<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Rushmore Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000381</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Knocknacarra, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091 523 257</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:rushmorenursinghome@eircom.net">rushmorenursinghome@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Rushmany Nursing Home Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary McCann</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Marie Matthews</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>24</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
</tr>
</tbody>
</table>
**About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration**: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance**: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 25 January 2018 12:30
To: 25 January 2018 19:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This report sets out the findings of an unannounced monitoring inspection. At the request of HIQA, the provider had submitted an investigation report with regard to a safeguarding issue at the centre. This was requested by HIQA following submission of statutory notifications with regard to allegations of safeguarding.

Inspectors identified areas of concern with regard to safeguarding which resulted in breaches of the care and welfare regulations. As a result of the concern of inspectors two immediate action plans with regard to safeguarding were given to the provider representative. These were given under regulation 8 Protection of older persons. The registered provider had breached regulation 8(1) because they had not taken all reasonable steps to protect residents from abuse, and 8(2) the measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.

Inspectors found that while the care needs of residents were met on the day of inspection, improvements were required to ensuring where there is an allegation of abuse that a robust investigation is completed and the registered provider takes all reasonable measures to protect residents from abuse.

Areas which require review post this inspection include ensuring all staff are trained in safeguarding vulnerable adults at risk of abuse, review of the supervisory
arrangements for staff post an allegation of abuse, auditing and enactment of quality improvement plans, provision of meaningful activity for residents and ensuring adequate staffing levels are on duty with the required skills and experience on duty at all times is also required. The centre was clean, warm and well maintained.

At the feedback meeting at the end of the inspection, the findings were discussed with the provider representative and the person in charge. Matters requiring improvement are discussed throughout the report and set out in an action plan at the end of this report in order to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.
Outcome 02: Governance and Management

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

Theme:
Governance, Leadership and Management

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

Findings:
Competence with regard to capability and capacity to address regulatory breaches and ensure the delivery of safe quality care to residents will be reviewed on each inspection.

Inspectors found that work with regard to auditing and review of the practices in the centre thereby ensuring the delivery of safe quality care to residents and ensuring sustainable improvement requires review by the person in charge, the registered provider and provider representative who works full-time in the centre.

Inspectors found the management of an allegation of abuse at the centre did not assure the Health Information and Quality Authority (HIQA) that residents are protected and does not demonstrate sufficient skill, knowledge and insight by the provider representative to train others without undertaking further training. The provider representative and the person in charge stated they had discussed the allegation of abuse, the investigation and its overall management, however there was no evidence available that this had occurred as no minutes were available of any meetings detailing these discussions. Consequently, it was not possible to see if how the person in charge and the registered provider communicated with regard to this allegation of abuse, how it was reviewed, analysed and managed to ensure residents were protected. This is discussed further under Outcome 7 - Safeguarding.

The lack of any minutes of meetings between the provider representative and the person in charge failed to show how the registered provider and person in charge communicated and planned the day to day running of the centre to ensure the delivery of safe care to residents and that the centre has management systems in place to ensure that the service provided is safe, appropriate to residents needs, consistent and effectively monitored.

Inspectors spoke with the person in charge and requested quality improvement plans
post audits however the person in charge stated that no quality improvement plan was developed for any issues identified. This would show where audits are completed that the results are reviewed and analysed and a quality improvement plan is enacted that shows the deficit to be addressed, who is responsible for this action and a timeline is documented with regard to enactment.

An annual review of the quality and safety of care delivered to residents for 2017 had not been completed. The provider representative stated this was not completed but was in process.

There were inadequate resources in place to ensure the effective delivery of care in accordance with the statement of purpose as residents did not have access to meaningful activities on the day of inspection and the sitting room was not supervised for long periods during the inspection. an action with regard to ensuring there is adequate staffing is contained under Outcome 18 - Staffing.

No risk assessment was made available to inspectors with regard to the safe storage of gloves and aprons. Where residents who are cognitively impaired or have a diagnosis of dementia there may be at risk of ingesting gloves and choking.

A management structure that identified the lines of authority and accountability for nursing, care, laundry and catering staff was in place. The provider representative displayed a positive attitude to addressing breaches of the regulations identified and gave a firm commitment to enact the immediate action plans. Good practices were identified with regard to communication between nursing staff as a daily comprehensive handover was in place where staff told the inspectors a detailed discussion took place with regard to any changes in clinical status of residents.

Judgment:
Non Compliant - Major

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 post of the person in charge is in post since November 2016. He is a registered nurse having qualified in 2009 and has worked in older persons services since 2012.

It is the obligation and responsibility of the provider to recruit a competent fit person in charge. As per regulation 14(6) (a) all persons in charge appointed from the 1 July 2017 must have 3 years experience in a management capacity in the health and social care
area and as per regulation 14(6) (b) a post registration management qualification in health or a related field. On review of the documentation with regard to the training and experience of the person in charge to date and from speaking with the person in charge he confirmed that he did not have the required experience as documented in the regulations with regard to the post of person in charge.

The person in charge informed the inspectors that he had not completed a management course to date but he had enrolled on a management course. The provider representative stated she would review all documentation with regard to recruiting the person in charge and his previous experience and would submit same to HIQA.

Inspectors reviewed the duty roster and found that the person in charge was rostered to work full-time. He informed the inspectors that he had adequate time for governance supervision and management duties and when he was on duty a staff nurse was also on duty to provide supervision and direct the care of residents. His registration with An Bord Altranais agus Cnáimhseachais na hÉireann registration was current. He was in the process of enacting a new computerised care records management system.

Courses completed since his appointment included nutritional care and male catherisation and re catherisation course. He displayed knowledge of his reporting obligations under the regulations.

**Judgment:**
Non Compliant - Moderate

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**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:**
Inspectors found that staff personnel records were poorly organised and documentation was not filed in order, consequently it was difficult to extract information required from the records. However the sample reviewed were found to be compliant with the regulations.

Some records were incomplete and did not include a full date for example information
documented was for example February but no date or year.

Inspectors noted the use of a deleting substance on some of the staff rosters. Maintenance of the staff roster required review. The full name of the staff member to include surname and Christian name was not included on the roster. Additionally the roster was poorly maintained and the 24 hour clock was not utilised and inspectors noted the use of a deleting substance on some of the staff rosters. Records were stored securely.

There was a visitors’ record to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was up to date and positioned in a prominent place on entry.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
Three notifications with regard to safeguarding had been reported to HIQA in November 2017. While the provider and person in charge had investigated these allegations the provider representative had not put a safeguarding plan in place to protect residents. There were no supervision records on the staff file or available from the person in charge to show that the staff member had been supervised. A robust process was not in place to ensure that as part of the recruitment /induction programme staff were afforded an opportunity to complete safeguarding training to enable them to be aware of safeguarding issues and the reporting arrangements, thereby protecting residents. Risk assessments were not in place detailing the risk of all staff having not having completed safeguarding training and thereby not been aware of local procedures.

Two immediate action plans with regard to safeguarding are included in the action plan at the end of this report. These were given under regulation 8 Protection of older persons. The registered provider had breached regulation 8(1) because they had not taken all reasonable steps to protect residents from abuse, and 8(2) the measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse and all staff had not undertaken training in
In relation to the detection and prevention of and response to abuse. Inspectors found that some nursing staff had been recruited from abroad and they had never undertaken safeguarding training in Ireland, yet they were the most senior person on duty on occasions.

The management by the registered provider of an allegation relating to safeguarding at the centre displayed an insufficient understanding of the seriousness of the allegation and responsibility for responding to an allegation of safeguarding. Post the investigation the staff member had returned to work and was working at times with no supervision in place and with delegated responsibility for the care and welfare of residents.

The provider had a policy entitled prevention, ‘Detection and response to abuse and indicators’, which stated that all staff would be given training on ‘elder abuse’. The provider representative is the person who takes responsibility within the centre to provide training to staff on protecting residents from abuse.

When the provider representative and the person in charge completed their investigation into a recent allegation of abuse they forwarded a copy of this investigation to HIQA. In this report dated 11 December 2017 it was documented that the process of scheduling the staff members for various training especially “Elder Abuse responsive behaviour etc is going on”. However when the inspectors attended the centre on the 25 January 2018, there were no records to support that this had occurred and the provider representative and the person in charge confirmed that no training had been undertaken to date with staff.

**Judgment:**
Non Compliant - Major

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**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):**
No actions were required from the previous inspection.

**Findings:**
The provider representative stated that the activity co-ordinator was on leave at time of inspection. Carers informed the inspector that they did activities when they had completed their other tasks. Although an activity schedule was displayed for example bowling at 13:30 this did not occur. Also the schedule reviewed was limited with
television featuring regularly as part of the activity schedule.

During the inspection inspectors did not observe any meaningful activity for residents. Residents were observed by inspectors to be in the sitting room for long periods, unsupervised without any stimulation or activities to meet their needs. Most of these residents were immobile and unable to leave their chairs without staff assistance and would have been unable to summon assistance due to their cognitive impairment and immobility and distance away from the call bells.

The centre operated a flexible visiting policy and it was noted by inspectors that there were visitors coming and going on the evening of inspection.

Judgment:
Non Compliant - Moderate

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Maintenance of the staff roster required review. The full name of the staff member to include surname and Christian name was not included on the roster. Additionally the roster was poorly maintained and the 24 hour clock was not utilised.

The centre is registered to provide care to 27 residents. At the time of inspection there were 24 residents living in the centre, three of whom were assessed as maximum dependency, nine as high dependency, five as medium dependency and seven as low dependency. Inspectors found from speaking with staff on duty throughout the inspection and from observing their interactions with residents that they were caring in their approach and were able to describe residents assessed needs.

On the day of inspection there were insufficient resources to ensure the delivery of care was in accordance with the Statement of Purpose. There was an inadequate complement of staff on duty on the day of inspection. For example the inspectors noted that sitting room was not supervised for long periods of time and an activity scheduled
for 13:30 on the day of inspection did not occur. In order to assure HIQA that there is adequate staffing to meet the needs of residents a staffing needs analysis, taking all variables into consideration that could have an influence on staffing levels, including the dependency of residents, the size and layout of the centre, accident and incident records, the provision of meaningful activities, safe evacuation of residents and staff breaks is required.

**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 McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Rushmore Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000381</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>25/01/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17/04/2018</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 02: Governance and Management

Theme:
Governance, Leadership and Management

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

Inspectors found that work with regard to auditing and review of the practices in the centre thereby ensuring the delivery of safe quality care to residents and ensuring sustainable improvement requires review.

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
Audits have been completed; the audits reviewed the practices in the centre so as to ensure delivery of safe quality care. The quality improvement plans are being completed in a timely manner.

**Proposed Timescale:** 02/02/2018

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Inspectors spoke with the person in charge and requested quality improvement plans post audits however the person in charge stated that no quality improvement plan was developed for any issues identified. This would show where audits are completed that the results are reviewed and analysed and a quality improvement plan is enacted that shows the deficit to be addressed, who is responsible for this action and a timeline is documented with regard to enactment.

2. **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:**
The audit has been completed. The learning from this audit will ensure the delivery of safe quality care to residents and ensure sustainable improvement immediately. The results from audits will be discussed by PIC and Care Provider, also with all staff, through minuted staff meetings, daily report, care plans. This will be on-going

**Proposed Timescale:** 31/03/2018

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The provider representative and the person in charge stated they had discussed the allegation of abuse, the investigation and its overall management, however there was no evidence available that this had occurred as no minutes were available of any meetings detailing these discussions. Consequently, it was not possible to see if how the person in charge and the provider communicated with regard to this allegation of abuse, how it was reviewed analysed and managed to ensure residents were protected.
The lack of any minutes of meetings between the provider representative and the person in charge failed to show how the provider and person in charge communicated and planned the day to day running of the centre to ensure the delivery of safe care to residents and that the centre has management systems in place to ensure that the service provided is safe, appropriate to residents needs, consistent and effectively monitored.

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:**
   HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

---

**Proposed Timescale:**

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
An annual review of the quality and safety of care delivered to residents for 2017 had not been completed. The provider representative stated this was not completed but was in process.

4. **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:**
   Audit has been completed

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**Proposed Timescale:** 28/01/2018

**Outcome 04: Suitable Person in Charge**

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
On review of the documentation with regard to the training and experience of the person in charge to date and from speaking with the person in charge he confirmed
that he did not have the required experience as documented in the regulations with regard to the post of person in charge.

**5. Action Required:**
Under Regulation 14(6)(a) you are required to: Ensure that a person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation has not less than 3 years experience in a management capacity in the health and social care area, where residents are assessed as requiring full time nursing care.

**Please state the actions you have taken or are planning to take:**
Having reviewed and discussed previous work employment for PIC. There is clear evidence that PIC has participated in Management as is required for this post.

**Proposed Timescale:** 28/02/2018

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The person in charge informed the inspectors that he had not completed a management course to date but he had enrolled on a management course.

**6. Action Required:**
Under Regulation 14(6)(b) you are required to: Ensure that a person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation has a post registration management qualification in health or a related field, where residents are assessed as requiring full time nursing care.

**Please state the actions you have taken or are planning to take:**
HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

**Proposed Timescale:**

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Inspectors found that staff personnel records were poorly organised and documentation was not filed in order, consequently it was difficult to extract information required from the records. However the sample reviewed were found to be compliant with the
regulations. Some records were incomplete and did not include a full date for example information documented was for example February but no date or year. Inspectors noted the use of a deleting substance on some of the staff rosters

7. **Action Required:**
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

**Please state the actions you have taken or are planning to take:**
Staff files are being re organized in an orderly fashion

**Proposed Timescale:** 15/03/2018

**Theme:**
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Inspectors noted the use of a deleting substance on some of the staff rosters. Maintenance of the staff roster required review. The full name of the staff member to include surname and Christian name was not included on the roster. Additionally the roster was poorly maintained and the 24 hour clock was not utilised and inspectors noted the use of a deleting substance on some of the staff rosters.

8. **Action Required:**
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

**Please state the actions you have taken or are planning to take:**
The staff roster has been reviewed to include full name of staff member. ND (night duty) will be used to decipher day to night times.

**Proposed Timescale:** 27/01/2018

**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The registered provider had not taken all reasonable steps to protect residents from abuse. Where an allegation of abuse had been made and investigated the provider had not put a safeguarding plan in place to protect residents. The staff member had returned to work following the investigation at times when there was no direct supervision in place and with delegated responsibility for the care and welfare of
9. **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:**
HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

**Proposed Timescale:**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Safe care and support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
</tr>
<tr>
<td>All staff had not undertaken training in relation to the detection and prevention of and response to abuse.</td>
<td></td>
</tr>
<tr>
<td>The provider had a policy entitled prevention, ‘Detection and response to abuse and indicators’, which stated that all staff would be given training on ‘elder abuse’.</td>
<td></td>
</tr>
<tr>
<td>When the provider representative and the person in charge completed their investigation into a recent allegation of abuse they forwarded a copy of this investigation to HIQA. In this report dated 11 December 2017 it was documented that the process of scheduling the staff members for various training especially “Elder Abuse responsive behaviour etc is going on”. However when the inspectors attended the centre on the 25 January 2018, there were no records to support that this had occurred and the provider representative and the person in charge confirmed that no training had been undertaken to date with staff.</td>
<td></td>
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</table>

10. **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:**
Training for all staff is completed.

**Proposed Timescale:** 20/02/2018

**Outcome 16: Residents' Rights, Dignity and Consultation**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Person-centred care and support</th>
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</thead>
<tbody>
<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
</tr>
<tr>
<td>During the inspection inspectors did not observe any meaningful activity for residents.</td>
<td></td>
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</tbody>
</table>
Residents were observed by inspectors to be sat in the sitting room for long periods unsupervised without any stimulation or activities to meet their needs. Most of these residents were immobile and unable to leave their chairs without staff assistance and would have been unable to summon assistance due to their cognitive impairment and immobility and distance away from the call bells.

11. **Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**
Under Regulation 09(2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
There are 2 trained activities co-ordinators in place. The current activity programme is under review. The result will ensure more person-centred and a structured programmed focused on each resident.

There is in place a monitoring/supervision schedule for the day room to ensure that it is not left unattended. 28/2/2018

**Proposed Timescale:** 20/03/2018

**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
There were insufficient resources to ensure the delivery of care was in accordance with the Statement of Purpose. There was an inadequate complement of staff on duty on the day of inspection. For example the inspectors noted that sitting room was not supervised for long periods of time and an activity scheduled for 13:30 on the day of inspection did not occur. In order to assure HIQA that there is adequate staffing to meet the needs of residents a staffing needs analysis, taking all variables into consideration that could have an influence on staffing levels, including the dependency of residents, the size and layout of the centre, accident and incident records, the provision of meaningful activities, safe evacuation of residents and staff breaks is required.

12. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.
Please state the actions you have taken or are planning to take:
HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

**Proposed Timescale:**