

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ramelton Community Hospital
Centre ID:	OSV-0000615
Centre address:	Ramelton, Letterkenny, Donegal.
Telephone number:	074 915 1049
Email address:	philomenak.gallagher@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gwendoline Mooney
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	6

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 January 2017 10:30 To: 11 January 2017 15:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This inspection was an unannounced monitoring inspection and was conducted over one day. During the inspection care practice and documentation required by legislation was reviewed. The inspector talked to residents and a visitor about their experiences of the service. The inspector observed the overall operation of the service and inspected the premises layout.

The inspector found that care was provided in a safe manner and that the staff number and skill mix was appropriate to meet the current needs of residents. Residents told the inspector that they felt well cared for and were happy in the centre. They also said that staff were kind and approachable. Two residents said they had received good support when they had been unwell and that the attention of staff had been " a great comfort". Visitors said that they were welcomed at any time of the day. Residents said that the location of the centre meant that neighbors and friends were able to drop in to see them when they came to town and they valued being able to keep contact with their local community.

The designated centre is located a short drive from the town of Ramelton in north Donegal. It is part of a complex that provides day care and a range of out- patient services. The building is single storey and is generally well maintained. It can accommodate 30 residents. There are 14 places allocated for long term care and the

remaining places are designated for respite, rehabilitation, convalescence or palliative care. Residents are accommodated in single or double rooms. There is a range of communal sitting and dining spaces. Residents have access to a garden that is safe and secure. This was noted to have mature trees and shrubs to provide interest. An appropriate number of toilets, showers and bathrooms were available to meet residents' needs. The centre was clean, tidy and well organised when inspected. All areas were warm and furnishings were homelike which contributed to creating a comfortable environment for residents. There is an ongoing programme of decoration and maintenance. Several areas had been repainted in 2016 and new curtains had been supplied to some bedrooms.

The inspector found that the person in charge and staff team conveyed positive and well informed attitudes to the care of older people. They were knowledgeable about the care needs of all residents and conveyed a commitment to supporting residents to maintain their independence. Residents who were very frail were observed to have appropriate input from staff that talked to them regularly and offered them drinks. There was a programme of social activities available and residents said they were free to participate or not depending on their choice.

The inspector found that there was good standard of compliance with regulations. This was also a finding of the last inspection which was conducted on 25 May 2015 for the purpose of registration renewal. One area of non compliance was identified. This outlined that hallways, bathrooms and the laundry required redecoration. This action was partially complete. Hallways and bathrooms had been repainted however the laundry had not been upgraded but the level of activity here had been reduced and personal clothing only was laundered on site. Areas identified for attention during this inspection included the documentation that underpinned the use of restraint measures such as bed rails, the management of equipment in hallways particularly at busy times such as when meals were served and repair of the damaged flooring in some areas.

The areas for improvement are further discussed in the body of the report .The Action Plan at the end of this report identifies the improvements required to achieve compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The governance arrangements in place reflected the information supplied in the Statement of Purpose. There is an established structure for the management of the centre and the ten other designated centres for older people operated by the Health Service Executive (HSE) in Donegal. The lines of accountability and authority were evident in the centre. Staff knew who was in charge and how to report through the senior management structure.

Systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and monitored. There was evidence of quality improvement strategies and monitoring of the service. Consultation with residents formed part of the process. The information was used to improve the service for example the introduction of the falls prevention protocol- Forever Autumn, had resulted in a decrease in the incidence of falls. However, the audit system requires review to ensure that it is centre specific and supports staff to identify areas of non compliances with the legislation.

The health and safety arrangements were found to be satisfactory with good standards of cleanliness and hygiene in place, fire safety measures were found to be of a good standard and staff was observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and in relation to infection control. There was good compliance with action plans identified during previous inspections. For example, redecoration of areas identified for attention had been completed within a reasonable timescale.

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 registered person in charge was on duty and together with a clinical nurse manager facilitated the inspection. She has demonstrated during this inspection and previous regulatory activity that she has the knowledge, experience and qualifications to address the responsibilities of this role. She had completed training in safeguarding, Children First, audit and legal aspects of documentation in the last three years. She works full-time and is supported in her role by the provider who is also the service manager for older people and two clinical nurse managers. The clinical nurse managers take responsibility for the service in the absence of the person in charge.

During this inspection she conveyed an informed knowledge of residents care needs including residents who had frequent periods of respite care. Residents knew the person in charge, could locate her office if they wished to talk to her privately and said that there had never been a problem with her availability if they wished to see her.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
The Health Service Executive procedures for the protection of vulnerable adults were available to guide staff practice in relation to the protection of residents. The inspector was satisfied that appropriate measures were in place to protect residents from being

harmed or abused. Staff had received training to help them identify and respond to incidents and behaviours that could be considered as abuse. The procedures gave guidance to staff on the assessment, required reports and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on the reporting procedures. A recent abuse incident was found to have been identified appropriately and an investigation was underway in accordance with the procedures outlined.

There was a low incidence of restraint use which was mainly confined to bedrail use. All restraints were identified in the periodic returns to HIQA. The inspector found that assessments were completed to indicate why the bedrails were required and all had been put in place when other measures had not provided an effective level of safety. However, some assessments indicated that bedrails were in use at the request of relatives. Judgments to support the use of bedrails should be based on an informed clinical decision that takes into account risk factors and that other methods to ensure safety have proved unsuccessful. The inspector formed the view that bedrail assessments should be reviewed to ensure that they are an appropriate safety measure in all contexts that they are currently used and that their use does not adversely impact on residents' rights. Staff spoken to said that various alternatives were tried to ensure safety prior to selecting the use of bedrails. Specialist beds including low beds had been purchased to reduce bedrail use. There was a system in place to ensure that checks were undertaken when bedrails were in use and the equipment was regularly checked for safety.

Some residents had episodes of responsive behaviour and fluctuating behavior patterns. The inspectors saw that details of possible triggers and interventions were recorded in their care plans. Staff were familiar with the interventions that alleviated such behavior and when needed specialist advice was sought from the team for old age psychiatry.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The inspector found that there were satisfactory systems in place for the management of risk and health and safety. There was a risk register in use and this was updated when new risk areas were identified. The inspector found that risks related to the use of bed rails, pressure area and nutrition problems had been identified with associated

control measures.

The inspector reviewed the fire safety procedures and found that there were systems in place to ensure that fire safety measures were appropriate to the service and in accordance with regulations. The fire safety documentation was reviewed. The fire detection equipment that included the alarm system and smoke detectors were serviced at regular intervals. The records also showed that fire fighting equipment was regularly serviced and the last service date for fire extinguishers was 27 October 2016. The fire alarm had been serviced quarterly as required and the most recent service date was 12 December 2016. The training records showed that all staff had attended fire safety training annually. There was a record of all fire drills carried out, the weekly activations of the fire alarm and the checks of fire doors and fire exits.

Systems were in place to ensure that equipment such as specialist beds, air mattresses and hoists was regularly serviced. Accidents and incidents were recorded and there was evidence of learning from accidents, incidents and near misses. The records of falls detailed the actions taken and the treatment given where this was required. There was a falls prevention programme Forever Autumn in place. Staff were alerted to falls risks by different coloured leaves that were displayed by bedsides. The person in charge reviewed accidents and incidents and these were discussed at handovers and as part of the falls prevention programme to identify interventions to prevent reoccurrences. There had been a gradual reduction in the number of falls since the introduction of this protocol the inspector was told.

The inspector saw that there was an emphasis on keeping the environment safe for residents. Hallways were generally kept free of obstacles and equipment such as hoists and wheelchairs were stored off main walk ways. However, during busy periods such as when meals were served the inspector saw that trip hazards were created by the cleaning trolleys and the food trolley being located in the hallways at the same time.

All residents had a moving and handling assessment that described the assistance they required and if a hoist or other equipment was needed to undertake transfers and position changes. The training record indicated that staff had up-to-date training in moving and handling. One of the staff nurses was a qualified trainer in this subject and training was provided within the required timescales. Moving and handling procedures were noted to be carried out safely. The inspector saw that residents were supported to remain independent and mobile according to their abilities and where required were supervised closely by staff to prevent falls and accidents.

There were appropriate systems in place for the disposal of general and clinical waste and disposal containers were securely closed.

There infection control procedures met good practice standards. There was access to hand gels and personal protective equipment and these were used by staff when moving from one area to another. Staff were also observed to wash their hands thoroughly and to dispose of gloves and aprons appropriately. Staff informed the inspector that residents had had the influenza vaccine in 2016. A review of four residents medical and prescription records confirmed the administration of the vaccine.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were safe systems in place for the management of medicines. Staff were well informed about residents' medicine regimes including medicines for residents on respite care. The inspector found that resident's medication was reviewed regularly by doctors and nursing staff. There were no actions required from the previous inspection. The required details were recorded on prescriptions and on medication administration records. There was a system in place to record medication errors. All errors were reviewed to identify aspects of practice that could have contributed to the error and measures were noted to be put in place to prevent further errors.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of all controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

The medicines for long term care residents were supplied in a monitored dosage system. Residents in receipt of short term care usually brought their own supplies to the centre in original packaging. The inspector was satisfied that medicines were administered and managed in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The commitment of staff to providing care in an individualised and person centred way is supported by the comments of residents interviewed during the inspection, observation of care practice and the way staff described how they organised their work to meet specific wishes and expectations of residents. Nursing care was based on good practice standards and was described well in care records. There was emphasis on social care but the departure of a member of staff who co-ordinated activities has left a gap in this area. While care staff were observed to engage residents in various activities such as completing puzzles and discussing the news, the time they had to devote to this aspect of care was compromised by having to respond to call bells and attend to personal care needs. A requirement to have appropriate staff resources available to ensure a consistent social care schedule is outlined in Outcome 18-Staffing.

The inspector found that nursing care was supported by appropriate access to medical and allied health care professionals. There were physiotherapists on site and assessments and treatment programmes were provided when needed. The arrangements to meet residents' assessed needs were set out in individual care plans which were maintained on a computerised record system. Recognised assessment tools were used to determine care needs, evaluate progress and to assess levels of risk in areas such as vulnerability to falls, nutrition, the potential to develop pressure area problems and mobility problems. Information from assessment tools was used effectively to inform care plans and to direct the actions of staff. Care plans were reviewed at the required four month intervals and there was information available that conveyed that residents or their representatives had been consulted as part of the review. Dependency levels were determined using a recognised assessment tool and were reviewed when care needs changed.

There were good standards of practice evident where residents had dementia or confusion. For example, the inspector saw that additional staff had been made available to address care needs that fluctuated over the day. One to one support was provided for some residents who required supervision and emotional support to alleviate symptoms of distress and to provide comfort. Staff had good awareness of extra nutrition needs to compensate for higher levels of activity when restless behaviour was a problem. There was a commitment from staff to keep residents independent as long as possible and this was demonstrated by staff having knowledge about what residents could do for themselves and what assistance they really needed. Expert advice and support is provided by the team for old age psychiatry and this includes visits from community mental health nurses including advanced nurse practitioners.

The inspector saw how wound care problems were managed and reviewed the associated care plans. Good practice standards were found to be in place with treatment plans that described how wound care was to be managed. There were measurements

that conveyed the size and depth of wounds. The type and frequency of dressings was outlined. Comments on the condition of the wound provided clear indicators of progress and change. There were two pressure area problems in receipt of attention and these were stable or showing signs of improvement.

Residents who had specific problems such as weight loss or difficulty maintaining a healthy weight were monitored closely and there was documentation that provided details on the assessments undertaken and the measures in place to ensure their safety and well being. Appropriate treatment plans were in place based on advice from a dietician and nursing knowledge about their eating preferences. Supplements were noted to be given at the required times when prescribed.

The inspector found from the documents examined, and the observations of care practice, that residents had a good standard of care that was well informed and based on evidence-based practice.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:
Effective care and support

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

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

Findings:

The location, design and layout of the centre was largely suitable for its stated purpose and the facilities met residents' individual and collective needs in a comfortable and home like manner. The premises had a number of features that takes account of residents' needs and abilities. Hallways had handrails that were clearly visible, there were appropriate shower and toilet facilities to meet the needs of dependent persons and there was a range of specialist equipment available including a tracking hoist system in some shared rooms.

There were a number of communal sitting areas where residents could sit during the day. These were noted to be comfortably furnished and provided adequate space for residents to sit in comfort. The dining room is located centrally and is shared with day hospital clients.

The building was well maintained, warm, decorated in a comfortable home like style and was visually clean. Other facilities include an oratory, palliative care room that includes space for relatives, a range of office space, a large catering kitchen and a laundry.

Bedroom accommodation comprises of single and double bedrooms. There was a call bell system in place by residents' beds. Suitable lighting was provided and the centre had a good level of natural light in all areas. Residents that the inspector talked to said that their rooms were comfortable and that staff kept them very clean. There were a sufficient number of toilets and showers provided for residents. There are toilets located close to day rooms for residents' convenience.

Staff facilities were provided. Separate toilet facilities were provided for care and kitchen staff in the interest of infection control and to meet environmental health legislation.

An action plan in the last report required that hallways and bathrooms were redecorated and that the laundry was refurbished. This action was partially complete. Painting of the hallways and bathrooms had been completed in 2016 but the work on the laundry remained outstanding. The person in charge had reviewed the use of this area. Less laundry was now washed on site which made the segregation of washing (which was now confined to personal clothing only) less of a problem. The inspector found the area required refurbishment to provide an appropriate environment for any laundry activity as the floor and wall surfaces showed significant signs of wear and tear. The floor in the hallway near the oratory was damaged and also required repair.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that while there was an adequate complement of nursing and care

staff on duty each day, the changing needs of residents and staff commitments to direct care compromised the availability of regular social activities. The staff rota showed the staff complement on duty over each 24-hour period including the days worked by the person in charge. There were three nurses on duty during the day in addition to the person in charge. Four carers were on duty daily. The care staff team was supported by catering, cleaning and administrative staff. The inspector found that the planned staff rota matched the staffing levels on duty.

Staff had up-to-date mandatory training and access to further education and training to enable them to effectively meet the needs of residents. Staff had received training on the falls prevention programme, cardiopulmonary resuscitation, infection control and hand hygiene. Training on specialist topics that included dementia care planning was scheduled for later in January.

There was an established recruitment, selection and vetting process in a place. Staff recruited in the last two years all had appropriate vetting clearances the person in charge told the inspector. Agency staff when employed are requested to provide details of training and evidence that a vetting disclosure has been completed.

Staff had the appropriate skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the needs of residents and size of the designated centre. All staff on duty were competent, well informed about residents personal and health care needs and were observed to carry out their duties with efficiency and kindness.

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ramelton Community Hospital
Centre ID:	OSV-0000615
Date of inspection:	11/01/2017
Date of response:	10/02/2017

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:

The system in place to review the service identified practice standards in a range of areas but did not enable the person in charge, provider or staff team identify non-compliances with the legislation or the standards that govern designated centres.

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:

There is a national group reviewing Metrics at present. Donegal's Practice Development Officer is on this group. Once the national group have signed off they will be implemented in Ramelton Community Hospital.

Proposed Timescale: 31/12/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Bedrail assessments required review to ensure that they are the most appropriate safety measure in all contexts that they are currently used and that their use does not adversely impact on residents' rights.

2. 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:

Bedrail assessments will state why bedrails are required, when other measures have not provided an effective level of safety, it will not be indicated that bedrails are in use at the request of relatives.

Proposed Timescale: 10/02/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk associated with having several items of equipment in hallways during busy period's required review and risk assessment.

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:

Staff have been told to ensure there are no obstacles (cleaning trolleys) on the main corridors when the food trolley is out at mealtimes.

Proposed Timescale: 10/02/2017

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 laundry required refurbishment as the floor and wall surfaces showed significant signs of wear and tear. The flooring in the hallway near the oratory required repair.

4. 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:

HSE have employed architects to review the site against the current standards. Part of this review was to consider the relocation of the laundry, once these plans are signed off the Registered Provider will put forward a business plan to get funding to relocate the laundry and floor covering as outlined above.

Proposed Timescale: 28/02/2018

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The changing needs of residents and staff commitments to direct care compromised the availability of regular social activities.

5. 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 business case has been forward to the HSE Management for the replacement of this

post. In the meantime staff endeavours to incorporate activities into their daily routine of the unit.

Proposed Timescale: 10/02/2017