<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oakwood Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000372</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Hawthorn Drive, Athlone Road, Roscommon, Roscommon.</td>
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<tr>
<td>Telephone number:</td>
<td>090 663 7090/91</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:oakwoodnhros@gmail.com">oakwoodnhros@gmail.com</a></td>
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<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<td>Registered provider:</td>
<td>Oakwood Private Nursing Home Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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<td>Type of inspection:</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<td>56</td>
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About Dementia Care Thematic Inspections

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

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

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

**The inspection took place over the following dates and times**

From: 03 March 2020 11:00  
To: 03 March 2020 18:30

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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<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
<td></td>
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<tr>
<td>Outcome 08: Governance and Management</td>
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**Summary of findings from this inspection**

As part of the dementia thematic inspection process, providers were invited to attend information seminars on dementia care and evidence-based guidance was developed to guide best practice and to inform the inspection process. Prior to the inspection, a provider self-assessment document had been completed and the service was assessed against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Oakwood Nursing Home is a purpose-built single storey premises, registered to provide care for 56 residents who require long term care, periods of respite care or
who have rehabilitation, convalescence or palliative care needs. It is located in a residential area a short drive from the town of Roscommon and the local hospital.

The overall atmosphere was home like, comfortable and several dementia friendly design features were in place to support the day to day life of residents with dementia. These included wide hallways where residents could walk around freely and spaces where they could sit and rest. There was good natural lighting and contrast in the colours used for walls, floors and handrails that made them clearly visible. There are communal and private sitting areas located around the building. Dining areas have been organised to meet the needs of residents. There is also a large multipurpose room where residents can spend time together and engage in activity during the day. There are safe secure garden areas that are easily accessible to residents. These was well laid out with shrubs and plants. Residents’ bedrooms are single occupancy and all have full ensuite facilities of showers, toilets and wash hand-basins.

The inspector tracked the care pathways of residents with dementia and spent three periods of time observing how staff related with residents. A validated observation tool, the quality of interactions schedule -QUIS was used to rate and record at five minute intervals the quality of interactions between staff and residents. The observations took place in the communal areas before lunch and during the afternoon. The inspector observed that staff interactions were person centred, meaningful and were not rushed. Staff were observed to talk to residents about the day’s activities, to give them choice about attending and to update them on the weather and the day's news. Staff could readily describe residents’ routines, health situations and preferred activities.

The inspector talked with eight residents, two visitors and varied staff during the inspection. Residents described life in the centre as comfortable and said they felt well cared for and safe. Several residents described the social activities as entertaining and fun. They said they particularly liked the arts and crafts and felt rewarded that the items they made were sold at the Christmas bazaar to fund other activities. Residents said their independence was promoted and that their general health was monitored well by nurses. There was information on residents’ backgrounds, life styles and hobbies recorded in care records to guide staff when planning the activity schedule. Residents had access to newspapers and to radio and television.

Each resident had a detailed assessment prior to and following admission to ensure the service could meet their needs and to help staff plan suitable care interventions. The health needs of residents were met appropriately. There was good access to primary care services and to a range of other health services. The standard of care plans was variable with some providing a good overview of health problems and dementia care needs. This was not a consistent finding however, as some records did not convey how dementia impacted on daily life or the extent of memory problems or disorientation. Approximately 40% of residents had a diagnosis of dementia or some level of cognitive impairment when the inspection was undertaken.
There was a system in place to consult with residents and the recorded details conveyed that residents were happy with aspects of life such as general comfort, staff support, the food and services provided. Staff told the inspector that efforts were made to support residents to exercise their choices in relation to their daily activities and routines. The inspector saw that varied arrangements were in place to meet residents’ individual choices. These included residents being supported to go out with visitors and being assisted to walk to maintain their mobility.

The inspector reviewed the action plan from the last inspection and found the areas highlighted for attention had largely been addressed. These are discussed under the outcomes to which they relate and actions identified during this inspection are outlined in the action plan at the end of this report. The areas that required attention included fire drill reports as these did not indicate the type of exercise that was undertaken or any learning from the exercise. Care plans required review as not all described dementia care needs in a way that ensured the information available to staff supported their day to day interactions with residents and records of responsive behaviors were not consistently updated which did not ensure that an accurate picture of the prevalence of behavior problems was available.

During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident they were assisting and were noted to assist and encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace with minimal assistance to improve and maintain their functional capacity.

Measures to protect residents from being harmed or suffering abuse were in place. A policy and procedure to guide staff on the prevention, detection and response to allegations of abuse was in place. Staff spoken to confirmed that they had received training on recognising abuse, and were familiar with the reporting structures in place. A review of incidents since the last inspection confirmed allegations of abuse that had been reported were investigated and dealt with appropriately. Residents with whom the inspector talked with said they felt safe and secure in the centre, and felt the staff were supportive and respectful.

A policy was in place for the management of residents’ personal belongings and valuables and appropriate procedures were in place to safeguard this process including the secure storage of valuables. Records of residents’ property were maintained. Where the centre had pension agent responsibility for residents documentation was maintained in an appropriate and transparent manner.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that residents’ wellbeing and welfare was maintained by satisfactory standards of nursing care supported by appropriate support from primary care services and allied health care and specialist professionals. Suitable arrangements were in place to meet the health and nursing needs of residents including people with dementia. The centre was fully occupied during this inspection. Twenty three residents had a formal diagnosis of dementia. There were 33 residents assessed as having high or maximum care needs. Five residents were assessed as low dependency. There was a referral pathway to the team for old age psychiatry and to diagnostic procedures to ensure optimum health and wellbeing was promoted for residents with dementia.

Detailed assessments were undertaken prior to and following admission. The person in charge said that care was taken to ensure that the centre was an appropriate setting for each resident admitted. The inspector found on reading the information that the assessment process included the use of validated tools to assess varied aspects of residents’ health condition and included nutrition condition, level of cognitive impairment, vulnerability to pressure area problems and mobility needs. Care plans based on the completed assessments were prepared within 48 hours of admission.

There was documented evidence that residents and their families were involved in the care planning process, including discussions on end of life care. Relatives the inspector talked with confirmed they were updated regularly about their relatives’ care and when changes in the health, medical tests and reviews were required. The actions required from the previous inspection relating to care records had been completed. The inspector found that records described risks related to responsive behaviors were described.

The standard of care planning in relation to dementia care was variable with some care plans providing good details on residents’ backgrounds, lifestyles, abilities and levels of cognitive impairment, however this finding was not consistent across the sample inspected. The inspector found that some care records did not convey how dementia impacted on residents’ day to day life, their orientation to their surroundings or if they could participate in a group activity which would benefit how staff interacted with
residents and influence the opportunities offered to them. There were two wound care problems in receipt of attention. Records confirmed the care interventions were appropriate and resulted in improvement in the wound conditions, however staff did not record changes or progress at dressing changes to ensure an accurate picture of the situation was evident in the wound care record. In the self-assessment the provider judged the service to be compliant, the inspector's findings were that the service was substantially compliant.

There were systems in place to ensure residents' had suitable nutrition for their needs. Residents were screened for nutritional risk on admission and reviewed on a four monthly basis thereafter. Residents' weights were also checked on a monthly basis or more frequently if required. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dieticians and speech and language therapists where appropriate. The inspector also noted that individual preferences and choices around mealtimes were recorded and adhered to. For example where residents preferred to eat alone this was arranged and staff ensured that residents were comfortable and supervised.

The inspector was told that residents remained in the centre for end of life care. There was a policy to guide staff on best practice standards to follow at this time. Care plans the inspector viewed contained information on residents' wishes about how they should be cared for and the contributions of relatives had also been included to guide staff actions at this time. Decisions made in relation to active interventions or do not resuscitate decisions were recorded and reviewed regularly. If residents refused care or did not wish to have an intervention this was recorded.

Residents had access to primary care services and an out-of-hours medical service was provided. A full range of other services was available on referral including speech and language therapy (SLT), dietetic services and occupational therapy (OT) services. Chiropody, dental and optical services were also provided. The inspector found that where residents had been referred to these services the results of appointments and recommendation were written up in the residents’ notes and transferred to care plans. Many residents with complex care and mobility needs were assessed by occupational therapy services and had been provided with specialist chairs to promote their comfort and mobility needs.

The inspector reviewed a sample of administration and prescription records and noted that medicine management practices met good practice standards. Some residents required medication on an “as required” (PRN) basis or in crushed/liquid formats. This was identified on the prescriptions and the appropriate format made available to residents.

**Judgment:**
Substantially Compliant

**Outcome 02: Safeguarding and Safety**
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Staff had received training to guide them on the protection of vulnerable people and on how to identify and respond to an incident of abuse. There was a policy to guide staff on how to manage allegations and incidents of abuse. Staff spoken to were knowledgeable about the actions they had to take and the reporting procedures if an incident of abuse was suspected.

The inspector reviewed how a notification of abuse had been reported and managed with the person in charge. There had been a comprehensive review of the incident and a full investigation completed. Reports had been made to the local safeguarding team and to the office of the Chief Inspector. The matter had been addressed appropriately and measures were in place to eliminate the likelihood of a similar incident taking place.

The inspector saw that there were 12 residents who had restraints in the form of bedrails in use to protect them from falls. A further 11 residents had a bedrail in place that they used as an enabler to help them move around in bed. There were assessments and care plans in place that outlined the need for this equipment and the records indicated that reviews were undertaken regularly and where possible less restrictive options were put in place. Equipment such as low beds and sensor mats were in use as a way of reducing reliance on bedrails.

There were some residents who exhibited responsive behaviours. The inspector saw that details of possible triggers and interventions were recorded in their care plans. However while the behaviours that presented were outlined in care records details of actual behaviour incidents and frequency of the varied behaviours was not consistently recorded. This made it difficult for staff to be fully aware of how often behaviours occurred and to observe for triggers that could prevent or reduce the behaviours to ensure the comfort and well being of the resident and to reduce the impact on others. The inspector saw that additional support and advice was available to staff from the old age psychiatry services.

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

**Findings:**
The inspector found that residents including residents with dementia were consulted about how the centre was run and were enabled to make choices about how their day to day life in the centre was organised. Despite the high level of dependency of some residents staff had made significant efforts to obtain information on residents’ choices and daily routines. There were good arrangements in place for consultation with relatives and families who said they were regularly asked for their views in relation to their relatives’ care and the service provided.

There was evidence of a culture of good communication between residents and the staff team. The inspector observed that staff interacted well with residents throughout the day and respected the privacy of residents who liked to spend time alone. Residents were able to exercise choice in relation to when they got up and went to bed and told the inspector they were able to have breakfast at a time that suited them. They could choose to have meals in the dining room or in another area that they preferred. Some residents said they liked to eat alone or in small groups and said that staff respected this and brought them their meals in their rooms when they requested this.

During the day residents were able to move around the centre freely. The garden areas were accessible and were visible from hallways which provided interest for residents as they walked around. Personal space in bedrooms met standard specifications and there was appropriate storage for personal items and clothing including secure storage for items of value that residents wished to keep in their rooms. There was a quiet room where residents could meet visitors in private.

The inspector spent two periods of time observing staff interactions with residents. A validated observational tool, the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents in the communal sitting areas on both floors. The inspector observed that staff knew residents well and engaged with them regularly by asking about their wellbeing, activities and meals. The inspector observed that residents had good levels of social engagement. Residents told the inspector that they had good relationships with staff and found them very helpful.

Social care opportunities were provided daily by designated activity staff. The inspector reviewed the activity programme and spoke with the activity coordinator. The programme was varied and there were activities targeted to the needs of people with dementia. Exercise, craft groups and discussion groups took place regularly. There was a good emphasis on interactive activity and crafts where residents were supported to participate to their maximum ability. There was a mix of group and individual activities available. Information on residents’ backgrounds, interests and hobbies had been collated by staff and the activity programme was reviewed regularly to ensure that the programme was relevant to residents’ interests. Staff had specialist training relevant to dementia care and this included training on the Sonas programme which is an interactive sensory activity suitable for people with dementia. Sonas sessions were facilitated several times a week.
During main meal times staff were observed to offer appropriate assistance to residents. Staff sat beside the resident they were giving assistance to and were noted to encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace with minimal assistance to improve and maintain their abilities. Breakfast, lunch and tea times were allocated plenty of time and residents were observed to take as much time as they wished over their meals. The inspector observed that some residents had their meals in the activity room where the quieter smaller environment suited their needs best.

There was a residents’ meeting scheduled regularly and records and feedback viewed provided assurance that residents were happy with the services provided particularly the care and activities provided by staff and the catering arrangements. Residents were provided with updates on the service such as when the physiotherapist visited, planned occasional activities such as the Dine with Me evenings, craft activity and day trips.

National and local newspapers and magazines were available. Residents said they were registered to vote and were kept up to date with the news.

In the self-assessment the provider judged the centre to be compliant and the inspector made a similar judgment.

Judgment:
Compliant

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<th>Outcome 04: Complaints procedures</th>
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Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There was a complaints procedure in place and residents interviewed knew how to raise a concern and make a complaint. Information advising residents and others about how to complain was described in the residents' guide, the statement of purpose and the procedure was displayed. The person in charge was responsible for addressing complaints.

The inspector reviewed the record of complaints for 2019. The record described the area of service that was the subject of the concern and the inspector saw that investigations were completed in a timely way. However the record did not indicate that complaints were resolved to the satisfaction of the complainant and there was no one designated to oversee complaints were addressed in accordance with regulation 34-Complaints procedures. Residents told the inspector they had no problem raising a concern and
were encouraged to do this by the person in charge and staff team.

In the self assessment the provider assessed the centre as compliant and for the reasons above the inspector judged the centre to be substantially compliant.

Judgment:
Substantially Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
The inspector found that there was an appropriate allocation of staff on duty during the day to meet the assessed needs of residents. The staff team was stable and the person in charge said that there was low staff turnover. Rosters showed that there were a minimum of two registered nurses on duty during the day. On the day of inspection there were two nurses on duty in addition to the person in charge. They were supported by eight carers during the morning and afternoon. From 20.00 to 21.00 hours there is a handover period when three nurses and four carers are on duty. During the night there is a nurse and two carers on duty. In addition an activity coordinator, maintenance and administration staff are available during the day throughout the week. Residents said that staff were always available to attend to their needs and did so promptly when they requested help or rang the call bell. However, the inspector found that taking into account the dependency of residents where 33 residents were high or maximum dependency that the night time staffing levels needed to be kept under constant review to ensure there was appropriate capacity to provide care and respond to any emergency that could arise. The inspector was told that staff deployment is reviewed regularly.

The inspector found that recruitment procedures met good practice standards for the recruitment of staff to work with vulnerable people. All staff were interviewed and documentation as described schedule 2 records was available for all staff. Vetting disclosures were always obtained prior to staff commencing work the person in charge said. There was an induction period for new staff to enable them to become familiar with the centre’s procedures and with residents’ care requirements.

Training for staff was scheduled throughout the year. Records provided during the inspection conveyed that all staff had completed training in moving and handling, fire safety and safeguarding during 2018/2019. Staff training on dementia care and responsive behaviours was ongoing. Staff had also attended training on infection control, falls prevention, restraint management and nutrition. Nurses had completed training on medicines management.
Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The centre is single storey and is a purpose built design that meets the needs of dependent persons. It was clean, had good natural lighting in all rooms and was heated appropriately. There were dementia friendly features to help residents with dementia locate the main facilities in the building. This included signage on room doors that depicted the purpose of the room. There was an orientation board strategically placed in the sitting room that described the day, date, time and weather. It was kept in a good state of repair both internally and externally. The hallways were wide and handrails were in place on both sides to support residents with mobility problems. While most areas were free from obstruction or trip hazards there were hoists and exercise equipment in hallways that could present a trip hazard for residents with visual problems or dementia. The external grounds were well maintained, safe and accessible.

Bedrooms were single occupancy and were arranged in a warm home like style. Residents could personalise their spaces and the inspector saw that many residents had personal effects such as photographs, ornaments and books in their rooms. There was adequate storage space for clothing and personal belongings. Bedroom accommodation comprises of 56 single rooms all of which have full ensuite facilities. All bedrooms and bathrooms were fitted with call bells to allow residents summon assistance.

There was sufficient communal space for all residents. This comprises of a large sitting room and a smaller room that is used both as a sitting/dining and activity area. The main dining room is well laid out with sufficient space for the number of residents that use it. Other facilities include an oratory, a visitor's room, laundry and sluicing facilities. There are an adequate number of assistive toilets and bathrooms along corridors.

The layout of the main sitting room required review as some chairs were organised in a theatre style arrangement which meant that residents were looking at the backs of the chairs in front of them which limited their view and their ability to see the television and other activity in the sitting room.

Judgment:
Substantially Compliant
Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:
The inspector found that the centre was clean and that access to strategic areas such as sluices and the kitchen was controlled. There were audits of aspects of health and safety audited regularly. This included hygiene audits and observations of handwashing which were noted to have achieved a high level of compliance.

The inspector reviewed accident and incident records and the fire safety arrangements. Accidents were recorded and were reviewed. The records provided good detail on the event and information was factual and substantiated. While most records provided information on prevention measures put in place to prevent further episodes this was not a consistent finding in all accident reports.

The inspector reviewed the fire safety arrangements. There were floor plans prominently displayed that indicated the routes to the nearest exits. Exit doors were noted to be free of obstructions. The inspector saw that the required fire records were maintained and were up to date. Four fire drills had been completed in January and February 2020. These were completed at varied times and included two drills completed with night staff. The records showed the number of participants and the evacuation time. There was no detail provided on the area evacuated, the number of residents evacuated or the learning outcomes that would inform future training sessions for staff. The inspector concluded that a more comprehensive fire drill report was required and that evacuation of residents from one compartment to another was included in each fire drill exercise to ensure staff could do this effectively in an emergency.

Personal evacuation plans were maintained and updated for each resident. Staff knew the dependency levels of residents in all compartments and there were evacuation sheets on beds where required.

Judgment:
Non Compliant - Moderate

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management
**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents and relatives described the service in positive terms and said they felt that staff made great efforts to ensure residents were comfortable and content. They said that there was good information about the service provided by the staff team and said that arrangements for admissions and discharges were well organised.

The annual report on the quality and safety of care, that is a legislative requirement, had been completed. This included information on staff turnover, care practice and improvements made to the centre however it did not include the required feedback from residents although there was regular consultation with them and a survey to elicit their views on the service had been completed.

**Judgment:**
Substantially 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:**

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

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<th>Centre name:</th>
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<td>OSV-0000372</td>
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<td>03/03/2020</td>
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Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The inspector found that information on dementia care needs was variable as some care records did not convey how dementia impacted on residents’ day to day life, their orientation to their surroundings or if they could participate in a group activity which would benefit how staff interacted with residents and influence the opportunities offered to them. Wound care records did not indicate the condition or progress of wounds at each dressing change.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**  
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**  
It is always our intention to consistently develop our care plans to include residents backgrounds, lifestyles, abilities and levels of cognitive impairment, particularly for our residents with Dementia, to ascertain their day to day activities and their ability to partake or not in our activity programme, whether they are suitable for group participation or more suited to quieter smaller groups or one to one, this is why we have developed our Sonas programme to facilitate our cognitively impaired residents who find it more beneficial to partake in small groups or one to one.  
Going forward we will indicate in our wound care records the condition and progress of wounds at each dressing change.

**Proposed Timescale:** 03/04/2020

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**Outcome 02: Safeguarding and Safety**

**Theme:**  
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Responsive behaviours were outlined in care records however details of actual behaviour incidents and frequency of the varied behaviours was not consistently recorded. This made it difficult for staff to be fully aware of how often behaviours occurred and to observe for triggers that could prevent or reduce the behaviours to ensure the comfort and well being of the resident and to reduce the impact on others.

2. **Action Required:**  
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

**Please state the actions you have taken or are planning to take:**  
We fill out ABC charts to record details of challenging behaviour incidents, frequency and severity for those residents who exhibited responsive behaviours, it assists our local Poll team in determining what treatment would most benefit that particular resident.  
At times we regret that the charts may not have been consistently recorded, they are recorded in our daily records and it is our intention to also record them in the ABC charts so that staff are fully aware of how often behaviours occur and to observe for triggers that could prevent or reduce the behaviours to ensure the comfort and well being of the resident and to reduce the impact on others.

**Proposed Timescale:** 03/04/2020
<table>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Person-centred care and support</td>
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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

3. **Action Required:**
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

**Please state the actions you have taken or are planning to take:**
Our administration officer will be the designated person to oversee that complaints are addressed in accordance with regulation 34 – Complaints procedures .

**Proposed Timescale:** 03/04/2020

<table>
<thead>
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<th><strong>Theme:</strong></th>
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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The record of complaints did not indicate that complaints were resolved to the satisfaction of the complainant.

4. **Action Required:**
Under Regulation 34(1)(f) you are required to: 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 or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
Unfortunately not all our complaints were resolved satisfactorily, we will endeavour to ensure that all complaints are resolved in the future and that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome and whether or not the resident is satisfied.

**Proposed Timescale:** 03/04/2020

<table>
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<tr>
<th><strong>Outcome 05: Suitable Staffing</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
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<td>Workforce</td>
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The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The inspector found that taking into account the dependency of residents where 33 residents were high or maximum dependency that the night time staffing levels needed to be kept under constant review to ensure there was appropriate capacity to provide care and respond to any emergency that could arise.

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

Please state the actions you have taken or are planning to take:
Our roster is done fortnightly, we are always aware of our staffing levels/residents dependency ratios and constantly using Rhys Hearn dependency assessment tool review them to ensure there is sufficient cover and the number and skill mix of staff is appropriate to meet the needs of our residents, this is the same for day and night shifts. We also constantly consult with our night staff to ensure that they are coping and if the case arose would be able to respond to any emergency situation.

Proposed Timescale: 07/04/2020

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The layout of the main sitting room required review as some chairs were organised in a theatre style arrangement which meant that residents were looking at the backs of the chairs in front of them which limited their view and their ability to see the television and other activity in the sitting room.

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:
This seating arrangement is employed only if there is something of interest on the TV, so that all the residents have a full view, this would also be the scenario when we have Mass, Music or other communal activities. When we have Bingo or Games the seating arrangement is turned around so that those interested in playing the games can partake sitting around the table and those not interested are able to watch the TV or read their papers.
Proposed Timescale: 08/04/2020

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
While most accident records provided information on prevention measures put in place to prevent further episodes this was not a consistent finding in all accident reports.

7. 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:
We will ensure that all our accident records provide measures to be put in place to prevent further accidents.

Proposed Timescale: 08/04/2020

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The fire drill exercises required improvement as the records did not provide detail on the exercise completed, the area evacuated, the number of residents involved or the learning outcomes that would inform future training sessions for staff. The inspector concluded that a more comprehensive fire drill report was required and that evacuation of residents from one compartment to another should be included in each fire drill exercise to ensure staff could do this effectively in an emergency.

8. 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:
It is our intention to do a more comprehensive fire drill and that the evacuation of residents (numbers involved) from one compartment to another are included in each fire drill exercise to ensure staff could do this effectively in an emergency situation and that this would inform future training sessions.
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**Outcome 08: Governance and Management**

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The annual report included information on staff turnover, care practice and improvements made to the centre however it did not include the required feedback from residents and their families as outlined in regulation 23.

**9. Action Required:**
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

**Please state the actions you have taken or are planning to take:**
Going forward it is our intention to include in our annual report feedback from residents and their families as outlined in regulation 23.

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