<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Padre Pio Nursing Home</th>
</tr>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005314</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Sunnyside, Upper Rochestown, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 484 1595</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:padrepiorochestown@eircom.net">padrepiorochestown@eircom.net</a></td>
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<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Web Hill Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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<td>Type of inspection:</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<td>25</td>
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About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 27 February 2018 09:00  
To: 27 February 2018 18:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
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<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 04: Complaints procedures</td>
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<td>Outcome 05: Suitable Staffing</td>
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<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
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Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused on the care of residents with a dementia in the centre. The inspection also considered progress on some findings following the
last inspection carried out on in May 2017 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, the provider, person in charge, the nurse on duty, the activity co-ordinator and other staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self-assessment questionnaire which were submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were 15 of the 25 residents residing in the centre with a formal diagnosis of dementia. The inspector observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that many residents functioned at high levels of independence. Overall, the inspector found the management and staff team were very committed to providing a quality service for residents.

The inspector saw that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There was a staff member allocated to the function of activity co-ordinator on daily basis who fulfilled a role in meeting the social needs of residents and the inspector observed that staff generally connected well with residents as individuals. The inspector found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding aspects of life and care in the centre. The inspector found that staff were knowledgeable about residents’ likes, dislikes and personal preferences. Staff interacted with residents in a respectful, kind and warm manner. The inspector spoke with residents, who confirmed that they felt safe and were happy living in the centre.

The provider had submitted a completed self-assessment tool on dementia care to HIQA prior to the inspection. The person in charge and provider had assessed the compliance level of the centre through the self-assessment tool as substantially compliant on most outcomes and comprehensive action plans were seen to be put in place to address areas requiring improvement. The inspector saw that many of these areas had been addressed.

On the previous inspection the inspectors were concerned in relation to some poor care practices and lack of notifications and handling of incidents. The provider attended a meeting in the HIQA office. On this inspection the inspector saw that there was significant progress made in the actions required from the previous inspection. Mealtimes had changed and been pushed back to a more acceptable time. On the last inspection most residents had had breakfast and tablets by 7am as seen by the inspectors. On this inspection the inspector saw numerous residents up and having breakfast in the dining room and day room between 9.00 and 10.00. Lunch and tea-time were also later residents expressed satisfaction with same. Improvements were seen in the décor with new furniture in bedrooms and upgraded
bathrooms. Improvements were seen in notifications and the management of incidents and complaints. The overall atmosphere in the centre was homely, and in keeping with the overall assessed needs of the residents who lived there. The inspector found that a number of improvements required on the previous inspection had been implemented. The inspector identified a number of areas that required action which included medication management, staff inductions and staffing levels in the evening time and at weekends required review. These are discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 25 residents in the centre on the day of this inspection, 15 residents had a formal diagnosis of dementia.

Residents had a choice of General Practitioner (GP) but most residents have their medical care needs met by a local GP who visited the centre on a very regular basis and the inspector saw regular medical reviews documented in residents files. Residents’ health status was reviewed regularly, at least every three months, by the GP including their medication. Full medical and nursing records were seen by inspectors, residents received regular checks of their weight, blood pressure and pulse. Residents had access to allied healthcare professionals including dietetic, speech and language therapy, dental, chiropody and ophthalmology services. Residents in the centre also had access to the specialist mental health services with outpatient appointments facilitated to see psychiatrists as required. The inspector focused on the experience of residents with dementia in the centre on this inspection and tracked the journey of residents with dementia and also reviewed specific aspects of care such as nutrition, social care and end of life care in relation to other residents.

There was evidence of pre-admission assessments undertaken. The inspector saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of evidenced based validated tools to assess each resident’s risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Resident generally had a care plan developed within 48 hours of their admission based on their assessed needs. Care plans seen were much personalised, the care plans in place that detailed the interventions necessary by staff to meet residents’ assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents’ changing needs. There were specific very detailed care plans in place for residents with dementia that detailed information as to how the type of dementia affected the resident and how best to provide care to support
those needs. Likewise care plans for residents with responsive behaviours were seen by
the inspector to be comprehensive to direct care and to ensure all staff maintained a
consistent approach to responsive behaviours. As identified as an action on the
providers self-assessment, there was now evidence that residents and their family,
where appropriate participated in care plan reviews and this action had been completed.
Overall the inspector saw that there were suitable arrangements in place to meet the
health and nursing needs of residents with dementia. The inspector saw that residents
and their families, where appropriate were also involved in the care planning process for
end of life care plans which reflected the wishes of residents. The staff had held detailed
discussions with residents and detailed plans for end of life were seen in residents files.

Nursing staff told the inspector that a detailed hospital transfer letter was completed
when a resident was transferred to hospital. Residents at risk of developing pressure
ulcers had pressure relieving mattresses and cushions to prevent ulcers developing.
Nursing staff advised the inspector that there were no residents with pressure sores at
the time of inspection. One resident had a leg ulcer and regularly attended a clinic for
same. Staff had access to support from the tissue viability nurse as required and there
was evidence of scientific measurements of wounds with detailed care plans to support
care.

Residents, where possible, were encouraged to keep as independent as possible and
inspectors observed residents moving freely around the corridors, communal areas and
around the grounds.

The inspector saw that there were great improvements in mealtimes in the centre with
all meals served at later more appropriate times. The inspector saw residents enjoying
breakfast at the dining table chatting away to the chef who served them. There were
two new chefs both commenced employment since the last inspection the chef worked
daily from 7.30 am to 18.00hrs and was available to residents during mealtimes. There
were systems in place to ensure residents' nutritional needs were met, and that they
residents received adequate hydration. Residents were screened for nutritional risk on
admission and reviewed regularly thereafter. Residents' weights were checked on a
monthly basis and more frequently if evidence of unintentional weight loss was
observed. Residents were provided with a choice of nutritious meals at mealtimes and
all residents spoken to were very complimentary about the food provided. There was an
effective system of communication between nursing and catering staff to support
residents with special dietary requirements. Mealtimes were observed by the inspector
to be a social occasion. Staff sat with residents while providing encouragement or
assistance with their meal. Nursing staff told the inspector that if there was a change in
a resident's weight, nursing staff would reassess the resident, inform the GP and
referrals would be made to the dietician and speech and language therapist (SALT).
Files reviewed by the inspector confirmed this to be the case. Nutritional supplements
were administered as prescribed. All staff were aware of residents who required
specialised diets or modified diets and were knowledgeable regarding the
recommendations of the dietician and SALT.

There were arrangements in place to review accidents and incidents within the centre,
and residents were regularly assessed for risk of falls. Improvements were seen in the
recording management and oversight of all incidents since the previous inspection. Care
plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

There was a centre-specific written medication management policy and procedures for the ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out of date medicines. The inspector reviewed a sample of residents' medicine prescription records and they were maintained in a tidy and organised manner, they were clearly labelled, they had photographic identification of each resident and they were legible. There was evidence that residents' medicine prescriptions were reviewed regularly by a medical practitioner as well as a pharmacist. Where medicines were to be administered in a modified form such as crushing, this was prescribed on the top of medication prescription and in one case on an old prescription sheet. This was not individually prescribed by the prescriber on the prescription chart. This could lead to errors as not all medications can be crushed and nursing staff could be administering them as such. The maximum dose for 'as required' medicines was specified by the prescriber.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
The inspector reviewed the centre's policy on suspected or actual abuse and was found to be comprehensive. Staff training records were reviewed and the inspector saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

The inspector was satisfied that there were general measures in place to safeguard residents and protect them from abuse. Robust systems were in place to safeguard residents' money. Residents' had individual safes in their bedrooms to keep their valuables and most residents were responsible for their own finances. Inspectors viewed the invoicing arrangements for residents' weekly fees and any extras such as hairdressing and chiropody and found there was a robust system in place with external auditing and checks in place. There were no residents monies maintained in the centres account.

A policy on managing responsive behaviours was in place. The inspector saw training
records and staff confirmed that they had received training in responsive behaviours and specialist dementia training. There were a number of residents who presented with responsive behaviours, Inspectors saw that the staff responded with patience and kindness to the residents and appropriate plans were seen to be in place to respond to such behaviours, with detailed care plans in place. There was also evidence of psychiatric and other multidisciplinary review and input in the residents records reviewed.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. The inspector was informed and saw that the centre was restraint free and they did not use any bedrails or any form of restraints. Alternatives to restraints were put in place such as low low beds and alarm/sensor mats. Restraint had not been in use in the centre for a number of years.

**Judgment:**
Compliant

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

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

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

**Findings:**
Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed. On the previous inspection this had been an issue as breakfast were served before 7.00am. As previously outlined in the report this practice has now been discontinued. All of the residents were up in the day room during the day with many of them in and out of the centre and up and down to their rooms in accordance with their wishes.

The centre employed an activities coordinator who engaged residents in daily activities such as bingo, skittles, chair exercises, music therapy, plant potting, and multisensory stimulation. Residents chose whether or not to participate, and those who did, seemed to enjoy the experience and lively interaction was seen to take place. Local community singer/songwriters and choirs were invited to the centre on a regular basis. These sessions often involved singing and dancing; photos of which were displayed on the activities board. The inspector saw some of these sessions taking place during the inspection.
Residents were kept informed of local and national events through the availability of newspapers, radio and television. Daily newspapers were read aloud in the sitting room each morning. The centre also published a monthly newsletter containing media extracts, important upcoming dates (for example, the census), birthdays, condolences and the welcome of new residents. Mass was held in the centre once a month and on special occasions, followed by a sing-along with the priest and refreshments. Residents of other denominations were also facilitated to practice their faith and the inspector met a minister visiting one of the residents during the inspection.

Visiting was encouraged outside of mealtimes and space was available for residents to receive visitors in private. Residents also had access to a portable private phone to make phone calls.

Residents’ meetings took place on a monthly basis and allowed residents the opportunity to be consulted with and participate in the running of the centre. The inspector reviewed minutes of these meetings and saw that the majority of the residents were in attendance. Topics discussed included meals, the environment, medication needs, religious services and activities. Feedback on actions taken by the provider and person in charge on issues raised was made available to residents.

Staff were observed communicating appropriated with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited regularly and some residents told the inspectors how they enjoyed availing of the service.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the morning and in the afternoon. These observations took place in the communal room. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the residents privacy.

**Judgment:**
Compliant

**Outcome 04: Complaints procedures**
**Theme:**
Person-centred care and support

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

**Findings:**
on the previous inspection The most recent version of the complaints procedure was displayed in a prominent position in the reception area of the centre. However, this was not consistent with the centre’s policy on handling complaints. The complaints officer was not named in the policy and responsibility for complaints management lay solely with the person in charge. On this inspection a written complaints policy was available in the centre and the inspector saw that the complaints procedure was hung in a prominent place outside the office. There was a nominated person to deal with complaints in the centre and a second nominated person to monitor and ensure that all complaints were appropriately responded to. There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.

The inspector reviewed the complaints log and found the complaints process was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. Residents and relatives all said that they had easy access to the person in charge and provider to whom they could openly report any concerns and were assured issues would be dealt with. The provider stated that she monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded as required by the regulations. There was evidence that any issues raised at the residents committee meetings were also recorded on a separate form in the complaints folder and written corrective action that was taken.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
Residents and relatives generally spoke very positively of staff and indicated that staff
were caring, responsive to their needs and treated them with respect and dignity.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations. Great interactions were seen where staff engaged residents in reminiscence and discussions about all general daily events.

Mandatory training was in place for safeguarding, responsive behaviours, moving and handling and infection control. A number of staff had received up to date training in fire safety in 2017 but according to the training matrix there were a number of staff that had not received up to date fire training. However certs for these staff were forwarded to the inspector following the inspection showing up to date training. Dementia specific training had been provided to staff. Other training provided included restraint procedures, infection control, end of life and food hygiene. Nursing staff confirmed they had also attended clinical training including blood-letting, wound care and medication management.

Duty rosters were maintained for all staff and during the inspection the number and skill-mix of staff working was observed to be appropriate to meet the needs of the current residents. However the staff levels reduce at times during the evenings and weekends to only one nurse and one care staff. There were four residents who require the assistance of two staff and the nurse is required to do a medication round without being disturbed. The provider was requested to keep the staffing levels under review to ensure there is adequate staff with the right skills to meet the needs of the residents.

A sample of staff files was reviewed and those examined were complaint with the Regulations and contained all the items listed in Schedule 2. Vetting was in place for all staff and the provider assured the inspector that no staff commenced employment without appropriate vetting being in place. Current registration with regulatory professional bodies was in place for all nurses. Staff files demonstrated that staff appraisals were undertaken annually. However the inspector noted the induction of new staff required review as there was not documentary evidence of a comprehensive induction plan in place for new staff, the centre had introduced a one page check sheet but this did not demonstrate that staff had received a comprehensive induction to the centre. There was no evidence of probationary evaluations or appraisals taking place for new staff.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

**Findings:**
Padre Pio Nursing Home is a single-storey building that currently provides long-term residential care and short-term respite care for up to 25 residents.

The main entrance door is at the front of the building and directly opens into the conservatory which is used as a seating area. Adjacent to the conservatory, and accessible through double internal doors, is the main sitting room. There is one dining table in this room with seating for up to six residents. A separate dining room with two tables and seating for up to 12 residents is adjacent. A small visitors room with assisted toilet was available near the entrance to the centre.

Bedroom accommodation consists of five single bedrooms, three of which each have an en suite assisted shower, toilet and wash-hand basin and two rooms each with an en suite toilet and wash-hand basin. There are ten twin bedrooms, six of which each have an en suite assisted shower, toilet and wash-hand basin, two rooms each with an en suite toilet and wash-hand basin and two rooms with a wash-hand basin in the bedroom. Communal washing and toilet facilities consist of one room that includes a bath, assisted toilet and wash-hand basin.

Outdoor space consists of a large front garden area which was well maintained with flowers and plants and an enclosed secure outdoor area was available at the back of the centre with hanging baskets and flower pots. The area was easily accessed from the centre and seating was available for residents and relatives to enjoy.

Overall, there had been ongoing significant improvement in the physical environment to ensure residents lived in a homely and comfortable environment. New wardrobes and lockers had been provided in many bedrooms, new curtains and upgraded bathrooms. Some parts of the centre had new flooring and the centre had been decorated and was found to be very clean. The physical environment was upgraded in a way that was consistent with the design principles of dementia-specific care. Signage and cues were used to assist with perceptual difficulties and orient residents. For example, toilets, bedroom doors, the dining room had pictures and signage used to assist residents to locate facilities independently. There were newly acquired large clocks in some of the rooms of residents with dementia or cognitive impairment. Further signage would be advantageous on the corridor areas.

The inspector saw that residents had access to equipment that promoted their independence and comfort. There were contracts in place to service equipment such as the hoists, call-bell system and on-going repairs to beds and special mattresses and up-to-date service records were available for all equipment on the day of the inspection.

There were hand-washing facilities available in each bedroom, and in clinical areas and
hand gel dispensers for staff and visitors to the centre. Infection prevention and control guidelines were in place and staff were observed to take the opportunities to perform hand hygiene.

**Judgment:**
Compliant

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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:**

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

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<tbody>
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<td>OSV-0005314</td>
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<tr>
<td>Date of inspection:</td>
<td>27/02/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17/04/2018</td>
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Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Where medicines were to be administered in a modified form such as crushing, this was prescribed at the top of the medication prescription sheet and in one case on an old prescription sheet. This was not individually prescribed by the prescriber on the prescription chart. This could lead to errors as not all medications can be crushed and nursing staff could be administering them as such.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
This issue has been rectified. All medicines that require crushing are individually signed by the Resident’s GP.

**Proposed Timescale:** 17/04/2018

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### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The provider is required to keep staffing levels under review to ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

2. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
We have reviewed our staffing requirements and are satisfied that at present during the week, given the dependency levels of our Residents, there are sufficient numbers employed to cater for their needs. We have decided, however, to increase staffing levels during the day at weekends.

Proposed Timescale: Immediate.

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**Proposed Timescale:**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was not evidence of a comprehensive induction for new staff and there were no records of ongoing supervision of new staff.

3. **Action Required:**
<table>
<thead>
<tr>
<th>Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.</th>
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<tbody>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> We have implemented a more thorough Induction Plan for newly employed staff, including three probationary evaluations at specific intervals. This appraisal is separate to the current annual Staff Appraisal and will focus more on practical issues. All induction will be signed off by the Provide and/or the Person in Charge.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 17/04/2018</td>
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