

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kilrush District Hospital Limited
Centre ID:	OSV-0000446
Centre address:	Cooraclare Road, Kilrush, Clare.
Telephone number:	065 905 1966
Email address:	kilrushdistrictlimited@yahoo.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Kilrush District Hospital Limited by Guarantee
Provider Nominee:	John Hehir
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	9

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
31 July 2017 08:30	31 July 2017 17:30
01 August 2017 09:00	01 August 2017 17:00

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

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

Summary of findings from this inspection

This report sets out the findings of an inspection that took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, complaint logs, policies and procedures and staff files.

While there was evidence of good practice in many areas, the inspector was concerned that there was inadequate governance arrangements in place to monitor and review the quality and safety of care, The inspector had further concerns that the design and layout of parts of the original building did not meet with the needs of residents or comply with the requirements of Regulations, in particular the multi-occupancy bedrooms.

On the days of inspection, the inspector was satisfied that the nursing and healthcare needs of residents were being met. Improvements were noted to the nursing documentation. The assistant director of nursing and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Other improvements were required to the statement of purpose, contracts of care, safeguarding, fire safety, complaints management and staff training. All areas for improvement are contained in the Action Plan at the end of this report.

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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose required updating to include all of the information required by Schedule 1 of the regulations such as the information set out in the certificate of registration and arrangements for the management of the centre in the absence of the person in charge.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider had established a clear management structure. The person nominated to represent the provider worked full time in the centre as the general manager. There was a full time person in charge. The person in charge was supported in her role by the general manager, assistant director of nursing and administrator. The assistant director

of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place. The management team met each other, residents and staff on a daily basis.

Management team meetings took place regularly, nursing management, administration, catering and housekeeping departments were represented. The inspector reviewed the minutes of recent meetings and noted that issues such as staff holidays, salaries, rotas, job descriptions as well as catering and housekeeping issues were discussed.

The inspector had concerns that there was inadequate governance arrangements in place to ensure that the service provided was appropriate, consistent and effectively monitored. There was an audit schedule in place and regular audits were carried out in areas such as end of life care, meals and mealtimes, infection control, hand hygiene, physical environment, accidents, falls and medication management. However, audits were not informative, there were no outcomes or action plans documented as a result of those reviews. There was no evidence of learning or improvement to practice as a result of the reviews. The inspector was informed that there were no formal meetings to discuss the quality and safety of care in the centre. There was no annual review of the quality and safety of care delivered to residents in the centre.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Contracts of care were in place for all residents. However, the fees to be charged, the type of accommodation, the details of additional charges, the details or arrangements for the application or receipt of financial support under the Nursing Homes Support Scheme including the arrangements for the payment or refund of monies were not set out in the contracts of care.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was a registered nurse with the required experience in the area of nursing older people. She had been working in the post since June 2014 and she worked full time. She was on call at weekends and out of hours.

The person in charge had undertaken a FETAC (Further Education Training Awards Council) Level 6 course in gerontology and recently completed a management training course.

The person in charge was on leave at the time of inspection and the assistant director of nursing deputised in her absence.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that records as required by the regulations were maintained in the centre.

All records as requested during the inspection were made available to the inspector.

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The management team were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge. The provider had recently notified the authority of the absence of the person in charge.

Judgment:

Compliant

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

Theme:

Safe care and support

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

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

Findings:

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse, however, some staff had not received training in elder abuse, Garda Síochána (police) vetting was not in place for a person who

provided services to residents and residents' monies were not paid into a separate interest bearing account.

There were comprehensive recently updated policies on the protection of residents from abuse, responding to allegations of abuse, security of residents' accounts and personal property, meeting the needs of residents with challenging behaviour and restraint.

Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that most staff had received education on elder abuse, however, some recently recruited staff had not received training. Residents spoken with and those that completed questionnaires in advance of the inspection indicated that they felt safe in the centre.

The finances of some residents were managed in the centre and small amounts of money were kept for safe keeping on behalf of a number of residents. While the inspector saw that these accounts were managed in a clear and transparent manner, residents' monies were being paid directly into the nursing home current account. This practice was not in line with best practice with regard to safeguarding residents finances and was not an interest bearing account.

The policy on meeting the needs of residents with challenging behaviour outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenge. The assistant director of nursing advised the inspector that there were no residents who presented with responsive behaviour at the time of inspection. There was evidence of access and referral to psychiatry services and ABC charts were used to record episodes of behaviours when required in line with the centres policy.

The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. The assistant director of nursing told the inspector that they continued to promote a restraint free environment. There were 13 residents using bed rails at the time of inspection, six at the request of residents. The inspector noted that risk assessments and care plans were in place, signed consent was in place and regular checks were being carried out and recorded for all residents using bed rails. The inspector saw that alternatives such as low low beds and crash mats were in use for some residents.

Staff spoken with and training records reviewed indicated that some staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint. The provider representative and assistant director of nursing advised that further training will be scheduled.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Relatives spoken with felt their relatives were being supported by excellent staff and receiving good care.

The assistant director of nursing advised that Garda Síochána (police) vetting was in place for all staff. The inspector reviewed a sample of staff files and noted Garda Síochána (police) vetting was in place. There were no volunteers currently attending the centre. Garda Síochána (police) vetting was not in place for a person who provided services to residents, the assistant director of nursing advised that an application was currently being processed.

Judgment:

Non Compliant - Moderate

***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):

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

Findings:

Issues identified at the previous inspection had been addressed, however, the inspector had concerns that there was no fire extinguisher available in or near to the outdoor smoking area.

There was a health and safety statement available. The inspector reviewed the risk register and found it had been reviewed and updated following the last inspection. All risks specifically mentioned in the regulations were included.

There was a policy on responding to emergencies which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that three staff members had received training in moving and handling. The provider representative confirmed that training was scheduled for 9 August 2017. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists were up-to-date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in October 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in April 2017. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken with told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. Fire drills took place on a six monthly basis, however, the time, location and

outcomes were not recorded.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in the use of hand sanitizers. Regular infection control audits were carried out. Some relatives and residents spoken with commented that the place was always spotless.

The inspector spoke with housekeeping staff who were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. The building was found to be clean and odour free. Training records reviewed indicated that many staff had received infection control training, however, more recently recruited staff spoken with had not received training.

Judgment:

Non Compliant - Moderate

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 generally found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicines prescribing and administration sheets. Medicines were individually prescribed and regularly reviewed by the general practitioners (GP).

Systems were in place to record medicines errors which included the details, outcome and follow-up action taken. Staff were familiar with these systems.

Systems were in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist who was available for advice and also provided education to staff.

Regular medicines management audits were carried out by nursing management. The inspector noted that no issues had been identified during the most recent audits. Most nursing staff had recently completed medicines management training however, some nursing staff had not completed refresher training.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Nursing management staff were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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:

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiroprody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk, with wounds and dementia. See Outcome: 7 Safeguarding and Safety regarding restraint and responsive behaviour.

The inspector noted that improvements had taken place to the nursing documentation since the previous inspection. Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, choking, dependency, moving and handling and oral cavity.

The inspector noted that care plans were in place for all identified issues. Care plans had been regularly reviewed and updated. While the inspector noted improvements generally to the care planning documentation, some care plans required further improvement to ensure that they were more person centered and individualised. There was evidence of relative and resident involvement in the development and review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

The inspector reviewed the files of residents with wounds and noted adequate wound assessment and wound care charts in place. Staff had access to support from the tissue viability nurse if required.

The inspector was satisfied that residents weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. Staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

The inspector reviewed the files of residents who had recently fallen and noted that the falls risk assessments, care plans had been updated and a post falls review completed. Low-low beds, crash mats and sensor alarm mats were in use for some residents. The inspector noted that the communal areas were supervised by staff at all times.

Residents with a dementia had specific care plans in place. They included guidance for staff regarding residents with communication issues, at risk of absconsion, at risk of isolation secondary to progressive dementia and malnutrition.

The social care needs of each resident were assessed and records were maintained of each residents participation in activities. Details of residents' interests, hobbies and life histories had been documented and staff were observed to use this information when conversing with residents.

There was a full time activities coordinator employed in the centre during the afternoon and evenings, care staff supervising the day room carried out activities with residents in the morning time. The weekly activities schedule was displayed. An external facilitator visited and involved some residents in a Sonas (therapeutic programme specifically for residents with Alzheimer's or dementia). Musicians visited regularly, the local priest visited and celebrated mass weekly. Many of the residents actively partook in activities while others joined in for shorter periods. Other activities that took place regularly included light exercise to music, arts and crafts, ball exercises, bingo, quizzes, cross words, reminiscence, story telling, baking and pet therapy. Residents and relatives told the inspector that they enjoyed celebrating special events such as Christmas, Easter and residents birthday parties. Some residents had recently visited the local walled gardens and gone for a trip to the local town. Staff told the inspector that they planned to go on day trips to local areas of interest if the weather improved and that the centre had its own wheelchair accessible minibus available to transport residents. The provider representative told the inspector that they had recently acquired the use of a large glass house at the rear of the centre and intended to use the facility for further gardening and outdoor recreational activities.

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):

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

Findings:

As stated in previous inspection reports the design and layout of parts of the original building did not meet with the needs of residents or comply with the requirements of Regulations, in particular the multi-occupancy bedrooms. A separate visitors space was no longer available and residents still did not have access to a safe, secure garden area.

The older section of the building was built as the original district hospital and has been extended and reconfigured over the years. A large two-storey extension had been completed in recent years. The extension was finished to high standard and included accommodation for 15 residents in nine single and three twin bedrooms all with en suite facilities. There was a large bright entrance lobby area with seating and an additional day room located on the first floor. The corridors were wide and bright and allowed for freedom of movement. Corridors had grab rails, and were seen to be clear of any obstructions.

The dining room in the original building had been increased in size. Further development works were in progress at the time of inspection. The three bedded 'St. Ita's' room located on the ground floor was being renovated and reconfigured to accommodate two residents with en suite toilet and shower facilities. A designated palliative care suite to accommodate one resident was also in progress.

The visitors space which had been provided at the time of the last inspection was no longer available. Some relatives spoken with told the inspector that that they found it difficult to have conversations when visiting residents in the large ground floor day room. This was discussed with the provider representative who undertook to make available a separate visitors space.

The inspector had concerns that the design and layout of multi-occupancy bedrooms did not meet with the needs of residents and impacted upon their privacy and dignity.

'St. Joseph's' male ward located on the ground floor did not meet the needs of residents, and was unsuitable in design and layout. It accommodated four residents at the time of inspection.

- The ward was divided by half height walls into five cubicle areas, these cubicles were of inadequate size. For example some cubicles could only accommodate a bed, small locker and bed table. There was inadequate space to place an armchair beside the bed, there was inadequate space to store clothes and other personal belongings.

- There was inadequate ventilation in the ward. There were three windows provided in the ward, however, two of the windows had signage indicating that they must not be opened. The outdoor smoking area was located immediately outside these windows, therefore smoke would emanate from the smoking area into the bedroom if left open.

- Residents could not see out two of the windows as opaque contact had been fitted to the glass panels.

- The ward was being used for the storage of clean personal laundry of other residents in the centre and clean bed linen and towels.

- The ward was being used for the storage of equipment such as hoists and walking

frames.

-The privacy and dignity of residents was further compromised due to the clear glass panels which were located on both entrance doors to the ward.

'St. Flannan's' three bedded room located on the first floor did not meet the needs of residents, and was unsuitable in design and layout. It accommodated three female residents at the time of inspection.

- There was inadequate space to store clothes and other personal belongings due to its size and layout.

- Personal clothing and belongings for two of the residents could not be stored in the bedroom and were stored in wardrobes located in the unused St. Bridget ward.

- Two of the beds were located in close proximity to one another. The inspector observed that a resident sitting in her wheelchair beside her bed was moved to the day room to allow a visitor sit beside the resident in the adjacent bed.

- The privacy and dignity of residents was further compromised due to the clear glass panel which were located on the entrance door to the room.

'St. Senan's' room located on the first floor was accommodating two residents at the time of inspection. This room was suitable to meet the needs of two residents. However, the provider representative informed the inspector that a third bed had been temporarily removed and he was intending to use this room for three residents. This room was similar in layout but slightly smaller in size to 'St. Flannan's' and therefore would be unsuitable for three residents for similar reasons. The privacy and dignity of residents was compromised due to the clear glass panel which were located on the entrance door to the room.

The provider told the inspector at previous inspections that they planned to renovate and reconfigure the original building to ensure full compliance with the requirements of the Regulations. He indicated in the response to the last action plans that works would be completed by 31 October 2016.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the policy on responding to complaints dated April 2015. The

complaints policy and procedure required updating to include the nominated person to deal with complaints and a second nominated person to ensure all complaints were appropriately responded to and to ensure that the person nominated to deal with complaints maintains the records specified under the regulations.

The inspector reviewed the complaints log. There were six verbal complaint logged to date for 2017. There were no open complaints at the time of inspection. The details of complaints were recorded however, the details of investigations carried out along with the outcome, actions taken and the complainants satisfaction or not with the outcome were not always clearly recorded.

A resident spoken with told the inspector that they had complained regarding missing new clothing, however, this had not been recorded. The provider representative or the assistant director of nursing stated that they had no knowledge of the complaint.

Information leaflets regarding SAGE (support and advocacy services for older people) were displayed in the centre.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Staff provided end of life care to residents with the support of their GP and the homecare palliative team. The assistant director of nursing advised that end of life care plans were in place for all residents. The inspector reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. Care plans were found to be detailed and person centered.

Works were in progress to provide a dedicated palliative care and end of life suite. The suite consisted of a bedroom, en suite toilet and shower as well as a sitting room to facilitate families and stay overnight if they so wished.

Many staff had completed training on end of life care.

Judgment:

Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard and a number of the residents told inspectors that the food was always very good. Some residents required special diets or modified consistency diets and these needs were met.

The daily menu was displayed and choice was available at every meal. The inspector observed the lunch time meal experience and noted it to be a pleasant one. The inspector noted that staff assisting residents were caring and sensitive, they explained what foods were on offer and gently reminded some to swallow. Modified consistency diets were nicely presented and included a variety of texture and colour. Residents spoken with were complimentary regarding the quality and choice of food. The inspector observed a variety of drinks and snacks being offered to residents throughout the days of inspection, a selection of home baking including scones and cakes were also on offer.

Mealtimes were unhurried social occasions. Most residents had their meals in the large bright dining room. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. Some residents choose to have their meals in their bedrooms and this was facilitated.

The inspector spoke with the chef on duty. He stated that there was two week rolling menu plan in place. The menus offered choice a every meal. The menus had been drawn up in consultation with the residents and the dietician. The chef was aware of residents' likes and dislikes, of those residents who required specialised diets or modified diets and knowledgeable regarding the recommendations of the dietician and SALT. She stated that there was good communication between the catering and nursing staff.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the

centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

Residents were supported to contribute ideas and to participate in the day to day activities of the centre. Feedback was sought from residents and their families. Improvements were required to ensure privacy and dignity for all residents.

The inspector noted that while staff were sensitive to residents' rights for privacy and dignity, the physical environment posed significant challenges. The design and layout of parts of the building in particular the multi occupancy bedrooms compromised residents dignity and privacy. This is discussed further under Outcome 12: Safe and suitable premises.

Residents committee meetings were held on a regular monthly basis and were facilitated by the activities coordinator. Notice of upcoming meetings were displayed and relatives were invited to attend. Minutes of meetings were recorded, issues discussed included catering/food, activities, day trips, comment/complaints, birthday parties and any other issues residents or relatives wished to discuss. The activities coordinator told the inspector that any recommendations or wishes regarding food were discussed with the catering department who always followed through with any requests.

Quality assurance questionnaires were forwarded to all residents /relatives on a six monthly basis and included feedback on areas such as management, meal time and nutrition, daily living, premises, dignity and respect, personal care and support. The person in charge told the inspector that she reviews all completed questionnaires and addresses any issues that are raised. The inspector reviewed some of the most recently completed questionnaires and noted that feedback was generally very positive.

Staff treated residents with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents availed of the service while other residents were supported to attend their own hairdresser locally.

A number of the questionnaires completed by residents and family members by way of feedback to HIQA confirmed that the centre made every effort to maintain residents'

independence.

Residents' religious and political rights were facilitated. The local priest visited and said Mass weekly. Residents told the inspector that they enjoyed attending mass and reciting the daily rosary. Some residents listened to daily mass via radio link from the local parish church. The minister of the Eucharist visited with Holy Communion each Sunday. Residents were facilitated to vote in-house during elections while some residents were supported by staff to vote in their home polling station.

There was an open visiting policy in place. Residents had many visitors during the inspection and relatives spoken with were very complimentary of the service provided. They told the inspector that they could visit at any time and always were made welcome.

The visitors space which had been provided at the time of the last inspection was no longer available. Some relatives spoken with told the inspector that that they found it difficult to have conversations when visiting residents in the large ground floor day room. This was discussed with the provider representative who undertook to make available a separate visitors space.

The centre was part of the local community and residents had access to radio and television. Daily and regional newspapers were provided. Some residents told the inspector how they enjoyed reading the daily newspapers and listening to the local radio stations.

Judgment:

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a laundry room with ample space for washing and drying and sorting of residents' clothing.

Some residents accommodated in multi-occupancy bedrooms had inadequate space to store and maintain their clothes and other personal possessions. This is discussed further under Outcome 12: Safe and suitable premises.

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):

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

Findings:

The inspector found there was an appropriate number and skill mix of staff on duty to meet the assessed needs of the residents. On the days of inspection there were 35 residents including three residents assessed as low dependency, seven as medium dependency, nine as high dependency, sixteen as maximum dependency and there was one resident in hospital. There were two nurses and six care assistants on duty during the day and evening time, two nurses and four care assistants on duty in the afternoon, two nurses and two care assistants on duty at night time. The activities coordinator worked from 14.00 to 21.00 Monday to Friday.

The person in charge was normally on duty during the day time. The assistant director of nursing normally worked three days a week in a managerial role and one day a week as a nurse on the floor. The staffing complement also included the manager, administrator, catering and housekeeping staff. Duty rosters reviewed indicated that these staffing levels were the norm and the nurse in charge of each shift was easily identified.

The inspector reviewed a sample of staff files which were found to contain all of the required documentation as required by the regulations including evidence of Garda Síochána vetting, nursing registration numbers, induction records, training certificates and appraisals.

The assistant director of nursing advised that there were no volunteers currently attending the centre.

Staff spoken with and records reviewed indicated that all staff had not completed mandatory training in areas such as safeguarding and prevention of abuse, manual

handling, infection control and managing behaviour that is challenging. Manual handling training was scheduled for 9 August 2017. Some nursing staff had not completed medication management refresher training.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary Costelloe
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:	Kilrush District Hospital Limited
Centre ID:	OSV-0000446
Date of inspection:	31/07/2017 and 01/08/2017
Date of response:	18/08/2017

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose required updating to include all of the information required by Schedule 1 of the regulations.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

The centre has updated its statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The statement of purpose updated to include all of the information required by Schedule 1 of the regulations. The conditions of registration information and the arrangements in place in the absence of person in charge are included in the statement of purpose. In the Statement of Purpose, the information is changed as follows; The Provider is Kilrush District Hospital Ltd and the provider representative is John Hehir

Proposed Timescale: 18/08/2017

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:

There was no annual review of the quality and safety of care delivered to residents in the centre.

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The centre has now developed a report on the quality and safety of care of residents in Kilrush District Hospital Ltd in 2016 and quality improvement plan for 2017 to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Proposed Timescale: 18/08/2017

Theme:

Governance, Leadership and Management

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

While there was an audit schedule in place and regular audits were carried out, audits were not informative, there were no outcomes or action plans documented. There was no evidence of learning or improvement to practice as a result of the reviews. There were no formal meetings to discuss the quality and safety of care in the centre.

3. 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 monitored.

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

An audit schedule is in plan to be developed by the nursing management to ensure that where regular audits are carried out; which should be informative, with outcomes or action plans documented and the evidence of learning or improvement to practice in place as a result of the reviews. The nursing management decided to discuss the results of the audits in the monthly health and safety meetings to improve the quality and safety of care in the centre.

Proposed Timescale: 30/09/2017

Outcome 03: Information for residents**Theme:**

Governance, Leadership and Management

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

Fees to be charged were not set out in the contracts of care.

4. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

All the current residents contract of care in the centre are updated with the fees to be charged to ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services

Proposed Timescale: 18/08/2017

Theme:

Governance, Leadership and Management

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

Details or arrangements for the application or receipt of financial support under the Nursing Homes Support Scheme including the arrangements for the payment or refund of monies were not set out in the contracts of care

5. Action Required:

Under Regulation 24(2)(c) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.

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

The contact of care of all residents in the centre is updated with details or arrangements for the application or receipt of financial support under the Nursing Homes Support Scheme including the arrangements for the payment or refund of monies. The decision letter from the fair deal office is attached to the residents contract of care

Proposed Timescale: 18/08/2017**Theme:**

Governance, Leadership and Management

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

Details of additional charges for services which the resident may wish to avail of were not set out in the contracts of care.

6. Action Required:

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

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

The contact of care of all residents in the centre is currently updated with details of additional charges for services which the resident may wish to avail; to ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement. Set out third party charges. Cost of services charged by the third party e.g. hair dresser, are paid by nursing home on behalf of residents. We are just facilitating the payment on behalf of resident. Cost of services included in the monthly statement

Proposed Timescale: 18/08/2017**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:

Recently recruited staff had not received training in elder abuse.

7. 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:

Elder Abuse training is scheduled for September 2017 for all the new and current staff to comply with the regulatory requirement under regulation 08 (2)

Proposed Timescale: 30/09/2017

Theme:

Safe care and support

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

Residents monies were being paid directly into the nursing home current account. This practice was not in line with best practice with regard to safeguarding residents finances and was not an interest bearing account.

Garda Síochána (police) vetting was not in place for a person who provided services to residents.

8. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The centre is currently in the process of opening a new bank account in favour of the nursing home residents and Garda Síochána (police) vetting is currently in process for a person(hair dresser) who provided services to residents to take all reasonable measures to protect the resident from abuse.

Proposed Timescale: 15/09/2017

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:

There was no fire extinguisher available in the outdoor smoking area.

9. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

A fire extinguisher is installed in the outdoor smoking area to comply with the regulatory requirement under Regulation 28(1) (a) to take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

Proposed Timescale: 18/08/2017

Theme:

Safe care and support

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

Fire drills took place on a six monthly basis, however, the time, location and outcomes were not recorded.

10. Action Required:

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

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

A fire drill template is currently prepared to document the time, location and outcomes of fire drills take place in the centre on a six monthly basis to comply with the regulatory requirement under Regulation 28(1) (e) to ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Proposed Timescale: 18/08/2017

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:

St. Joseph's male ward located on the ground floor did not meet the needs of residents, and was unsuitable in design and layout. -The ward was divided by half height walls into five cubicle areas, these cubicles were of inadequate size. For example some cubicles could only accommodate a bed, small locker and bed table. There was

inadequate space to place an armchair beside the bed, there was inadequate space to store clothes and other personal belongings.

- There was inadequate ventilation in the ward. There were three windows provided in the ward, however, two of the windows had signage indicating that they must not be opened. The outdoor smoking area was located immediately outside these windows, therefore smoke would emanate from the smoking area into the bedroom if left open.

-Residents could not see out two of the windows as opaque contact had been fitted to the glass panels.

-The ward was being used for the storage of clean personal laundry of other residents in the centre and clean bed linen and towels.

-The ward was being used for the storage of equipment such as hoists and walking frames.

-The privacy and dignity of residents was further compromised due to the clear glass panels which were located on both entrance doors to the ward.

St. Flannan's three bedded room located on the first floor did not meet the needs of residents, and was unsuitable in design and layout.

- There was inadequate space to store clothes and other personal belongings due to its size and layout.

- Personal clothing and belongings for two of the residents could not be stored in the bedroom and were stored in wardrobes located in the unused St. Bridget ward.

- Two of the beds were located in close proximity to one another. The inspector observed that a resident sitting in her wheelchair beside her bed was moved to the day room to allow a visitor sit beside the resident in the adjacent bed.

- The privacy and dignity of residents was further compromised due to the clear glass panel which were located on the entrance door to the room.

St. Senan's room located on the first floor was accommodating two residents at the time of inspection. However, the provider representative informed the inspector that the third bed had been temporarily removed and he was intending to use this room for three residents. This room was similar in layout but slightly smaller in size to St. Flannan's and therefore would be unsuitable for three residents for similar reasons. The privacy and dignity of residents was compromised due to the clear glass panel which were located on the entrance door to the room.

11. 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:

Architects were contacted by the provider representative and are currently being in a process of re designing the St. Joseph's ward downstairs. The plan for St. Joseph's ward is expected to be completed in 6 to 7 months. In the meantime, the lay out of the ward is re arranged to provide the residents more space and comfort. The centre decided to accommodate only two residents in future in the three bedded St. Flannan's and St.Senan's room located on the first floor upstairs. These two multioccupancy rooms are now designated double rooms. This is to ensure that each resident may undertake personal activities in private and to provide adequate space for each resident

to store and maintain their property to comply Under Regulation 17(2) to provide premises which conform with the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre. (The proposed structure plan is attached).

Provider's Timescale: St. Joseph's Ward-End March 2017. St. Flannan's and St. Senan's is completed.

Proposed Timescale: 31/03/2018

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The details of complaints were recorded however, the details of investigations carried out along with the outcome, actions taken and the complainants satisfaction or not with the outcome were not always clearly recorded.

A resident spoken with told the inspector that they had complained regarding missing new clothing, however, this had not been recorded.

12. Action Required:

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

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

The nominated person will ensure in future to maintain a record of all complaints including details of any investigation in to the complaint, the outcome of the complaint whether or not the resident was satisfied. The second nominated person will oversee the complaint procedure to ensure that all complaints are appropriately responded

Proposed Timescale: 18/08/2017

Theme:

Person-centred care and support

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

The complaints policy and procedure required updating to include the nominated person to deal with complaints and a second nominated person to ensure all complaints were appropriately responded to and to ensure that the person nominated to deal with complaints maintains the records specified under the regulations.

13. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

The centre has revised its complaint policy and a nominated a second person, to comply Under the Regulation 34(3), is appointed other than the nominated person to oversee the complaint procedure to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

Proposed Timescale: 18/08/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The inspector noted that while staff were sensitive to residents' rights for privacy and dignity, the physical environment posed significant challenges. The design and layout of parts of the building in particular the multi occupancy bedrooms compromised residents dignity and privacy.

14. Action Required:

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

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

The centre has re arranged the multi occupancy rooms upstairs (St.Flannan's and St.Senan'an')and is currently designated double rooms. The centre has contacted the architect for the plan for the four bed multi occupancy room (St.Joseph's) in order to comply with under Regulation 09(3) (b) to ensure that each resident may undertake personal activities in private.

Provider's Timescale: St. Flannan's & St. Senan's Completed and St. Joseph's March 2018

Proposed Timescale: 31/03/2018

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

The visitors space which had been provided at the time of the last inspection was no longer available.

15. Action Required:

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

The visitors meeting room is arranged downstairs after the inspection to comply under Regulation 11(2) (b) to make suitable communal facilities available for a resident to receive a visitor and a suitable private area, which is not the resident's room.

Proposed Timescale: 18/08/2017

Outcome 17: Residents' clothing and personal property and possessions**Theme:**

Person-centred care and support

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

Some residents accommodated in multi-occupancy bedrooms had inadequate space to store and maintain their clothes and other personal possessions.

16. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

Multi occupancy rooms have been re-arranged to comply under Regulation 12(c) and to provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

Provider's Timescale: Completed for St. Senan's and St. Flannan's. St. Joseph's March 2018

Proposed Timescale: 31/03/2018

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

All staff had not completed mandatory training in areas such as safeguarding and prevention of abuse, manual handling, infection control and managing behaviour that is challenging. Some nursing staff had not completed medication management training.

17. 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 provider representative has already made arrangements to conduct mandatory training for the staffs such as safeguarding and prevention of abuse, infection control and managing behaviour that is challenging. Manual handling training was conducted for all the staffs on 09.08.2017. All the nursing staff have now completed medication management training.

Provider's Timescale: Newly recruited staff will be trained in the necessary areas by our training consultants as soon as possible. Manual handling and Medication Management Training has been completed.

Proposed Timescale: