<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Augustine's Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000649</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Cathedral Road, Ballina, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>096 22662</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:julie.silke@hse.ie">julie.silke@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Julie Silke-Daly</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
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<td>30</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</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).
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 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: To:
07 November 2016 09:50 07 November 2016 17:00
08 November 2016 09:45 08 November 2016 14:30

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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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td></td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td></td>
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</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Governance and Management</td>
<td></td>
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</tr>
<tr>
<td>Outcome 09: Statement of Purpose</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 10: Suitable Person in Charge</td>
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Summary of findings from this inspection
This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six specific outcomes relevant to dementia care.

Prior to this inspection the provider had submitted a completed self-assessment document to the Health Information and Quality Authority (HIQA) along with
relevant polices. The inspector reviewed these documents prior to the inspection.

The inspectors met with residents, staff members and the person in charge. The inspectors tracked the journey of residents with dementia and observed care practices and interactions between staff and residents. A formal recording tool was used for this purpose. Documentation to include care plans, medical records and staff files were examined.

At the time of inspection 14 residents were identified with a dementia related condition as their primary or secondary diagnosis. Nine residents were formally diagnosed with dementia. Five residents were suspected of having dementia by nursing staff.

The centre provided a good quality service for residents living with dementia. The inspectors spent a period of time observing staff interactions with residents with a dementia. The care needs of residents with dementia were met in an inclusive manner. Residents’ healthcare needs were well met. Doctors visited regularly.

The centre was well maintained, warm and comfortable. There was a number of dementia friendly design features throughout. The design of the building internally had an open aspect allowing for continuous circular freedom of movement for residents to walk around the building. There was signage to help residents locate their bedroom including photos from their youth. There were clocks provided in residents’ bedrooms to assist in orientation as regards time.

There was an adequate complement of nursing and care staff on each work shift. There was a range of activities provided to ensure physical and sensory stimulation for residents. Care staff supported an activity program.

A total of 10 outcomes were inspected. Five outcomes were complaint with the regulations and four substantially compliant. One outcome was judged non-compliant moderate. Namely Health, Safety and Risk Management.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality 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:**
The inspector tracked a sample of resident care plans and found that timely and comprehensive assessments were carried out and appropriate care plans were developed in line with the changing needs of residents. The centre implemented an effective admissions policy which included a pre-admission review.

Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition. Care plans were developed for issues identified on assessment.

Residents either diagnosed with dementia or presenting with impaired cognition had appropriate assessments around communication needs in place. However, care plans for psychological signs and symptoms of dementia (BPSD) were not developed. Information to detail the level of confusion or cognitive impairment, how it impacts on daily life and details such as who the resident still recognises or what activities could still be undertaken were not outlined in a plan of care.

Staff were competent at managing responsive behaviours. There is a policy on the management of responsive behaviour. Staff spoken with were very familiar with resident’s behaviours and could describe particular residents’ daily routines very well to the inspector.

Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values. There were 19 residents prescribed a psychotropic medication. There were four residents on three or more antipsychotic or anti anxiety medications. The rational for any prescribed medication was outlined. Nursing staff in conversation outlined the need and clarified the therapeutic benefit of administration. This was reviewed by the GP routinely.

Where residents were unable to communicate an unmet need there was evidence of exploring issues. Nursing staff spoke to the inspector of monitoring for infections,
constipation, and changes in vital signs in order to establish the cause of behaviours. The management of pain was well documented.

Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists. A record of residents who were on special diets such as diabetic and fortified diets or fluid thickeners was available for reference by all staff and kept under review. Systems were in place to ensure residents had access to regular snacks and drinks. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated.

Residents had good access to GP services. There was evidence of medical reviews to review residents medication and more frequently when required at the request of nursing staff when a change in health status was observed. Medical records evidenced all residents were seen by a GP within a short time of being admitted to the centre.

There was a good range of specialist seating and reclining chairs available to residents. However, specialist advice and seating assessments by occupational therapy were not available to guide care practice and support nursing judgements. Additionally there was very limited access to physiotherapy. The majority of residents were in advanced old age and immobile. Nineteen residents required the use of a full body hoist. This was necessary to meet their moving and handling needs as they were unable to weight bear. Many of the residents spent prolonged periods in a supine position due to frailty.

There was one vascular wound care problem being managed at the time of this inspection. There was evidence in files of access to a vascular clinic. Professional expertise provided was followed. Care plans, wound assessment charts and nursing notes outlined a clinical evaluation of the progress of the wound.

A good range of pressure reliving equipment was available. Residents with poor skin integrity were provided with air mattresses. One resident had a motorised air cushion on his chair. There was good reporting by care staff to the nursing of any variance in a resident's skin condition observed.

**Judgment:**
Substantially Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
There were effective and up to date safeguarding policies and procedures in place. Staff demonstrated a good knowledge of adult protection issues. Staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified a senior manager as the person to whom they would report a suspected concern. The majority of staff have completed refresher training in the safeguarding of vulnerable adults in line with the introduction of a new safeguarding policy.

Notifiable adult protection incidents which is a statutory reporting requirement to HIQA have been reported since the last inspection. Timely, thorough and responsive action was undertaken by the person in charge. The Health Service executive (HSE) adult protection case worker was involved.

Measures were in place to protect residents. Staff training and supervision was in place. Staff had the knowledge, skills and experience they needed to carry out their roles effectively. The inspector observed that residents were treated well. Support was provided appropriately to promote independence.

Restraint management procedures were in line with national policy guidelines (the use of bedrails). A restraint free environment was being promoted. At the time of this inspection there were six bedrails raised as an enabler. A risk assessment was completed prior to using bedrails. In some cases the risk balance tool was not totalled to inform the clinical decision. In some care plans the rationale for the use was not clear. The documentation did not outline how the raised bedrail supported the resident and whether it helped the resident sit up, turn in bed or was a psychological safety aid.

Judgment:
Substantially Compliant

Outcome 03: Residents’ Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at different times for varying
intervals in sitting room and dining area. Observations were undertaken over each day of the inspection, both in the morning and afternoon.

Each observation episode returned a positive result with notes that staff had engaged positively and meaningfully with residents on a regular basis. Residents with dementia were seen to receive care in a dignified way that respected their personhood. The inspector observed staff interactions with residents that were appropriate and respectful in manner. The inspectors found 100% of the observation periods the quality of interaction score was +2 (positive connective care).

Residents with dementia had access to advocacy services. There is both a collective and individual forum for residents and their next of kin to raise any concerns they have to the management team.

Residents’ privacy was respected. They received personal care in their own bedroom. Bedrooms and bathrooms had privacy locks in place.

Staff delivered care in a timely and safe manner. During the inspection, residents were seen to receive attention from staff based on their care requirements, for example, responding to the call bell, and supporting people from the sitting area to the dining room or to their own bedrooms.

Residents were familiar with staff and called them by name. At meal times staff supported and encouraged to eat and drink in a discreet way.

There was a range of activities provided to ensure physical and sensory stimulation for residents. Care staff supported an activity program to include bingo and storytelling. A reflexologist and an aroma therapist visit the centre weekly. A volunteer from Pet Therapy visits each Friday. Residents have the opportunity to participate in a weekly art class facilitated by a local artist.

Residents were well supported to practice their religious beliefs. Mass was celebrated four times a week. Pastoral care for end of life was provided and resident's spiritual needs were well met.

**Judgment:**
Compliant

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**Outcome 04: Complaints procedures**

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
**Findings:**
There was a complaints policy in place. Issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

Within the complaints procedure access to an advocate was identified to help residents raise an issue or concerns they may have.

A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

**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:**
There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection. The supervision arrangements and skill mix of staff were suitable to meet the needs of residents taking account of the purpose and size of the designated centre.

There were three nurses rostered each day from 8.00am until 5.00pm and two nurse each night supported by one care assistant. There are five care assistant rostered throughout the morning and three in the afternoon. The day room was well supervised at all times with staff available to assist residents.

A sample of staff files was examined and found to contain all of the relevant documents. However, photographic identification was not in a valid format, such as passport or drivers licence. A record was maintained of staff nurses' current registration details with their professional body.

The training needs of staff were monitored. A small number of staff were identified as requiring training in responsive behaviour and six staff refresher training in safeguarding and basic life support.
A low staff turnover was noted ensuring continuity of care and familiarity for residents. Nursing and care staff were facilitated to advance their clinical and professional skills and supported by management to engage in continuous professional development.

Volunteers attending the centre had their roles and responsibilities set out in writing. A Garda vetting disclosure for each volunteer was obtained.

**Judgment:**
Substantially Compliant

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### 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:
The centre is a single-storey construction. It was purpose-built and designed to meet the needs of dependent persons. It was found to be comfortable and welcoming. The centre was well maintained, warm and visually clean.

Bedroom accommodation comprises of 23 single bedrooms and five twin bedrooms. Fixtures and fitting have been upgraded since the last inspection. New bedroom furniture has been obtained including wardrobes, shelving and vanity units with a wash hand basin and mirror. New flooring had been laid throughout the building and new doors provided to all areas. Bedrooms were well decorated and soft furnishings replaced.

There were a sufficient number of toilets and showers provided for use by residents to include toilets located adjacent to the day rooms. All bathroom fittings have been upgraded. Grab rails were provided alongside toilet, showers and wash hand basins. Call alarms are fitted in ensuites and bathrooms.

There was a number of dementia friendly design features throughout that included space for residents to walk around freely with good lighting. The design of the building internally had an open aspect allowing for continuous circular freedom of movement for residents to walk around the building. There was signage to help residents locate their bedroom including photos from their youth or a caption which they associated with.

There were clocks provided in residents’ bedrooms to assist in orientation as regards time. Pictorial signage was in place to identify bathrooms and other communal areas.

There was an open hatch into the kitchen allowing residents to interact with kitchen...
staff and experience the aroma of cooking food.

The doorway to the dining room was narrow in width and the dining room was not easily accessible to all residents accommodated in specialist chairs.

**Judgment:**
Substantially Compliant

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**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe care and support

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

**Findings:**
The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy and health and safety statement.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced quarterly and annually in accordance with fire safety standards. Illuminated fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed. The needs of the residents had been assessed in the event of an evacuation of the centre. Personal emergency evacuation plans were developed for residents.

There were procedures to undertake and record internal fire safety checks. Monthly and weekly fire safety checks were undertaken. The fire extinguishers were checked to ensure they were in place and intact, the fire panel and automatic door closers were operational. Records were maintained evidencing the fire escape routes were unobstructed. There was an ongoing programme of refresher training in fire safety evacuation. This was facilitated by an external trainer.

Regular fire drill practices to reinforce knowledge from annual training were not undertaken. There were only two drill completed during the past year. All staff did not have an opportunity to partake in regular drills to reinforce their knowledge from annual training.

The procedure to record fire drills require review. Fire drill records did not record the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was no documented evaluation of learning from fire drills completed to help staff...
understand what worked well or identify any improvements required.

There was sufficient moving and handling equipment available to staff to meet residents’ needs. Moving and handling risk assessments were completed for each resident. There was a contract in place to ensure hoists and other equipment to include electric beds and air mattresses used by residents were serviced and checked by qualified personnel to ensure they were functioning safely.

The recording of falls and near miss event were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. However, a post fall review was not completed in each case to identify any contributory factors for example suspected infection or the impact of changes from medication.

There was an alarm system fitted within the building to alert staff if any resident was at risk of leaving the centre unaccompanied or unknown by staff. Each resident identified as being at risk had a plan of care and wore an alert bracelet. However, the system was not functioning correctly at one door. The person in charge was working with a contractor to resolve the issue and confirmed no new respite resident at risk of leaving the building would be admitted until the alarm was functioning correctly on each door. Two near miss events were documented in the incident reporting book in the past of residents exiting or attempting to leave the building.

Judgment:
Non Compliant - Moderate

**Outcome 08: Governance and Management**

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

There were sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was evidence of investment in structurally upgrading the facilitates and services, professional development of staff and sufficient staff deployed to meet residents’ care needs.

There is a system to review the quality and safety of care and quality of life in place. A system of audits is planned to include clinical data and environmental matters. Data was
collated and reviewed on the use of bedrails, the occurrence of any wounds and any incidents of responsive behaviour. An antibiotic register was maintained to identify the individual usage of antibiotics and the therapeutic reasons.

An annual report on the quality and safety of care was compiled by the provider. Copies were available to the residents or their representative for their information as required by the regulations.

**Judgment:**
Compliant

<table>
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<tr>
<th><strong>Outcome 09: Statement of Purpose</strong></th>
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<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Governance, Leadership and Management</td>
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</tbody>
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**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained all information in relation to the matters listed in schedule 1 of the regulations.

The provider understood that it was necessary to keep the document under review. The provider was aware of the requirement to notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre. The statement of purpose was in the process of being revised to reflect the addition of a person participating in management following submission of the required notification to HIQA.

**Judgment:**
Compliant

<table>
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<tr>
<th><strong>Outcome 10: Suitable Person in Charge</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
</tr>
<tr>
<td>Governance, Leadership and Management</td>
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</tbody>
</table>

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

**Findings:**
The person in charge meets the criteria required by the regulations in terms of qualifications and experience.

The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was known by residents. She had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She maintained her professional development and attended mandatory training required by the regulations. During the inspection she demonstrated that she had good knowledge of the regulations and standards pertaining to the care and welfare of residents.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

**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:**

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Centre name: St Augustine's Community Nursing Unit
Centre ID: OSV-0000649
Date of inspection: 07/11/2016
Date of response: 23/01/2017

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:
Care plans for psychological signs and symptoms of dementia (BPSD) were not developed.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
that resident's admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
A care plan meeting has been held with staff to discuss how we can develop BPSD care plans that will better reflect the needs of the individual resident. An audit will be undertaken to review. We are working towards implementing an IT based care planning system to ensure we are within legal required time frames.

**Proposed Timescale:** 31/03/2017  
**Theme:**  
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Specialist advice and seating assessments by occupational therapy were not available to guide care practice and support nursing judgements. Additionally there was very limited access to physiotherapy.

2. **Action Required:**
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

**Please state the actions you have taken or are planning to take:**
An occupational therapist has been employed to assess residents who require specialist seating or other supports. She will then be available on an as needed basis.

**Proposed Timescale:** 30/01/2017

**Outcome 02: Safeguarding and Safety**  
**Theme:**  
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
In some cases the risk balance tool was not totalled to inform the clinical decision. In some care plans the rationale for the use was not clear. The documentation did not outline how the raised bedrail supported the resident and whether it helped the resident sit up, turn in bed or was a psychological safety aid.

3. **Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.
**Please state the actions you have taken or are planning to take:**
An education session was held with staff to remind them how to complete the risk balance tool. An audit of restraint risk balance tools and care plans will be carried out. In addition a small number of staff will attend a day course called Restraint in clinical practice in June 2017.

**Proposed Timescale:** 31/01/2017

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<tr>
<td><strong>Theme:</strong> Workforce</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>A small number of staff were identified as requiring training in responsive behaviour. Six staff refresher training in safeguarding and basic life support.</td>
</tr>
<tr>
<td><strong>4. Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Safeguarding training is being carried out in early 2017- staff are encouraged to attend. Basic Life Support Training is being held in January 2017. Behaviours that Challenge training is planned for March 2017- remaining staff will attend these courses.</td>
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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Theme:</strong> Workforce</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Photographic identification on staff files was not in a valid format, such as passport or drivers licence.</td>
</tr>
<tr>
<td><strong>5. Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Staff files have been audited to ensure they contain all necessary information.</td>
</tr>
</tbody>
</table>
### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The doorway to the dining room was narrow in width and not easily accessible to all residents accommodated in specialist chairs.

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:**
HSE Estates are aware the dining room is not accessible to all residents. A business plan has been submitted to support a minor capital work project to undertake this work.

### Outcome 07: Health and Safety and Risk Management

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A post fall review was not completed in each case to identify any contributory factors.

7. **Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
A falls audit tool has been implemented. This is now being completed following each fall, at the time of the incident. This will help in identifying any contributory factors. In addition a small number of staff are attending a day course called Falls Prevention and Management in May 2017.

### Proposed Timescale: 31/01/2017

### Proposed Timescale: 30/09/2017

### Theme:
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an alarm system fitted within the building to alert staff if any resident was at risk of leaving the centre unaccompanied or unknown by staff was not functioning correctly at one door.

8. Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
All doors are now functioning correctly.

Proposed Timescale: 12/12/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Regular fire drill practices to reinforce knowledge from annual training were not undertaken.

9. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Fire drills will be carried out on a regular basis.

Proposed Timescale: 31/12/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drill records did not record the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario.

10. Action Required:
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

**Please state the actions you have taken or are planning to take:**
Scenario based fire drills will be conducted periodically.

**Proposed Timescale:** 31/01/2017