions and give consent requires review. Eight residents wore a security monitoring bracelet. However, a risk assessment and plan of care was not developed to outline the need with consent obtained for the wearing of a restrictive monitoring device.

Staff were competent at managing responsive behaviours. When issues arose there was evidence of multidisciplinary review. There was evidence in care plans of links with the mental health services. Behavioural charts were available to record a pattern of altered behaviours. These were reviewed and discussed at a clinical meetings and used to inform a planned care pathway to meet resident's needs and reviews by the psychiatry team. Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values.

Where residents were unable to communicate an unmet need there was evidence of exploring issues. Nursing staff spoke of monitoring for infections, constipation, and changes in vital signs in order to establish the cause of behaviours. The management of pain was well documented. Residents had plans of care in place. There was evidence of referral to the pain clinic in the acute hospital for review by one resident. Specialist advise was obtained from the palliative team for the management of pain issues.

The inspector spoke with residents who were able to communicate verbally. They said they "felt safe and secure in the centre", and felt the "staff were helpful". Relatives spoken with felt their next of kin was being supported and receiving safe care.

There was a policy in place for managing behaviour in dementia care and a policy on self harm. Staff were trained in the Professional Management of Violence and Aggression (PMAV). However, all staff had not completed training in caring for older people with cognitive impairment or dementia.

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:
As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at three different times for intervals of 30 minutes in the sitting room and dining area. Observations were undertaken both in the morning and afternoon.

In the first observation in the sitting room in the morning, the inspector found 100% of the observation period (total observation period of 30 minutes) the quality of interaction score was +2 (positive connective care). There was interactive conservation between residents and staff. An activity coordinator was assigned to the sitting room. Two residents were partaking in a card game assisted by the activity coordinator. Another resident was reading magazines and discussed her knitting displayed. Residents were brought to the sitting room from their bedroom throughout the observation period. All residents were appropriately dressed. Resident were greeted as they arrived and assisted to their preferred seating area. Residents were asked if they would like a newspaper and staff interacted with residents in a personable manner and promoted topics of discussion between residents.

The second observation period was undertaken in the dining room where residents had gathered for their lunch. Kitchen staff greeted residents by name as they arrived. Residents were able to exercise choice regarding their preferred seating in the dining room. Staff involved residents in writing the menu options on the black board. Pictorial aids or prompts were used by care staff to help residents understand the selection of food choices available on the menu. The food arrived quickly after residents being seated. The layout of the seating, arranged in small groupings of circular tables accommodating a maximum of four residents promoted interaction and conversation among residents. Care staff offered the appropriate level of assistance and encouraged residents to feed themselves where possible. There was an open hatch to the kitchen and residents had a visible view of the kitchen and cooking odours permeated the dining room. However, prior to the meal finishing and residents leaving the dining room the hatch was pulled down but not closed entirely, obstructing residents view. During this observation period it was identified that for the total time of the observation period the quality of the interaction score was +2 (positive connective care).

The third observation period was in the afternoon in the sitting room. There was 15

residents in the sitting room. A movement to music exercise program was facilitated by the activity coordinator and assisted by two care staff. Care staff moved amongst residents and assisted then to participate. One care assistant assisted a resident to participate on an individual basis. Three residents were observed to sleep throughout the activity and a fourth resident did not express any interest in participating and became agitated throughout the observation period due to the noise. A care assistant assisted the resident to leave and go for a walk in the garden. The inspector concluded at the end of the 30 minute observation period the majority of residents experienced positive connective care, scores of +2. However, for four residents the observation period identified scores of 0 (neutral care), and for one resident, -1 (protective and controlling) care.

Residents with dementia had access to advocacy services. There is both a collective and individual forum for residents and their next of kin to raise any concerns they have to the management team.

Residents' privacy was respected. They received personal care in their own bedroom. Bedrooms and bathrooms had privacy locks in place. There were no restrictions on visitors and residents could receive visitors in private.

Residents with good cognitive ability choose what they liked to wear and the inspector saw residents looking well dressed. A key worker system was in place. Residents appeared comfortable with staff, engaged with them and looked for them when they needed support. Staff knew residents well and could describe to the inspector their routines.

Residents were restricted from accessing all parts of the communal areas. There were a number of smaller sitting rooms, a conservatory and an oratory which were either locked or had the door closed. The oratory door remained closed at 11:00 am. Choice was not promoted to use smaller sitting rooms when residents did not partake in some activites and would have benefitted from a more restful environment at certain times throughout the day.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
The centre maintained a complaints policy that met the requirements of the regulations. It was available in an appropriate format in the residents' guide. A copy was on display

in the centre

A review of complaints recorded to date showed that they were dealt with within a suitable timeframe. The outcome of the complaint and if the matter was resolved to the satisfaction of the complainant was recorded. The inspector found that complaints were appropriately responded to and records were kept as required.

No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
The inspector judged there was an adequate complement of staff with the proper skills and experience on each work shift to meet the assessed needs of residents at the time of this inspection, taking account of the purpose and size of the designated centre.

There are two nurses rostered each day of the week to meet the clinical care needs of residents. Nursing staff are supported by the management team comprising of a clinical nurse manager and a person in charge.

There was a reliance on some agency staff to cover staff shortfall for holiday and sick leave. The same staff in most cases was assigned by the agency to the centre to facilitate continuity of care and familiarity for residents.

There was an ongoing program of professional development for staff. However, agency staff did not partake in the training to include dementia care and managing responsive behaviours to ensure they were skilled to meet the care needs of residents in accordance with the Statement of Purpose.

The deployment of care staff requires review to ensure residents have access and are facilitated to use all communal sitting rooms as discussed in Outcome 16, Residents' Rights, Dignity and Consultation

There was a clear management structure. Staff were aware of the reporting mechanisms and the line management structure. Appropriate and sufficient supervision and guidance by the senior management team was in place.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The centre is a single-storey construction. It was purpose-built and designed to meet the needs of dependent persons. It was found to be comfortable and welcoming. The centre was found to be well maintained, warm and visually clean. A number of areas had been painted since the last inspection and decorative maintenance was in good order.

All bedrooms are single occupancy and provided with a wash hand basin. Hand testing indicated the temperature of hot water did not pose a risk of scalds. The building was comfortably warm and radiators did not pose a risk of burn to touch. There were a sufficient number of toilets and showers provided for use by residents to include toilets located adjacent to the day room and dining room.

There was a number of dementia friendly design features throughout that included space for residents to walk around freely, good lighting, contrast in colours used to distinguish bedroom doors. The design of the building internally had an open aspect allowing for continuous circular freedom of movement for residents to walk around the building and use the garden as they wish. Seating was provided at intervals along the corridors to allow residents sit and rest.

Each bedroom door is brightly painted. All residents have their photograph on the door of their bedroom. One resident holds the key to his bedroom which he likes to keep locked. There is a courtyard garden which provides a safe, secure and accessible outdoor space.

There were some tactile objects around. There were areas to display items to stimulate memory and provide areas of interest and diversion. The dining and sitting room was decorated and furnished in a way that prompted memory and orientation that defined its main purpose. The decor assisted to orientate residents.

There was an activities room well equipped with features that prompted memory and orientation. Included was a stove, an old style dresser and radio.

Bedrooms windows were at a low level and residents had good visible views of the

gardens. However, there were no clocks provided in any residents' bedrooms to assist in orientation as regards time.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:
The training records showed that staff had up to date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Moving and handling risk assessments were completed for each resident.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds.

Each resident did not have a personal emergency evacuation plan developed. A risk assessment to identify the most appropriate aids suitable to residents capability to assist them safely evacuate in a timely manner both during the day and at night while resting in bed were not developed.

Staff were trained in fire safety procedures annually by an external trainer. Refresher training was identified as required for some staff due to the timeframe since staff last completed training.

There were arrangements in place to review accidents and incidents within the centre. Falls risk assessments were completed and care plans were in place to minimise risk. Each resident's moving and handling needs were identified. These were available to all staff at the point of care delivery in bedrooms and outlined on a board at the nurse's office.

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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Sullivan Centre
Centre ID:	OSV-0000494
Date of inspection:	04/05/2016
Date of response:	16/06/2016

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:
Personal profiles with details of life history were not in place in all residents' bedrooms or details captured to inform care plans.
In some of the files reviewed information such as who the resident still recognised or what activities could still be undertaken to guide staff practice was not always evident.
It was not clear in some files where the resident was on their dementia journey.

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

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).

Please state the actions you have taken or are planning to take:
All residents' care plans will be reviewed with the purpose of ensuring that the depth of detail captured in the majority will be reflected in the remaining care plans

Proposed Timescale: 31/07/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were documented in end-of -life care plans in most cases. However, there was variable detail in some files and further work is required to ascertain the needs of some residents.

2. 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 will be reviewed regarding preferences for future care and treatment with the purpose of addressing the deficits identified.
•In those instances where we are unable to fully ascertain the will and preferences of the resident in advance of end of life care and provision, the reason will be clearly documented.

Proposed Timescale: 31/07/2016

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Eight residents wore a security monitoring bracelet. However, a risk assessment and plan of care was not developed to outline the need with consent obtained for the wearing of a restrictive monitoring device.

3. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a

designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
•The allocation of security monitoring bracelets has been reviewed.

•Care plans are now in place which now identify the risk assessment outcome and consent status.

Proposed Timescale: 13/06/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff had not completed training in caring for older people with cognitive impairment or dementia.

4. Action Required:
Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

Please state the actions you have taken or are planning to take:
•Of the 29 staff who have direct contact with residents, all have attended in-house informal training in aspects of dementia care (person centredness & communication).
•20 of the 29 are already in receipt of formal, accredited dementia training.

•Further dates for formal training have been secured with an external provider for September 2016, in which we intend to capture all remaining staff who require training/updating.

Proposed Timescale: 20/09/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Refresher training in the safeguarding of vulnerable adults was not completed with staff in line with the introduction of a new safeguarding policy.

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

Please state the actions you have taken or are planning to take:
•Two senior staff within Cavan Services for Older Persons are now trained as 'Train the Trainers' to deliver training on the National Safeguarding Vulnerable Adults policy.

•In turn, these staff will provide training to all other staff. Training for all staff within the Sullivan centre has commenced.

Proposed Timescale: 11/12/2016

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:
Residents were restricted from accessing all parts of the communal areas. There were a number of smaller sitting rooms, a conservatory and an oratory which were either locked or had the door closed. The oratory door remained closed at 11:00 am. Choice was not promoted to use smaller sitting rooms when residents did not partake in some activities

6. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
The Registered provider will ensure that Residents have unrestricted access to all parts of the communal areas by;

•The restricted access which occurs as a safety measure during floor washing should not be in place for any longer than is necessary.
•Housekeeping staff have been advised to ensure access is restored as soon as it is safe to do so.
•Direct care staff are actively encouraging and facilitating residents to make use of other spaces within the centre.

Proposed Timescale: 13/06/2016

Outcome 05: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The deployment of care staff requires review to ensure residents have access and are

facilitated to use all communal sitting rooms.

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:
•A review of workforce levels and deployment has been undertaken by local management. Management will ensure residents have access and are facilitated to use all communal sitting rooms.

Proposed Timescale: 13/06/2016

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Agency staff did not partake in the training to include dementia care and managing responsive behaviours to ensure they were skilled to meet the care needs of residents in accordance with the Statement of Purpose.

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 HSE/Sullivan Centre are currently undertaking a recruitment campaign for Nursing Staff/Healthcare Assistants/ Multi Task Attendants. All new staff will avail of dementia specific training.
•Any Agency staff employed in the unit will be included in dementia training as appropriate.

Proposed Timescale: 30/09/2016

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:
There were no clocks provided in any residents' bedrooms to assist in orientation as regards time.

9. Action Required:

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

Please state the actions you have taken or are planning to take:
•The sourcing and purchasing of clocks for all rooms is in process.

Proposed Timescale: 30/06/2016

Outcome 07: 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:
Each resident did not have a personal emergency evacuation plan developed.

10. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
•A personal emergency evacuation plan has been developed for all long term residents and a process is in place to ensure new admissions have a plan in place in a timely manner.

Proposed Timescale: 13/06/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Refresher training was identified as required for some staff due to the timeframe since staff last completed training.

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

Please state the actions you have taken or are planning to take:
•Dates for 2016 Fire training have been secured.

•All staff training will be updated in 2016 in accordance with the regulations. Proposed Timescale: 1st December 2016 for completion of annual training for all staff
Proposed Timescale: 01/12/2016