<table>
<thead>
<tr>
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<th>Mill Race Nursing Home</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000361</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Bridge Street, Ballinasloe, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 964 6120</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:manager@millracenursinghome.com">manager@millracenursinghome.com</a></td>
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<tr>
<td>Type of centre:</td>
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<td>Registered provider:</td>
<td>Millrace Nursing Home Limited</td>
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<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
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<tr>
<td>Support inspector(s):</td>
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</tr>
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<td>Type of inspection</td>
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About Dementia Care Thematic Inspections

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

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

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).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 14 May 2019 15:00
To: 14 May 2019 19:30
From: 15 May 2019 08:30
To: 15 May 2019 16:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide best practice in dementia care and to inform the inspection process.

Prior to the inspection, a provider self-assessment document had been completed and the service was assessed against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Mill Race Nursing Home is a modern purpose-built two story premises, registered to provide care for 60 residents who require long term care, periods of respite care or who have rehabilitation, convalescence or palliative care needs. It is located in a residential apartment complex and is within walking distance of the shops and business premises on the town of Ballinasloe, County Galway. Residents are accommodated in single and double rooms. The atmosphere was home like and comfortable. The centre was organized to meet the assessed needs of the residents who lived there. There are communal sitting and dining areas on both floors where residents can spend time together and engage in activity during the day. There is a centrally located lift to provide access to the upper floor. There is a safe secure garden area that is accessible to residents. This was well laid out with shrubs, plants and a hen coop to provide interest for residents.

The inspector tracked the care pathways of residents with dementia and spent three periods of time observing how staff related to residents. A validated observational tool, the quality of interactions schedule -QUIS was used to rate and record at five minute intervals the quality of interactions between staff and residents. The observations took place in the communal areas on both floors during the afternoon and morning periods. The inspector observed that staff interactions were person centred, meaningful and were not rushed. Staff were observed to talk to residents about the day’s activities, the weather and the local news. Residents were observed to be treated with dignity and respect during all staff contacts. Staff could describe residents’ routines, health situations and preferred activities.

The inspector talked with ten residents, two visitors and varied staff during the inspection. Positive views were conveyed about the care, treatment and accommodation available. Several residents said the staff team was now more stable and they found that knowing who was on duty was reassuring to them. Many described how their independence was promoted and how their general health was monitored. They said they were encouraged to go out with family and friends to do their shopping and have meals out. They also said that they had a varied activity routine that was interesting and kept them occupied.

The inspector saw that there was a varied activity schedule that included discussions, craft work, music, games and sensory activities that was aimed at the needs of people with dementia. There was good use of technology to support residents to communicate and to take part in activity. Each floor had an I pad that was used to play games on a one to one basis with residents and this was observed to be highly interactive and stimulating for residents. There was information on residents’ backgrounds, life styles and hobbies to guide staff when planning the activity schedule. Residents had newspapers delivered during the morning.

Each resident had detailed assessments prior to and following admission to ensure the service could meet their needs and to plan care interventions. The health needs of residents were met to a high standard. There was good access to primary care services, to a range of other health services and evidence-based nursing care was provided. The standard of care plans was noted to be good with descriptions of how dementia impacted on residents’ day to day live evident and information on
residents’ abilities and capacity, who they continued to recognize and their overall level of orientation described to guide staff. Approximately half of residents had a diagnosis of dementia or some level of cognitive impairment when the inspection was undertaken.

There was a system in place to consult with residents and the recorded details conveyed that residents were happy with aspects of life such as general comfort, staff support, the food and services provided. Staff told the inspector that every effort was made to support each resident to exercise their choice in relation to their daily activities and routines. The inspector saw that varied arrangements were in place to meet residents’ individual choices. These included residents being supported to go out with visitors, arrangements made to attend local day care facilities and to keep in contact with friends.

A policy was in place for the management of residents’ finances and personal belongings and appropriate procedures were in place to safeguard this process including facilities for the secure storage of valuables. Where the centre had pension agent responsibility for residents, transactions were recorded, double signed and documentation from the Department of Social Protection had confirmed the arrangement.

The inspector reviewed the action plan from the last inspection and found the areas highlighted for attention had been addressed. Daily care records now reflected the care and treatment given, incidents were reviewed by the person in charge and prevention measures formed part of the review and wound care problems were noted to be described well with successful interventions in place to heal wounds. The actions are discussed under the outcomes to which they relate and actions identified during this inspection are outlined in the action plan at the end of this report. The areas that required attention included fire drill reports as the simulated events did not describe how long it took to complete the exercise or any obstacles encountered and the floor plan required review to describe the purpose of rooms accurately. Care plans required revision to describe known areas of risk to ensure staff are fully aware of the potential for deterioration.
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: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
The inspector found that residents’ wellbeing and welfare was maintained by satisfactory standards of nursing care supported by appropriate support from primary care services and allied health care and specialist professionals. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. There were 54 residents in the centre during this inspection. Fourteen residents had a formal diagnosis of dementia. A further fifteen residents had symptoms of confusion or dementia related problems. A significant number of other residents had enduring mental health problems. There was a referral pathway to the team for old age psychiatry and to diagnostic procedures to ensure optimum health and wellbeing was promoted for residents with dementia.

Detailed assessments were undertaken prior to and following admission. The person in charge said that care was taken to ensure that the centre was an appropriate setting for each resident admitted. The inspector found on reading the information that the assessment process included the use of validated tools to assess varied aspects of residents’ health condition and included nutrition condition, level of cognitive impairment, vulnerability to pressure area problems and skin integrity. Care plans based on the completed assessments were prepared within 48 hours of admission.

There was documented evidence that residents and their families were involved in the care planning process, including discussions on end of life care. Relatives the inspector talked with confirmed this and said that staff ensured they were updated when medical tests and reviews were required. The actions required from the previous inspection relating to care records had been completed. The inspector found that daily records completed by nurses provided a good overview of the care delivered and reflected any interventions undertaken in relation to wounds or specialist care needs.

The standard of care planning in relation to dementia care was generally good with details on residents’ backgrounds, lifestyles and abilities used to inform care practice. Information on residents’ independence, their orientation to the environment, who they continued to recognize and if they could participate in group activity was recorded to
guide staff interventions. Decisions made in relation to active interventions or do not resuscitate decisions were recorded and reviewed regularly. If residents refused care or did not wish to have an intervention this was recorded. Several residents had long term mental health problems and were currently stable. The inspector found that areas of risk identified in relation to mental health were not always prioritized in care records to ensure staff were alerted to the risk.

There were systems in place to ensure residents' had suitable nutrition for their needs. Residents were screened for nutritional risk on admission and reviewed on a four monthly basis thereafter. Residents' weights were also checked on a monthly basis or more frequently if required. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dieticians and speech and language therapists where appropriate. The inspector also noted that individual preferences and habits around mealtimes were recorded and adhered to. For example where residents preferred to eat alone this was arranged and staff ensured that residents were comfortable and supervised.

The inspector was told that end of life care was undertaken in the centre and that the care and facilities put in place ensured that residents received end-of-life care in a way that met their individual needs and wishes. There was a policy to guide staff on how end of life care should be provided. Having reviewed a sample of care plans the inspector found that while some residents and relatives had relayed their wishes how they should be cared for there were several care plans where end of life care had not been described and it was not clear if residents had not been willing to contribute their views on this topic.

Residents had access to GP services and an out-of-hours service was provided. A full range of other services was available on referral including speech and language therapy (SLT), dietetic services and occupational therapy (OT) services. Chiropody, dental and optical services were also provided. Inspectors reviewed residents’ records and found that where residents had been referred to these services the results of appointments and recommendation were written up in the residents’ notes and transferred to care plans. Many residents with complex care and mobility needs were assessed by occupational therapy services and had assistive wheelchairs to promote their comfort and mobility needs.

The inspector reviewed a sample of administration and prescription records and noted that medication management practices met good practice standards. Some residents required medication on an “as required” (PRN) basis or in crushed /liquid formats. This was identified on the prescriptions and the appropriate format made available to residents.

Staff conveyed good knowledge about the value of emotional support, sensory stimulation, validation of feelings and reminiscence when supporting people with dementia. They were observed to sit at eye level and beside residents when speaking to them. The inspector noted that staff adjusted their communication to match residents’ cognitive abilities and engaged them in a personal way during conversations.

The centre had judged this outcome as substantially complaint and the inspector made
a similar finding.

**Judgment:**
Substantially Compliant

### Outcome 02: Safeguarding and Safety

**Theme:**
Safe care and support

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

**Findings:**
Staff had received training to guide them on the protection of vulnerable people and on how to identify and respond to an incident of abuse. There was a policy to guide staff on how to manage allegations of abuse. The person in charge and staff spoken to were well informed about the different forms of abuse and all were clear on the reporting procedures.

The inspector reviewed how two notifications of abuse had been reported and investigated. There had been a comprehensive review of the incidents and a full investigation completed in both instances. Neither were substantiated. Reports had been made to the local safeguarding team, to the gardai and to the office of the Chief Inspector. A safeguarding plan to prevent further allegations was in place and was working well. In one case staff were provided with additional training to update their knowledge as it was identified that this was required.

The inspector saw that the use restraints in the form of bedrails had largely been eliminated with only one instance of bedrail use in place to support a resident's movement in bed. Equipment such as low beds were available and these beds reduced the need for bedrails.

There were some residents who exhibited responsive behaviours. The inspector saw that details of possible triggers and interventions were recorded in their care plans. Staff spoken to were very familiar with the interventions to use to reduce the behaviours. The inspector saw that additional support and advice was available to staff from the psychiatry services. The centre had been judged as substantially compliant in the self assessment due to the training on restrictive practice that was scheduled when the self assessment was completed. The inspector viewed the centre as complaint as the arrangements for safeguarding met good practice standards.

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

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

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

**Findings:**
The inspector found that residents including residents with dementia were consulted about how the centre was run and were enabled to make choices about how their day to day life in the centre was managed. Despite the high level of dependency of some residents staff had made significant efforts to obtain information on residents’ choices and daily routines. There were good arrangements in place for consultation with relatives and families who said they were regularly asked for their views in relation to their relatives’ care and the service provided.

There was evidence of a culture of good communication between residents and the staff team. The inspector observed that staff interacted with residents when they met while respecting their privacy appropriately at other times. Residents were able to exercise choice in relation to the time they got up and went to bed and told the inspector they were able to have breakfast at a time that suited them. They could choose to have meals in the dining room or in another area that they preferred. Some residents said they liked to eat alone and that staff respected this and brought them their meals in their rooms or wherever they wished to sit.

During the day residents were able to move around the centre freely. Residents on both floors mingled together and the inspector saw that residents were reminded of where activities were taking place and helped to use the lift to move between floors when they needed support. Personal space in bedrooms met standard specifications and there was appropriate storage for personal items and clothing including secure storage for items of value that residents wished to keep in their rooms.

The inspector spent three periods of time observing staff interactions with residents. A validated observational tool, the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents in the communal sitting areas on both floors. The inspector observed that staff knew residents well and engaged with them in a personal meaningful way by asking about their wellbeing, plans for the day, activities and meals. The inspector observed that all residents had good levels of social engagement that provided enjoyment. Residents told the inspector that they had good relationships with staff and found them very helpful.

Social care opportunities were provided daily by designated activity staff. Residents had the opportunity to go out to local events and to places of interest. Some residents attended local day centres and said this was very beneficial for them as they met friends.
and could keep the social network they had before admission to the centre. The inspector reviewed the activity programme and spoke with one of the activity staff. The programme was varied and there were activities targeted to the needs of people with dementia. Exercise and discussion groups took place daily. There was a good emphasis on interactive activity and crafts where residents were supported to contribute to their maximum ability. There was a mix of group and individual activities available. Information on residents’ backgrounds, interests and hobbies had been collated by staff and the activity programme was reviewed regularly to ensure that the programme was relevant to residents’ interests. There was good use of technology to help residents’ social interactions and on both floors an I Pad was available. The inspector saw staff used these to play games with residents which proved an enjoyable shared activity.

During main meal times staff were observed to offer assistance in a respectful and appropriate manner. All staff sat beside the resident they were giving assistance to and were noted to encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace with minimal assistance to improve and maintain their functional capacity. Breakfast, lunch and tea times were allocated plenty of time and residents were observed to take as much time as they wished over their meals. The inspector observed that some residents spent time in their rooms, and enjoyed reading, watching TV, or taking a nap. There were quiet rooms where residents could meet visitors in private.

There was a residents’ meeting scheduled monthly and this was attended by advocates who visited the centre. The inspector viewed the minutes of the meetings held during 2019. The meeting record viewed provided assurances that residents were happy with the services provided particularly the care and activities provided by staff and the catering arrangements. Residents were provided with updates on the service such as when the physiotherapist visited, planned one off activities such as the Arts and Crafts week in June and the day trips to be arranged around the area.

National and local newspapers and magazines were available. The inspector observed that residents could go out freely and told the inspector about planned trips with friends to shop and to go for meals in the town. Residents had good connections with the local community. There was weekly Mass in the centre and once a month residents went to Mass in the local church. Some residents went out to day centres during the week. Residents had recently participated in a fund raising event for Cambodia and there were photographs displayed of the activities that were part of this event.

Residents said they were registered to vote and intended voting in the upcoming election.

The self assessment indicated the centre was compliant and the inspector formed a similar judgment.

**Judgment:**
Compliant
### Outcome 04: Complaints procedures

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

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

**Findings:**
There was a complaints procedure in place. Information advising residents and others about how to complain was described in the residents' guide, the statement of purpose and the procedure was displayed. The person in charge was responsible for addressing complaints.

The inspector reviewed the record of complaints for 2018. All had been addressed and an analysis completed. This described the source of the complaints and the area of service that was the subject of the concern. The inspector saw that investigations were completed and issues resolved. The complaint record described the concern, the investigation completed and if the matter had been resolved in a way that satisfied the complainant. The inspector saw that over a third of complaints had been raised by residents themselves. Residents told the inspector they had no problem raising a concern and were encouraged to do this by the person in charge and staff team.

The self assessment indicated the centre was compliant and the inspector made a similar judgment.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

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

**Findings:**
The inspector found that there was an appropriate allocation of staff on duty during the day and night to meet the assessed needs of residents. The staff team was stable and the person in charge said that there was no reliance on agency staff. Rosters showed that there were a minimum of two registered nurses on duty at all times in the centre. The inspector saw that during the day there were four nurses on duty including the
person in charge. They were supported by nine carers during the morning and six in the afternoon. At night there were two nurses and three carers on duty. In addition two activity staff, maintenance and administration staff are available throughout the week. Residents said that staff were always available to attend to their needs and did so promptly when they requested help or rang the call bell.

The inspector was told that staff deployment is reviewed regularly and the inspector saw evidence of this. A resident who had required high levels of care had been provided with one to one support for an extended period of time until his care needs exceeded what the setting could provide and a transfer was arranged. Staff could describe how dementia impacted on day to day life and could describe the anxiety and frustration that loss of memory and orientation caused to many residents.

The inspector found that recruitment procedures met good practice standards for the recruitment of staff to work with vulnerable people. All staff were interviewed and documentation as described schedule 2 records was available for all staff. Vetting disclosures were obtained prior to staff commencing work the person in charge said. There was an induction period for new staff to enable them to become familiar with the centre’s procedures and with residents’ care requirements.

Training for staff was scheduled throughout the year. Recorded presented during the inspection conveyed that all staff had completed training in moving and handling, fire safety and safeguarding during 2018/2019. The majority of staff had attended training on dementia care and responsive behaviours and the remainder were scheduled to do this during 2019. Staff had also attended training on infection control, falls prevention, restraint management and nutrition. Nurses had attended training on medicines management and person centred care.

The centre’s staff had judged the centre as substantially compliant as there had been some reliance on agency staff when the self assessment was completed. The inspector judged the centre to be compliant as this was no longer an issue.

**Judgment:**
Compliant

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
The location, design and layout of the centre was suitable for it's stated purpose and
met the individual and collective needs of residents. It was decorated and furnished in a comfortable and home like style. Fixtures and fitting were well maintained.

Mill Race Nursing Home is a modern two storey building that is designed to meet the needs of dependent persons. It is organized over two floors and there is communal sitting and dining space on each floor. A lift provided access between floors.

There were many features that promoted good care practice and supported residents with dementia to be as independent as possible. Residents were prompted to find their way around by the different colours in hallways and personal identification on doors that helped residents locate their rooms. The garden could be accessed from several points and was a large safe area where residents could walk around and view the shrubs, plants and hens. Signage was clear and the contrasting colourways made it easy to see clearly. Clocks and calendars in rooms displayed the appropriate day, date and time. Handrails in hallways, support rails in bathrooms and toilets and toilet seats were all easily distinguished from background colours to assist residents when walking around and using the facilities. Photographs and paintings of the local area

There are fifty two single rooms for residents' use. Forty seven have full ensuite facilities and a further four have ensuites and a kitchen area. One single room has no ensuite. There are four double rooms that all have full ensuites and appropriate screening to protect privacy. All rooms had storage, televisions and chairs which meant that residents could spend time comfortably in their rooms. Rooms were personalized with photographs and ornaments that belonged to residents. A significant refurbishment of several areas had been completed. 10 rooms had flooring replaced, painting of hallways had been completed and new pictures were displayed. The centre had a trolley shop with varied items that residents could purchase which they said was useful if they needed items and it gave them independence as they could make purchases themselves rather than relying on visitors.

The inspector highlighted at the last inspection that the upper floor sitting and dining room was poorly ventilated and the balcony area was not open or used by residents. This situation was unchanged. While the rooms were not excessively warm on the day of inspection this problem was likely to arise again when the weather was warmer as no changes had been made. Residents told the inspector that this was a recurrent problem and was exacerbated by the small window openings. This is described for attention in the action plan of this report.

The centre had made a judgment of substantial compliance in the self assessment and the inspector made a similar judgment.

**Judgment:**
Substantially Compliant
Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:
At the last inspection the inspector identified that learning from incidents required improvement to ensure further incidents were prevented. This had been addressed. The inspector saw that incidents were reviewed and that prevention measures were discussed and implemented to prevent further episodes.

The inspector reviewed the incident record and saw that incidents were described in detail and where falls were not witnessed neurological observations were recorded to detect and prevent deterioration.

The fire safety measures were reviewed. All staff had been trained in fire safety precautions to fire warden standard. Fire alert and fire control equipment was checked and serviced regularly. Staff could describe how they would respond to a fire emergency. The inspector found that while fire drills were completed at varied times and were undertaken with the least number of staff on duty fire drills were not scheduled during the late evenings and did not include residents. The inspector judged that the arrangements for fire drills required review to ensure staff could competently manage a situation out of hours and could engage residents many of whom could independently leave the centre in an emergency which would be an asset to staff.

Fire drill records also required improvement as they did not convey the activity that had been simulated, the time it took to complete the exercise and if the timeline set had been achieved or any obstacles or problems encountered.

The floor plan also required review as the purpose of one room described did not reflect it's current use.

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

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<td>14/05/2019</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Care plans for residents with mental health problems did not highlight areas of risk to alert staff to observe for changing moods or behaviour.

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

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
All residents with mental health problems will be risk assessed and care plan will be updated with the areas of risk to alert staff to observe any changes in resident mood or behaviour. Continue to maintain a focused care plan on behavioural issues.

Proposed Timescale: 07/06/2019

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
End of life care plans were not available for some residents to guide staff practice and there was no information to describe that it had not been possible to complete this information.

2. Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
The person in charge will ensure that a detailed end of life care plan is prepared for all residents. Where it is not possible the reason will be clearly documented to guide the staff.

Proposed Timescale: 12/06/2019

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The sitting room on the upper floor could become excessively hot due to poor ventilation.

The balcony off this room was no accessible to residents.

3. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The ventilation system in sitting room on upper floor will be reviewed. At present the heating is turned off in sitting rooms at night when the room is empty. Residents can continue to access the balcony under the supervision of staff. Resident uses the balcony when the weather is permitting.

**Proposed Timescale:** 30/06/2019

**Outcome 07: 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:
The inspector found that while fire drills were completed at varied times and were undertaken with the least number of staff on duty fire drills were not scheduled during the late evenings and did not include residents. The inspector judged that the arrangements for fire drills required review to ensure staff could competently manage a situation out of hours and should engage residents many of whom could independently leave the centre in an emergency which would be an asset to staff.

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

**Please state the actions you have taken or are planning to take:**
A fire drill has been already completed on late evening on 27.05.19. We have included the residents in this fire drill. Plan to continue with fire drill at varied times including late evening and early morning. Residents will be offered an opportunity to participate in fire drills.

**Proposed Timescale:** 27/05/2019

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Fire drill records also required improvement as they did not convey the activity that had been simulated, the time it took to complete the exercise and if the timeline set had been achieved or any obstacles or problems encountered.

The floor plan also required review as the purpose of one room described did not reflect it's current use.
5. 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:
Fire drill record will be reviewed and updated with details of the drill carried out the duration of drill, obstacles faced and whether the time limit has been achieved or not.

The floor plan will be reviewed which will describe the purpose of each room.

Proposed Timescale: 30/06/2019