

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hazel Hall Nursing Home
Centre ID:	OSV-0000049
Centre address:	Prosperous Road, Clane, Kildare.
Telephone number:	045 868 662
Email address:	info@hazelhallnursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Esker Property Holdings Limited
Lead inspector:	Nuala Rafferty
Support inspector(s):	Brid McGoldrick
Type of inspection	Unannounced
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	7

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 behavior (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 inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 January 2018 08:00 To: 16 January 2018 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 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The focus of the inspection was to monitor progress on the actions required from two previous inspections that took place on 19 June and 29 September 2017. As part of the inspection, practices were observed and documentation was reviewed such as care plans, accident logs and staff files. The views of residents and staff members in the centre were also sought. Improvements to governance and management systems previously found on the inspection in September 2017 had been maintained on this inspection and the standard of care delivered to residents had also improved.

The fitness of the recently appointed person in charge was assessed and demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

Risks identified on previous inspections were mitigated and inspectors were assured

that an improved level of safe care was being provided to residents. Inspectors found there were improvements to governance systems to provide effective leadership and direction to staff. Inspectors noted that interactions with residents were respectful, pleasant and appropriate and residents' dignity was maintained during care provision. Inspectors was also noted that the morale among staff and confidence in their ability to provide good care appeared to have had improved since the previous inspection.

Some further improvements were required in the area of risk management however, there was an improved level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

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):

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

Findings:

Inspectors were satisfied that although all of the actions required from the previous inspections had not been not fully addressed, there had been sufficient progress to mitigate the risks previously found.

Inspectors found that the provider entity and the management team, together with the support of all staff, had worked very hard to improve risk management in the delivery of safe care to residents. The revised management structure that had been implemented following the June 2017 inspection was more established. The management team met on a daily, weekly and monthly basis to discuss the daily operation of the centre, agree priorities, review adverse incidents and monitor both clinical and non-clinical risks. This improved governance gave the management team better oversight of the practices and culture within the centre and enabled more effective monitoring to improve the safety and quality of the care provided.

Changes initiated included more timely responses to and actions on complaints. Policies and procedures were under review, and staff were receiving better direction and guidance from the management team. Inspectors found staff were more aware of their roles and responsibilities, and improved communication was found with regular meetings held with management and staff.

However, further improvements were required to maintain and continue to improve the standard of quality care. A quality assurance process, which includes a system to review, audit and identify learning and measures required to improve practice, was in place. Although a number of specific audits were being carried out, there was little evidence that the audits were used to improve the quality of the service provided in a systematic way in order to improve outcomes for residents.

It was also noted that these audits or other reviews were not carried out in consultation with residents and their families. This was discussed with the director of operations who gave assurances that the annual review of quality and safety of care in the centre would include a consultation process and reflect the views of residents and their families.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

The action arising from the inspection in June 2017 was addressed. The contract of care was revised to show the terms of residence.

In a sample of contracts viewed, it was clearly indicated whether the resident was offered or agreed to a single or twin bedroom.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

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

Findings:

The centre was managed by a suitably qualified and experienced nurse who held authority, accountability and responsibility for the provision of the service. This new person in charge had commenced in the post very recently. Inspectors observed that the person in charge was involved in the daily governance, operational management and

administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

The actions from the previous inspections required that all policies and procedures were to be revised no less frequently than every three years. It was found that this process was underway. In addition, evidence was found that staff were given opportunities to read the policies and become familiar with them.

Judgment:

Compliant

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

Theme:

Safe care and support

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

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

Findings:

Actions required from previous inspections to improve systems to manage residents' personal finances were implemented.

Improvements to the arrangements in place where the provider acted as pension agent for a small number of residents were in place.

These arrangements were in line with guidance published by HIQA to ensure transparency. A bank account, separate to the business account for the designated centre, was established for residents personal funds. Residents were facilitated to receive regular updates on the status of their financial position.

Promotion of a restraint-free environment was facilitated through the use of alternative measures such as ultra-low beds, crash mats and mattress-alarm systems. These alternatives combined with staff vigilance provided an effective approach to falls management and resident safety.

Staff had received training on safeguarding and all staff spoken to were clear on their role and responsibilities in relation to reporting abuse. Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
The actions from the previous inspections had been partially addressed. The actions that were addressed included the following:

- The level of hygiene and general tidiness of the centre had improved. Additional resource hours were allocated to the household team and a cleaning schedule was in place. Household staff were aware of the procedures to follow and these were implemented. The household staff were also informed when additional infection control precautions were required and were familiar with some of these precautions.
- Risks associated with safe work systems were partially mitigated. On the day of inspection, it was noted that the cleaning room where all cleaning products and materials were stored remained locked at all times.
- Improvements to storage were found. Additional storage space had been designated and the environment was clear and uncluttered.
- Improvements to the recording of fire drills were found and records viewed included details on whether the simulated evacuations reflected evacuation of one 'resident' only

or whether all residents in a specific compartmented area could be safely evacuated within a reasonable time frame. It also included the duration of the drill and any learning identified to improve the evacuation process.

- An emergency plan was in place to guide staff on the evacuation of residents if required. Amongst other details, the plan identified the number of staff required to assist each individual resident, and the most suitable evacuation aid to be used, both day and night. Although inspectors found that the plan was not fully reflective of the most current mobility needs of every resident, this was revised prior to the end of the inspection.
- All new staff were provided with fire safety induction and were familiar with the fire protocols in place. All staff were provided with regular opportunities to attend fire safety training by external qualified fire officers and further training was planned for 2018.

The centre was comfortably warm and regular checks of the optimal temperature of communal and bedroom areas were being maintained. Checks to ensure all fire exits were clear and water temperature was at safe levels were also maintained. Evidence of water sampling for Legionella bacteria was not available on the day of inspection but the director of operations assured inspectors that samples had been taken and results were awaited. The director undertook to forward this evidence subsequent to the inspection.

Actions which remained to be addressed included:

- Risks associated with the location of personal protective equipment, such as gloves and aprons which continued to be stored on corridors and were accessible to residents. This posed a risk of choking for some residents with cognitive impairments and required review. Additionally risks associated with trailing wires from floor mat and posey alarms that were looped around grab-rails on corridors required review.
- Although the emergency plan had been updated, further revision was required to the plan to include the level of co operation staff could expect from each resident and whether any additional supervision was required to ensure safety. The fire protocol also needed to be updated to guide staff on whether all staff are expected to go to the fire panel when the alarm activated or whether some staff in certain units should remain for supervision purposes.

However, other issues were identified on this inspection that required to be addressed:

- The risk register was not updated to reflect all identified risks in the centre. These included risks associated with the Garda Síochána (police) vetting process and also outbreaks of infection such as the recent norovirus (also known as the winter vomiting bug). It was also unclear from reading the register, when the register is updated whether the dates reflect completion of an action or whether this represents the removal of the risk.
- Fire containment measures within the centre included compartmentalisation of the corridors. There were nine sets of fire doors connected to the fire alarm which, in order to provide safe zones to facilitate progressive horizontal evacuation, should close fully to contain the spread of fire and smoke. However, inspectors found that few of these sets of doors closed fully and needed to be repaired or replaced.

• Inspectors also observed that although cleaning and infection prevention and control processes were in place, they required improvement. The cleaning schedule was basic and needed more detail to guide the household staff and ensure consistency of approach in terms of products used, frequency and level of cleaning required.

• Also, although the household staff were aware of infection control precautions not all staff, in particular the newer staff, had all of the information they required to assist in the prevention of infection. The level of information and guidance to staff required improvement in relation to management of blood spillage and deep environmental cleanings wherever there was an outbreak of an infectious disease.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

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

Findings:

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

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):

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

Findings:

Actions required from the previous inspections were fully addressed. Inspectors

reviewed a sample of clinical documentation including risk assessments, care plans, medical and allied health professionals' clinical notes, nurses' progress notes and other supporting records.

Residents had access to medical care, out-of-hours doctor services and a full range of other services available on referral, including tissue-viability nurse, speech and language therapy, dietician, chiropody, dental services and optical services. Evidence of referral and review was available and viewed, with early recognition of the signs of clinical deterioration and appropriate management.

Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing the findings following clinic appointments were maintained. In particular, inspectors found that the communication by the nursing team in the centre to the community team on the status of respite residents on discharge home was detailed especially where risks of clinical deterioration were identified.

Care plans were regularly reviewed and contained enough detail to guide staff on the appropriate use of interventions to manage the identified need.

Comprehensive risk assessments on which to base care plans were found and there were efforts to plan and deliver care in a person-centred manner.

However, some further improvements were required. It was noted that some care plans were not fully updated in a timely manner when residents returned from acute hospital stays, and care plan reviews did not consider the effectiveness of the interventions to manage and or treat the need.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

The actions required from the previous inspection were addressed. A programme of maintenance had commenced and was underway. Inspectors observed that several rooms were re-painted, designated storage areas were provided and the level of hygiene in the centre had improved. A refurbishment and maintenance programme was in place to ensure the premises was maintained to a good standard and meets the

needs of residents in a comfortable and warm environment. However, it was noted that this work needs to be progressed where some floors required to be replaced and pipe-work enclosed. It was also found that all showers, baths and toilets were in working order, although currently only three of the four accessible showers available in the centre were in use. This was discussed with the director of operations as inspectors considered that all four showers were required to meet the personal care needs of the number of residents who can be accommodated in the centre.

The centre consisted of a single storey building with 42 single and two twin bedrooms. Over half of the bedrooms contain a toilet en suite. Corridors were laid out in a circuit which allowed residents to mobilise without obstruction or dead ends. All bedrooms were of sufficient size and layout for the residents, were appropriately decorated and had adequate storage for belongings including lockable space for valuables. Privacy screening was in place in twin rooms.

Overall, it was found that adequate private and communal space was provided, and the design, layout and decor of the centre provided a comfortable environment for residents. There was a well-maintained and secured external garden that was nicely decorated and free of hazards. The area was fenced and secure from unauthorised entry.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

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

Findings:

The actions arising from two previous inspections in 2017 were addressed. Inspectors viewed records of complaints and found evidence that all complaints were documented, investigated and outcomes recorded. Any actions required to respond to complaints were implemented. There was also evidence that complaints were discussed with staff and actions required were communicated verbally and in writing during staff-handover periods. Complainants were notified of the outcomes of their complaint by the director of operations who informed inspectors there were plans to conduct reviews and trending of complaints for quality improvement purposes.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs

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

Theme:

Workforce

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

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

Findings:

The actions required from the previous inspection were addressed. These included:

- Suitable and sufficient staffing and skill-mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.
- Inspectors found there was a stabilisation of the workforce with a reduced staff turnover. This gave the staff a more balanced skill-mix with a better profile of experienced to new staff.
- Nursing staff levels were increased on an ongoing basis by an additional eight hours from Monday to Friday and an additional nurse for night shift was in place on the Abbey Unit. This meant that there were now two nurses on duty with a clinical nurse manager every day of the week, with the person in charge also on-duty from Monday to Friday.
- This increased level of staffing meant that the medication administration round was completed in a more timely fashion allowing the nursing team to assist the care staff with personal care. This, in addition to the increased management presence, also improved the level of supervision, direction and guidance being given to staff.
- An increase in the number of hours were allocated to the household team with an additional four hours per day. This had resulted in an improved level of cleanliness and hygiene in the centre.

Inspectors found that there was on-going training in place for staff. All new staff had received their mandatory training in moving and handling, fire safety and safeguarding and all staff were provided with opportunities to update their skills in these areas and also in areas such as, food safety, and medication management and hand hygiene.

Inspectors noted that interactions with residents were respectful, pleasant and appropriate and residents' dignity was maintained during care provision. It was further noted that the morale among staff and confidence in their ability to provide good care had improved and this was evident in speaking with them and on observation throughout the day.

Some further improvements continue to be required however, and these include:

- The appointment of a household supervisor remained outstanding. The director of operations informed inspectors that the recruitment process was underway and they were hopeful it would conclude successfully in the near future.
- The staff roster did not contain the full names of all staff. Also it did not identify the full hours each person worked on each day. Some abbreviations were in use and these could be explained by an explanatory legend at the bottom of the roster.

It was also noted that the 24 hour clock was not used in line with best practice guidance from the Irish Nursing Board.

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:

Nuala Rafferty
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:	Hazel Hall Nursing Home
Centre ID:	OSV-0000049
Date of inspection:	16/01/2018
Date of response:	05/02/2018

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Further improvements were required to ensure that the quality assurance process in plac, was implemented in a systematic way in order to improve outcomes for residents.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

Existing quality assurance systems were reviewed by the management team following inspection. Key performance areas which require focus and quality improvement are now prioritised for auditing with the results reviewed by the management team at a meeting scheduled as soon after the relevant month's end as possible to ensure a swift response to any deficits identified, learning outcomes documented and focussed discussions and brainstorming to plan the steps necessary to drive quality upwards in these key performance areas. The template for the management meeting has been amended to reflect improvements in the quality assurance process and is attached.

Audits continue to be carried out to monitor quality in remaining areas on an ongoing basis and are then prioritised where necessary. Audit templates are enhanced to ensure deficits are flagged, appropriate action taken and learning outcomes noted.

Proposed Timescale: 30/04/2018

Theme:

Governance, Leadership and Management

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

Ensure that the annual review of quality and safety of care in the centre includes a consultation process to reflect the views of residents and their families.

2. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

The annual review of quality and safety of care was discussed at the most recent monthly management meeting. It was planned that the review will be completed by the management team collaboratively with a deadline set.

The annual review of quality and safety will incorporate the results of resident and family quality research, suggestions put forward and views expressed by residents at monthly resident committee meetings, complaints, compliments, suggestions and general feedback. In addition, suggestions and views of staff expressed during their annual performance reviews will inform the quality and safety review and resulting quality improvement plan for the year ahead.

Proposed Timescale: 28/02/2018

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The staff roster did not contain the full names of all staff. Also, it did not identify the full hours each person worked on each day.

3. 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:

The roster is now amended to incorporate feedback from the Inspectorate and the full names of staff and full hours each person is rostered to work each day. Documentary evidence of same is available for inspection.

Proposed Timescale: Completed.

Proposed Timescale:

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Risks associated with the location of personal protective equipment and trailing wires from floor mat and posey alarms required review.

The risk register was not updated to reflect all identified risks in the centre. These included, risks associated with the Garda Síochána (police) vetting process and also outbreaks of infection such as the recent norovirus. It was also unclear from reading the register, when the register is updated, whether the dates reflect completion of an action or whether this represents the removal of the risk.

4. 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:

A risk assessment was completed with reference to the location of personal protective equipment. Personal protective equipment is now located away from the walls of the corridors to mitigate risk.

Risks associated with trailing cables from floor mat and posey alarms have also been assessed and actions implemented to reduce risk including the securing of all trailing cables.

Employees are not permitted to work in the Centre until the Garda Vetting Process is completed. This is now documented in the risk register.

The risk of a norovirus outbreak was added to the register on the day of inspection. Risks associated with other outbreaks are in the process of being added to the risk register.

In relation to clarity around dates recorded on the risk register, the software company has made amendments to the risk register template to identify the completion date of an action. The risk register will only contain current risks and there will be a separate document containing all risks removed which can be printed as necessary. This update to the software will be applied in the coming week.

Proposed Timescale: 16/02/2018

Theme:

Safe care and support

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

The level of information and guidance to staff required to be improved in relation to management of blood spillage and deep environmental cleanings where there was an outbreak of infectious disease.

The cleaning schedule was basic and needed more detail to guide the household staff and ensure consistency of approach in terms of products used, frequency and level of cleaning required

5. Action Required:

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

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

The Centre's Infection Control Policy and Procedures and Environmental Hygiene Policy and Procedures have been re-circulated to staff.

Training in the appropriate use of cleaning chemicals has been provided to staff.

Training in infection control including the management of blood spillage is also provided to staff with a deadline date for completion.

The cleaning schedule and deep cleaning schedules are currently under review and re-draft in collaboration with the newly appointed Housekeeping Supervisor and will be circulated, in use and monitored via increased supervision by the Household Supervisor and RGN rounds, spot-checking by Clinical Nurse Management and audit.

Proposed Timescale: 28/02/2018

Theme:

Safe care and support

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

Fire containment measures required to be improved to ensure all fire doors in the centre can close fully to prevent the spread of smoke and fire.

6. Action Required:

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

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

This requirement was prioritised and found to require minor remedial work to rectify the problem. Works commenced immediately on the fire doors and will be completed within a short time frame.

Proposed Timescale: 23/02/2018

Theme:

Safe care and support

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

All fire procedures including the emergency plans required to be revised to reflect the level of co operation expected from each resident and also the level of supervision required for any particular unit, area or resident in the unit.

7. 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:

Fire procedures are reviewed including the emergency plan. The level of co-operation expected from each resident, along with the level of supervision required is now fully documented and under continuous review. Please see attached evidence of the improvements made.

Proposed Timescale: Completed.

Proposed Timescale: 05/02/2018

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Some care plans were not fully updated in a timely manner when residents returned from acute hospital stays and care plan reviews did not consider the effectiveness of the interventions to manage and /or treat the need.

8. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The care planning system is now reviewed to identify care plans which require formal review. Formal meetings are in process. The requirement to review the effectiveness of the interventions to manage and/or treat the need will be clarified at a meeting with the nursing team scheduled this week and any required guidance given. Care plans will be monitored, spot checked and audited to ensure this is implemented.

Proposed Timescale: 30/04/2018

Outcome 18: Suitable Staffing

Theme:

Workforce

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

A household supervisor was not yet in place

9. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

A household supervisor was recruited and is now in post.

Proposed Timescale: Completed

Proposed Timescale: 05/02/2018

