Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Centre name:	St. Eunan's Nursing Home
Centre ID:	OSV-0000392
Centre address:	Rough Park, Ramelton Road, Letterkenny, Donegal.
Telephone number:	074 910 3860
Email address:	steunansnh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Eunan's Nursing and Convalescent Home Limited
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	4

About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 July 2018 12:30	24 July 2018 18:00
25 July 2018 09:00	25 July 2018 16:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non-Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non-Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Non-Compliant - Moderate
Outcome 08: Governance and Management		Compliant
Outcome 11: Information for residents		Compliant

Summary of findings from this inspection

This inspection was carried out to monitor the care and welfare of residents with dementia. The centre did not have a special dementia care unit but 20 residents had some form of dementia. The inspector followed up on the actions following the previous inspection in April 2017 and found they had been completed. The inspector also followed up on notifications submitted by the provider since the previous inspection and was assured that the actions taken by staff and management were appropriate and in line with the centre's policies.

The methodology of this inspection included gathering the views of residents relatives and staff and assessing how residents with dementia experienced life and care in the centre. A validated tool, the quality of interactions schedule (QUIS) was used to observe and analyse care practices and interactions between staff and residents. Documentation such as care plans, policies/procedures and medical and staff records were reviewed.

In addition, a self-assessment form was completed by the provider in preparation for this inspection which identified performance against regulations and standards and highlighted ways to improve the service. The self-assessment and inspection findings are stated in the table above.

The health and social care needs of residents were met and there was evidence to judge end of life care was of a good standard. Residents were supported to live as independent a life as possible. Allied health professionals provided a service to meet residents' needs and residents experienced good nutrition, however, management of medicines required improvement.

Staffing numbers/deployment require review to ensure that activity staff are available to residents in the mornings to engage socially with residents and provide activation, appropriate to their interests and preferences.

There were policies and practices in place around safeguarding, the management of responsive behaviours and restraint. However, records showed that some staff had not completed safeguarding training.

Other matters which required improvement related to risk management and infection prevention and control and forms part of this report. The use of signage and colour to aid way finding was also recommended.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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):
No actions were required from the previous inspection.

Findings:
Primarily residents were admitted to the centre for long term care but some residents were being accommodated for periods of respite/convalescence care.There were 28 residents assessed as having maximum or high level care needs, six were assessed as having medium level needs, three residents had low care needs and one resident was independent. Twenty residents had some form of dementia (12 with a formal diagnosis and eight suspected).

The wellbeing and welfare of residents with a diagnosis of dementia was maintained to a satisfactory standard through the provision of evidence based nursing and medical care.

The inspector reviewed a sample of residents' nursing and medical records. These records confirmed that residents were assessed prior to admission to the centre. The pre admission assessment documentation was available in the residents' files. On admission to the centre each resident's needs were comprehensively assessed using a number of risk assessment tools, for example, risk associated with factors that included vulnerability to falls, dependency levels, nutritional care and risk of developing pressure area problems. Each resident had a care plan completed. This identified their needs and the care and support interventions that were implemented by staff to meet their assessed needs. Care plans for four residents with dementia and the management of nutrition and wound care were examined. These provided a good overview of residents' care and how care was delivered. There were good descriptions of the risks presented, the control measures in place and the triggers for further intervention available in the relevant areas of care records. There were two wound care problems in receipt of treatment. The care records described the extent of the wounds, the dressings used and the progress/change in condition from one dressing change to another. The information included how to prevent skin deterioration by ensuring a routine of position changes was implemented and indicators for referral to allied health professionals. Residents were offered a choice of general practitioners and out of hours service was available. Arrangements were in place to review and update care plans on a regular basis and there was evidence of involvement by the residents or their next of kin.

Systems for monitoring the exchange and receipt of relevant information when residents were transferred to or returned from another healthcare setting were in place. Discharge letters for residents who spent time in acute hospital care and letters from consultants detailing findings following out-patient clinic appointments were available. A letter was completed by staff in the centre for residents requiring in-patient care in the acute hospital care setting.

The inspector found that there were policies and procedures in place to ensure residents received a good standard of end-of-life care which was person centred and respected their preferences. The inspector viewed some residents' care plans and these detailed the views and wishes of residents regarding their preferences for end-of-life care. At the time of the inspection no residents were receiving end of life care. Staff told the inspector that the palliative care services offered a prompt and effective service. The staff team confirmed that relatives were welcome to stay with their relative and they encouraged them to do so and provided drinks and snacks during their stay.
Nurses were well informed about end of life care and offered appropriate pain relief options where needed. The resuscitation status and medical situation that prevailed were discussed with family members and their views were considered and reflected in care and medical records. Residents' cultural and religious needs were supported and arrangements were put in place to ensure that residents received the spiritual care they requested. There was a policy on consent with evidence that residents' wishes relating to treatment and care being discussed at family meetings was respected.

There were assessment and care procedures in place to ensure residents' nutritional needs were met and that they did not experience dietary or hydration deficits. Residents' weights were checked on a monthly basis or more frequently if necessary. Diet and fluid intake records were used as appropriate. Reference sheets were available to all staff including catering outlining residents' special diets including diabetic, modified and thickened consistency diets. There was evidence of the involvement of Allied health professional's such as speech and language therapists and dieticians. During the meal times staff were observed to offer assistance in a respectful and dignified manner. Staff sat beside the resident they were giving assistance and were seen to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves or with minimal assistance to improve and maintain their functional capacity. The quality of interactions was found to be person centred. Staff were familiar with residents' care needs and family background and efforts were continuously made to chat to residents about their family, previous interests or working life.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Nursing staff were observed administering medicines to residents. Details of all medicines administered were recorded by nurses, however, it was observed that some nurses signed the kardex (administration sheet) prior to administering the medicines to residents. The inspector saw that a medication management audit had recently been completed. The pharmacist visits and provides support as necessary. Prescription records included all the appropriate information such as the resident's name and address and any allergies with the exception of crushed medicines which should be individually prescribed. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. The

maximum dose of PRN (as required) medication to be given in a 24 hour period was outlined. Medications that required special control measures were safely managed and kept in a secure place in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at shift changeovers.

Judgment: Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme: Safe care and support

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

Findings:
Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff who communicated with the inspector confirmed that they had received training on safeguarding vulnerable adults and they were familiar with the reporting structures in place.

A notification in respect of an allegation of suspected or confirmed abuse to a resident was received by HIQA. This was further reviewed on inspection. The matter was referred to the appropriate personnel, investigated and had been satisfactorily resolved. The systems and measures in place ensured the safety of residents. Staff confirmed that there were no barriers to raising issues of concern.

Other notifications received by HIQA in respect of accidents/incidents were reviewed. Documentation identified the actions taken to minimise the risk of any further re-occurrences.

There was a policy/procedure is in place about behavioural and psychological signs and symptoms of dementia and restrictive practices. These were clear and gave good instructions to guide staff practice.

A review of training records indicated that staff were provided with up-to- date knowledge and skills, appropriate to their role to enable them to manage responsive behaviours. At the time of the inspection there were no residents displaying such behaviours. However, from past experience staff described potential triggers, the use of behaviour charts and interventions that could be adopted such as redirection, distraction and diversion and noise reduction.

The inspector saw that specialist advice from the relevant professionals was sought where necessary before commencing any psychotropic medication. Staff focused on a proactive and positive approach to residents. Since completing the pre-inspection

questionnaires staff had worked on improving their understanding of residents' communication needs. Residents had a section in their care plan that covered communication needs and staff were familiar with this. There was a policy on provision of information to residents. Some residents were seen to be wearing glasses and hearing aids to assist communication.

The centre had a policy on the use of restraint which was in line with ''Towards a Restraint Free Environment'' to ensure residents were protected from potential harm. At the time of the inspection no bedrails or other forms of restraint were used as alternative options such as low to floor beds were in place. Staff were aware of the policy and procedure should it be necessary to use a form of restraint in the future and described the assessment and review process. They were clear that restraint measures were used as a last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe.

There were systems in place to safeguard residents' money. A policy/procedures, systems and practices were in place to manage small amounts of money on behalf of some residents. These were found to be satisfactory with regard to documenting transactions, for example, lodgements, withdrawals and balances. Signatures of two (staff and or resident) were available on the records.

Judgment: Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme: Person-centred care and support

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

Findings:
The inspector found that residents were positive about their experiences of living in the centre. They described being able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely. They expressed satisfaction with the facilities, services and care provided. They conveyed that they would be able to talk to staff freely about their concerns.

There was evidence of good communication between residents and the staff team. The inspector observed that residents were well dressed. Staff interacted with residents in a courteous manner and residents' privacy was respected as staff knocked on their bedroom doors prior to entering.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends. Staff were observed to interact with residents in a warm and personal manner, using touch and eye contact appropriately and calm

reassuring tones of voice to engage with those who became anxious restless or agitated.

The inspector spent a period of time observing staff interactions with residents on two occasions. 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. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place in the sitting/activity room in the morning and afternoon.

The inspector observed a noticeable difference between the morning and afternoon sessions. During the morning a staff member supervised residents and task orientated care was provided. There was no specific activity which engaged residents. In the afternoon there was an organised group activity led by an activity staff member and in this session residents were fully engaged and the staff connected with each resident therefore scoring + 2. Sensory tastings and touch were used to evoke reminiscence. The activity staff member was well informed and communicated that these therapies were used to improve and maintain memory function. The inspector noted that three new activity staff members have commenced in this role but activities is only provided in the afternoons as these staff members were roistered to provide personal care. While there was sufficient communal areas to provide activities and lots of props, equipment and material, the space had not been developed. None of the activity staff had received formal training in this area.

Information was available to inform staff about residents past life styles and interests. Staff could describe the varied personal routines of residents and conveyed that a person centred approach was adopted. The inspector was informed that regular activities included games, sonas/massage, music and movement, puzzles, bingo, arts and crafts, film days and the programme included evenings and weekends. The inspector saw three residents enjoying artwork. Newspapers, magazines and televisions were available and the inspector saw some staff talking to residents about news items.

There was evidence that residents and relatives were involved and included in decisions about the life of the centre. There was a residents' forum. The last meeting was in February 2018. Residents highlighted a number of issues to be addressed including additional supervision required in a day room. This matter is further highlighted under staffing. An external advocacy service was available to residents.

Judgment: Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme: Person-centred care and support

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

Findings:
A policy/procedures was in place regarding the management of complaints and it met the requirements of the regulations. Residents and relatives were knowledgeable of the procedures and processes should they wish to make a complaint.

There was evidence from records and discussions with residents and relatives that complaints were managed in accordance with the policy. Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate. A record of complaints was maintained. This outlined the investigation, action taken, whether the complaint was resolved or otherwise and whether the complainant was satisfied or not.

In 2017 the centre received a number of complaints which primarily related to the turnover in staff. The inspector reviewed these complaints and noted that in 2018 complaints had decreased. A relative who had made a complaint communicated to the inspector that while matters had been resolved satisfactorily it was necessary as a relative to continually monitor care and inform staff of any shortcomings. Management and staff communicated to the inspector that they welcomed the views of residents and relatives in order to further improve the service.

Judgment: Compliant

Outcome 05: Suitable Staffing

Theme: Workforce

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

Findings:
Recruitment processes and a sample of documents in respect of persons working at the designated centre were reviewed and these were found to meet the requirements of Schedule 2 of the legislation.

An examination of the staff rosters showed that there were two or three nurses on duty with the person in charge each day. They were supported by a team of eight carers. There was one nurse and two carers on duty from midnight. The staff team was supported by catering, household and maintenance staff. However a staffing review was recommended as the inspector found that assistance was not consistently provided by staff in a timely manner, the communal sitting rooms were not fully supervised and the activity staff were redeployed to provide personal care in the mornings.

Staff were knowledgeable about residents' personal and health care needs and were observed to carry out their duties efficiently. They conveyed enthusiasm about their roles and the care of dependent people. The inspector observed residents being treated with respect and courtesy.

There was a training matrix available which conveyed that staff had access to on-going mandatory training and refresher training as required by the regulations, however, there were gaps in the training records in relation to moving and handling, safeguarding and fire safety.

There was a clear organisational structure and reporting relationships in place. The inspector saw records of staff meetings. Staff confirmed that they were supported to carry out their work by the provider and by the leadership of the person in charge. There was good staff morale. Staff were confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residents with dementia living in residential care.

Judgment: Non-Compliant - Moderate

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:
Overall the location, design and layout of the centre was suitable for the purpose of providing care to residents and the facilities were found to meet their individual and collective needs.

The building was well maintained, warm, decorated in a comfortable home like style and was visually clean.

There were a number of communal sitting areas where residents could spend time during the day. The dining room is located centrally but it was found that the size was not sufficient to meet residents' needs during this inspection. A table with four dining chairs blocked a fire exit and two residents had to be repositioned during the time they were having their lunch in order to provide sufficient space for another resident in a wheelchair assisted by a staff member to leave the dining room.

Bedroom accommodation comprises of 22 single ensuite bedrooms and 10 twin ensuite bedrooms. Bedrooms were adequate in size and equipped to meet the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Suitable lighting was provided including over bed lighting. Residents described their rooms as comfortable, clean and warm. Shared bedrooms provided screening to ensure privacy for personal care. Residents were supported to individualise their bedrooms with personal items.

Toilets were located close to communal rooms for residents' convenience. Bathrooms

and toilets had handrails to support people with mobility problems.

There was a safe secure outdoor space which was accessible to residents.

There was a range of specialist equipment such as hoists and specialist beds available. These were regularly serviced to ensure on-going efficiency and safety.

The laundry area had been enlarged and there was a separate entry and exit point for soiled and clean laundry. These measures supported good infection control management.

From an examination of the premises the following matters were highlighted:
• There was a lack of good signage which included objects and multiple cues
• There were limited contrasting colours on the walls of the corridors and doors to support residents to find their way around.
• There were no contrasting colours in toilet and bathroom facilities.
• There was limited storage for hoists, linen trolleys and other equipment which resulted in these being placed in corridors which blocked the hand rails or in residents' bedrooms.
• Some residents' chairs were damaged and needed repair or replacement.

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 following health and safety issues were identified: –
• The inspector observed three staff members assist a resident from a wheel chair into a sitting chair without the use of assistive equipment. Management informed the inspector that in line with best practice handling belts are no longer in use.The resident should have had a moving and handling assessment in respect of the use of a hoist.
• Foot plates were not in place when a resident was being transported in a wheelchair.
• Double fire doors to the sitting room were wedged open or blocked by the storage of wheelchairs.
• Continence products were stored on open shelves in bathroom/toilets.
• The missing resident drill had not been updated.

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:
The matter arising from the previous inspection related to the provision of an annual review of the quality and safety of care delivered to residents in the centre to ensure that such care is in accordance with relevant standards set by HIQA. This matter was satisfactorily actioned.

Judgment: Compliant

Outcome 11: Information for residents

Theme: Governance, Leadership and Management

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

Findings:
The matter arising from the previous inspection related to residents' individual contracts which did not detail the type of room to be occupied by a resident. Samples of contracts were examined and were found to contain this information.

Judgment: Compliant

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:

Siobhan Kennedy
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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	St. Eunan's Nursing Home
Centre ID:	OSV-0000392
Date of inspection:	24/07/2018
Date of response:	31/08/2018

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme: Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In some instances the medicine administration sheet was signed prior to administering medicines to residents.

Crushed medicines were not individually prescribed.

1. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
All staff nurses reminded that medications administration sheet was only to be signed after medications were administered and never before. (immediate)

On Medication Kardex a designated section will be added stating if medications are to be crushed and then signed by prescribing doctor.

Proposed Timescale: 30/11/2018

Outcome 03: Residents' Rights, Dignity and Consultation

Theme: Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Recreational facilities were insufficiently developed.

2. Action Required:
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:
Rearrange, order and install storage shelving in activities area for better accessibility for staff and residents.
Evaluate residents individual needs on an ongoing bases for recreational interests and needs

Proposed Timescale: 31/03/2019

Theme: Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There were insufficient opportunities for residents to participate in activities in accordance with their interests and capacities.

3. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
Additional 2 days of activities to include morning activities on work schedule
Evaluate staff and get new hires if needed for further activities, discuss options for training with current activities co-ordinator.

Proposed Timescale: 30/09/2019

Outcome 05: Suitable Staffing

Theme: Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Assistance was not consistently provided by staff in a timely manner, the communal sitting rooms were not fully supervised and the activity staff were redeployed to provide personal care in the mornings.

4. 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:
Review of staff and more select deployment of these staff who have good managerial and supervisory skills
Activities staff member redeployed to activities once residents are up and able to participate in the morning 2 days per work schedule (immediate)

Proposed Timescale: 01/01/2019

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff had not participated in moving and handling and fire safety training.

Activity staff had not participated in appropriate training.

5. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
Review of training matrix, all staff requiring updates/refresher courses will be advised and offered a course, including recently hired staff.
Review the needs of the activity staff with regard to training

Proposed Timescale: 30/03/2019

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 premises did not conform to the matters set out in schedule 6: –

• There was insufficient space for the number of residents dining in the designated dining room.
• There was a lack of good signage which included objects and multiple cues.
• There were limited contrasting colours on the walls of the corridors and doors to support residents to find their way around.
• There were no contrasting colours in sanitary facilities.
• There was limited storage for hoists, linen trolleys and other equipment which resulted in these being placed in corridors which blocked the hand rails or in residents' bedrooms.
• Some residents' chairs were damaged and needed repair or replacement.

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:
Two sittings for meals in the dining room to improve space (immediately)

Review of signage, visual cues and contrasting colours in certain areas within the centre to improve residents ability to orient themselves within the centre. (dining room signage addition now, Painter arranged to start colour scheme change in early January 2019)

Re-evaluate storage and develop new storage areas if need (this may take an extended timescale depending on scale of project) (shelving ordered, assembly September 2018, re-evaluate after organised if further needed)

Discuss repair of residents specialised chairs with residents and families and organise repair/replacement if expense authorised by resident or family. HSE does not maintain or supply specialised chairs to residents of this centre despite the fact that they may have medical cards and in receipt of the fair deal. (staff nurse to discuss with family as they visit and to show area that may need repair)

Proposed Timescale: 31/05/2019

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:
The risk management policy had not been implemented as risks in relation to moving and handling had not been identified, assessed and appropriate measures taken to minimise/control the risks.

7. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
immediate - rst entered date since none was given by provider.
Prior to shift all Health Care Staff reminded of the risk assessment need, staff advised to report to staff nurse immediately if re-assessment is required.

Proposed Timescale: 07/09/2018

Theme: Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Continence products were stored on open shelves in bathroom/toilets.

8. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
Look at installing closed door cupboards in the communal bathrooms to store incontinence wear. Install at similar time to painting for colour contrast improvement.

Proposed Timescale: 30/03/2019

Theme: Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Double fire doors to the sitting room were wedged open or blocked by the storage of wheelchairs.

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

Please state the actions you have taken or are planning to take:
Immediately - RST entered date since none was given by provider.
Immediately remove wedges and advised staff of the hazard and that they are not to be used. Advised staff of the correct storage of wheelchairs is not blocking any exits.

Proposed Timescale: 07/09/2018