# Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Foxrock Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005238</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Westminster Road, Foxrock, Dublin 18.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 289 6885</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:foxrock@trinitycare.ie">foxrock@trinitycare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Costern Unlimited Company</td>
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<tr>
<td>Lead inspector:</td>
<td>Sarah Carter</td>
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<tr>
<td>Support inspector(s):</td>
<td>Sonia McCague</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>41</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 23 January 2018 11:10
To: 23 January 2018 19:00

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

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<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
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<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
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<td>Compliance demonstrated</td>
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<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection
This was the first inspection of the centre following the registration granted and change of the Registered Provider.

Forty one residents live in this center. Approximately 65% of the residents have a diagnosis of dementia or are suspected to have this diagnosis.
The needs of the residents with dementia are met in the center in a variety of ways. For example the environment had been adapted to facilitate residents finding their way around, clocks, calendars and whiteboards with orientation information written on them were in bedrooms and corridors. Staff wore pink and blue uniform to indicate their gender. At night, staff wore pyjamas to assist in orientation. There was a varied activity programme and there had been some engagement with the local community in the form of Easter egg hunts and trips to the pantomime. There is a spacious dining room, two sitting rooms, one of which has a piano, and a
conservatory area. The garden is accessible via a ramp and is secure. The garden has a circular path allowing residents to get exercise with sufficient seating to facilitate rest.

Access to specialist services could be arranged if a residents' health care needs required it. Some delay with access to services was found by inspectors. Medication practices were also found to require some improvement to bring the centre fully into compliance.

The centre is a large period house, with modern extensions and has had recent redecoration. Bedrooms have different colour schemes in their soft furnishings. There are a mix of single bedrooms and twin bedrooms, all with en-suite facilities. One twin bedroom was noted by inspectors to have insufficient personal space for one of the residents who lived there this is discussed within the body of the report.

Care was observed by the inspectors to be of a good standard. Staff were observed to be knowledgeable about their residents and records reviewed indicated they had received the required mandatory training. Some staff files reviewed indicated that they commenced induction to their work in the center prior to the receipt of garda vetting. This is discussed in the body of the report. Observations of mealtimes and activities indicated staff were engaging with residents using mainly positive connective care.

Residents and relatives spoken to on the day gave positive feedback about their experience of living in or visiting the centre.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
The designated centre had judged this outcome as substantially complaint in their self assessment. The self assessment detailed that the residents have an annual multidisciplinary team review and that an electronic record of communications with family members is maintained.

Overall inspectors found residents’ wellbeing and welfare was being maintained by a good standard of evidence based nursing care.

The person in charge explained the process of reviewing residents' needs and offering a place in the centre. Residents were assessed prior to admission to determine their suitability for the centre and immediately on admission to create an initial care plan. Improvement was required in relation to the assignment of unique identification numbers to residents as more than one resident had been assigned the same number.

The inspector reviewed a range of resident’s records. All care plans were reviewed at least four monthly or sooner as required. In most cases the care plans provided clear guidance for staff to follow in order to meet the resident’s needs. End of life plans were in place. In the sample of care plans reviewed, a small number of gaps in the care planning documentation was noted by inspectors. On interview, staff had more detail then was available in the care plan regarding the management of these residents. For example staff reported to inspectors that residents displayed specific responsive behaviours during daily activities, but this was not recorded in the care plan for this area of need. This is a risk for the residents and staff safety when providing care to the residents. Records of communication with families were seen as part of the care plan records.

A range of nursing assessment tools were being used in the centre to support nursing staff to assess and review resident's nursing and health care needs. Where residents needs changed, staff were able to describe the action that would be taken, and this was reflected in the resident's records. When residents' health needs changed there was evidence that these changes were recorded. One gap was noted by inspectors in care
planning following a change in a resident's condition. A resident's care plan had been adjusted on account of improvements in their condition and their weight was being monitored. This meant the recommendations of the assessing professional were not being followed. A follow-up appointment with the assessing professional had not been organised.

A physiotherapist was also available three days a week in the center. The physiotherapist carried out assessments, one-to-one work, and group sessions to support skills such as a balance class.

A mealtime was observed during the course of the inspection day. Residents were able to sit in small tables of 2, 3 or 4. A menu and daily activities plans were displayed on each dining table. The dining room was noted to be spacious, and food was served directly from the kitchen which was attached to the dining room. Staff circulated throughout mealtime, and interaction that could be heard by inspectors was deemed to be positive or task orientated in their content. Some residents were being assisted with their meals in a separate sitting room. Staff explained this was due to an absence of space for their adaptive equipment in the main dining room. However, other residents were relaxing, napping or watching TV or talking to visitors in this sitting room while those residents were being assisted to eat their meals, leading to a less meaningful mealtime experience. Residents spoken to on the day of inspection all reported enjoying their meals. Drinks and snacks were available throughout the day. Most bedroom corridors had a drinking water dispenser, and residents were observed accessing this independently.

The centre had policies and procedures in place to promote medicine management. Systems were in place for ordering, supply, and dispensing methods. All medicines were stored in within locked trolleys, presses, or a fridge within the clinical room or nurses' office that was secured by key code locks. All controlled (MDA) medicines were stored appropriately, and a register of these medicines was maintained with the stock balances seen checked and signed by two nurses at the end and beginning of a working shift. A system was in place for reviewing and monitoring medicine management practices and reporting any errors. While ongoing medicine management auditing arrangements and training and appraisal programmes were in place to promote resident safety, some staff involved in medicine administration and management required further assessment, education, and training to ensure medicine use, administration, and safety is in accordance with professional standards. Medicines were administered to some residents based on the administration sheet, not the prescription record as is required by professional guidelines. The completion of some records was not in accordance with professional standards and some records did not reflect the actual name of a registered professional.

Residents spoken to on the day felt their needs were met, and they were well cared for. Relatives gave similar feedback.

**Judgment:**
Non Compliant - Moderate
**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
The centre judged their service in their outcome as compliant. During the course of this inspection inspectors determined that there were effective systems in place to ensure that residents are safe.

The provider evidenced that there were measures in place to protect residents from being harmed or suffering abuse. Residents who spoke to inspectors confirmed that they felt safe in the centre and this was reiterated by relatives.

Staff had opportunities to participate in training in the protection of residents from abuse. Staff were knowledgeable about the different types of abuse, what to do in the event of a disclosure about actual, alleged, or suspected abuse and how to investigate an incident of abuse.

Good emphasis was placed on residents’ safety. Inspectors saw that a number of measures had been taken to ensure that residents felt safe while at the same time having opportunities for maintaining their independence and fulfilment. For example there was a keypad lock on the main entrance of the centre but internally communal areas were accessible to residents. Inspectors saw that there were facilities in place to assist residents to be mobile for example hand and grab rails in corridors and a passenger lift to all levels within the period building.

A policy was in place for the management of residents presenting with behaviours that challenge and training in this topic was arranged and to be provide to all staff the following day. Some improvement in the care planning process for resident reported to have responsive behaviours required improvement as outlined within Outcome 1.

There was a policy and procedure in place for the use of restraint and it was evident in records and from discussions with the staff that restraint was used as a last resort. Alternatives were available and trialled prior to the use a a restrictive device such as bedrails. Assessments and decisions that involved the multi-disciplinary team, resident and relative were recorded accordingly and subject to review.

Systems and arrangements were in place for safeguarding resident's finances and property. The provider representative and person in charge informed inspectors that they were not pension agents for any resident. All financial matters or fees were invoiced by the provider and paid for by agreement with the referral source and/or contract agent. They did manage a small amount of cash for two residents and were safekeeping cash for another resident on a short term basis while their family were on holidays. A policy was in place and procedures described by staff and records
maintained for carrying out and documenting transactions associated with these residents were examined. The money available matched with the balance recorded. However, the recording practices and signatories by two persons with receipts for all transactions were not consistently maintained in accordance with the centre’s policy and best practice.

**Judgment:**
Substantially Compliant

**Outcome 03: Residents' Rights, Dignity and Consultation**

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

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

**Findings:**
The centre judged this outcome as complaint in their self assessment.

On inspection, residents were consulted on the organisation of the centre, and that their privacy and dignity was respected during episode of care that the inspectors observed.

Residents who spoke with the inspector were very positive about the support they received and the way of life they were enabled to live. Everyone who was able expressed their happiness to the inspector about how the service was run, the quality of the premises and the approach of the staff.

A residents noticeboard was observed to be well used by residents and their relatives as a point of orientation, discussion and information throughout the day of inspection. The noticeboard advertised the advocacy service, as well as activities that were planned, and photographs of activities that had taken place. The quarterly newsletter was displayed there. The minutes of the last residents meeting were also available on this noticeboard.

There was an activities programme. This was advertised throughout the centre in different ways - on the resident's noticeboard, on whiteboards and along with the daily menu on the dining room tables. The person in charge explained that the centre is part of the local community, and participated in events organised by the surrounding housing estate. Local groups also accessed the nursing home for Easter egg hunts and at Christmas. Newspapers and magazines were available throughout the centre on racks, and there was piano available in one of the lounges. The garden area is secure and some residents had been involved in planting some flowers and shrubs. There was a raised table available outside in the garden to facilitate gardening and planting by those residents who may find it difficult to bend down. Several residents go out and about routinely with their visitors, this is encouraged by the centre and some residents were seen returning after trips to the community.
The last resident’s meeting took place December 2017, and the next one was planned for March 2018. Residents spoken to on the day of inspection were clear if they had any concerns they could be raised with the nurse in charge. They expressed their confidence that any matters raised would be addressed. Relatives views were also sought in the running of the centre, and a recent survey and its results were available for the inspectors to review. Actions identified from both previous residents and relatives surveys had been actioned.

The person in charge told inspectors that residents were supported to exercise their political rights in past elections and voting had been organised by her in the centre. Residents had support from religious representatives from a range of religions.

Communication prompts were available close to the lounges in the form of a selection of laminated symbols of activities / needs that a resident could point to if they needed to express their wishes. Mobile telephones were available if a resident required to make a call in private. A tablet was also available for residents to use Skype if they wished to see their relatives and friends.

The inspectors saw that a choice of meals was offered and available to residents. There was a system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes observed in the ground floor dining rooms were social occasions with menus and attractive table settings with staff available providing encouragement or assistance with the meal choices. Some residents choose to dine in their own bedrooms this was facilitated. A formal observation was carried out by both inspectors in the dining area while residents were having their meals. It was observed to be a pleasant social gathering, the room was spacious and well presented and there was adequate space for residents to dine in comfort.

Visitors were welcome in the centre. While there was no specific visitors room, there were a range of places in the centre and garden where residents could be met in private if it was their wish.

**Judgment:**
Compliant

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**Outcome 04: Complaints procedures**

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

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

**Findings:**
A complaint’s policy was in place that met the requirements of the regulations.
The complaints procedure was on display in the entrance hall and the on other levels throughout the building near to the comment and suggestion boxes.

There was evidence from records and discussions with residents and staff that complaints were managed in accordance with the policy and procedure displayed.

Issues recorded were found to be resolved locally. Audits with a summary of the complaint nature were maintained and reported periodically to the governance group by management in the centre.

The audit process detailed the nature of the complaint, investigation and action taken. The outcome any complaint investigation was logged as being resolved and there was information regarding whether the complainant was satisfied or not.

Residents and relatives told inspectors that the management and staff were approachable if they had a complaint and were responsive to issues raised.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
In their self assessment submitted prior to inspection, the centre rated this outcome as complaint.

During the inspection, the inspectors noted there was a clear organisational and management structure in place. All staff were familiar with the reporting relationships within the staff structure.

The person in charge and a designated clinical nurse manager (CNM) were available for the supervision of staff and care, and oversight of the service delivered to residents.

There were a variety of meetings held and scheduled in order to ensure that staff had appropriate knowledge of residents’ needs and outcomes. Staff also had performance management arrangements and handover meetings at the change of shifts.

Recruitment procedures were in place. This process included induction and probationary periods for staff. Documentation in relation to staff working in the designated centre
was maintained and arrangements were supported by the human resources department for the group.

While the sample of staff files reviewed had all the relevant documents required by the regulations, gaps were observed between staff commencement date and their date of Garda vetting completion in three of the four files examined. The commencement date for three staff was prior to the declaration of Garda Vetting. The management group agreed to review this finding and told inspectors that the recruitment practice was that all staff members completed Garda vetted prior to their commencement. In a document sent into the inspectors following the inspection, commencement dates were defined as dates that employees began their supervised induction in the centre prior to the receipt of Garda Vetting. It was reported they started working on their own at dates following the receipt of Garda Vetting.

The inspectors found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents’ health and social care needs. Trained staff were observed implementing appropriate social and recreational activities to meet residents’ needs.

There was a planned staff roster in place. The staffing in place on the day of inspection was reflected in the roster. Evidence of professional registration for all rostered nurses was available and current.

The inspectors found that there were opportunities for staff to participate in education and training relevant to their role and responsibility.

Staff had completed appropriate training. Mandatory training was in place and staff had received up to date training in fire safety, moving and handling and safeguarding vulnerable persons.

The person in charge and staff told inspectors that training in dementia and responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) was scheduled the following day over two sessions for all staff to attend.

The staffing arrangements provided for the supervision of residents in communal rooms and staff who communicated with the inspectors were knowledgeable of residents’ conditions, abilities, needs and preferences.

Volunteers were not in the centre at the time of the inspection.

**Judgment:**
Non Compliant - Moderate

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

Findings:
The premises met the needs of the residents in its layout, and design.

There were gated back garden, that could be accessed via a ramp from the main building. The grounds had a circular walking path with a gazebo in the centre, which was equipped as a place for Residents to smoke. There were seats positioned on the pathway to allow residents to rest and enjoy the fresh air.

The premises were well maintained and provided a comfortable environment. Residents were all accommodated in single en-suite bedrooms and in a small number of twin rooms. Each resident had personalised their own room. Residents reported they were very comfortable. There was a range of storage for personal belongings including locked drawers for anything they wanted to keep safely. There was a call bell located by the beds if they needed to call for assistance. The inspectors noted one of the twin bedrooms had a lack of space around one of the beds when the curtains were in drawn. When the privacy curtains were tied back there was sufficient space for both residents. Staff were managing this restriction by ensuring the other resident was attended to first, therefore affording the remaining resident sufficient space for their personal care in private. This feedback was offered to the person in charge and provider on inspection and both agreed to explore the layout to provide appropriate private space to both residents when the curtains were drawn.

To support orientation each resident’s door had their name, and a symbol of a flower to help them to locate the room if they needed the support. Bedroom observed had clocks, a whiteboard with some key details on it for the day ahead and pleasant décor. Bedroom décor differed slightly from room to room. Bathrooms had sufficient grab rails to assist residents if required and contrasting coloured toilet sets had been fitted in some bathrooms.

There was a range of communal rooms in the centre in different sizes, and seating areas on different corridors. Seats were positioned for residents to enjoy the view from the upper levels of the building. Snacks and drinks were available throughout the day. There was a water dispenser on most corridors. Signage with pictures and clear words had been used in the centre to support residents, including those with dementia, to find their way around.

On the day of the inspection the centre was a comfortable temperature, well lit and ventilated. There were handrails on both sides of all corridors and grab rails in the showers and bathrooms. Some rails on toilet seats were in contracting colours and the person in charge informed inspectors the remaining white items were being replaced with coloured items as they wore out.

Judgment:
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:

Sarah Carter
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

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<tr>
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</tr>
<tr>
<td>Date of response:</td>
<td>05/03/2018</td>
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Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Staff involved in medicine administration and management required further assessment, education and training to ensure medicine use, administration and safety is in accordance with professional standards.

The completion of some records was not in accordance with professional standards and some records did not reflect the actual name of a registered professional.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
In addition, improvement was required in relation to the assignment of unique identification numbers as more than one resident had been assigned the same number.

1. **Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Chnámhseachais.

**Please state the actions you have taken or are planning to take:**
All Staff nurses undertake medication management training yearly and have annual competencies carried out. The nurse on duty on the day of the inspection has completed her medication management for 2018. The CNM will complete monthly competencies with them for three months or until she feels is necessary. All records will be kept in accordance with professional standards and will reflect the actual name of the registered professional.
All residents have now been assigned a unique identifier that is unique to them and not the room.

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

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A change in the dietary needs of a resident required additional professional expertise and access to specialist treatment.

2. **Action Required:**
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

**Please state the actions you have taken or are planning to take:**
All resident’s dietary needs will be based on nutritional assessment in accordance with their individual care plan by clinical staff in Foxrock. Any issues highlighted for additional expertise will be referred immediately to the relevant professional followed up according to the agreed timescale. The results will be held in the residents individual care plan. Audits will be undertaken on a monthly basis to ensure compliance.

**Proposed Timescale:** 23/01/2018

**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 residents were assisted with their meals within communal day rooms while other residents and visitors were present and not dining. A choice of dining experience for these resident required review and improvement.

3. Action Required:
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

Please state the actions you have taken or are planning to take:
At all times residents will be invited to choose where they would like to dine, and this will be highlighted in their care plan.
A review will take place in relation to the dining room experience in Foxrock where historically some residents have chosen to dine in communal day rooms.
We will continue to evaluate the new arrangements to ensure improved resident dining experience.

Proposed Timescale: 31/03/2018

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The recording practices, signatories by two and receipts for all transactions were not consistently maintained in accordance with the centre’s policy and best practice.

4. 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:
Administration staff and senior nursing staff have been reminded of the need to record two signatories for all transactions in accordance with the centre’s policy and best practice. This will be audited on a monthly basis to ensure compliance.

Proposed Timescale: 23/01/2018

Outcome 05: Suitable Staffing

Theme:
**Workforce**

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Gaps were observed between staff commencement date and their date of Garda vetting completion in three of the four files examined. The commencement dates were prior to the declaration of Garda Vetting.

5. **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:
**Action Taken:**
Employees recruited will not be allowed to commence employment or induction until Garda Vetting has been completed.

**Proposed Timescale:** 23/01/2018

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The registered provider shall ensure that there is sufficient private space for both the residents in the twin room identified on inspection.

6. **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:
Following review of the screening within the twin room identified at inspection, the curtain rails have now been realigned to allow sufficient private space for both residents.
Communication with both residents and families has taken place, and they are happy with the new position of the screens.

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