

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Virginia Community Health Centre
<b>Centre ID:</b>	ORG-0000503
<b>Centre address:</b>	Dublin Road, Virginia, Cavan.
<b>Telephone number:</b>	049 854 6212
<b>Email address:</b>	bernardine.lynch@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Rose Mooney
<b>Person in charge:</b>	Mary Reilly
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	36
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From:	To:
19 March 2014 08:45	19 March 2014 17:40

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This report set out the findings of an unannounced monitoring inspection. The purpose of this inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and follow up on the action plan and provider's response to the previous inspection carried out 22 January 2013. Notifications of incidents received since the last inspection was also considered and reviewed on this visit.

A new extension is undergoing construction presently which is phase one of an overall plan for the centre to provide suitable accommodation for residents in accordance the National Quality Standards for Residential Care settings for Older People in Ireland. The ongoing construction work does not impact on the quality of life and safety of residents currently accommodated in the centre. The communal areas and bedrooms were clean, warm and the atmosphere was relaxed.

Residents had access to GP services and there was evidence of regular medical reviews. The inspector found a good standard of evidence-based care. The arrangements to meet residents' assessed needs were set out in individual care plans. There was documentary evidence that residents or their representative were

involved in the development and review of the resident's care plan. Significant progress in promoting a restraint free environment had been achieved since the last inspection.

The inspector identified some aspects of the service that required improvement to comply with the regulations. There were an insufficient number of care assistants available to meet all residents' individual and collective needs. The rostering arrangements to deploy staff, their allocation and work methods require review. There was limited activity stimulation to ensure meaningful engagement for residents. While residents were referred to the speech and language therapist there were delays in accessing this service in a timely manner.

The action plan at the end of this report identifies fully areas where improvements are required to comply with the Regulations and the Authority's Standards.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided. The statement of purpose is kept under review by the provider and had been updated in August 2013. The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations except the following;

The total staffing complement did not outline the whole time equivalent hours for the diversional activity therapist.

While the procedures for residents' right and protection were outlined, the arrangements for respecting the privacy and dignity of residents were omitted.

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that each resident had an agreed written contract which included details of the services to be provided for that resident and the fees to be charged.

Contracts of care were agreed within the timeframe required by the regulations in the sample reviewed.

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had not changed since the last inspection. She has a full time post. She was assessed as appropriately qualified and experienced to be the person in charge of a designated centre.

The person in charge was not on duty during the course of this inspection. The inspection was facilitated by the clinical nurse managers who are the key senior managers notified to the Authority to deputise in the absence of the person in charge. The arrangements and reporting systems were known to staff and were described in the statement of purpose.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff. The inspector found that three policies requiring review from the action plan report of the last inspection were revised. These policies related to risk management, falls prevention and management and responding to challenging behaviour.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner.

**Outcome 06: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was provided with a copy of the centre's policy on prevention, detection and response to elder abuse. The policy was specific to the centre and defined the various types and signs of abuse and the reporting arrangements. Protected disclosure procedures to guide staff in their reporting of a suspicion of abuse were documented in the policy.

Residents spoken with stated that they felt safe in the centre. There was a visitors log in place and the main entrance/exit door was monitored by CCTV. One incident in relation to adult protection had been notified to the Authority in the preceding 12 months at this centre. This was reviewed and further discussed with the management team during this inspection. The inspector was fully satisfied appropriate ongoing safeguards were in place following consultation with the HSE senior case worker for adult protection.

The inspector viewed documentation confirming staff were trained in adult protection. Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern. Garda Síochána vetting had been applied for all staff members. This was evidenced by a review of returned Garda Síochána vetting forms examined by the inspector.

The financial controls in place to ensure the safeguarding of residents' finances were not examined by the inspector during the course of this visit.

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

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

There was a corporate and centre specific health and safety statement and policy in place. Overall the inspector found that systems and practices in place promoted health and safety. A comprehensive risk management policy including health and safety procedures to ensure the protection and wellbeing of residents' staff and visitors was in place. The risk management policy included an environmental and clinical identification and assessment of risk throughout the centre.

Access to the sluice, cleaning and clinical room was restricted in the interest of safety to residents and visitors. This was an area identified for improvement on the last inspection.

There was a missing person policy in place which included clear procedures to guide staff should a resident be reported as missing. Procedures to guide staff actions in the event of violence, aggression and self harm were included in the policy. There was an emergency plan in place to guide staff in the event of an untoward event occurring to include procedures to evacuate the building.

Service records showed that the fire alarm system was serviced and the emergency lighting and fire equipment regularly. The inspector read the training records which confirmed that all staff had attended fire evacuation training annually. All staff spoken with were very clear about the procedure to follow in the event of a fire. Each resident's evacuation needs were assessed and outlined in their care plan.

The inspector read the records which showed that weekly checks on the automatic door closers were undertaken. Fire records indicated fire safety checks to ensure exits were unobstructed were undertaken on each weekday. However, there was no evidence fire exits were checked each weekend.

There were two residents who smoked. Cigarettes and lighters were held for safekeeping by staff members at night. While there was a plan of care in place it required further detail. A risk assessment to ensure residents were safe to smoke independently outlining the level of assistance and supervision they may require was not in place. The care plan of one resident detailed the resident experienced confusion or agitation at times and this risk was not included in the plan of care in place to guide staff interventions while the resident was smoking. Residents smoked on an external balcony and were not clearly visible to staff. This is further discussed under outcome 12 of this report.

A moving and handling assessment was available for each resident in case files reviewed. Instructions for assisting residents to mobilise, and all hoist transfers, including sling type and size were included in the multidisciplinary plan of care which was accessible to the appropriate staff at the point of care delivery. The inspector observed safe moving and handling practices during the course of the inspection. However, training records examined indicated refresher training in safe moving and handling was not occurring in a timely manner as the current certificate of training for some staff had expired for a significant period of time. A program of planned training was in place and some staff were attending moving and handling training during the course of this inspection.

There were arrangements in place for recording and investigating untoward incidents and accidents. All incident and near miss events were recorded which were reviewed by the person in charge. Information recorded included factual details of the accident/incident, date and time event occurred, name and contact details of any witnesses and whether the GP and next of kin had been contacted. The inspector noted that falls and near misses were well described and that neurological observations and vital signs were checked and recorded. No falls resulting in serious injury for example



fractures were reported to the Authority since the last inspection.

## **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Minor

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

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

### **Findings:**

There was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

New drug prescription and administration cards have been provided since the last inspection. These were in bound booklet form to ensure records were maintained securely. The revised layout on the drugs charts was clear and legible. The prescription sheets distinguished between PRN (as needed), regular and short term medication. The maximum amount for PRN medication was indicated on all prescription sheets viewed by the inspector. There was space to record when medication was discontinued and these were signed on the sample reviewed. These matters were identified for improvement on the last inspection.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error in the sample examined. The prescription sheets had the facility to record the route of administration. This was completed for each drug as required from the action plan of the last report.

Medication was being crushed for a small number of residents prior to administration due to swallowing difficulty by the residents. Links were established with the pharmacist and where possible a liquid or dispersible form of the medication was obtained. However, the inspector identified a small number of drugs being crushed which were not prescribed on the medication charts for administration in a crushed form individually.

Medicines were being stored safely and securely in the clinic room which was secured. The temperature ranges of the medicine refrigerator was being appropriately monitored and recorded.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations.

Nurses kept a register of controlled drugs. Controlled drugs were checked at the change of each shift and signed by two nurses. The inspector checked a selection of the balances and found them to be correct.

### **Outcome 11: Health and Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

#### **Theme:**

Effective Care and Support

#### **Judgement:**

Non Compliant - Moderate

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

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

#### **Findings:**

The centre is registered to accommodate a maximum of 37 residents. There are six designated beds for respite care and the remaining residents are accommodated for extended care. The arrangements to meet residents' assessed needs were set out in individual care plans. The inspector found a good standard of evidence-based care and appropriate medical access. There was a record of each resident's health condition and treatment given completed at a minimum twice daily.

Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and moving and handling assessments. Assessments were regularly reviewed and were used to develop care plans that were person-centred, individualised and described the current care to be given. There was documentary evidence that residents or their representative were involved in the development and review of the resident's care plan. This was an area identified for improvement on the last inspection. A new form was devised to document the conclusion of consultation with residents or their next of kin in discussing, understanding and agreeing to their care plan when reviewed or updated.

The inspector reviewed three residents' care plans in detail and certain aspects within other plans of care. The inspector found that all files reviewed were comprehensive. In the sample of care plans reviewed there was evidence care plans were updated at the required three monthly intervals or in a timely manner in response to a change in a resident's health condition. The care plans were person-centred, directly relevant to the assessment outcomes detailed and took account of resident's wishes as well as their

## healthcare status

Residents had access to GP services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents' medical notes showed that GP's visited the centre regularly. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards. Residents' weights and body mass index (BMI) were monitored monthly and those identified at risk had their weight reviewed on a more frequent basis. Weekly observations to include temperature, blood pressure and pulse readings were recorded.

There was evidence of referral to allied services such as occupational therapy, dietician and physiotherapist. Residents were referred to the speech and language therapist. However, there were delays in accessing this service in a timely manner. A resident referred at the request of the GP in early February had not been reviewed at the time of this inspection. In another file examined a resident referred for review by the speech and language therapist was not examined until three months later. This resident was identified with a high risk of aspirating /choking while eating or drinking.

The policy on restraint was based on the national policy on promoting a restraint free environment. Significant progress in promoting a restraint free environment had been achieved since the last inspection. All the beds have been converted to low- low beds and crash mats have been obtained and are in place by each resident's bed following risk assessment. There were two residents with a physical restraint measure (bed rails) in use at the time of this inspection. Other residents had one bedrail raised to assist and promote their independence while in bed. Risk assessments were regularly revised and there was evidence of multi disciplinary input in the decision to use two bedrails

Residents were facilitated to practice their religious beliefs and Mass was celebrated each week and an oratory was available to residents. The hairdresser visits the centre twice weekly and residents confirmed to the inspector they enjoyed this time. Birthdays were celebrated with resident's consent. Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. Residents were observed reading throughout the day. However, there is limited activity provision some days. While there is a diversional activity therapist employed this person is assigned to work as a care assistant to cover staff absence to include holidays or sick leave. This was the situation on the day of inspection. Consequently there was limited activity stimulation to ensure meaningful engagement for residents.

The diversional activity therapist is assigned to undertake personal exercise programs with residents with limited mobility. These include passive stretching exercise for resident with contractures or rehabilitative exercise for those who spend significant periods of time in bed. When the diversional activity therapist is removed from this role and assigned to care assistant duties residents do not receive their rehabilitative treatments outlined in their personal plans. This is discussed further in outcome 18, staffing.

**Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

A new extension is undergoing construction presently which is phase one of an overall plan for the centre to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice, the National Quality Standards for Residential Care settings for Older People in Ireland and regulation 19, of Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended)

The site is secure and the ongoing construction work does not impact adversely on the quality of life and safety of residents currently accommodated in the centre. Residents spoken with are briefed on the development and have been involved in discussions regarding the type of bedroom they would like either twin or single.

Presently there is no designated smoking room and residents who wish to smoke have to go outside to an open balcony. This is not conducive to person centred care and does not provide a suitable choice to meet the needs of residents in safe and homely manner.

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that complaints were listened to and there was a local policy and procedure in place to ensure complaints were monitored and responded to. Appeals procedures were outlined in the HSE complaints policy 'your service your say'.

The local policy confirmed issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. A designated individual was nominated with overall responsibility to investigate complaints. A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified. Timescales to investigate a complaint and respond to the complainant with the outcome of the matter raised by them were not outlined in the complaints procedure reviewed.

The inspector reviewed the complaints log which contained the facility to record all relevant information about the complaints, investigation made and the complainant's satisfaction with the outcome. All complaints were recorded in the complaints log ensuring they are separate and distinct from a resident's individual care plan. No complaints were being investigated at the time of inspection.

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Workforce

**Judgement:**

Non Compliant - Major

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector viewed the staff duty rota for a two week period. The rota showed the staff complement on duty over each 24-hour period. The staff roster detailed their position and full name. The inspector reviewed the planned and actual staff roster and noted that the actual staff rota matched the staffing levels on duty.

Residents were accommodated over two floors. A maximum of 18 residents were accommodated on the ground floor and 19 on the first floor. There was a sufficient number of nursing staff available. There were two nurses rostered each day of the week on each floor from 08:00 hrs to 17:00 hrs supported by two clinical nurse managers five

days of the week in addition to the person in charge. There was a minimum of two nurses rostered at all times during the night in the centre.

The inspector was not satisfied there was a sufficient number of care assistants were available to meet all residents' individual and collective needs. The rostering arrangements to deploy staff, their allocation and work methods require review. There are two care assistants assigned to each unit until 17:00 hrs and one on each until the following morning. There is two catering staff assigned to each unit throughout the day in addition to two catering staff employed in the kitchen.

The majority of residents required assistance to wash, dress and get up and retire to bed many requiring the assistance of two staff members depleting the number of staff available to meet other residents care needs. There was an insufficient number of staff available after lunch time to assist residents who wish to return to their bedrooms. The inspector observed residents waiting and nursing staff waiting for care staff to assist them to help perform care tasks or supervise residents in communal rooms. As discussed under outcome 11 of this report the diversional activity therapist is removed from their role and assigned to care assistant duties to help manage staff absences resulting in some residents not receiving rehabilitative treatments outlined in their personal plans. Care staff are responsible for the laundering of residents' personal clothing during their shifts.

A sample of five staff files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the regulations was available in the staff files reviewed. There was a training matrix available which conveyed that staff had access to ongoing education and training. The inspector found that in addition to ongoing mandatory training required by the regulations, end of life training was planned for 2014 for staff members

A record of An Bord Altranais PINs (professional identification numbers) for all registered nurses was maintained.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

PJ Wynne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Virginia Community Health Centre
<b>Centre ID:</b>	ORG-0000503
<b>Date of inspection:</b>	19/03/2014
<b>Date of response:</b>	30/04/2014

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 01: Statement of Purpose

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The total staffing complement did not outline the whole time equivalent hours for the diversional activity therapist.

While the procedures for residents' right and protection were outlined, the arrangements for respecting the privacy and dignity of residents were omitted.

**Action Required:**

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Please state the actions you have taken or are planning to take:**

The statement of purpose has been updated and now includes the diversional therapist who is a full WTE.

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



The arrangement for respecting the privacy and dignity of residents has now been included in the statement of purpose. This updated version of the statement of purpose will be attached with this action plan.

**Proposed Timescale:** 22/04/2014

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

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A risk assessment to ensure residents were safe to smoke independently outlining the level of assistance and supervision they may require was not in place. Residents smoked on an external balcony and were not clearly visible to staff.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Please state the actions you have taken or are planning to take:**

- A policy on safety in relation to residents that smoke has been developed.
- Risk assessments have been completed on residents who smoke.
- Distant supervision will be continued to ensure the safety of smoking residents.
- Smoking aprons are available to smokers to increase their safety. All relevant staff are aware of their availability.
- A designated smoking room will be available on completion of the refurbishment of the unit. (September 2014)

**Proposed Timescale:** 25/04/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Training records examined indicated refresher training in safe moving and handling was not occurring in a timely manner as the current certificate of training for some staff had expired for a significant period of time.

**Action Required:**

Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

**Please state the actions you have taken or are planning to take:**

- A schedule of Safe moving and handling training is now in place.
- 15 staff were updated 19/3/14,
- 17 staff were updated 24/4/14
- Further training for remaining staff is planned for 18/6/14.

**Proposed Timescale:** 18/06/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no evidence fire exits were checked each weekend.

**Action Required:**

Under Regulation 32 (1) (c) (v) you are required to: Make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.

**Please state the actions you have taken or are planning to take:**

A record is maintained in the fire register for weekly fire exit checks, to include weekends.

**Proposed Timescale:** 29/03/2014

#### **Outcome 08: Medication Management**

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The inspector identified a small number of drugs being crushed which were not prescribed on the medication charts for administration in a crushed form individually.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Please state the actions you have taken or are planning to take:**

Any medication which requires to be crushed prior to administration will be prescribed on the medication chart for administration in a crushed form. This practice is reflected in the medication policy.

**Proposed Timescale:** 24/03/2014

#### **Outcome 11: Health and Social Care Needs**

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

While there is a diversional activity therapist employed this person is assigned to work as a care assistant to cover staff absence to include holidays or sick leave. This was the situation on the day of inspection. Consequently there was limited activity stimulation to

ensure meaningful engagement for residents.

**Action Required:**

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

**Please state the actions you have taken or are planning to take:**

- Only in exceptional circumstances when all other options have been explored will the diversional therapist be reassigned to work as a care assistant.
- The diversional therapist is never rostered for care duties-rosters are available to support this.

**Proposed Timescale:** 20/03/2014

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Residents were referred to the speech and language therapist. However, there were delays in accessing this service in a timely manner.

**Action Required:**

Under Regulation 9 (1) you are required to: Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

**Please state the actions you have taken or are planning to take:**

Speech and language services strive to achieve the 4 month target set by the HSE Special Delivery Unit for Assessment and Treatment. This target is up to 4 months and this patient was reviewed by the speech and language therapist within the 4 month timeframe.

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

When the diversional activity therapist is removed from their role and assigned to care assistant duties residents do not receive their rehabilitative treatments outlined in their personal plans.

**Action Required:**

Under Regulation 9 (1) you are required to: Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

**Please state the actions you have taken or are planning to take:**

- In the absence of the diversional attendant the nursing and care staff are meeting the rehabilitative treatments outlined in the residents personal care plans.
- The practice of reassigning the diversional attendant to care only occurs in exceptional circumstances.
- Rosters will demonstrate that the diversional attendant is never rostered to work in care.

**Proposed Timescale:** 20/03/2014

**Outcome 12: Safe and Suitable Premises**

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Presently there is no designated smoking room and residents who wish to smoke have to go outside to an open balcony. This is not conducive to person centred care and does not provide a suitable choice to meet the needs of residents in safe and homely manner.

**Action Required:**

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

**Please state the actions you have taken or are planning to take:**

- A designated smoking room will be available on completion of the refurbishment of the unit. (September 2014)
- A policy on safety in relation to residents who smoke has been developed.-Completed.
- Risk assessments have been completed on all residents who smoke-Completed
- Distant supervision will be continued to ensure the safety of smoking residents.-Completed.
- Smoking aprons are available to smokers to increase their safety and all staff are aware of their availability.-Completed.

**Proposed Timescale:** 30/09/2014

**Outcome 13: Complaints procedures**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A designated individual was nominated with overall responsibility to investigate complaints. A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified.

**Action Required:**

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

**Please state the actions you have taken or are planning to take:**

The complaints policy has been updated and a person has been identified to monitor and ensure the complaints process is followed and recorded. This person is independent of the person responsible for investigating the complaint. All staff are aware of this process.

**Proposed Timescale:** 28/04/2014

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Timescales to investigate a complaint and respond to the complainant with the outcome of the matter raised by them were not outlined in the complaints procedure reviewed.

**Action Required:**

Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

**Please state the actions you have taken or are planning to take:**

The timescales to investigate and respond to a complaint with the outcomes are now clearly identified in the local complaint policy with the national HSE complaints policy.

**Proposed Timescale:** 28/04/2014

**Outcome 18: Suitable Staffing**

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The inspector was not satisfied there was a sufficient number of care assistants were available to meet all residents' individual and collective needs. The rostering arrangements to deploy staff, their allocation and work methods require review.

**Action Required:**

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**

- Resident numbers have reduced from 37 to 29 to facilitate the capital works. Staffing levels have remained as that for 37 so staff: resident ratio has improved significantly.
- We are currently developing a new roster which will meet the assessed individual needs of the resident and the size and layout of the refurbished building. The roster will be adjusted in line with the incremental increase of resident numbers.

**Proposed Timescale:** 30/09/2014