

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Raheen Community Hospital
<b>Centre ID:</b>	ORG-0000611
<b>Centre address:</b>	Tuamgraney, Scariff, Ennis, Clare.
<b>Telephone number:</b>	061 923007
<b>Email address:</b>	marissa.butler@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Mark Sparling
<b>Person in charge:</b>	Marissa Butler McCarthy
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	21
<b>Number of vacancies on the date of inspection:</b>	4

## 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:
05 November 2013 09:00	05 November 2013 17:30

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

Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

As part of the monitoring inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

There was evidence of good practice in all areas. The staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff. There was general satisfaction from residents with the service provided.

On the day of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. Residents had access to a medical officer and to a wide range of health professionals. The medical officer visited daily to review residents. Residents staying for short respite breaks were also reviewed by the medical officer on the day of admission.

The inspector observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

Significant improvements are required to the premises in order to comply 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 by 01 July 2015.

Other areas identified for improvement included some aspects of medication management, staffing files, nursing documentation, assessment of alternatives to restraint measures in use and displaying of the complaints procedure.

These areas for improvement are discussed further in the report and listed in the Action Plan at the end of this report.

**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 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 was on leave at the time of inspection and the Chief Inspector had been notified of her absence. The inspector was satisfied that suitable deputising arrangements were in place. The clinical nurse manager (CNM2) was the person in charge. The CNM2 worked full time and was on duty Monday to Friday. A named CNM or senior nurse was in charge in the absence of the CNM2 and this was clearly documented in the staff rota.

The CNM2 demonstrated good clinical knowledge and was knowledgeable regarding residents nursing and social care needs. She was knowledgeable regarding the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended), the National Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities.

The inspector observed that she was well known to staff and residents. The CNM2 had maintained her continuous professional development. She had completed a Diploma in Care of the Elderly and a Higher Diploma in End of Life Care.

**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 found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the comprehensive policy on responding to allegations of elder abuse and the Health Service Executive (HSE) Trust in Care policy. All staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse. They displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. Training records reviewed indicated that all staff had received refresher training during 2013. Staff told the inspector that there had been no allegations of abuse to date.

Staff confirmed that the finances of residents were not managed locally and that monies were not kept for safe keeping on behalf of residents.

**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:**

Compliant

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

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

**Findings:**

The inspector was satisfied that risk management was generally well managed and issues identified at the previous inspection had been attended to.

There was a site specific health and safety statement. The risk register had been reviewed and updated since the last inspection and all risks specifically mentioned in the Regulations such as assault, accidental injury, aggression and violence and self harm were now included.

The inspector reviewed the comprehensive emergency plan dated 2013. The plan included clear guidance for staff in the event of a wide range of emergencies such as fire, flooding, power failure, communications failure and evacuation. Arrangements were in place locally for alternative accommodation in the event of the building having to be evacuated.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in February 2013 and the fire alarm was serviced

on a quarterly basis. The last fire alarm service took place on 18 October 2013. Systems were in place for daily checks on the means of escape, weekly testing of the fire alarm and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received fire safety training and were confident in knowing what to do in the event of fire. Training records reviewed indicated that all staff had received formal fire safety training in the past 12 months and further fire safety training was scheduled for November 2013.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received recent training. The inspector observed good practice in relation to moving and handling of residents during the inspection.

The design and layout of the centre promoted a safe environment for residents. Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices in relation to hand hygiene, cleaning and laundry procedures were robust. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The inspector spoke with the cleaner on duty who was able to clearly outline cleaning and infection control procedures. Regular infection control audits were carried out by the CNM2 in relation to hand hygiene, waste management, ward environment and handling of linen. The audits outlined the areas of non compliance as well as actions required. Staff confirmed that they had received ongoing training in infection control. The entire building was found to be clean, odour free and well maintained.

#### **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 - Moderate

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

No actions were required from the previous inspection.

##### **Findings:**

The inspector had concerns that some medication recording practices increased the risk of medication error and posed a risk to residents' safety.

The inspector reviewed the medication management policy which had been revised in

June 2012. The policy was found to be comprehensive, and gave detailed, clear guidance on areas such as administration, prescribing, transcribing, storage, disposal, crushing, "as required" medications (PRN), medications requiring strict controls and medication errors.

The inspector reviewed a sample of medication prescription/administration charts. Some prescribed medications had not been signed as being administered on some dates. Nursing staff told the inspector that one resident had refused medications and another was absent at the time of administration but the appropriate codes had not been recorded. These errors had not been recorded. The CNM2 undertook to immediately review all medication administration charts, speak with nursing staff and put systems in place to record and investigate all errors.

The inspector noted that medications were signed individually and were being regularly reviewed by the GP. All medications that were required to be crushed were individually prescribed as such.

Medications requiring strict controls were appropriately stored and managed. The inspector saw that these were stored in a double locked cupboard in the locked clinical room. Records indicated that they were counted and signed by two nurses at change of each shift. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for the safe return of unused medications to the pharmacy.

All nursing staff had attended medication management training which included safe administration of medications, use of antibiotics and checking of MDA's during 2013. Further training was scheduled during November 2013.

#### **Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

##### **Theme:**

Safe Care and Support

##### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

##### **Findings:**

The CNM2 was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge and CNM2.



The inspector reviewed the process for the management of incidents and accidents and found them to be well managed. Comprehensive details of all incidents/accidents were clearly documented in the register of incidents. The GP and family had been notified and neurological observations recorded. The clinical nurse manager had completed a falls audit on a six-monthly basis. Residents at high risk of falls had been identified. Specialised low low beds, floor crash mats and bed alarm mats were in place for some residents.

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

*Each residents 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 residents 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 - Minor

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

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

#### **Findings:**

Overall, the inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. While improvements had been made to the nursing documentation since the last inspection, some inconsistencies were still noted.

All residents had access to GP services. A local GP was employed as a medical officer by the HSE to provide medical care to all residents. An out-of-hours GP service was also provided. The medical officer visited daily to review residents and medical records confirmed this. Residents staying for short respite breaks were also reviewed by the medical officer on the day of admission.

The inspector noted that residents had access to a wide range of health professionals and the records of appointments and referrals were maintained in residents' files. Services such as chiropody, physiotherapy, occupational therapy (OT), speech and language therapy (SALT) and dietician were available to residents as required. A physiotherapist visited the day-care centre two days a week and residents could avail of this service on referral from the GP. Dental and optical services were available at the local HSE clinic. The person in charge spoke of the strong links with the psychiatry of

later life team who visited as required. She told inspectors that they currently were not attending to any of the residents but were available when requested to review any resident.

The inspector reviewed a number of residents' files including the files of residents with wounds, falls history, nutritionally at risk and those using restraint measures. The clinical nurse manager told the inspector that there were no residents presenting with behaviour that challenged at present.

Comprehensive nursing assessments were completed on admission. Systems had been put in place to record three monthly nursing reassessments and to record evidence that residents/relatives were consulted and informed with regard to development and review of care plans but these were not being consistently updated and recorded. A wide range of up-to-date risk assessments had been completed including nutrition, dependency, skin integrity, restraint and moving and handling. Care plans which had been regularly reviewed were in place for all identified issues.

Weight loss was closely monitored, residents were nutritionally assessed using a validated tool and all residents were weighed regularly. Advice was sought from both the GP and dietician for those residents who were identified as being at risk of weight changes. Some residents were prescribed nutritional drink supplements when assessed as needing them.

The inspector was satisfied that wounds were well managed. There were adequate records of assessment and appropriate plans in place to manage wounds.

The inspector noted that staff continued to promote the reduction in the use of restraint. There were four residents using bedrails at the time of inspection. The restraint policy promoted a restraint free environment. Risk assessments had been completed for the use of bedrails but they did not include the alternative measures that had been tried or considered. All residents using bedrails were checked on a two hourly basis and this was being recorded. All staff had received training on the use of restraint during 2013.

Staff strived to provide meaningful and interesting activities for residents. There was an activities coordinator employed 16 hours per week. Staff told the inspector that they also carried out various activities and spent time with residents but that the layout of the building restricted many group activities. Residents could attend daily activities in the day care centre if they wished and some residents spoken with told the inspector that they choose the activities that they wished to attend there. Staff were observed sitting and chatting with residents, painting their nails and giving hand massages. Some residents spoke of enjoying attending mass which was celebrated twice weekly. The CNM told the inspector that dog therapy was scheduled to commence this week. Two staff members had completed Sonas training (therapeutic programme specifically for residents with Alzheimer's disease) and held weekly sessions with residents.

**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 - Major

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

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

**Findings:**

As identified at previous inspections parts of the current premises were not suitable for the purposes of achieving the aims and objectives set out in the statement of purpose and do not meet the requirements of the Regulations and the Authority's Standards.

The size and layout of the multi-occupancy rooms would not comply with the requirements of the Standards by 2015. There was limited private space for residents and visitors. Facilities for residents who wished to smoke were inadequate. While a gazebo had been provided outside in the garden for residents who wished to smoke, this was only accessible in dry weather. The conservatory at the main entrance was used as the smoking area in poor weather which impacted on other residents' comfort, and on visitors who had to pass through this area when entering and leaving the building.

There is no separate dedicated treatment room.

Some improvements had been carried out since the last inspection including the provision of a cleaners store and an equipment and hoist store. The CNM told the inspector that drawings for the proposed redevelopment of the centre had not yet been agreed and that they were planning site visits to other centres before finalising plans.

The building was found to be clean and bright. Staff had continued to create a homely atmosphere.

Adequate high quality assistive equipment was provided to meet residents' needs such as hoists, ceiling hoists, specialised beds, baths and mattresses. Service and maintenance records for the equipment were up-to-date.

**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 found evidence of good complaints management. The HSE's comprehensive complaints policy Your Service Your Say clearly outlined the duties and responsibilities of staff. The complaints procedure, while available was not clearly displayed in a prominent position. There was no person nominated (independent to the person nominated to deal with complaints) to ensure that all complaints were appropriately responded to.

The inspector reviewed the complaints log. There were no complaints logged for 2013. Details of previous complaints and actions taken were clearly documented. All complaints had been investigated and responded to and included complainants' satisfaction or not with the outcome.

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

There was an end of life policy in place. Staff confirmed that support and advice was available from the local hospice homecare team. Three staff including the CNM2 had completed a Higher Diploma in Palliative Care. Most staff had completed end of life care training What Matters to Me.

There were two palliative care suites. Each had spacious bedrooms, assisted shower

and toilet en suites as well as a separate living/dining area and kitchenette. Families could stay overnight as sofa beds were provided in the living areas. Staff confirmed that families were provided with food and refreshments as required.

24 hour medical and spiritual care was available as required.

### **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 - Minor

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

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

#### **Findings:**

On the day of inspection, there was an adequate ratio of staff to residents on duty throughout the day. Residents' dependency levels were assessed using a validated tool. There were usually three nurses, a clinical nurse manager and three multi-task attendants on duty during the day time and two nurses and one multi-task attendant on duty at night time. The person in charge was also rostered on duty five days a week.

The inspector reviewed a number of staff files and found that some files continued to not comply with the requirements of the Regulations. Some staff files did not include evidence that staff were physically and mentally fit for the purposes of the work that they were to perform at the centre. Files reviewed contained evidence of Garda Síochána vetting, three written references and records of training courses completed. All nursing registration numbers were available and up-to-date.

Staff turnover was very low and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents and the inspector saw them responding to residents' needs in an informed way.

The management team were committed to providing ongoing training to staff. Training records indicated that all staff had attended a variety of training during the past 12 months including medication management, infection control, food hygiene, end of life care, restraint and risk management. Further training was scheduled on basic life support and medication management.

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## **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:***

Mary Costelloe  
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>

Centre name:	Raheen Community Hospital
Centre ID:	ORG-0000611
Date of inspection:	05/11/2013
Date of response:	22/01/2014

#### 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 08: Medication Management

**Theme:** Safe Care and Support

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

Some prescribed medications had not been signed as being administered on some dates. These errors had not been recorded.

**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:**

The non-recording of the errors re medication administration were corrected immediately when it was brought to management's attention and HIQA informed as required on November 6th 2013.

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

An audit was subsequently undertaken by the pharmacist of all medication karkex and feedback provided to the nursing staff. Additional education was provided by the pharmacist.

**Proposed Timescale:** 22/01/2014

### **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:**

Risk assessments had been completed for the use of bedrails but they did not include the alternative measures that had been tried or considered.

**Action Required:**

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

A detailed assessment tool re restraint is now in place including alternative options to be evaluated.

**Proposed Timescale:** 22/01/2014

**Theme:** Effective Care and Support

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

Systems had been put in place to record three monthly nursing reassessments but these were not being consistently updated and recorded.

**Action Required:**

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

Staff have been advised of the necessity to review and record reviews on a three monthly basis. An audit is scheduled to be undertaken to ascertain compliance on week commencing February 10th 2014. To support the ethos of individualised of person centred care Raheen CNU is currently partaking in a sponsored project (Person Centred Care) led by Dr. Jan Dewing an International Expert on person centred care.

**Proposed Timescale:** 14/02/2014



**Theme:** Effective Care and Support

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

Systems had been put in place to record evidence that residents/relatives were consulted and informed with regard to development and review of the care plans but these were not being consistently updated and recorded.

**Action Required:**

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

Staff have been advised of the necessity to involve residents and relatives and record this. A review of this will be included in the audit which is scheduled to be undertaken to ascertain compliance on week commencing February 10th 2014.

**Proposed Timescale:** 14/02/2014

#### **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:**

The size and layout of the multi-occupancy rooms will not comply with the requirements of the Standards by 2015. There was limited private space for residents and visitors. Facilities for residents who wished to smoke were inadequate. There is no separate dedicated treatment room.

**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:**

Work in relation to the environment is ongoing with Estates and an appointed Architect to finalise a Development Control Plan (DCP) for the site and the structural alterations required to facilitate compliance with Standard 25. The local Raheen Hospital Support Group are integrally involved in this process.

**Proposed Timescale:** 31/12/2015

**Theme:** Effective Care and Support

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

The design of the premises restricted the provision of group activities and the choice of having a single room.

**Action Required:**

Under Regulation 19 (3) (e) part 1 you are required to: Provide adequate private and communal accommodation for residents.

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

There exists three areas for group activities- notably the art therapy room, the dining room and the day centre.

The single room issue is being addressed in the DCP (Development Control Plan).

**Proposed Timescale:** 31/12/2015

**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:**

The complaints procedure, while available was not clearly displayed in a prominent position.

**Action Required:**

Under Regulation 39 (4) you are required to: Display the complaints procedure in a prominent position in the designated centre.

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

The complaints procedure is now displayed in a prominent position in the unit.

**Proposed Timescale:** 22/01/2014

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

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

There was no person nominated (independent to the person nominated to deal with complaints) to ensure that all complaints were appropriately responded to.

**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 procedure is amended and the DON, is now the nominated independent person.

**Proposed Timescale:** 22/01/2014

**Outcome 18: Suitable Staffing**

**Theme:** Workforce

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

Some staff files did not include evidence that staff were physically and mentally fit for the purposes of the work that they were to perform at the centre.

**Action Required:**

Under Regulation 18 (3) (c) you are required to: Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

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

All staff have completed the medical fitness self-declaration form. A third of the staff have obtained the additional requirements of a certificate of fitness from their GPs. The remaining staff are making the necessary arrangements to obtain this.

**Proposed Timescale:** 28/02/2014