**Health Information and Quality Authority**
**Regulation Directorate**

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

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

| | |
|---|---|
| **Centre name:** | Abbeygale House |
| **Centre ID:** | OSV-0000743 |
| **Centre address:** | Farnogue,<br>Old Hospital Road,<br>Wexford. |
| **Telephone number:** | 053 912 4002 |
| **Email address:** | barbara.murphy@hse.ie |
| **Type of centre:** | The Health Service Executive |
| **Registered provider:** | Health Service Executive |
| **Provider Nominee:** | Barbara Murphy |
| **Lead inspector:** | Ide Cronin |
| **Support inspector(s):** | None |
| **Type of inspection** | Unannounced Dementia Care Thematic Inspections |
| **Number of residents on the date of inspection:** | 21 |
| **Number of vacancies on the date of inspection:** | 0 |

## 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: |
|---|---|
| 01 November 2017 09:25 | 01 November 2017 16:30 |
| 02 November 2017 09:10 | 02 November 2017 14:30 |

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 | Substantially Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | Compliance demonstrated | Compliant |
| Outcome 04: Complaints procedures | Compliance demonstrated | Non Compliant - Moderate |
| Outcome 05: Suitable Staffing | Substantially Compliant | Non Compliant - Moderate |
| Outcome 06: Safe and Suitable Premises | Compliance demonstrated | Substantially Compliant |

**Summary of findings from this inspection**

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the provider completed the self-assessment document by comparing the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

HIQA had received unsolicited information prior to this inspection regarding aspects of the service. The inspector found that the provider had met their legislative responsibilities and the information received was not substantiated. The last

inspection of the centre was an announced registration renewal inspection that took place in March 2016. There were no action plans generated from that inspection. The design and layout of the centre met its stated purpose to a good standard and provided a comfortable and therapeutic environment for residents with dementia. Residents with dementia integrated with the other residents in the centre. The centre was clean with appropriate furnishings and ample private and communal space.

Care practices and interactions between staff and residents who had dementia using a validated observation tool were observed by the inspector. These observations evidenced that both staff and volunteers engaged positively with residents who had dementia. The inspector reviewed documentation such as care plans, medical records, medicine records and staff files. The inspector talked to residents about their experience of living in the centre and talked to staff about their roles, responsibilities and residents' care needs. They conveyed positive attitudes towards the care of vulnerable people and displayed a good understanding of individual residents' needs, their preferred routines and they were knowledgeable about how dementia impacted on daily life.

The Action Plan at the end of this report identifies areas where some 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 Standards for Residential Care Settings for Older People in Ireland (2016).

**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:**
The healthcare needs of residents with dementia were met to a good standard. The inspector found that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Care plans in the sample reviewed had an end-of-life care plan which described the wishes of residents. The nutritional and hydration needs of residents with dementia were met. Residents were protected by safe medicine management policies and procedures.

While the centre catered for residents with a range of healthcare needs, on the day of this inspection, ten residents in the centre had a diagnosis of dementia. The inspector focused on the experience of residents with dementia living in the centre on this inspection. The inspector tracked the journey of a sample of four residents with dementia and also reviewed specific aspects of care such as nutrition, end-of-life care and responsive behaviours.

There was evidence that timely access to health care services was facilitated for residents. The person in charge confirmed that a GP was attending to the needs of all residents. The person in charge told inspectors that an "out of hours" GP service was rarely used as the same GP would often visit residents out of hours when required. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital.

Residents' documentation reviewed by the inspector confirmed they had access to GP care including out-of-hours medical care. Some residents who lived in the locality were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents had good access to allied healthcare professionals. Physiotherapy, dietetic, speech and language therapy, dental, ophthalmology and chiropody services were available to residents as necessary. Community psychiatry of older age specialist services attended residents in the centre. This service supported GPs and staff with care of residents experiencing behavioural and psychological symptoms of dementia as needed. Residents' positive health and wellbeing was promoted with gentle exercise as

part of their activation programme, an annual influenza vaccination programme, regular vital sign monitoring and medicine reviews. A care plan was developed for each resident within 48 hours of admission based on their assessed needs. Care plans were informed by comprehensive assessment and assessment with the assistance of validated tools to determine each resident's risk of malnutrition, falls, level of cognitive function and skin integrity among others.

Residents' care plans were updated routinely as required by legislation and thereafter to reflect their changing care needs. This process was completed in consultation with each resident or a family member on their behalf. The inspector found that all staff spoken with were very knowledgeable regarding residents' likes, dislikes and care needs. A communication policy was available to inform residents' communication needs including residents with dementia.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services as necessary. A pain assessment tool for residents, including residents who were non-verbal was available and in use to support pain management. The inspector reviewed a sample of end-of-life care plans and found that they outlined residents' individual preferences regarding their physical, psychological and spiritual care. Residents' individual wishes regarding the place for receipt of their end-of life care was also recorded. All residents on the day of inspection were accommodated in single bedrooms which enhanced their end-of-life comfort needs, privacy and dignity. Staff and residents outlined to the inspector that religious and cultural practices were facilitated.

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated. Nutritional and fluid intake records were appropriately maintained where necessary. Residents' nutritional needs were well met. Residents were seen to be provided with a regular choice of freshly prepared food. Menu options were available and residents on a modified diet had the same choice of meals as other residents with due consideration given to the presentation of these meals. Systems were in place to ensure residents had access to regular snacks and drinks as observed by the inspector. However, the inspector observed that residents who required assistance with meals did not have an opportunity to have their meal at a table.

One dining space was too small to accommodate specialised seating for residents who required assistance with meals therefore some residents had to have their meals sitting in their chairs which did not provide any opportunity for social interaction as observed by the inspector. On the second day of inspection staff had made efforts to ensure that residents were able to have their meal at a table. However, further improvement is required to ensure that each resident has a choice of where they eat their meals and that mealtime is an opportunity for residents to engage and interact. This is actioned under Outcome: 6 Premises.

There was evidence in care plans of good links with the mental health services. Behavioural charts were available to record a pattern of altered behaviours. Community psychiatry of older age specialist services attended residents in the centre. This service supported GPs and staff with care of residents experiencing behavioural and

psychological symptoms of dementia as needed. Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values.

Residents were protected by safe medicines management practices and procedures. There was a written operational policy informing ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing and medicine reviews met with the legislation and regulatory requirements. Nursing staff were observed administering medicines to residents and practices reflected professional guidelines. However, the inspector was informed that a pharmacy service was not routinely available to the centre but was available by phone for advice. There was no evidence that a choice of pharmacist was available to residents. Medicines management audits were carried out on a monthly basis through the quality metrics system.

There were procedures for the return of out-of-date or unused medicines. Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily, at the change of shift. The inspector checked a sample and found that the drug supplies and records were correct. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration. Fridge temperatures were checked and recorded on a daily basis.

Residents were assessed on admission and regularly thereafter for risk of falls. There was a falls prevention policy in place. Procedures were put in place to mitigate risk of injury to residents assessed as being at risk of falling including increased staff, such as, supervision/assistance, hip protection, low level beds and sensor alarm equipment. All residents were appropriately supervised by staff as observed by the inspector on the day of inspection.

**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:**
The inspector was satisfied that all reasonable measures in place to safeguard residents from being harmed or suffering abuse in the designated centre. There was an operational policy in place on safeguarding vulnerable persons at risk of abuse dated 2014. The inspector spoke with staff members, who had good knowledge of the reporting procedure, and what to do in the event of an allegation. The inspector saw

that all staff had up to date training in abuse.

Assessments by doctors, members of the multidisciplinary teams from mental health and ensured that staff were well informed about residents conditions and that any underlying medical conditions or infections that could contribute to behaviour changes were treated. Staff confirmed that they had attended training in dementia care and were aware of ways to manage behaviours associated with dementia. Two staff had been trained as dementia champions.

Staff promoted the principles of a restraint free environment and this was a priority for staff who said they tried not to use any restraint measures except when other interventions had failed. Twelve residents had bedrails in place at night to prevent falls or because they felt more secure with a bedrail in place. There were assessments for all bedrails in use and their continued use was regularly reviewed.

Some bedrails were used to help residents move or change their position when in bed and had an enabling function rather than a safety function. There was a record of visitors' maintained. This was located outside the front door to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents confirmed to the inspector that they felt safe and said this was due to the unit being secure and staff on duty all the time.

Meaningful activity support and distraction techniques were used for those with responsive behaviours. The training records identified that some staff had opportunities to participate in training in prevention and management of responsive behaviours. Staff spoken with were familiar with the interventions used to respond to residents' behaviours. Behaviour logs formed part of the assessment and care plan process. Staff who spoke with the inspector were aware of the triggers and the most effective person-centred interventions to de-escalate any incidents of responsive behaviours. Support from the community mental health team was available and noted to have been facilitated for residents in the records reviewed.

There were systems in place to safeguard residents' finances. Small sums of money held on behalf of residents were stored securely. Individual records were held for residents, with every transaction signed by two staff and the resident where possible. The inspector checked a sample of records and these were found to be correct.

**Judgment:**
Substantially 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 consulted regarding the planning and organisation of the centre. Choice was respected and residents were asked how they wished to spend their day. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. There was a residents' committee in place and the last one had taken place on 17 October 2017. There was evidence that any issues raised by residents or requests made by them were acted upon. Residents spoken with by the inspector expressed a high level of satisfaction with the service they received and with living in the centre.

Residents could move around the centre as they wished and told the inspector they had access to the outdoors and to the local town a short distance from the centre. Residents told the inspector that they really enjoyed outings and had recently been out to the opera festival. Care plans included information about what residents could do for themselves as well as aspects of care where they required support. The inspector was satisfied that residents' religious and civil rights were supported. There were notice boards available throughout the centre providing information to residents and visitors. Radio, television and newspapers were available for information about current affairs and local matters. Residents were up-to-date in current affairs and had daily news papers delivered to them.

There were two activity coordinators employed over a five day period. The inspector spoke with one of the activities coordinators The inspector found that she was very enthusiastic and dedicated to improving quality of life for residents. The inspector found that she had intimate knowledge of each resident and their past history in relation to their personal and working life. There was a planned detailed activity programme in place which was displayed.

Group activities on the days of inspection included arts and crafts and a volunteer came on one afternoon to chat with residents. Some residents preferred to stay in their rooms and the activity coordinator would visit them on a daily basis. The activity coordinator told the inspector that she was satisfied that the social care needs of all residents were met on a weekly basis. On Saturdays a movie afternoon was held and residents told the inspector that they really enjoyed the movies. Sonas (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation) was also held on a weekly basis.

Aside from routine observations, as part of the overall inspection the inspector spent a period of time observing staff interactions with residents. The observations took place in the activity and dining room during mealtimes. Observations of the quality of interactions between residents and staff for selected periods of time indicated that the majority of interactions demonstrated positive connective care. Staff provided good quality interactions that demonstrated positive connective care which benefitted the majority of residents throughout the observation periods.

There was evidence of a good communication culture amongst residents, the staff team provider and person in charge. Staff worked to ensure that each resident with dementia

received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Residents were well dressed. Personal hygiene and grooming were well attended to by care staff. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected as evidenced through the care planning process. Residents were satisfied with opportunities for religious practices. Each resident had a section in their care plan that set out their religious or spiritual preferences. Mass was held on a weekly basis.

There were many visitors in the centre on the days of this inspection and there were a number of areas where residents could meet with visitors in private. A record of visitors to the designated centre was available and maintained. Independent advocacy services and contact details were also displayed to support all residents including residents' families to raise issues of concern.

**Judgment:**
Compliant

***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:**
There was a policy and procedure in place for the management of complaints. A copy of the complaints' process was clearly displayed at reception, which outlined the various stages for making, investigating and resolving a complaint. In keeping with statutory requirements the procedure for making a complaint included the necessary contact details of a nominated complaints officer.

There was a nominated person to deal with complaints, and a second person to ensure that all complaints were appropriately recorded and responded to. A complaints' log was maintained in the centre. However, improvements were required to ensure that complaints were consistently recorded in the relevant documentation as the inspector saw that the management of complaints was inconsistent. The inspector observed that issues raised by residents at the residents' forum were not logged as complaints. There was no evidence that the outcome and satisfaction of the complainant was recorded in a complaint viewed by the inspector.

The independent advocacy service was advertised and details of the Office of the Ombudsman were displayed in the centre and listed in the complaints procedure.

**Judgment:**
Non Compliant - Moderate

## *Outcome 05: Suitable Staffing*

**Theme:**
Workforce

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

**Findings:**
The inspector was satisfied that there were appropriate staff numbers to meet the needs of residents taking into account the size and layout of the centre. Staff were seen to be supportive of residents and responsive to their needs. Residents spoken with confirmed that staffing levels were good stating they never had to wait long for their call bell to be answered or their requested needs to be met.

A nurse was on duty at all times and staff were supervised on an appropriate basis. The inspector reviewed the actual and planned rosters for staff, and found that staffing levels and skill mix were sufficient to meet the needs of the residents. The provider representative informed the inspector that staff recruitment was ongoing to ensure that the centre was sufficiently staffed at all times.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' condition. There was evidence of regular staff meetings taking place. The inspector observed that staff appraisals took place on an annual basis. Good supervision practices were in place with the nurses visible on each floor providing guidance to staff and monitoring the care delivered to residents. Residents told the inspector that they were very well cared for by staff.

Staff demonstrated to the inspector their knowledge in a number of areas for example, adult protection and caring for residents with dementia or responsive behaviours. Staff who spoke with the inspector confirmed that they were well supported to carry out their work by person in charge.

There was a varied programme of training for staff. Records viewed confirmed there was an ongoing program of mandatory training in areas such as safeguarding vulnerable adults, fire safety evacuation and safe moving and handling. Staff also had access to a range of education, including training in specific dementia related courses.

Staff recruitment procedures were in place and included vetting of staff. Evidence of current professional registration for all nurses was available. A sample of staff files were

examined by the inspector and were found to contain most of the necessary information required by Schedule 2 of the regulations. The person in charge gave verbal assurances that all staff working in the centre had a satisfactory vetting disclosure in place. However, staff files viewed by the inspector did not contain the relevant Garda vetting disclosures. These disclosures were not received within the agreed timeframe between the Health Service Executive (HSE) and HIQA. The provider representative told the inspector that the Garda Vetting forms were not available because the person responsible was on annual leave.

There were three volunteers operating in the centre. The inspector found that Garda vetting was in place and their roles and responsibilities were set out and agreed in writing as required by legislation.

**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:**
The centre is registered under HIQA for 30 places. However, nine beds are currently closed due to staffing resource implications.

The inspector was satisfied that the location, design and layout of the designated centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. It was purpose built in 2012. It is a split level building divided into two units with Abbeygale House situated on the top level. One unit comes under the auspice of psychiatry of old age and Abbeygale House is a 30-bedded unit dedicated to older persons services.

The location, design and layout of Abbeygale House are suitable for its stated purpose There are 24 single en suite bedrooms and two three-bedded en suite rooms. The multi occupancy bedrooms are currently closed. The inspector observed that there were sufficient additional and accessible toilet/bathroom facilities for residents. The inspector observed that contrasting colours had been used to distinguish toilet doors from the surrounding walls and facilitate recognition of access points. The fixtures and fittings in bathrooms were also a different colour which made the environment easier to negotiate and understand.

The environment and decor was tranquil. There were large bright social rooms as well as areas for quiet reflection. The inspector saw that the sitting rooms were located at

the heart of the unit. Dining rooms were situated on either side of the kitchen. As outlined under Outcome:1 all residents did not have an opportunity to have their meal at a table. One dining space was too small to accommodate specialised seating for all residents who required assistance with meals. The visitors' room was located beside the reception area. The sun rooms overlooked the landscaped garden areas.

The inspector observed that work had been done to make the environment cosy and therapeutic for residents with dementia. There was very good use of tactile decorations, traditional and colourful furnishings and memorabilia throughout the centre. Residents' artwork and photos from events and outings were displayed on the walls. Residents spoken with expressed their satisfaction with the décor and their bedroom accommodation. However, the inspector the inspector observed that the centre needed to be painted as there was paint chipped from walls and scuff marks on the walls in most areas within the centre. The inspector saw that the person in charge had also requested painting of the centre.

The inspector saw that universal design dementia friendly signage was in place and in the same consistency theme and colour. The inspector observed that the signage was clear, large font and the image contrasted with the background colour and the signs were easy to read.

There was a secure outdoor area which could be accessed from a number of points and garden seating was provided. There was a multi-denominational prayer room available on the ground floor, a therapies room and a fully equipped hairdressing salon. There was adequate storage space available and necessary sluicing facilities are provided. There was suitable heating, lighting and ventilation. There were thermostatic controls on the water systems. There was a separate kitchen with sufficient cooking facilities and equipment. There was a suitable staff facility for changing and storage

The perimeter of the building is monitored by CCTV (closed circuit television) surveillance.

**Judgment:**
Substantially 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:*


Ide Cronin
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**[1]

| | |
|---|---|
| **Centre name:** | Abbeygale House |
| **Centre ID:** | OSV-0000743 |
| **Date of inspection:** | 01/11/2017 |
| **Date of response:** | 24/11/2017 |

## Requirements

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

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

## Outcome 01: Health and Social Care Needs

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence that a choice of pharmacist was available to residents.

**1. Action Required:**
Under Regulation 29(1) you are required to: Make available to the resident a pharmacist of the resident's choice or who is acceptable to the resident.

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

**Please state the actions you have taken or are planning to take:**
As part of the admission policy all residents are offered a choice of using their own pharmacy All long stay residents sign a contract of care on admission which states:

Residents are being given the option of retaining the services of their own G.P and Pharmacy. While every effort will be made to support residents with their choice, it will only be possible if GPs and pharmacies are willing to provide this service. Also if availing of this service any expenses incurred must be borne by the resident. Management are processing business case to recruit a pharmacist specifically for older people services in Wexford under governance of the acute hospital

**Proposed Timescale:** 31/01/2018

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Ensure that all staff have up-to-date knowledge and skills appropriate to their role, to respond to and manage responsive behaviours.

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

**Please state the actions you have taken or are planning to take:**
Plan in place to complete further training first date 30 November 2017 and awaiting further dates for January 2018

**Proposed Timescale:** 30/11/2017

**Outcome 04: Complaints procedures**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence that the outcome and satisfaction of the complainant was recorded in the documentation reviewed.

**3. Action Required:**
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the

complaint, the outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
Review of all complaints has taken place and evidence that they have been resolved has been documented. New documentation for the logging of complaints has been introduced.

**Proposed Timescale:** 08/11/2017

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector observed that issues raised by residents at the residents' forum were not logged as complaints.

**4. Action Required:**
Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

**Please state the actions you have taken or are planning to take:**
New documentation for the logging of complaints has been introduced and all issues raised at residents forum will be documented appropriately

**Proposed Timescale:** 08/11/2017

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Ensure that all staff have a vetting disclosure in accordance with the National Vetting Bureau(Children and Vulnerable Persons)Act 2012.

**5. Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
Vetting disclosures were submitted 10 November 2017 to HIQA Offices.

**Proposed Timescale:** 10/11/2017

| Outcome 06: Safe and Suitable Premises |
| --- |
| **Theme:**<br>Effective care and support<br><br>**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**<br>The inspector observed that a dining room was too small to accommodate all residents who required specialised seating.<br><br>**6. Action Required:**<br>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.<br><br>**Please state the actions you have taken or are planning to take:**<br>Business case been developed to look at incorporating two rooms to facilitate bigger dining room area . Also enable table has been ordered to facilitate the residents in wheelchairs. |
| **Proposed Timescale:** 31/01/2018 |
| **Theme:**<br>Effective care and support<br><br>**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**<br>Ensure that the premises is kept in a good state of repair.<br><br>**7. Action Required:**<br>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.<br><br>**Please state the actions you have taken or are planning to take:**<br>Funding is been sought to repaint the unit commencing in January 2018 |
| **Proposed Timescale:** 31/01/2018 |