

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ashborough Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000194
<b>Centre address:</b>	Lyre Road, Milltown, Kerry.
<b>Telephone number:</b>	066 976 5100
<b>Email address:</b>	nursemanager@allenfield.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Allenfield Care Homes Limited
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	56
<b>Number of vacancies on the date of inspection:</b>	2

## **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:
30 August 2018 10:45	30 August 2018 18:30
31 August 2018 09:30	31 August 2018 18:00

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non-Compliant - Moderate
Outcome 04: Complaints procedures	Substantially Compliant	Non-Compliant - Moderate
Outcome 05: Suitable Staffing	Compliance demonstrated	Non-Compliant - Major
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

**Summary of findings from this inspection**

This inspection of Ashborough Lodge Nursing Home by the Health Information and Quality Authority (HIQA) was unannounced. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The inspector followed the experience of a number of residents with dementia within the service. The inspector observed care practices and interactions between staff and residents who had dementia, using a validated observation tool. Prior to the commencement of the thematic inspections providers were invited to attend information seminars given by HIQA. In addition, evidence-based guidance had been developed to guide providers on best practice in dementia care and on the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this to HIQA prior to the inspection. During the inspection there were 56 residents in the centre with two vacant beds. The person in charge had stated that over 25% of the residents had

been diagnosed with dementia and a further group had a degree of cognitive impairment.

As part of the dementia thematic inspection process the inspector met with residents, visitors, the person in charge, the clinical nurse manager (CNM), staff members, catering and household staff. The inspector reviewed documentation such as care plans, health care records, policies and the activity programme. The centre was clean and well maintained. The majority of residents were accommodated in single en-suite rooms which were equipped to support maximum independence.

The Standards set by HIQA to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016 formed the basis for the judgments made by the inspector. Six Outcomes were inspected against and the inspection findings were set out in the following report.

**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:**

A comprehensive assessment of the health and social care needs of residents who had dementia took place prior to admission. The person in charge carried out the pre-admission assessments to ensure that the layout and staffing could accommodate the particular needs of those with dementia. Appropriate care plans were seen to be in place which were reviewed four-monthly. General practitioner (GP) services were available to residents. The pharmacist visited the centre and supplied medicines as prescribed by the GP. Allied health care services such as physiotherapy, speech and language therapy (SALT) and dietitian were consulted. Documentation from these personnel confirmed that they visited residents in the centre. Weekly physiotherapy sessions were available privately and the physiotherapist was seen to be attending to residents during the inspection. Chiropractic and hairdressing services were also accessed on a private basis. Referrals and follow-up appointments with consultants were facilitated for assessment of residents with dementia. Clinical assessments such as skin integrity, mobility, falls, nutrition and cognitive assessment were completed. The inspector spoke with a number of staff who was found to be familiar with residents' nutrition needs, special diets, likes and dislikes. Modified diets looked appetising. Food choices were impressive, residents had a daily menu and fresh home baking was presented daily.

Residents with dementia and their representatives where appropriate were involved in developing care plans. Residents' signatures were seen on consent forms within the care plan and on their contracts of care. A number of end-of-life care plans were in place and others were being developed with support from relatives. These were seen to be comprehensive, easily accessible to staff and were updated on at least an annual basis. There was a room available for relatives to stay with residents at end of life and support was available from staff at this time. Specialist palliative services were available for symptom control, if required.

Residents' preferences and life story information were recorded. The documentation was supported by family involvement. The activity coordinator stated that this information was used to inform the activity programme and the daily routine of each resident. There were opportunities for residents to participate in activities which suited their needs, interests and capacities. There was an emphasis on promoting health and general wellbeing.

In general the health and social care needs aspect of care was well managed. However, the inspector found that a number of prescribed drugs required clarification as to the dose. In addition, some PRN (when required) psychotropic medicines required review as the relevant residents had not required this medicine for an extended period of time.

**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 policy on the prevention of elder abuse was seen to reference the most recent evidence-based practice. The inspector found that measures were in place to protect and safeguard residents. Staff spoken with by the inspector was aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records confirmed that a number of staff had received training on recognising and responding to elder abuse. Staff stated that they viewed the DVD on "recognising and responding to elder abuse" on a regular basis. Residents spoken with said they felt safe in the centre and that staff were supportive and helpful.

There was an up-to-date policy in the centre to support staff in interventions for residents who exhibited behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD). A number of staff members spoken with confirmed that training had been provided to them in how to support residents with dementia. Individualised care plans on behaviour issues were in place in a sample of residents' files viewed by the inspector. The inspector observed staff interacting with residents and intervening appropriately when any resident began to communicate restlessness, upset or anxiety.

Residents with dementia who required bedrails were checked regularly when these were in use. There was evidence that consent of the resident or a representative had been sought for bedrail use and there was multidisciplinary involvement in decision making. The inspector observed that a number of other residents had the use of low-low beds and for some residents with dementia alarm mats were placed next to beds to alert staff should a resident at risk of falls get out of bed.

The inspector found that residents' finances were managed carefully in the centre. Two staff members signed for financial transactions. Receipts were given to residents for payments, hairdressing, pharmacy, chiropody and physiotherapy fees, where relevant. The centre did not charge residents any extra fees for the social programme.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation*****Theme:**

Person-centred care and support

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

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

**Findings:**

The person in charge informed the inspector that there were opportunities for residents to participate in activities that suited their assessed needs and interests. The minutes of residents' meetings were reviewed. Residents' newsletters were circulated regularly. Surveys were carried out and residents were seen to be consulted at meal times as regards the choices available. Most residents were seen to have access to the gardens, the communal rooms and oratory. The inspector observed that residents who were accommodated in the dementia specific unit were accompanied by a family or staff member when leaving the unit, for safety reasons and the door to the unit was open on most occasions during the inspection. This meant that there was greater inclusion for all at activities and when dining.

There were photographs on display which had been taken at events both inside and outside the centre. Visiting time was unrestricted and there were a number of sitting areas where residents could meet visitors in private. Residents with dementia were provided with snacks and tea as they required, throughout the day. The weekly activity schedule included baking, quiz, chair based exercise, music sessions, board games, art work, newspaper reading and prayers. There were a group of staff engaged in the facilitation of activities and one staff member co-ordinated these to provide choice and variety. The inspector spoke with this member of staff who explained the programme on offer.

Staff informed inspectors that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one to one interactions. Life stories/ social care plans were available in each resident's personal file which contained information necessary to promote a person-centred approach. Residents with dementia received care in a dignified way that respected their privacy. Residents had a section in their care plan that covered communication needs and there was a communication policy in place that included strategies for effective communication with residents who had dementia.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to engage with residents on a social level. The inspectors used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These

observations took place in sitting room areas and in the dementia specific unit. Each observation lasted a period of 30 minutes and the inspector evaluated the quality of interactions between carers and residents with dementia. In one sitting room area the observing inspector noted that interactions were positive and meaningful. Staff members interacted with residents in a calm and relaxed manner. During the exercise session residents were encouraged to respond according to their abilities and capacity. Residents were seen enjoying a music/singing session also. They were heard responding and singing along to familiar songs. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care.

Two other observation periods were undertaken throughout the day. Staff were seen to support residents who required help to eat their meals and to speak to each resident individually before any support was offered. Residents who had dementia were seen be helped to maintain independence at meal times and where prompting was required this was sensitively offered. There were sufficient staff on duty in the dining room. There was a calm and happy atmosphere in the room providing a sense of positive wellbeing for residents with dementia. The meal was unhurried and staff were available to support residents throughout the period of observation. The inspector found that many of the interactions in the dementia specific unit during the 30 minutes observation periods involved positive connective care. However, there were also indicators of neutral care and task orientated care particularly when staff were busy attending to other residents needs or on their own breaks. This included periods of time when residents were unattended, residents did not have someone to talk with or residents were sitting without meaningful activity to occupy them. This was discussed with the person in charge as regards training staff in providing this meaningful interaction and staff presence throughout the day.

Notices were on display which indicated that residents and their representatives were provided with contact information for independent advocacy services. Overall, the inspector found there were systems in place to support residents with dementia and their representatives to participate in care planning and live fulfilled lives in the centre. The inspector met with a number of residents and family members of former residents who were very praiseworthy of staff and of the care available in the centre. While generally the rights of residents and their privacy and dignity was supported in the centre the inspector found that there were infrequent resident meetings and a newsletter was sent out to residents instead of a meeting being organised. The object of regular resident meetings was to ascertain residents' likes, wishes, concerns and complaints and to develop an action plan for these. In the absence of these meetings the voice of residents was not heard in a comprehensive and consistent manner. the person in charge stated that residents were spoken with on a daily basis. In addition, there was no activity documentation to indicate which residents attended which activity, therefore it was not possible for the inspector to ascertain which residents attended often, which activity residents attended or if some residents had actually had any involvement in activities. Activity attendance was recorded in the nursing progress notes.

**Judgment:**

Non-Compliant - Moderate

### ***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Policies and procedures were in place for the management of complaints. Residents informed the inspector that they were aware of how to make a complaint. They expressed confidence in the complaints process and stated they had no concerns about speaking with staff. The person in charge was the person nominated to deal with complaints. Records of complaints, the results of any investigation and the actions taken were maintained. An independent appeals person was identified in the event that the complainant was not satisfied with the outcome. The inspector found that at the time of inspection not all complainants' issues had been detailed in the complaints book and the satisfaction or not of all complainants was not recorded.

**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 person in charge informed the inspector of the number of staff on duty during the day and night shifts, including their role and responsibilities. The staff rota on the day of inspection confirmed this. Staff stated that they felt that generally there were adequate numbers of staff available to meet the health and social care needs of residents. However, the inspector found that there was a high turnover of staff which the person in charge stated was due to wages issues, career opportunities and opportunities for higher pay. This high turnover was mentioned by some relatives as disconcerting to residents as they preferred staff consistency. In addition, the inspector discussed with the person in charge the issue of staff supervision. The inspector found that staff supervision was not robust and reassuring. A small number of relatives spoken with were not satisfied with some aspects of the care. For example, there had been a number of concerns raised about poor interaction of staff with residents. These had been investigated but the inspector was not assured of the on-going supervision available. Areas of concern were being addressed and followed up at the time of

inspection. The person in charge stated that she was confident that sufficient supervision was in place and she would have follow-up meetings with staff.

The inspector found that on day two of the inspection there was one member of staff on sick leave and there was no replacement available. This meant that there was less time available for individual activities for those with dementia as staff were busier than usual in the absence of the missing member of staff. The person in charge stated that this was a rare event as generally a staff member would be available to fill the vacancy.

A number of staff had mandatory training as required by the regulations. Appropriate training such as manual handling, infection control and dysphagia (difficulty in swallowing) training was also provided. However, a number of staff had yet to receive training in understanding the behaviour and psychological symptoms of dementia (BPSD) and sufficient and appropriate training in safeguarding and safety of residents which were mandatory under the Regulations. This lack of sufficient training had an impact on the quality of interactions in the dementia unit as set out in outcome 3.

The inspector reviewed a sample of staff files and found that records were generally well maintained. Files were found to have the required information including up-to-date professional registration where applicable. Documentation was seen which indicated that staff appraisals were carried out annually. However, there was no photographic identification for one staff member in the sample of staff files seen and a staff member had only one reference available when the regulatory requirement is two. In addition, staff meetings were infrequent which would consequently impact on supervision and sharing of learning and ethos.

**Judgment:**

Non-Compliant - Major

***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 single storey building was built as a nursing home in 2003. It was located near Milltown village in a scenic, country area. There were extensive gardens surrounding the building and residents had access to these for walks with family and staff. Adequate car parking spaces were provided. The person in charge stated that renovations were undertaken on an annual basis and the décor of the centre was consistently upgraded by the full-time maintenance person. Sitting, dining, dayroom and recreation rooms were spacious and provided adequate opportunity to allow private family visits, social events and communal activity sessions.

Bedrooms were personalised with residents' possessions. Each suite area had an assisted bath for residents' use. Relatives and residents stated that having a kettle, a fridge, an en-suite and a washing machine in the individual bedrooms enhanced the quality and enjoyment of their later years. A number of residents were seen to sit near the nurses' desk as it was adjacent to the entrance and there was a lot of activity in that area. Passing staff, visitors and other residents were available to chat with them. The kitchen hatch opened out into the central hallway of the home also which encouraged residents to ask for snacks between mealtimes. An oratory was available for mass or reflection.

There was adequate space available for storage. Service records were available for relevant equipment. Sluicing facilities were clean, locked and well maintained. Clinical waste was disposed of by qualified personnel. An internal well-equipped smoking area was available for residents. Fire doors, a fire extinguisher, external fan system, smoking blanket and suitable ashtray were made available for fire safety purposes.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### *Report Compiled by:*

Mary O'Mahony  
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>	Ashborough Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000194
<b>Date of inspection:</b>	30/08/2018
<b>Date of response:</b>	31/10/2018

### Requirements

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

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

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

A number of medicine doses required amendment in the interest of clarification for administering staff.

#### **1. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist

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

regarding the appropriate use of the product.

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

Nurses are allocated Medication Management Study Day. All Drug Prescription Records "Kardex" will be updated, reviewed and signed by the residents GP accordingly. All drug related concerns will be liaised with the Pharmacy that provides to us.

**Proposed Timescale:** 27/02/2019

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

There was no activity documentation to indicate which residents attended which activity, therefore it was not possible for the inspector to ascertain which residents attended often, which activity residents attended or if some residents had no involvement in activities.

**2. Action Required:**

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

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

Personalised daily activity charts for each Resident has been in place since the 3rd of September and we are recording daily activities.

**Proposed Timescale:** 03/09/2018

**Theme:**

Person-centred care and support

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

In the absence of regular resident meetings the voice of residents was not heard in a comprehensive and consistent manner.

**3. Action Required:**

Under Regulation 09(3)(c) you are required to: Ensure that each resident may communicate freely.

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

Ashborough Lodge will ensure to communicate with our residents by meeting them on a daily basis and talking with them. Meeting with families and friends will be done on a quarterly basis to ensure they are getting the best personalised quality care in Ashborough Lodge.

The meeting is an open floor for residents and families to voice their opinions for likes, concerns, complaints and wishes.

We will continue to advertise meetings times and dates and agenda, in the home, and continue to encourage residents, family members and friends to attend.

**Proposed Timescale:** 04/10/2018

**Theme:**

Person-centred care and support

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

In the absence of timely training in managing the behaviour associated with the psychological effects of dementia some concerns raised indicated that all staff may not have the required skills and understanding to safely and carefully manage this behaviour.

**4. Action Required:**

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

Staff have received training in Behavioural and Psychological Symptoms of Dementia and Safeguarding Vulnerable Adults in June 2018, October 2018, and training is booked for November 2018. We have to stage our dates so we ensure we have enough staff rostered and trained.

**Proposed Timescale:** 04/10/2018

#### **Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

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

The outcome or satisfaction of each complainant was not recorded as required under the regulations.

**5. 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:**

All concerns and complaints will be documented in the complaints book. All will be investigated, concluded and involved people will be informed of the process and outcomes.

**Proposed Timescale:** 04/10/2018

**Theme:**

Person-centred care and support

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

It was not clear if all complainants had been informed of the outcome of their complaint and of the appeals process.

**6. Action Required:**

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

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

Complaints policy and procedures has been reviewed that all complaints and outcome of the complaints will be recorded as per regulatory requirements.

All people involved in the complaints will be informed of the investigation, conclusion and outcome including the appeals process if they are not happy or satisfied with the outcome from management.

The Complaints procedure is displayed in various areas in Ashborough Lodge advising all persons how to complain, and where to make their appeals, which includes HIQA and The Ombudsman's contact details. This is also on the resident's introduction booklet which is provided to each resident on admission.

**Proposed Timescale:** 04/10/2018

**Theme:**

Person-centred care and support

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

While most complaints were fully documented other complaints were noted briefly and not fully documented.

**7. Action Required:**

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

Any concerns or complaints will be investigated and recorded according to the policy and procedure of Ashborough Lodge.

**Proposed Timescale:** 04/10/2018

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

There were some occasions when staff on sick leave was not replaced. In addition, there was a high turnover of staff.

**8. Action Required:**

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

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

We continue to ensure that number and skill mix of staff is appropriate to the needs of the residents.

**Proposed Timescale:** 04/10/2018

**Theme:**

Workforce

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

Not all staff had attended a training course in the prevention of elder abuse. A number of staff had only viewed the DVD "recognising and responding to elder abuse" but had not had a formal training course by a suitably qualified person in this area. In addition, not all staff had received training in BPSD and a number of staff had out-of-date training i.e. in 2012.

**9. Action Required:**

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

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

All staff has been provided with the HSE DVD on Recognising and Responding to Elder Abuse. All staff has been provided with Safeguarding of the Vulnerable Adult study day/training. We had allocated staff training in June 2018, October 2018, and we are booked for November 2018. Staff will continue to receive this training and updates which is staggered over the year to ensure all staff will receive training. This is mandatory for all staff members in every department.

**Proposed Timescale:** 04/10/2018

**Theme:**

Workforce

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

Staff meetings were infrequent and staff were not placed on a formal supervision process following allegations of concern.

**10. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Staff receives newsletter updates on a regular basis. There are three handovers on a daily basis. We have meetings every six months. We will ask for signatures from staff that have received their newsletters.

Following, this staff were updated in training in Safeguarding of Vulnerable Adult at risk of abuse and were informed that this is mandatory for both full and part time staff in all departments.

Staff are supervised on each shift and there is a supervisory tier, Healthcare Assistants, Nurse, CNM 1 and CNM2, and Nurse Manager, any new staff are under the supervision of a senior carer for a minimum of six months, and reviewed thereafter.

**Proposed Timescale:** 04/10/2018

**Theme:**

Workforce

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

The records required under Schedule 2 of the Regulations were not maintained for all staff.

**11. 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:**

We continue to ensure records are set out as per regulations.

**Proposed Timescale:** 04/10/2018