<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Joseph's Hospital</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000613</td>
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<tr>
<td>Centre address:</td>
<td>Lifford Road, Ennis, Clare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>065 686 3836/065 686 335</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:elizabeth.bugler@hse.ie">elizabeth.bugler@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
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<tr>
<td>Support inspector(s):</td>
<td>Anna Delany; Noel Sheehan; Susan Cliffe</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>84</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>36</td>
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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 2 day(s).

The inspection took place over the following dates and times
From: 25 April 2017 11:30  
To: 25 April 2017 18:45  
26 April 2017 10:00  
26 April 2017 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Non Compliant - Moderate</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Major</td>
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<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Non Compliant - Major</td>
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Summary of findings from this inspection
This was the ninth inspection of St Joseph's Hospital by the Health Information and Quality Authority (HIQA). The centre was managed by the Health Service Executive (HSE). The inspection was unannounced and took place over two days. This inspection was undertaken to follow up on actions required following findings of non-compliance on the inspection of August 2016. Action plans had been submitted by the provider following that inspection. The Chief Inspector was not satisfied with a number of responses submitted. It was proposed to attach a condition to the registration renewal to limit any further admissions until the privacy and dignity needs of residents were met. On this follow-up inspection inspectors found that a number of actions had been addressed. However, a more robust response was required to enhance the lived experience of residents who were residing in the designated centre on a long term basis. This report sets out the findings of the inspection of 24 and 25 April 2017.

There were 120 registered beds in the centre. During the inspection there were 84 residents residing in the centre and there were 36 vacant beds. Inspectors viewed the premises, met with management and staff members and spoke with residents and relatives throughout the inspection. Inspectors observed care practices and
reviewed records including, nursing and medical records, accident and incidents, complaints and staff related records.

Inspectors met with two staff members who explained the systems which were in place for the on-going review and monitoring of care. Arrangements were in place to meet the health care needs of residents. Activity personnel and activity provision had been increased in recent months. Inspectors found that the Ash Unit had been newly renovated since the previous inspection and a new dining room had been developed in the main corridor. Residents and staff expressed their satisfaction with the renovations which had been undertaken at the beginning of 2017. This was discussed further under Outcome 12: Premises and Outcome 16: Residents' privacy, dignity and consultation.

However, inspectors found that there was major non-compliance in the centre with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 in three areas, residents' rights and privacy, premises and residents' property. In addition, the centre had findings of moderate non-compliance in the areas of safeguarding and safety, health and safety, notifications and governance and management. The action plan at the end of the report specifies the actions to be taken by the provider to bring the centre into compliance with the aforementioned regulations.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

**Outcome 02: Governance and Management**

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

**Theme:**
Governance, Leadership and Management

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

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

**Findings:**

There was a clearly defined management structure in the centre. The person nominated on behalf of the registered provider was the same as on previous inspections. A new person was in the process of being appointed to act on behalf of the registered provider. The person in charge was supported on a daily basis by two assistant directors of nursing (ADONs) and a team of clinical nurse managers (CNMs). A newly appointed ADON had become a member of the management team. This member of staff was interviewed on inspection and found to be experienced and suitable for the role.

However, the provider had failed to ensure that the service provided was appropriate for the needs of residents who were residing in the centre on a long term basis, in particular in the Hazel and Alder Units. Inspectors found that the lack of space and storage in the centre let to unsafe practices such as, hoists being stored in hallways and bedrooms, residents not having easy access to mobility aids, soiled clothes stored in blue bags under beds and chairs and hoists stored in shower areas.

Systems were in place to monitor the quality and safety of care provided to residents. The annual review had been completed. Staff spoke with inspectors in relation to internal and external audits. There was a system in place to audit falls, nursing documentation, hygiene and medication management, regularly. Audit outcomes and any corrective actions were documented. Since the previous inspection new audit areas had been added for example, storage audit and the use of repositioning charts for residents with poor skin integrity. However, it was not clear to inspectors if action was taken as a result of all audit findings. For example, an audit on the new repositioning charts had not outlined any action to be taken where the charts had not been utilised for relevant residents. This was significant as a number of residents in the centre had pressure sores.
Judgment:
Non Compliant - Moderate

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

Theme:
Safe care and support

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

Findings:
Training records indicated that all staff had attended training in the protection and safeguarding of older adults. A social worker for the protection of older adults was based on the campus. The person in charge stated that he was accessible for advice and support. Staff spoken with confirmed their attendance at training and their understanding of the types of abuse. Residents stated that they felt safe in the centre.

Plans of care had been developed to guide the management of behaviours associated with the behaviour and psychological symptoms of dementia (BPSD). The plans were individualised and staff spoken with were familiar with the strategies to be employed to support residents. However, similar to findings on previous inspection a number of staff had yet to attend mandatory training to update their knowledge and skills to manage BPSD.

A restraint register was maintained. Bedrails were in use and risk assessments had been undertaken for these. Consent had been signed and the use of bedrails had been reported to HIQA in line with the regulations. However, inspectors found that one resident was unable to stand up from her chair as she was restrained from doing so by a bed table placed in such a manner as to prevent her standing up. This resident was at high risk of falls and had previously sustained a fractured hip, even though an alarm cushion had been in use. When the table was removed the resident continued to attempt to stand even though the nurse said that she was not safe to walk around unaided. The nurse informed inspectors that "in an ideal world she would have one-to-one care". A risk assessment was seen in the resident's file which confirmed the high falls risk. However, a checklist used to evaluate this resident's risk of a fall was found by inspectors to be inaccurate. For example, a box was ticked to indicate that a toilet was easily accessible to the resident. Inspectors found that the resident would be unable to access a toilet due to the presence of the 'restraining' table and due to the fact that she could not get there unaided. In addition, the resident's mobility aid was not easily
Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
Arrangements were in place for the investigation and learning from serious incidents/adverse events involving residents. Risk assessments and controls were generally in place in residents' care plans, including falls risk assessments and clinical risk assessments. The fire register was well maintained. The fire detection system and emergency lighting system were inspected and tested quarterly. Fire fighting equipment was serviced and information on fire management was prominently displayed. A staff training programme on fire management safety was in place which included the procedure and actions to be taken to evacuate all residents from the centre. Records seen indicated that all staff had attended fire safety training annually.

Signage had been put in place since the previous inspection for areas where oxygen cylinders were stored. Inspectors viewed records which confirmed that equipment including hoists used in manual handling and electric beds were serviced in line with mandatory requirements. Each resident had a risk assessment and manual handling care plan which specified the equipment and number of staff required for each transfer/manoeuvre. However, staff informed inspectors that the small single rooms had very restricted space for the safe care of residents who required the use of a hoist for movement and transfer. Staff informed inspectors that items of furniture had to be moved out of each single room when staff needed to use a hoist. The bed had to be moved to the middle of the room and there was limited space to manoeuvre the resident, the hoist and the resident's chair, as well as accommodating the two staff required to support a resident, when a hoist was in use. There was no risk assessment in place which identified these aforementioned risks.

Staff attended regular infection control and training in hand washing technique. The person in charge informed inspectors that one new member of the management team was a trained assessor in this area. Each unit had a sluice room which was seen to be clean and well maintained. Clinical waste was appropriately managed. A cleaning rota was in place for daily cleaning which was supported by suitable documentation. However, inspectors observed the following risks which had not been assessed:
-three toilet areas had no grab rails, similar to findings on the previous inspection
-a suction machine which was used for a resident with specific needs was placed on an armchair next to a resident's bed
-a nebuliser was placed on a armchair with a variety of other belongings
-flooring was heavily stained, 'age related', in one toilet and shower room area and in a sluice room
-a urinal were seen stored in a shared toilet area on a grab rail and one on a window sill
-a toilet brush was observed on a windowsill in the shared toilet
-in multi-occupancy bedrooms urinals were seen hanging from the side of beds and one was seen on the floor by a bed with urine in it
-a resident was being nursed in a single room due to an infection. However, the door of this room was open into the main corridor of the unit
-four boxes of latex gloves were left beside a bed in one room and three boxes of latex gloves were on the window sill by another bed area
-hairdryers and an aerosol can were stored in what staff termed an "electrical cupboard". These items were removed to a safe location
-a wheelchair was stored in front of a hand-washing sink which prevented a hygiene opportunity for residents and staff next to three toilet areas
-an updated risk assessment and sufficient controls were not in place for a resident who was at high risk of falls
-not all residents at risk of choking had an individual risk assessment in their care plan

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
A notification in relation to an incident where the resident required medical attention had not been sent to HIQA in accordance with regulations.
Inspectors viewed the incident book which stated that the resident had been seen by "Shannon Doc" following the incident, as the resident had sustained a skin tear.
This notification was sent to HIQA, retrospectively. On review of the incident the person in charge stated that the resident had not received medical attention until the following day.
However, the documentation in the incident book stated that the doctor had been called to attend the resident following the incident.
Judgment:
Non Compliant - Moderate

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:
Similar to findings on all previous inspections the design and layout of parts of the premises did not conform to the matters listed in Schedule 6 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The design and layout did not meet the individual and collective needs of residents for space, storage and privacy. The issues pertaining to the lived environment on the day of inspection were addressed further under Outcome 16: Residents' privacy, dignity and consultation. The person in charge stated that new building and renovation work on the premises was proposed to be completed by the end of 2021, four years from the inspection date.

There were four units in the designated centre, Hazel, Alder, Ash and Holly units. The Holly unit was a 12-bedded dementia specific unit. Residents’ bedroom accommodation was provided in two single bedrooms and five twin bedded rooms all of which had en-suite toilet facilities. This was found to be nicely decorated and a number of residents' rooms were individualised with pictures, photographs and personal items. There was a notice board on the Holly unit which listed advocacy information, activities and community news. Radios or TVs had been made available in individual residents' rooms since the previous inspection.

Hairdressing facilities, two communal rooms and a new dining room, suitable for 14 residents, were located in the long corridor linking all units. These communal rooms were suitably decorated. Since the previous inspection in August 2016 the staff sitting room had been relocated and this new, residents' dining room had been developed across the corridor from the entrance to the Alder unit. This was decorated with pictures and ornaments and oilcloth tablecloths and menus were displayed on each table. Activity personnel informed inspectors that activities were also organised in these rooms. However, the rooms were not seen to be in regular use by residents or visitors in the afternoons and the evening from 17.00 onwards, as they were located away from the
units. For example, only one resident and the relatives were seen to be sitting there after tea on both evenings. A staff member stated that staff from each unit would bring residents to activities. However, these staff members did not stay with residents to provide supervision.

The Hazel unit and Alder unit both accommodated 42 residents and were of similar design and layout. There was a nicely laid out and well planted garden off the Alder unit and the main corridor, which staff, the community and relatives had developed. Funds had been provided to enhance these areas for residents. During the inspection there were 25 residents residing in the 42 bedded Hazel unit. The 17 empty beds were also located in the various bedrooms. In the Alder unit, 27 of the 42 beds were occupied during the days of inspection. One staff member stated that she had been told that the empty beds were also to be left in the unit 'wards', as the centre was registered for 120 beds until 2021. Neither unit had a sitting or dining room on the unit and the majority of residents still spent long periods of the day sitting by their beds, including at mealtimes.

The consequence of living in the multi-occupancy rooms negatively impacted in a serious and significant manner on the quality of life of residents. However a number of other issues negatively impacted on residents' privacy and dignity of residents and these were addressed under Outcome 16 in this report. In addition, storage facilities remained inadequate and there were insufficient recreational rooms accessible to residents. Communal space available for residents in the Hazel and Alder consisted of a small alcove off the main corridor of each unit with seating for approximately six residents. This alcove faced towards the bedroom accommodation. There were large chairs in use for some residents which further limited the number of residents who could be accommodated in this alcove. On the day of inspection inspectors observed that 14 residents were playing bingo with two staff members in one of these alcove areas. Residents appeared very crowded, even though staff were facilitating the activity with enthusiasm and kindness.

Inspectors noted that there was limited room for staff to move residents out on to chairs or commodes using the large hoists where required. There was very limited space to provide private assistance and care within the screened off area assigned to each individual resident. Staff and residents spoke with the inspector spoke about the limitations on space in the rooms and the impact of living in these large shared rooms. There were two single bedrooms on each of these units neither of which were of a suitable size and layout for the needs of residents. Staff spoke with inspectors about the difficulty of providing care to residents with such high needs, in the limited space available. The person in charge confirmed that these rooms were unsuitable for the residents who were residing there due to their very high care needs, requiring the use of a hoist for movement.

Inspectors observed the negative impact of the lack of space and privacy for residents as addressed under Outcome 16. There were insufficient numbers of toilets available and accessible showers in the units and this was compounded by the lack of adequate and suitable storage facilities. There was evidence of the ongoing storage of wheelchairs, specialised seating, mattresses and other items in the shower and toilet area on both the Hazel and Alder units. One of the two showers in the communal shower area one was not plumbed for use. There was no bath available on the Ash,
Hazel and Alder units in the centre to afford choice to residents for hygiene needs.

The Ash unit had been closed for a period of time at the beginning of 2017 to allow for renovations. This unit had previously been laid out in four bedrooms which accommodated six residents each. This unit had now been amalgamated with the vacant Rowan unit and now consisted of six bedrooms, each of which accommodated four residents. The unit had been painted and decorated to a high standard. In addition, a single en-suite bedroom had been provided. The glass panels on residents' bedrooms had been covered with an opaque film which improved privacy for residents. However, the clear glass double doors into the bedrooms still presented challenges for the protection of the privacy and dignity of residents as described under Outcome 16: Residents' rights, dignity and consultation.

There was a circular layout to the hallway of the Ash unit which was furnished with suitable new seating areas and relevant pictures. However, the staff member told inspectors that this was "a work in progress" and further improvements were planned. The Ash unit had re-opened a short period prior to this inspection. Curtain spaces had been realigned in each bedroom and residents expressed their satisfaction with the extra room available to them. Toilet and shower spaces had been augmented. However, storage remained a problem in the newly renovated Ash unit. For example, inspectors observed that hoists and chairs were stored in the extra space which had been afforded to residents in each bedroom. Inspectors discussed alternative resident-centred uses for these spaces such as the provision of book shelves, lamp tables and armchairs for residents' use. In addition, inspectors observed that a sign had been placed on the door of one newly renovated shower room which stated "temporary storage". Inspectors saw that a hoist and some chairs were again stored in the new toilet/shower room. The staff member stated that these items were moved out when a resident wanted to use the shower. She explained that a new external storage room was under construction in the main hall of the centre.

**Judgment:**
Non Compliant - Major

**Outcome 16: Residents' Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
Staff, residents and relatives stated that activity choice and frequency had improved since the previous inspection and that more residents were availing of these. Three staff and an artist were now dedicated to organising the daily activity provision. Inspectors spoke with a number of staff involved. They explained that residents were involved in diverse activities such as art work, lunch time concerts, Clare Library, Glor theatre, reminiscence, oral history recordings, baking, community Gardaí safety lectures and well as being involved in writing a play. During the inspection 14 residents attended bingo, 11 residents attended an exercise session, ten residents went to the art session and a reminiscence session was held for residents who did not want to leave their unit. However, staff said that it was a challenge to ensure that enough residents were brought down to sessions in the sun room and seomra cuirte, particularly residents from Alder and Hazel Units, as there was no alternative space in those units for group events. For example, a staff member stated that she gathered a group of residents together in a bedroom on Alder unit for a group reading session, in the absence of a sitting or dining room.

Independent advocacy services and the confidential recipient information was displayed on notice boards. A number of residents were seen to sit out in the gardens at various times during the inspection. The local community church was attached to the centre and a small number of residents were facilitated to attend mass there on a daily basis. Visitors were seen to be plentiful during the inspection. Relatives spoken with stated that they were happy with staff, the care provided and the medical attendance. Newspapers were delivered to the centre for residents’ use on a daily basis. A residents' committee met at quarterly intervals in the centre. Inspectors viewed the minutes of the meetings. However, similar to findings on previous inspections participation at these meetings remained low. The activities co-ordinator informed the inspector that between 10 and 12 residents attended these meetings. Residents had limited access to television in bedrooms and in the small communal alcoves in Alder and Hazel units. However, the choice to enjoy television viewing was dependent on the location of each bed or on the wishes and requirements of other residents in the multi-occupancy rooms and alcoves. For example, one resident informed the inspector that he could not see the TV as it was too far away from his bed and was partially hidden with the privacy curtain of another resident's bed. On a number of occasions in the alcove areas residents were observed to be seated in front of the TV with the sound turned down.

Similar to findings on the previous inspection inspectors saw staff interacting with residents in a respectful manner. Inspectors used an evidence-based tool, the quality of interactions tool (QUIS) to assess the quality of interactions with residents over two 30 minute periods. During one session positive connective care was observed. The second period of observation revealed a 20 minute period of neutral care. During this time there were no staff present with six residents. There environment had an institutionalised appearance and a hospital-like culture and language, which the person in charge acknowledged would take time to change. Task orientation and routine predominated the daily work as demonstrated by the number of residents who were in bed early both for dinner and for tea and by the fact that the extra space afforded to residents on the renovated unit was again being filled with extra chairs and hoists. In addition, intimate items such as pads and body wipes were seen to be stored on some window sills, the
top of lockers and in the top shelves of the already small wardrobes. Urinals were on view in the multi-occupancy rooms, on the floor and in a shared bathroom. One resident who had thrown back the bedclothes could be seen from the hallway through the clear glass double door. It was obvious to one inspector that the resident had a wound which had a dressing applied to it.

In addition, a resident called an inspector to express distress that a male resident had come into her multi-occupancy room, where she was the only resident at present. She said that she felt very frightened when he got into one of the beds. She stated that this had happened before and she was not happy that all staff understood her distress. Inspectors found that an individual care plan and associated risk assessment had not been put in place to support the resident's increased anxiety levels following the previous episode. This unit had recently been changed to mixed male and female occupancy. This system not been risk assessed as suitable for the needs of all residents from a psychological and emotional wellness viewpoint. One senior manager explained a new initiative called "Values in Action" which was being introduced to staff through training and information sessions. She informed inspectors that "Values in Action" encouraged and promoted a person-centred approach to residents.

The majority of residents were still seen to spend long periods of the day sitting by their beds including at mealtimes. Inspectors formed the view that this was not a suitable environment in which to engage socially with other residents. The impact of living in the bedroom accommodation meant that residents had limited opportunities to meet, interact and engage with each other on a social basis. Inspectors observed that at 12.45, lunch time in the Hazel unit, 18 residents were either in bed for their dinner or sitting next to the bed. Three other residents were sitting in the alcove area for dinner on this unit. At dinner time inspectors observed eight residents using the new dining room in the hall. In the Alder unit at 16.45, teatime, 24 residents were observed to be sitting by their bed or in bed for their meal. The dining room, 'seomra cuirte' and the 'sun room' in the hall were seen to be empty at 16.45. The majority of residents were in bed at 18:00, for example, only twelve residents were dressed in their day clothes at teatime in Hazel and seven residents were dressed in their day clothes in Alder at this time. The inspectors concluded that as a consequence of the prevalence of mainly large multi-occupancy rooms, lack of day rooms and the fact that residents spent most of the day by their beds, the centre appeared institutionalised and hospital-like. Reduced staffing levels in the evening were also seen to contribute to the number of residents going back to bed in the late afternoon prior to a number of staff going on their break or finishing duty at 17.30. The inspectors felt this did not offer a real choice of bedtimes to residents. These practices did not enhance or promote person-centred care nor did they promote the privacy and dignity of the residents.

Staff spoke with inspectors about the difficulty of providing care to residents with high needs in the small single rooms because of the space restrictions. Two of these residents required the use of a hoist for movement. In addition, one resident who called out during the day and night as a consequence of the effects of dementia, had to be relocated to a single room. Staff told inspectors that residents in some multi-occupancy rooms had complained of the lack of sleep due to the constant calling out by a resident. In addition, inspectors saw that a complaint had been received from a family member through the HSE complaints process in relation to the crowded multi-occupancy rooms,
during the time of the renovations. This person had been informed that the units were 42 bedded units and the layout could not be changed from five and six-bedded wards.

Some improvements were observed in the Alder and Hazel units since the inspection in August 2016. Larger wardrobes had been purchased for some residents, personal care items were not visible on top of all lockers as previously found and large laminated information sheets had been removed from over the majority of residents' beds. Storage boxes had been provided for personal care items, laminated dietary information sheets were now placed inside wardrobe doors and memory boxes had been made available for personal memorabilia for a number of residents.

The negative impact of living in the restricted space afforded to residents in the multi-occupancy bedrooms and the lack of sufficient communal and private space was in evidence as follows:

- some wardrobes were too small to contain all the belongings of residents. As a result extra clothes were seen on chairs, on the end of beds and on radiators. Some clothes were also stored in bags on the floor near beds and on the floor in the linen press. A number of wardrobes were small half-height wardrobes which were approximately 12 inches wide
- residents who had chairs by the bed had no access to their wardrobes as due to the lack of space by the bed the chair was located in front of the wardrobe
- in one four-bedded room there were four chairs and two wheelchairs stored by the wall in the empty bed space. The extra space afforded by the removal of a bed had been utilised as extra storage. These gave the residents' bedroom the appearance of a partial storage room
- incontinence wear was stored on the windowsill and on a bed table in one multi-occupancy room
- body wipes were stored on top of some lockers and on the top shelf of residents' wardrobes
- there was a strong smell of urine in one multi-occupancy bedroom and in a shared toilet
- one resident stated that she had very little space for personal items. She utilised her bed table, her chair, her locker and the top of her locker for personal items also.
- activities had to be held in the bedrooms of the Hazel and Alder units as there was no communal space for residents to gather. This was confirmed by members of staff:
- residents had no place to converse with staff, the doctor or visitors in private within the two larger units
- one resident informed staff that she had been asked to stay in her room for meals that day, instead of going to the new dining room
- a resident in one of the larger units stated that he did not like having to go out the door of his unit for activities and meals
- the alcove areas provided in the Hazel and Alder were too small for group activities. For example, 14 residents were crowded into one alcove for bingo on the second day of inspection
- small black bags were seen hanging from some bed tables. These were used as bins by residents.
- hoists and other assistive equipment were difficult to manoeuvre within the limited space of the multi-occupancy rooms and the small single rooms
Residents could be viewed in their beds from the hallway through the clear glass doors. In addition, the insufficient dining and communal space meant that residents had few opportunities to meet, interact and engage with each other on a social basis. Bottles of minerals were stored on rails behind residents' beds. Some residents had urinals hanging on the side of their beds which were in close proximity to other residents and visible to visitors. One urinal on the floor of a multi-occupancy room required to be emptied. A resident's catheter bag was clearly visible hanging by a bed in the multi-occupancy room from the hallway of the unit. Hoists were stored by vacant beds, in the hall and in a shower room. Empty beds had been moved back into the five and six bedded multi-occupancy rooms. A complaint was viewed in the complaints book concerning the lack of space in one of the multi-occupancy rooms. Where a bed had been removed the extra bed had been replaced by various types of chairs and hoists. Curtain spaces had not been realigned in all cases so residents were confined to their original small space even though there were five empty beds in some rooms. Some residents had no access to a toilet in their bedroom and were required to use the toilets at the top of the hall which doubled as storage for chairs and wheelchairs and mobility aids. Staff stated that lack of storage was a "huge challenge" and was very "frustrating." A staff member stated that residents find the multi-occupancy rooms disturbing at night because of some residents calling out. Social time spent with residents was limited as care staff were also involved in catering and cleaning activities. Staff in the Alder and Hazel units informed the inspector that they had complained about the limited space when using hoists. A staff member stated that the environment hinders and impacts on promoting and developing standards of care. A resident said they would prefer two or four-bedded rooms as they had heard about the improved environment on the Ash unit. Staff said that some residents had said that there was a sense of inequality as they did not have access to similar facilities. A resident in one six bedded room said that "she couldn't move." There was an oxygen machine near her bed, her chair was in front of her wardrobe, the bed table was taking up her space and a cup and hanger were lying under her bed. Inspectors heard a resident shouting and calling out in one six-bedded room. One resident told inspectors that she was afraid to go out in case her bed was gone on return.

Inspectors observed that residents had no means of securing privacy other than bed screens, or of enjoying quiet time or having private conversations with staff or visitors on Hazel and Alder units. Other than for the provision of activities and dining, the external rooms were not seen to be utilised during the inspection as visitors remained with residents in their bedrooms. These rooms were seen to be empty on both days of inspection from 17.00 onwards. Residents access to these rooms on an independent basis was hindered by the fact that these were access switches and exit keypads from each unit preventing free circulation. In addition, the layout of the multi-occupancy bedrooms and inadequate dining and communal space meant that the presence of...
visitors did not provide for due regard for the privacy and dignity of residents.

Resident had come to the centre to live out their older years "with lots of opportunities to enjoy life" as described in the Statement of Purpose for the centre, which was a regulatory document. In addition, the provider had undertaken to "provide a high standard of individualised care" which focused on residents' individual "wellbeing, customs, values and spiritual beliefs". The environment in the centre was proposed to "nourish the principles of privacy and dignity" for all residents. Inspectors found that there was insufficient evidence seen during the two days of inspection to assure the Chief Inspector that the Statement of Purpose had been fully adopted and implemented throughout the designated centre in order to enhance the lived experience of all residents.

Judgment:
Non Compliant - Major

Outcome 17: Residents' clothing and personal property and possessions

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

Theme:
Person-centred care and support

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

Findings:
As discussed in detail under Outcome 16 resident had limited space for personal items and clothes. Clothes were seen to be stored on chairs, on beds and on radiators. Some clothes were stored in bags on the ground, in bags in the linen room and in an vacant wardrobe. In a wardrobe in one bedroom area residents' un-ironed clothes were seen to be 'shoved' into the bottom of a wardrobe. Other clothes were hanging up in the same wardrobe. The staff member said that nobody in particular owned the clothes which she said had been washed and sent back from the laundry. Inspectors observed that even though this was a male ward there was a lady's nightdress on the bottom of the pile of clothes. This was labelled with a resident's name. The person in charge stated that the resident had died. Other clothes were labelled and unlabelled and some of the clothes had expensive brand names on them. The staff member stated that if there was no label on the clothes they would be used for residents who did not have a sufficient supply of their own. Inspectors noted that the Statement of Purpose for the centre had an undertaking for residents that "respect will be shown to residents' property". This did not equate with the evidence seen on the day of inspection in the wardrobe and in the linen press of one unit. In this linen press inspectors observed three blue bags of clothes on the ground behind stored equipment. One bag had burst open and the clothes were
spilling out. Inspectors were informed that they had come back from the laundry. However, two of the bags of clothes which were labelled as "for collection", had belonged to residents who had died. Staff later informed inspectors that they would never return clothes to relatives in blue plastic bags as they had a supply of "end-of-life" bags for this purpose. Inspectors formed the view that storing clothes in the aforementioned examples was less that respectful to residents and their relatives.

The person in charge stated that residents were being asked to sign a consent form to agree to the storage of their clothes in alternative areas, in addition to their bedside wardrobes, as a consequence of the lack of space. Locked facilities were not available for residents' property in their rooms. A resident reiterated that more items from home could not be brought in due to lack of space. A resident stated that staff "object" if there were too many items on the bed table due to lack of space. Personal care items such as pads and body wipes were stored on top of lockers or in the already packed wardrobes. Signage was displayed on a number of wardrobes reminding family members to bring in personal toiletries.

**Judgment:**
Non Compliant - Major

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**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 O'Mahony
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>St. Joseph's Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000613</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>25/04/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>18/08/2017</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:
The service provided was not effectively monitored, safe or appropriate, to residents needs.

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

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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:

- Equipment room for Alder unit is near completion (will be complete by 9th June 2017). This will provide storage space for hoists and other equipment and will free up additional storage space within the units for resident’s personal belongings.
- Hoists are stored safely as possible within the units.
- Equipment in shower areas is removed when the shower is required.
- Additional laundry baskets have been purchased and clothes for washing are placed in these baskets.
- Wardrobes are utilised to store resident belongings and clothing. 10 new large wardrobes were purchased in 2016 and this investment will continue in 2017. This will further provide additional storage space for residents’ personal items.
- The draft repositioning audit has been finalised and is currently being implemented.

Proposed Timescale: 31/05/2017

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:
All staff had yet to be afforded training to update their knowledge and skills, appropriate to their role, to respond to and manage behaviour that was challenging.

2. 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:
- 98% of staff have completed Safe Guarding Training. The remaining 4 staff will be trained on the 16th June 2017.
- There is ongoing training including Designated Officer training (6 will be trained by 26th May 2017)
- In 2012, 171 staff had CPI training.
- 75% of staff have had MAPA training within the current 2 years. Further MAPA training is arranged for 1st June, 14th June and 19th June 2017. More dates are being arranged for July 2017.
- 84% of staff have completed Dementia training.

Proposed Timescale: 30/09/2017

Theme:
Safe care and support
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
One resident was restrained from movement by the use of a bed table, the front bar of which was pushed in behind the legs of the chair.

3. 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:
• 98% staff have completed Safe Guarding training. Training is schedule for the remaining 4 staff (1 Nurse, 1 x CNM1, 2 x MTA's) 16th June 2017.
• 60% of all bed tables have been replaced which ensures ease of access and avoids restriction for residents. The remaining bed tables will be purchased by Q4, 2017.

Proposed Timescale: 31/12/2017

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:
Not all risks had been identified and assessed:
- the provision of grab rails in toilet and corridor areas
- lack of space for safe movement of residents' with high needs in small single rooms
- a resident was being barrier nursed in a single room due to an infection. However, the door of this room was open into the main corridor of the unit.
- hairdryers and an aerosol can were stored in what staff termed an "electrical cupboard". These items were removed to a safe location
- an updated risk assessment and sufficient controls were not in place for a resident who was at high risk of falls.
- not all residents at risk of choking had an individual risk assessment in their care plan

4. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
• Grab rails are now in place in all toilets.
• A risk assessment will be completed for each resident in single rooms regarding safety and infection control.
• Audit on safe storage of hairdryers and aerosols will be included in the current audit around storage.
• A falls risk assessment is completed on all admissions.
Individual risk assessments will be put in place for those residents at risk of choking

Proposed Timescale: 31/05/2017

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
All procedures, consistent with the standards for the prevention and control of healthcare associated infections published by HIQA were not implemented by staff:
For example:
- a suction machine was placed on a chair in one resident's room
- a nebuliser was placed on a chair which a lot of other items
- flooring was "age" stained in one shower and toilet area and a sluice room
- urinals were inappropriately stored and one which had not been emptied was observed on the floor next to resident's beds
- a toilet brush was observed on a windowsill in the shared toilet

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

Please state the actions you have taken or are planning to take:
• All procedures, consistent with the standards for the prevention and control of healthcare associated infections published by HIQA are being implemented by staff. This document has been circulated to all units.
• Suction machine had just been used by staff for resident care. Staff have been instructed to ensure that when the suction machine is not in use it must cleaned and stored in the clinical room and plugged into its battery charger.
• Each resident who requires a nebuliser has an individual nebuliser. There are infection control protocols around the appropriate storage of nebulisers.
• Urinals are removed as soon as possible by staff.
• Staining on floor areas was removed.
• An environmental audit will be undertaken on a regular basis to include checking floors for stains and also the storage of nebulisers, suction machines, urinals and toilet brushes.

Proposed Timescale: 31/08/2017

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 incident had not been notified to HIQA as required by the regulations.

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:
• NF03 was completed on the day of inspection, 26th April 2017.
• Arrangements have been put in place to ensure all notifications are submitted within
the required timeframe.

Proposed Timescale: 26/04/2017

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:
The premises of the designated centre was not appropriate to the number and needs of
the residents of that centre and in accordance with the Statement of Purpose, which
stated that residents were enabled to "live the healthiest and most fulfilled lives
possible in an environment which is cognisant of their need, care, dignity and privacy"
prepared under Regulation 3.

7. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated
centre are appropriate to the number and needs of the residents of that centre and in
accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
• The Statement of Purpose will be amended in line with relevant changes by 31/08/17.
• Under the HSE Capital Programme, the Provider has committed to building a new 50
bedded facility with refurbishment of the existing units to accommodate a maximum of
4 Residents per ward. The Capital Project options appraisal has been completed and
Project Brief has been submitted to Architects.
• Ash Unit has been upgraded to a high standard and operational since April 2017. This
has provided a more spacious, homely unit. It has provided for additional personal
space, thereby enhancing the privacy and dignity of the residents.
• Further improvements have also been made in providing three additional communal
rooms in the Centre.
• Opaque contact film has been placed on clear glass panels to enhance the privacy and
dignity of the residents. The remaining clear glass panels on the doors will be
completed in accordance with fire regulations by 29th May 2017.
Proposed Timescale: 31/12/2017

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
All areas of the premises did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre:
For example:
- there was no bath available for residents in the Alder, Hazel and Ash units
- there was insufficient space for each resident in the multi-occupancy bedrooms, a complaint was seen in relation to this
- showers were not sufficient and not all were plumbed
- grab rails were not present in all toilet and bathroom areas
- inadequate private and communal space for residents
- rooms were two small to accommodate all residents belongings and to provide sufficient space to undertake care activities while maintaining residents dignity and privacy
- the new shower/toilet room in the Ash unit was used as 'temporary storage'
- there were inadequate storage facilities for hoists and chairs
- wardrobes were too small to accommodate all belongings
- personal laundry bins were not available to all residents
- there was no dining and sitting room space in the 42 bedded units.
- recreational space in the two large 42 bedded units was inadequate for the needs of residents who did not wish to leave their unit for dining, activity or recreation
- the single rooms in the Alder and Hazel were too small for the needs of residents who resided there

8. 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:
- Bath will be available in Holly Unit for use by all residents by 30th September 2017.
- We endeavour to utilise all space available in each ward for resident use.
- Grab rails are in place in all toilets.
- A new lounge and relaxation room are now available for residents and relatives use. There are several communal rooms available for residents and relatives use at all times. Seomra Cuirte, Sun Room, Alder Lounge, Relaxation Room, Ash Dining Room and Sitting Room and main Canteen, dining rooms in Holly and Cherry Units.
- Under the HSE Capital Programme, the Provider has committed to building a new 50 bedded facility with refurbishment of the existing units to accommodate a maximum of 4 Residents per ward. The Capital Project options appraisal has been completed and Project brief has been submitted to Architects.
- Equipment room for Alder unit is near completion. This will provide storage space for hoists and other equipment by 9th June 2017.
• Hoists are stored safely within the Units.
• Equipment in shower area is removed when the shower is required.
• 10 new large wardrobes were purchased in 2016 and this investment will continue in 2017.
• Each resident now has personal laundry bin.
• Dining, sitting and recreational spaces are available for residents and relatives.
• A risk assessment will be completed for each resident in single rooms regarding safety and infection control (31st May 2017).

**Proposed Timescale:** 31/12/2017

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

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

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Not all residents had access to suitable facilities for regular recreation or occupation.

9. **Action Required:**
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

**Please state the actions you have taken or are planning to take:**
• The Sun Room, Seomra Cuairte and the Lounge together with areas within the units are utilised for activities. Residents and relatives are encouraged to use these rooms.
• Each Unit has access to a central garden and some units have additional garden areas.

**Proposed Timescale:** 24/05/2017

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

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Not all residents could participate in activities. As the communal rooms were located a distance from all units staff were required to be available to take and bring residents and to stay and supervise during activities. There were no communal areas on some units for residents to gather for activities.

10. **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:**
- Extensive activity programmes are now in place. The WTE for activities co-ordinators has increased from 0.8WTE to 2.3 WTE. There is also an Artist in Residence who in addition to the activity programme provides a link to the community. There is also a Multi Task Attendant who is allocated to assist and supervise with activities.  
- Staff facilitate, assist with, and supervise residents at activities.  
- Questionnaires are distributed quarterly to residents to ascertain their interests and preference for activities. Feedback from residents is discussed at Residents Committee meetings and schedule of activities amended accordingly.  
- There is an extensive schedule of activity planned for each month.

**Proposed Timescale:** 30/06/2017

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

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Residents were limited in their choice of TV programme as TVs were shared and difficult to see due to their placement.
Residents did not have a choice as to their time of bedtimes due to the fact that staffing was reduced at night time and they were restricted in their choice of the type of bedroom they would like to be accommodated in.
Residents were limited in their choice of where to eat their meal and in a choice of sitting and recreation area during the day particularly in Alder and Hazel units.

**11. Action Required:**
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

**Please state the actions you have taken or are planning to take:**
- TVs have been purchased and TVs have been strategically placed to maximise viewing by all residents.
- Additional TVs are available in the annex areas, the Sun Room, the Seomra Cuairte and the Lounge for resident use.
- Resident’s choice regarding bed time is always considered.
- A new 50 bedded building is being planned on site. Meetings have been held with the architects and estates management to progress this matter. There will be further upgrading of existing units to a high standard including the provision of adequate sitting, dining & recreational space. (Capital Programme 2021)
- The Seomra Cuairte, Sun Room and Lounge are available for dining and recreation purposes at all times. Staff facilitate and encourage relatives and residents to use these rooms.
- Garden areas are available to residents.
- There is an activity programme in place each month in every unit

**Proposed Timescale:** 31/12/2021
### Theme: Person-centred care and support

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

Residents were all limited in an opportunity and choice to carry out activities in private.

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

**Please state the actions you have taken or are planning to take:**
- The Seomra Cuairte, Sun room, Relaxation room and Lounge are available for use at all times by residents and their relatives. Residents are encouraged to use these communal rooms.
- Opaque contact film has been placed on clear glass panels to enhance the privacy and dignity of the resident. The remaining clear glass panels on the doors will be completed in accordance with fire regulations (29th May 2017).

**Proposed Timescale:** 29/05/2017

### Theme: Person-centred care and support

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

Residents who communicated by calling out or vocalising were disturbing other residents in the multi-occupancy rooms.

13. **Action Required:**
Under Regulation 09(3)(c) you are required to: Ensure that each resident may communicate freely.

**Please state the actions you have taken or are planning to take:**
- Careful consideration is given to the correct location and accommodation of each resident within each Unit based on needs, condition and dependency.
- Risk assessments are completed for individual residents with behaviour which challenges
- BPSD training for staff is ongoing.

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

### Theme: Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Residents did not have access to TV and radio of their choice. They did not have access to individual TVs or remote controls. TVs were muted to suit some residents.

14. **Action Required:**
Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

**Please state the actions you have taken or are planning to take:**
- TVs have been purchased and TVs have been strategically placed to maximise viewing by all residents.
- Additional TVs are available in the annex areas, the Sun Room, the Seomra Cuairte and the Lounge for resident use.

**Proposed Timescale:** 24/05/2017

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

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents were not facilitated to have all the personal possessions they wished to have with them because of the lack of space. Residents were being asked to sign a consent form for their possessions to be stored elsewhere due to lack of space.

15. **Action Required:**
Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

**Please state the actions you have taken or are planning to take:**
- 10 new large wardrobes were purchased in 2016 and this investment will continue in 2017.

**Proposed Timescale:** 31/08/2017

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Inspectors were not assured that each resident used and retained control over his or her clothes. Clothes were seen pushed into an excess wardrobe and stored in blue bags on a linen press floor. Some clothes which were marked with residents' names had not been returned to residents.

16. **Action Required:**
Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

**Please state the actions you have taken or are planning to take:**
- 10 new large wardrobes were purchased in 2016 and this investment will continue in 2017.
- Laundry baskets have been provided for all residents.

**Proposed Timescale:** 31/08/2017