<table>
<thead>
<tr>
<th>Centre name</th>
<th>Cois Abhainn Residential Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID</td>
<td>OSV-0000583</td>
</tr>
<tr>
<td>Centre address</td>
<td>Greencloyne, Youghal, Cork.</td>
</tr>
<tr>
<td>Telephone number</td>
<td>024 92 765</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:cois.abhainn@hse.ie">cois.abhainn@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee</td>
<td>Richard Buckley</td>
</tr>
<tr>
<td>Lead inspector</td>
<td>John Greaney</td>
</tr>
<tr>
<td>Support inspector(s)</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents</td>
<td>24</td>
</tr>
<tr>
<td>Number of vacancies</td>
<td>7</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 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: 17 October 2017 08:30  
To: 17 October 2017 15:30  
18 October 2017 08:30 18 October 2017 15:30

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 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
Cois Abhainn is a single storey residential centre located on the outskirts of the town of Youghal. The centre is within walking distance of shops, a church and other local amenities. The centre is registered to accommodate residents that are assessed as being low or medium dependency and should their needs increase, they are assisted to find alternative accommodation that could provide the increased level of care required. Of the 31 beds in the centre, 24 are designated for long term residents, four beds are designated for respite and three beds for convalescence.

As part of the inspection process, the inspector met with residents and their representatives, staff members, and management. The inspector observed practices...
and reviewed documentation such as policies and procedures, care plans, medication management, staff records and accident/incident logs.

Residents spoken with by the inspector were complimentary of the care provided and of the staff providing that care. Residents had good access to and choice of general practitioner (GP). There was also access to out-of-hours GP services. There was good access to allied health and specialist services such as dietetics, speech and language therapy, physiotherapy, and occupational therapy. Residents had freedom to choose how to live their day, such as when to get up in the morning and where to have their meals. There was a comprehensive programme of activities.

On the days of inspection the centre was clean, bright, well ventilated and in a good state of repair throughout. Improvements, however, were required in relation to the design and layout of the centre. Toilets in the "female corridor" comprised three cubicles that were not adequate in size for residents that required a mobility aid, such as a walking frame. The laundry was also inadequate in size for its stated purpose and did not facilitate the segregation of clean and dirty linen and posed a risk for cross contamination.

Other required improvements included:
• contracts of care were not issued to respite and convalescence residents
• staff files did not contain all the requirements of Schedule 2 of the regulations
• not all staff had receive training in responsive behaviour
• staff required further education in relation to fire safety compartments
• notifications were not always submitted as required.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of 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.
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:**
There was a written statement of purpose that contained all of the information required by the regulations.

**Judgment:**
Compliant

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**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:**
There were sufficient resources available to meet the needs of residents and for the effective running of the centre. There was a clearly defined management structure. The person in charge reported to the provider through regional meetings that were held monthly and were attended by persons in charge from other community hospitals. Issues discussed at these meetings included finance, quality and safety, staffing and staff training. The persons in charge also held meetings separate from these meetings...
to discuss matters relevant to their role as persons in charge of community hospitals. The person in charge was supported in her role by a clinical nurse manager, who was predominantly responsible for overseeing clinical care, but also had a significant role in quality improvement.

There was a comprehensive programme of audits on issues such as medication management, accidents and incidents, complaints, and care planning. There was evidence of action in response to issues identified. Staff were kept informed of the quality improvement process through staff meetings and emails.

There was an annual review of the quality and safety of care with an associated action plan. There was evidence of consultation with residents through residents meetings and through residents/relatives surveys. Discussions with the person in charge indicated that any issues identified through the surveys were addressed.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a guide to the centre available to residents that included a summary of the services and facilities available.

The inspector reviewed a sample of contracts of care. The contracts included details of the fees to be paid and also detailed whether or not the resident occupied a shared bedroom. However, contracts were only issued to residents on long term care and were not issued to residents that were admitted for convalescence or respite.

**Judgment:**
Non Compliant - Moderate

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**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:
There was a person in charge of the centre who was a registered nurse and worked full time in the centre. The person in charge had the required experience in the area of nursing of the older person.

Throughout the inspection, it was evident that the person in charge had the required clinical knowledge and knowledge of the legislation and her statutory responsibilities. Residents could identify the person in charge and it was evident that she was involved in the day to day operation of the centre.

### Judgment:
Compliant

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<table>
<thead>
<tr>
<th>Outcome 05: Documentation to be kept at a designated centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
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### Theme:
Governance, Leadership and Management

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

### Findings:
The inspector found that the designated centre had all of the written operational policies required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Policies were comprehensive, centre specific and referenced latest national policy and guidance. Staff spoken with by the inspector were knowledgeable of the centre's policies and this was reflected in day-to-day practice.

Improvements were required in relation to the management of documents required under Schedule 2 of the regulations. For example, while there were a minimum of two written references for all staff, some were not verified and some were only confirmation
of employment rather than an actual reference. There were also gaps in the employment history for some staff for which no satisfactory explanation was recorded.

Other records listed in Schedules 3 and 4 were also maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 06: Absence of the Person in charge</th>
</tr>
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<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Governance, Leadership and Management

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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</tbody>
</table>

**Findings:**
There was no period in excess of 28 days when the person in charge was absent from the centre. There were adequate arrangements for the management of the centre when the person in charge was absent.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 07: Safeguarding and Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Safe care and support

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some action(s) required from the previous inspection were not satisfactorily implemented.</td>
</tr>
</tbody>
</table>

**Findings:**
There were policies and procedures in place for the protection of residents and safeguarding them from abuse. Training records viewed by the inspector indicated that
all staff had attended up-to-date training on safeguarding. Staff members spoken with demonstrated an adequate level of knowledge of what to do in the event of suspicions or allegations of abuse. Where there were suspicions of abuse, these were adequately investigated and appropriated safeguarding measures were put in place. Residents spoken with by the inspector stated that they felt safe.

The person in charge was actively engaged in the operation of the centre on a daily basis. Staff were seen to interact with residents in a kind and caring manner and residents confirmed to the inspector that staff treated them with dignity and respect. Residents had access to the services of an independent advocate, a service that had recently been availed of by residents. Visitors were seen to come and go throughout the day and were on first name terms with staff. Past residents spoke positively to the inspector about the care provided to them while resident in the centre on convalescence or respite.

Financial records were maintained using the Health Services Executive (HSE) financial computer software. The inspector reviewed the systems in place to safeguard residents' finances, which included a review of a sample of residents' records of monies. The inspector noted that all lodgements and withdrawals were adequately documented or signed for by residents, their representatives and/or staff. The inspector was informed by staff that the financial records were audited both internally and by an external auditor to ensure good financial governance was in place.

There was a policy on responsive behaviours (also known as behavioural and psychological signs and symptoms of dementia) Training records indicated that most staff had attended training on responsive behaviours. However, a small number of staff did not have this training. There were no residents in the centre on the days of inspection that presented with significant responsive behaviour.

The centre was committed to providing a restraint free environment and the inspector was informed that there was no restraint currently in use in the centre. Some improvements were required in relation to recruitment practices. These issues relate to the verification and validation of employment references and incomplete CVs. These are discussed in more detail under Outcome 5.

**Judgment:**
Substantially Compliant

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**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:

There was an up-to-date safety statement, signed and dated by the provider. There was a risk management policy that adequately addressed the items set out in the regulations. There was a risk register that addressed clinical and non-clinical risks and included the risks specified in the regulations.

Accidents and incidents were appropriately recorded on incident forms using the HSE national incident and accidents reporting system. There was evidence that all incidents and accidents were submitted to the person in charge and there was evidence of action in response to individual incidents to minimise reoccurrence. Most incidents related to falls and these were regularly audited to identify themes and trends as an opportunity for learning. There was an emergency plan for responding to emergencies such as power outage, heat outage, loss of water supply and the safe placement of residents in the event of a prolonged evacuation.

There were reasonable measures in place to prevent accidents in the centre such as safe floor covering, handrails on corridors and grab rails in toilets and bathrooms. Based on records viewed by the inspector all staff had received up-to-date training in manual handling. There were records of the preventive maintenance of equipment such as beds, hoists, and wheelchairs and these were serviced at appropriate intervals.

Measures in place for the prevention and control of infection included a colour-coded cleaning system, a cleaning schedule and hand hygiene gel located at suitable points throughout the centre.

The inspector reviewed the fire safety register that indicated a process of preventive maintenance for the fire alarm, emergency lighting and fire safety equipment, such as fire extinguishers. Records indicated that all staff had received up-to-date training in fire safety. Fire drills were held regularly and staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire. However, while staff members were knowledgeable of the horizontal evacuation procedure, they were not always clear on what constituted a compartment within the centre. This was due to the fact that there were fire doors located along corridors mid-compartment, which could mistakenly be taken for a compartment. There were notices for residents and staff on “what to do in the case of a fire” appropriately placed throughout the building. The inspector was informed that the centre was a no smoking campus. Staff members spoken with by the inspector demonstrated adequate knowledge of what to do should a resident’s clothes catch fire. There were personal emergency evacuation plans in place for residents and staff were knowledgeable of these.

The environment was noted to be clean and personal protective equipment, such as gloves, aprons, and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff demonstrated adequate knowledge of the correct procedures to be followed. Cleaning staff were knowledgeable in regard to procedures on cleaning residents’ bedrooms and en suites. A colour coded cleaning system was in use. Schedules of cleaning were available and were regularly updated. Some improvements, however, were required. For example, as found on the last
inspection, the cleaning trolley was unsuitably stored in the laundry room. Bed linen was sent to an external laundry for laundering, however, residents' personal clothing was laundered on site. The laundry room, however, was too small to support the segregation of clean and dirty linen.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
There was a medication management policy for ordering, prescribing, storing and administration of medicines. The inspector viewed a sample of residents’ prescriptions and all contained appropriate information, including a recent photograph of the resident; the name, dosage and route of administration for all medicines; and the maximum dosage for PRN (as required) medications.

The inspector found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. A number of residents self-administered their medicines. Each resident was assessed for their capacity to self administer and were monitored on an on-going basis to ensure they were compliant with their medication regimen.

There were regular medication audits and improvements as a result of issues identified. The pharmacist reviewed prescriptions routinely and provided advice where relevant. There was evidence of the completion of medication management training by nursing staff.

Medications requiring special control measures were managed appropriately. Records indicated that these were counted by two nurses at the end of each shift. Medications requiring refrigeration were stored appropriately and the temperature of the fridge was monitored and recorded. Records were maintained of drug errors, which were reviewed by the clinical nurse manager with recommendations to prevent reoccurrence. There was an adequate system in place for the return of unused and out-of-date medicines to the pharmacy.

**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:**
Based on a review of accident and incident records, notifications were being submitted to HIQA as required. However, based on discussions with the person in charge, a notification in relation to suspicions of misconduct by a member of staff was not submitted as required.

**Judgment:**
Substantially Compliant

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**Outcome 11: Health and Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

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

**Findings:**
Residents' healthcare needs were met to a good standard. Residents accommodated in the centre were assessed as being at low and medium dependency, and should their needs increase, they were assisted to find alternative accommodation that could provide the increased level of care required. 24 of the 31 beds were designated for residents that required long term care, four beds were designated for people requiring respite and three beds were designating for people convalescing following acute medical or surgical care. Residents spoken with by the inspector were complimentary of the care provided and of the staff providing that care.

Residents were assessed prior to admission and usually visited the centre as part of the pre-admission process, in order to ensure that the centre was suitable to their needs.
Residents had good access to and choice of general practitioner (GP). There was also access to out-of-hours GP services. There was good access to allied health and specialist services, such as dietetics, speech and language therapy, physiotherapy, and occupational therapy. Dental and optical services were available locally and residents were supported to visit these services.

There were comprehensive care plans in place for each resident, which were developed following assessment using evidence based assessment tools. These tools were used for assessing risk such as the risk of falling, the risk of malnutrition, and the risk of developing pressure sores. Where risks were identified, appropriate preventive strategies were put in place. Care plans were person centred and provided good guidance on the care to be delivered to each resident on an individual basis.

**Judgment:**
Compliant

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**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:**
Cois Abhainn is a single storey residential centre located on the outskirts of the town of Youghal. The centre is within walking distance of shops, a church and other local amenities. The centre is registered to accommodate 32 residents, however, since the last inspection, one bedroom was reconfigured for another purpose and the centre can now accommodate 31 residents in 19 single and four triple bedrooms. On the days of inspection there were 23 residents in the centre and there was one resident in hospital.

The centre was clean, bright, well ventilated and in a good state of repair throughout. There was a working call bell system accessible from residents' bedrooms and from communal areas. There were handrails in circulation areas and grab rails in toilets and bathrooms. There was adequate signage to support residents navigate the centre and residents had requested that no further signage be put in place. Resident's bedrooms were personalised with soft furnishings, ornaments and family photographs. All residents' bedrooms could be locked and bedroom doors had a number and the resident's name.
Some painting and decorating had taken place since the last inspection, however, required improvements identified on previous inspections remained outstanding. For example, toilets in the “female corridor” comprised three cubicle that were not adequate in size for residents with a mobility aid. A number of residents explained to the inspector how they managed to manoeuvre themselves and their mobility aid to access the toilets and some stated that there were two of the three cubicles not accessible to them. The laundry was also inadequate in size for its stated purpose. Bed linen was laundered externally, however, residents personal clothing was laundered on site. The laundry room did not facilitate the segregation of clean and dirty linen and posed a risk for cross contamination.

Records were available demonstrating the preventive maintenance of equipment such as hoists, beds, wheelchairs and chair scales. Bedrooms were personalised with residents personal belongings and photographs. Residents had access to suitable outdoor space in the form of an inner courtyard/garden which had been renovated to provide a picturesque sensory garden with raised flower beds, safe walking areas and garden furniture. There was adequate communal space, including space for residents to meet with visitors in private.

**Judgment:**
Non Compliant - Major

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**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

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

**Findings:**
There was a policy and procedure on the management of complaints that identified the complaints officer and the independent appeals process. The complaints procedure was on prominent display in the centre. The inspector reviewed the complaints log that contained details of each complaint, the action taken in response to the complaint, the outcome of the complainant and whether or not the complainant was satisfied with the outcome of the complaints process.

Residents spoken with by the inspector stated that they had no cause to complain but would have no problem approaching the person in charge or any staff member with a complaint.

**Judgment:**
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:
Residents were consulted about how the centre was planned and run through regular meetings. Records were available to demonstrate that issues raised at these meetings were addressed. An independent advocate visited the centre regularly and discussed any concerns that the residents may have with the person in charge. Surveys completed by residents and relatives in advance of this inspection were complimentary of the care provided and of life in general in the centre.

Information was freely available to residents, including copies of HIQA standards and previous inspection reports. Residents had freedom to choose how to live their day, such as when to get up in the morning and where to have their meals. There was a comprehensive programme of activities. The programme of activities included an "imagination gym" that revolved around audio programmes designed to stimulate residents and there was a high level of participation in this activity. There were a range of other activities such as exercise programmes, live music, reminiscence and crosswords.

The religious and spiritual needs of residents were met and clergy from the religious denomination of each resident were welcome to visit at any time. Residents had access to local and national newspapers and there was a telephone available for residents' use. Staff treated residents with dignity and respect and were seen to respect the privacy of residents.

Judgment:
Compliant

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

**Theme:**
Workforce

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

**Findings:**
Based on the review of the staff rota the inspector was satisfied that there were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. There was at least one registered nurse on duty at all times.

The inspector observed staff to be kind and courteous to residents over the course of the inspection. Staff members spoken with by the inspector were knowledgeable of residents’ individual needs, as well as their likes and dislikes. This was also confirmed to the inspector by residents.

Staff confirmed to the inspector that they had been facilitated in accessing continuing professional education by the provider. A review of the training matrix indicated that most staff had attended mandatory training, such as fire safety, safeguarding, manual and people handling and responsive behaviour. The person in charge acknowledged that training in relation to infection prevention and control was outstanding and this was in the process of being addressed.

All nursing staff were on the live register with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland and many of the multi-task attendants had completed the Further Education and Training Awards Council (FETAC) level five qualifications.

The inspector reviewed a sample of staff files and found that not all staff members had all of the information required under Schedule 2 of the regulations. For example, while there were a minimum of two written references for all staff, some were not verified and some were only confirmation of employment rather than an actual reference. There were also gaps in the employment history for some staff for which no satisfactory explanation was recorded. This action is addressed under Outcome 05.

**Judgment:**
Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Contracts were only issued to residents on long term care and were not issued to residents that were admitted for convalescence or respite.

1. Action Required:
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident

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

Please state the actions you have taken or are planning to take:
At Present Developing a Contract of Care for short stay residents.

Proposed Timescale: 31/01/2018

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The inspector reviewed a sample of staff files and found that not all staff members had all of the information required under Schedule 2 of the regulations. For example, while there were a minimum of two written references for all staff, some were not verified and some were only confirmation of employment rather than an actual reference. There were also gaps in the employment history for some staff for which no satisfactory explanation was recorded.

2. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
• Requesting further information from staff
• Checking all staff files re references and CV's

Proposed Timescale: 28/02/2018

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A small number of staff did not have up-to-date training in responsive behaviour.

3. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
Remaining Staff Training completed on 08/11/2017.

**Proposed Timescale:** 08/11/2017

**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
As found on the last inspection, the cleaning trolley was unsuitably stored in the laundry room. Bed linen was sent to an external laundry for laundering, however, residents' personal clothing was laundered on site. The laundry room, however, was too small to support the segregation of clean and dirty linen.

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

Please state the actions you have taken or are planning to take:
Our local maintenance department have previously looked at the laundry and toilet areas to assess the level of works required. We will re activate this, and have plans drawn up by the engineer with responsibility for Cois Abhainn to redesign the toilet cubicles to make them accessible for residents who use mobility aids, the works will also address the laundry area.

**Proposed Timescale:** 30/03/2018

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
While staff members were knowledgeable of the horizontal evacuation procedure, they were not always clear on what constituted a compartment.

5. **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:
Staff informed of Compartmental Zones in Cois Abhainn.
Proposed Timescale: 30/11/2017

**Outcome 10: Notification of Incidents**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A notification in relation to suspicions of misconduct by a member of staff was not submitted as required.

6. **Action Required:**
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

**Please state the actions you have taken or are planning to take:**
Notification completed and forwarded to HIQA

Proposed Timescale: 17/10/2017

**Outcome 12: 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:**
Improvements were required in relation to the premises. For example:
- toilets in the “female corridor” comprised three cubicles that were not adequate in size for residents with a mobility aid
- the laundry was also inadequate in size for its stated purpose. Bed linen was laundered externally; however, residents’ personal clothing was laundered on site. The laundry room did not facilitate the segregation of clean and dirty linen and posed a risk for cross contamination.

7. **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:**
Our local maintenance department have previously looked at the laundry and toilet areas to assess the level of works required. We will re activate this, and have plans drawn up by the engineer with responsibility for Cois Abhainn to redesign the toilet
cubicles to make them accessible for residents who use mobility aids, the works will also address the laundry area.

**Proposed Timescale:** 30/03/2018