Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Oaklands Nursing Home
Name of provider:	Bolden (Nursing) Limited
Address of centre:	Derry, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	09 and 10 May 2018
Centre ID:	OSV-0000260
Fieldwork ID:	MON-0021392

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Oakland's Nursing Home is a single-storey building that was purpose-built and opened in 1991. The premises had been substantially renovated and extended since it was first built and now provides accommodation for up to 51 residents in a mixture of 27 single and 12 twin en-suite bedrooms. Communal accommodation consists of two spacious lounges and a large dining room. There are two enclosed gardens for residents use which can be easily accessed from the centre. The centre is located in a rural location approximately four miles outside of the town of Listowel. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

The following information outlines some additional data on this centre.

Current registration end date:	08/08/2020
Number of residents on the date of inspection:	39

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
09 May 2018	10:40hrs to 18:10hrs	Caroline Connelly	Lead
10 May 2018	09:20hrs to 17:30hrs	Caroline Connelly	Lead
09 May 2018	10:40hrs to 17:00hrs	Mary Costelloe	Support
10 May 2018	09:30hrs to 17:30hrs	Mary Costelloe	Support

Views of people who use the service

The inspectors met and spoke with the majority of the residents during the two days of inspection either in the lounge, dining room or in their bedrooms. Residents said they felt safe and well cared for and generally knew the names of the staff looking after them. However, they did say there had been a large number of new staff in the last year. Residents were complimentary about staff saying they were very caring and approachable.

Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals. There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents' satisfaction. The majority of residents reported satisfaction with the food however they were not aware what was on the menu daily and said they were not offered choices at meal times unless they did not like the set meal for the day.

Some of the residents, with whom the inspectors spoke were complimentary about the activities and the activity coordinator. However a few of the residents said that there was not enough activities and the days could be long particularly at the weekends. Residents said they received daily newspapers and had access to televisions and radios. Residents confirmed that they were consulted with via residents' meetings but said these were infrequent.

Capacity and capability

Inspectors found that management systems were not in place to ensure that the service provided is safe, appropriate, effective and consistently monitored, particularly in relation to the protection of residents finances. This resulted in both an immediate action and urgent action issued to the provider during the inspection.

The centre was found to have increased levels of non-compliance identified on the previous inspection of the centre in April 2017. Following that inspection the provider and person in charge attended a meeting in the HIQA offices as a first step in an escalation process. During this inspection, inspectors found that although some of the non-compliances had been addressed, a number had not been addressed. There continued to be gaps in mandatory training for staff; contracts of care required review and there was inconsistent documentation. There was no evidence of an effective and consistent quality assurance programme in place to continuously review and monitor the quality and safety of care. Although there was some auditing taking place these were infrequent. An annual review of the quality

and safety of care delivered to residents in the centre had been completed for 2017 to ensure that care is in accordance with the standards set by HIQA. However this review could be further developed to identify more comprehensive action plans for future improvements and include consultation with the residents.

HIQA had received numerous pieces of information of concerns in relation to the centre since the previous inspection. Issues of concern included the governance of the centre, the management of residents finances, lack of staff and the high turnover of staff, food and nutrition, including poor choice of food and cold food along with concerns about access to the centre and the cleanliness of the centre. The provider was required to submit information of investigation and action in response to these concerns which was reviewed by the inspectors. These issues were also looked into during the inspection and are discussed and actioned under the relevant outcomes of governance, protection, staff training, infection control, premises and residents' rights dignity and consultation.

The centre is owned and operated by Bolden Nursing Limited which consists of three directors. One of the directors is the registered provider representative and he is in the centre on a daily basis. There is a full time person in charge who is supported by an assistant director of nursing. During the previous inspection the person in charge did not have day to day administration support. Following the inspection some administrative support was provided by one of the directors of the company. However, this did not continue and the person in charge reported spending large periods of her time photocopying, filing and answering the door instead of supervising staff and ensuring quality care was provided to residents. The complaints procedure required updating on the previous inspection and this remained unchanged on this inspection an updated complaints procedure was given to the inspector during the inspection. The complaints book was unavailable during the inspection despite numerous requests from the inspectors it was not made available for inspection, the person in charge said she was unable to locate it. Management of records and documentation was an issue identified by inspectors on this inspection and on the previous inspection. Other documentation also was not readily available. While there was evidence that generally good care was provided. The frequency in which there were gaps in the record keeping and the lack of a systematic structure around this was not without risk. This aspect of the governance was brought to the attention of the provider and person in charge at the previous inspection and it remained an on-going issue on this inspection.

The inspectors found that there was not a clearly defined management structure that identified the lines of authority and responsibility, specified roles and detailed responsibilities for all areas of care provision. There was no evidence of management meetings. The inspectors were concerned that resources were not always readily available to ensure the effective delivery of care. The provider held the keys to the store cupboards for supplies of food stock and gloves and essential equipment and staff did not have access to same if the provider was not in the centre. There was poor governance of the maintenance and general upkeep of the centre and grounds which required attention.

The centre had a history of a high turnover of staff and inspectors saw that this had

continued. Although staff that left had been replaced. Nursing staff were all relatively new to the centre with the longest serving nursing staff in post over a year. Most were recruited without experience in nursing older people or in residential care so extended induction, training and ongoing supervision and support was essential. There was now two nursing staff on duty each day and night shift. This was an improvement from the previous inspection when there was only one nurse on night duty. There were a number of new care staff who appeared to have settled well into their role. However inspectors found that further supervision of staff and clarity around roles and responsibilities was required to ensure all residents needs were met. Inspectors saw good communication between staff and residents and staff were seen to be caring to residents. The inspectors found that there were not sufficient hours allocated to cleaning staff. There was only one cleaner on per day Monday to Saturday for five hours only. There was no cleaner allocated to work on a Sunday, these allocated hours were totally insufficient to ensure the cleanliness of the centre taking into account the size and layout of the building and the inspectors found evidence of the centre not being clean. A sample of staff files viewed were found to be substantially compliant with one staff member missing a full employment history. Although there was evidence of staff attending some clinical training, the provision of mandatory training was not up-to-date for all staff in key areas such as fire safety, moving and handling, safeguarding and responding to responsive behaviours.

There was a comprehensive record of all accidents and incidents that took place in the centre and appropriate action taken in the review of the resident following a fall. However although incidents had been notified to HIQA as required by the regulations, there were a number of quarterly returns that had not been sent to HIQA, these were sent in following the inspection. The lack of quarterly returns had also been an issue identified previously.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience of nursing older persons and has numerous years experience in a managerial capacity. She had undertaken post registration managerial training and works full time in the centre.

Judgment: Compliant

Regulation 15: Staffing

During the inspection although the staffing levels and skill-mix for nursing and care

staff were seen to be adequate. A review of staffing rosters showed there was a minimum of two nurses on duty at all times, with a regular pattern of rostered care staff, household and catering staff. However the inspectors were not satisfied that staff were appropriately supervised, in that there was evidence of areas of residents care not completed such as food and drinks left beside residents which had gone cold due to staff not made available to assist the resident.

Household staff hours were found to be totally inadequate to ensure the cleanliness of the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

A number of staff did not have up-to-date mandatory training.

As previously identified inspectors were not satisfied that staff were appropriately supervised. There were induction programmes for new staff however due to the large number of new inexperienced staff further induction, supervision and training was required.

Judgment: Not compliant

Regulation 21: Records

Overall records were not kept in such a manner as to be accessible and available for inspection as required by the regulations.

Improvements were seen in staff files since the previous inspection, however two staff files viewed by the inspectors did not contain all the requirements of schedule 2. There was a reference missing for one staff which was later made available to the inspectors during the inspection and one staff file was missing a full employment history. All files viewed contained a vetting disclosure in accordance with the National Vetting Bureau Act 2012 as required by schedule 2 of the 2013 care and welfare regulations and the person in charge confirmed vetting was in place for all staff.

Judgment: Not compliant

Regulation 23: Governance and management

An annual review of the quality and safety of care was completed for 2017 as required on the previous inspection. However there was not evidence of residents input into same.

There were not management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

There was not a clearly defined management structure outlining the roles and responsibilities of the management team and regular management meetings were not held.

The inspectors were concerned that resources were not always readily available to ensure the effective delivery of care.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Older contracts of care had been updated since the previous inspection and detailed what was included and not included in the fee in a schedule of additional charges. However it was not clear if there was an agreement with and notice given to the resident/relative whenever charges were increased. The contracts also did not specify the room the resident occupied and the number of occupants of the room which was particularly relevant as the provider charged extra for single room occupancy.

Judgment: Not compliant

Regulation 31: Notification of incidents

Quarterly notifications had not been received by HIQA as required by the regulations. This had also been identified as an issue previously.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints procedure was updated during the inspection to meet the requirements of legislation. The complaints log was not made available to the inspectors during the inspection despite numerous requests to see same.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The risk management policy had been updated as required at the previous inspection

Judgment: Compliant

Quality and safety

The health care needs of the residents were generally well met and care was provided following a person-centered care plan. However the lack of effective governance systems impacted heavily on the quality and safety of the service particularly in relation to safeguarding residents. Immediate and urgent improvements were required in the management and recording of residents finances. Improvements were also required in the provision of resources in the centre.

The provider representative informed the inspectors on a number of occasions prior to this inspection and during the inspection that the centre were not acting as pension agents for any residents. During the inspection inspectors found that the centre was acting as pension agents for a number of residents. Despite frequent requests for information the provider failed to assure the inspectors and failed to provide the requested records to show the management of these monies. There were no records available of any financial transactions being maintained for these residents. The inspectors identified that the centre was not abiding by the requirements of the Department of Social Protection in relation to being a pension agent. The Department of Social Protection requires that the full amount of the pension must be paid to the resident before any deductions can be made. The Department also state the balance of payment should be lodged in an interest bearing account for the resident. There were no records available of any of these transactions. An immediate action plan was issues for the provider to submit these records to the HIQA offices.

The inspectors also identified that the systems in place to safeguard monies and valuables handed in for safekeeping were not sufficiently robust. Inspectors saw that the centre held cheque books, bank books and other valuables belonging to

residents and there was no record maintained of same. The inspectors were made aware of a large sum of money handed in for safekeeping for one resident and again there was no record maintained of this. In fact there was no evidence of this money on the first day of the inspection and inspectors were informed that it was being kept off site for safekeeping. An urgent action was issued to the provider for the return of the money to the centre which was done on the second day of the inspection. A book was commenced on the requirements of the inspectors documenting the money, this was signed by the resident, the provider representative and by the person in charge and the money was placed in safekeeping in the centre on the agreement of the resident.

The whole system around safeguarding of residents finances and personal property required immediate review as did the systems around invoicing residents for care and extra items as identified in the contracts of care.

Residents' health care needs was supported by timely access to medical treatment. A number of general practitioners (GP) attended the centre on a regular basis. There was evidence that residents had access to allied health care services. Chiropody and physiotherapy were available as required and access to dietitians, speech and language and tissue viability available through a nutritional company. These therapies supported the diverse care needs of residents. There were very good links with psychiatric services and specialist nurses visited residents who required review on a regular basis. A new system of assessments and care planning had been introduced and care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Care plan's were developed based on resident's assessed needs and regularly reviewed and updated. Overall, care plans were found to be comprehensive and person centred.

Inspectors found the practices around restraint use were generally in line with the national restraint guidance issued by the department of health. The centre had substantially reduced the number of residents using bedrails since the previous inspection. Assessments for the use of bedrails were in place and alternatives to bedrail usage were outlined. There was evidence of regular checks on bedrails at night and the person in charge says she is hoping to reduce restraint use further and wanted to purchase further low profiling beds.

There were comprehensive risk assessments outlined in the risk registrar but further risks were identified by the inspectors that had not been included including cleaning chemicals not labelled and the lack of servicing of essential equipment. Fire fighting equipment such as extinguishers and fire blankets were in place and serviced annually these were due to be serviced again in April 2018 so were out of date. There was not evidence of up-to-date regular checks of these and fire exits. Fire alarms and emergency lighting had been regularly checked and serviced. A fire drill had taken place in March 2017 in conjunction with the provision of fire training, this included comprehensive detail of who attended, what was undertaken and what the outcomes and learning was. However no further drills were undertaken since then and no further fire training had been provided. Fire training

had been booked to take place in the next number of months.

The inspectors saw that there were a number of aspects of the centre that promoted an environment where residents with dementia could flourish. Bedrooms were seen to be very personalised. The inspector found the residents were enabled to move around as they wished. Signs and pictures had been used in the centre to support residents to be orientated to where they were. The centre had invested in colour appropriate clocks and toilet seats in bedrooms for residents with dementia and there were items of interest seen along the corridors such as knitting, crochet and arts and crafts. Murals and wall decorations were seen throughout the premises. However, there was no system of regular checking of the premises and equipment. Issues were responded to as they occured rather that a proactive system of ongoing maintenance and regular checking and servicing. Many items of essential equipment did not have service contracts in place as the previous contract had been discontinued and there was no evidence of regular servicing. The premises was not maintained in good decorative repair both internally and externally.

There was evidence of some consultation with residents. Minutes of residents meeting showed the last meeting took place in March 2017 the person in charge said a meeting had taken place recently however there were no minutes available of this meeting. There was also not evidence of actions taken and follow up of issues raised. The activity programme was run by a new activity coordinator who was very proactive and provided a comprehensive range of activities. However the activity coordinator only worked until 14.45 hours Monday to Friday. Residents told inspectors that they would like to see more activities in the afternoons and at weekends. Further trained staff are required to support an activity programme for the size and layout of the centre to meet the social and recreational needs of the residents.

Regulation 11: Visits

An open visiting policy was in place and residents could receive visitors in the communal areas or in their bedroom. The inspectors saw visitors in and out during the inspection who confirmed they were facilitated to visit at any time. However visitors identified and inspectors themselves experienced the difficulty to access the centre. Visitors reported having to wait for long periods of time to be left in or out of the centre due to the security system this is discussed and actioned under premises..

Judgment: Compliant

Regulation 12: Personal possessions

There was plenty of storage provided in bedrooms for residents to store and maintain control over clothing and personal possessions this included locked storage space. Residents clothing is laundered in the centre and returned to the resident in a timely manner.

Judgment: Compliant

Regulation 17: Premises

There were a number of issues identified with the premises that did not comply with the requirements of schedule 6 of the regulations:

- the centre was not suitably decorated, paint was seen to be off the walls in many parts of the centre.
- maintenance records and contracts for the maintenance of equipment were not in place for much of the equipment including, beds, wheelchairs and hoists whose service record was out of date.
- storage in the centre was limited and some items were seen to be inappropriately and dangerously stored, blocking corridors and impeded fire exits.
- there was rusting garden furniture in the internal courtyard which was not safe for residents use.
- the external grounds were not appropriately maintained and safe for use by residents.
- there was a chair in one resident's bedroom that was badly torn
- access to and from the centre was difficult for visitors.

Judgment: Not compliant

Regulation 18: Food and nutrition

Although the food was seen to be nutritious and in sufficient quantities. The menu available was limited in choice and was only a one week cycle. The menu was displayed in the dining room but in small print and was not readily available to the residents. There was only one option per day and if you did not like it you would be offered something else. However as residents were not asked on a daily basis what they would like it was difficult to know if they required an alternative. Gravy and sauces were served on the plate as standard and also not offered as a choice for

residents. There was no evidence of a dietician input into the menu and there was no home baking undertaken in the centre.

The dining room tables were well set and the room offered a bright pleasant dining experience for the residents who went there for their meals. However a number of residents stayed in the day room and although a number sat at the dining tables in the room. There tables were not set appropriately and a number of residents were seen to eat their meals from a bedtable in front of the chair where they remained for the day. This did not afford these residents the same choice or dining opportunity.

Judgment: Not compliant

Regulation 26: Risk management

There was a detailed risk register available and there was evidence of ongoing reviews. However the provider was mixing his own cleaning products and staff were using in bottles that did not contain any labels of what was in the bottle nor were there any data sheets available to advise of precautions required or actions to take in case of a spillage or accident with the chemicals.

- This pose a risk to residents
- pose a risk to staff who may inadvertently decant them into bottles which are previously held incompatible substances
- impede an assessment of the appropriateness of these products for the job they were meant to do

The servicing of the hoists was out of date and there did not appear to be any service contract in place.

Judgment: Not compliant

Regulation 27: Infection control

Staff had recieved training in infection control and the cleaning staff spoken to was knowledgeable in relation to infection control. However the centre was seen not to be fully clean, strong odours were noted by inspectors and there was also a stale smell in the corridors and in bedrooms. Soiled incontinence was placed directly into bins and not bagged first to minimise the odour, these bins were left on the corridors all day. As previously identified cleaning hours were inadequate to clean the centre properly and to abide by best practice in infection control.

Judgment: Not compliant

Regulation 28: Fire precautions

- Inspectors were not satisfied that there were adequate arrangements in place to protect against the risk of fire.
- annual fire training was out of date for most staff
- the frequency of fire evacuation drills required review
- one fire doors were seen to be wedged open
- regular fire checks on means of escape, fire alarm, automatic door release, monthly check on extinguishers were not taking place.
- storage of bins and equipment were blocking a fire exit

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medications that required crushing had an instruction on a separate sheet of the residents prescription sheet saying the resident may have their medications crushed. However medications were not individually prescribed as such and some medications cannot be crushed, therefore nurses may be administering medications in an altered format without the appropriate prescription which could lead to errors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Improvements were seen in the overall assessments and care planning since the previous inspection. Care plans viewed by the inspector were personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place and detailed residents wishes at end stage of life.

Judgment: Compliant

Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were met. There was evidence of regular access to medical staff with regular medical reviews in

residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, dietician, speech and language, chiropodist and psychiatry of old age as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A policy on managing responsive behaviours was in place. There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by staff, using effective de-escalation methods. This was reflected in responsive behaviour care plans.

Judgment: Compliant

Regulation 8: Protection

The whole system in relation to the management of residents finances and items handed in for safekeeping was not sufficiently robust and there was no record kept of a large sum of money handed in for safekeeping by a resident.

The centre acted as pension agents for a number of residents and the provider was not abiding by the requirements of the Department of social protection in relation to the management of these residents accounts.

Judgment: Not compliant

Regulation 9: Residents' rights

Facilities for occupation and recreation required review, the activity programme was limited in the amount and type of activities provided and inspectors were not satisfied that these were provided in accordance with the residents interests and capabilities.

There was some evidence of residents' rights and choices being upheld and

respected. The frequency of residents meetings required review and there was not documentary evidence of the follow up and actions taken as a result of issues raised.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Oaklands Nursing Home OSV-0000260

Inspection ID: MON-0021392

Date of inspection: 9 & 10 /05/2018

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing has been reviewed in line with the needs of the center HCA – RGN assigned as key workers to ensure specific areas of responsibility are maintained. Regular staff meetings are in place to discuss care delivery on an ongoing basis. I have promoted our Senior HCA staff members to shadow & support junior members of the team and to highlight any areas of concern quickly. Household cleaning team now consists of 3 dedicated cleaners, your inspection revealed two cleaners providing a total of 30 hours per week. Our two existing cleaners now work full time 40 hours per week providing 80 hours cover and working to a robust schedule. I have also employed a third cleaner to support in targeting cleaning & kitchen duties and provide cover to these areas.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: I have reviewed our induction programme and this is being re-written to provide wider scope placing our core values at its center to deliver excellent care to residents. Each new member of our team will go through this process and will be assigned a buddy to work with – however before this happens a checklist will be used to obtain relevant documents and then orientate each starter into the business, mandatory training will be a pre-requisite of this process. Regular appraisals will follow on to re-enforce our commitment to staff development & training needs, regular meetings with departments	

will also form part of this approach to further support staff. Additional key members of staff are currently being sought and interviewed. 2 Job offers have been extended to further enhance our team and bring in experienced professionals to support and develop our existing teams.
Mandatory fire training has been completed by Apex for all staff.

- Managing Responsive Behavior Episodes is in progress.
- Manual Handling is in progress
- SGVA is in progress
- Infection Control is in progress

Additionally, an electronic training log is on our shared drive for controlled access.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

A comprehensive audit has taken place of all staff files, and a new system has been put in place. Each file is indexed with a front cover check list. Any missing items have been actioned and added to each file. Garda Vetting is in place with NHI and these are sent electronically (scanned email) to improve efficiency for this key area and is part of our process.

Microsoft Office 365 software is in place with a constantly supported suit of programmes we have started to upload staff files to a share point drive for immediate access as required to comply with any audit requirements and GDPR legislation. We are also keeping our paper files for the time being and these will be stored in Chubb Fire Proof – GDPR compliant storage cabinets.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Additional Resources have been made available to the Centre. The structure now includes the provider present daily, center manager and receptionist/administrator. A full DCOP review is in progress and utilized in conjunction with the inspection findings to not only respond but to understand the underlying reasons for non-compliance. Residents were involved in the DCOP review as per regulation and feedback was taken on board within our control measures. We now hold regular operational, resident and management meetings to discuss all areas of the designated Centre and review each meetings findings. Minutes of these meeting are kept on file and action points are dealt with.
The new management structure brings many years of corporate governance exposure to the Centre to to ensure continual improvement processes form an integral element of our decision-making process in the delivery of exceptional residential care, systems will be at the heart of this process and several software packages are being evaluated to continually audit our service delivery.

Regulation 24: Contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

Charges are agreed at the outset when admitting a Resident to the Centre. It forms part of our Contract of Care Agreement, this is signed by the Resident or a Relative depending on the capabilities of the Resident in question.

With regards to the room type each Resident occupies, the Centre has 14 double rooms. We agree at the point of admission which room the Resident will occupy. We also advise the Resident/Relative that we have the right to move them for the end of life care, should we need to. There are no additional room charges in any room for fair deal residents.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The non-return of Quarterly returns has been discussed internally and with immediate effect this information will be collated every month from our nursing station and electronically stored on a central drive – diary entries have been made again electronically and returns will be checked, signed off, before sending via email to rst@hiqa.ie

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Our complaints procedure has been reviewed and is visible around the Centre with effective time frames and points of escalation. A new complaints officer who is also the Centre manager has been appointed with experience in this area. her details are on the complaints forms and she will answer any compliant efficiently and compassionately.

Complaints can now also be sent to a dedicated email address and will have an area on the center's website when this is finished construction to provide feedback.
All complaints/compliments will be logged electronically on a month by month basis.
We still operate and maintain a paper-based complaints system and these methods run side by side.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: In response to comply with schedule 6 of the regulations; - • The entire exterior of the Centre has been power washed and repainted. • Large parts of the interior have been repainted and repaired where necessary and is ongoing. • In house maintenance has been increased to ensure all areas of the Centre remain compliant. • Care Quip have been retained on contract to maintain and repair beds, wheelchairs, hoists etc. and have carried out a full audit 12/06/18 – secondary repairs to be completed. • Internal courtyards have been power washed and plants/grass cut faulty garden furniture have been removed. • A reception area has been installed to provide immediate access to/from the building, our new receptionist covers this area and provides administrative support and works office hours. • New blinds have largely been installed in the building and are ongoing now. • External areas to the front of the building have been weeded, membrane fitted with a stone overlay to suppress further weeds. • Faulty furniture has been removed. • The car parks will be dressed as a temporary measure and will be fully tarmac surfaced when the new building is complete.	
Regulation 18: Food and nutrition	Not Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: We have held meetings to discuss this topic. We have also completed a resident survey into the dining experience and this is under review. An additional kitchen porter has been employed to free up cooks to be more expansive. Our aim is to go to a 3-4-week menu cycle which Nutricia will perform a menu audit for nutritional content. 12 assisted feed residents who were dining the day room are now brought into the dining room and eat with other Residents, which gives better staff supervision during meal times.	
Regulation 26: Risk management	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Mixing of chemicals is not allowed. Data sheets for the products in use are on site and in use with our teams – Risk Register to be updated with product information. Servicing of hoists is under contract with Care Quip and was completed on all 4 of our hoists on 12th June 2018.	

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Cleaning hours have been significantly increased to provide for effective cleaning to a robust schedule. Incontinence pads are individually bagged, and bins are emptied regularly. Regular staff meetings are also in place for cleaning, care assistants and maintenance to resolve any issues quickly and efficiently. We have also refreshed the entire team on infection control training.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

We take fire precaution very seriously. A fire warden has been appointed to oversee and ensure full compliance.

- Annual fire training has been completed.
- Fire Drills will be conducted every quarter and will simulate both night and day compartment evacuation. Recent fire training was also simulated in this manner
- All Fire Doors have been serviced tested, certificated.
- All Daily & Weekly & Monthly checks documented.
- All Staff awareness training with regards to exits and compartments.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Crushed medication, we are already working with our GP's & Pharmacist regarding medications that can and cannot be crushed. Our Kardex system and PRN has been modified which indicate individual items and indicate as safe to crush.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

Our system has been reviewed and the center's policy on safeguarding vulnerable adults has been modified. A new Chubb safe has been installed at the Centre, items are double signed into our log book sealed and counter signed into the safe, this covers all valuables and money. The release of any item is also recorded into the logbook and signed out,

with an additional signature by the recipient.

The Centre no longer acts as a pension agent for any resident. The relevant paper work has been completed and returned to the social welfare offices in Sligo. I will attach a full and detailed report in the e mail to you as this is a sensitive subject matter.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Our Activities are under review, we are actively seeking additional resources and in the short term we have a member of our care team who can assist with better coverage. We are also planning music, family days, family pet day and engaging the local community to raise the profile of the Centre and include all our residents in this process.

Monthly resident's meetings with family members are also planned.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	02/08/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	27/07/2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	02/07/2018
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a	Not Compliant	Orange	13/07/2018

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Yellow	31/07/2018
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	02/07/18
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Yellow	02/07/18
Regulation 21(1)	The registered provider shall 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.	Not Compliant	Orange	02/07/08
Regulation 21(5)	Records kept in accordance with this section and set out in paragraphs (7) and (8) of Schedule 4, shall	Not Compliant	Orange	02/07/18

	be retained for a period of not less than 7 years from the date of their making.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	02/07/18
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	02/07/18
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	02/07/08
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in	Substantially Compliant	Yellow	02/07/18

	consultation with residents and their families.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	02/07/18
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Not Compliant	Orange	02/07/18
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	02/07/18
Regulation 27	The registered	Not Compliant	Orange	02/07/18

	provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	02/07/18
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a	Not Compliant	Orange	02/07/18

	resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	06/07/2018
Regulation 29(5)	The person in charge shall 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.	Substantially Compliant	Yellow	06/07/2018
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Yellow	02/07/018

Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether the resident was satisfied.	Not Compliant	Orange	02/07/18
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Red	02/07/18
Regulation 9(2)(b)	The registered provider shall provide for resident's opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Yellow	31/07/2018
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre	Not Compliant	Yellow	31/07/2018

	concerned.			