

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	CareChoice Finglas
Centre ID:	OSV-0005307
Centre address:	Finglas Road, Tolka Valley, Dublin 11.
Telephone number:	01 880 0900
Email address:	suzanne.corcoran@carechoice.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	CareChoice Finglas Limited
Lead inspector:	Deirdre O'Hara
Support inspector(s):	Sarah Carter
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	82
Number of vacancies on the date of inspection:	7

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 1 day(s).

The inspection took place over the following dates and times

From: 13 November 2019 08:50 To: 13 November 2019 18:30

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	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non-Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non-Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant
Outcome 08: Governance and Management	Not applicable	Compliant

Summary of findings from this inspection

Prior to the inspection, the person in charge completed the self-assessment and scored the service against the requirements of 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. They identified they were substantially compliant for two outcomes and compliant for four. Inspectors met with residents, relatives, and staff members during the inspection.

The journey of a number of residents with dementia was tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed. The centre had a specific dementia specific unit and another unit on the top floor of the home. On the day of

inspection about 66% of the total residents had a diagnosis of dementia or Alzheimer's disease. Residents with these conditions or a similar condition also lived throughout the building, which had four floors which were accessible by lifts.

The provider and person in charge had made a number of improvements in line with the findings of the previous inspection in August 2018. Inspectors found that significant improvements had been made with the provision of an additional safe and accessible garden. The timely notification of incidents to the chief inspector had also improved. However inspectors found that there were similar findings with regards to records, individual assessments and care planning in particular nutritional and hydration and the participation levels of activities for resident was not always recorded.

The inspectors spoke with and observed a number of residents who, although unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content. Those residents who were able to articulate their experiences expressed good levels of satisfaction with the care and services they received in the centre. However, some family members and residents expressed some inconsistencies in staffing levels at night time. There was one nurse responsible for the ground and fifth floor at night time inspectors also observed the impact of vacancies, such as health care assistants, on the opportunities for residents to be involved in meaningful activities available for residents who required 1:1 attention or would need to be brought to another floor to partake in activities. Residents and their families were generally positive about the approach of the staff and inspectors overall observed positive interactions. Some exceptions were seen where staff were busy with practical tasks and so less able to engage effectively with residents.

A review of the healthcare needs of residents found that residents' needs were being assessed on admission and care plans were developed to inform the staff how those care needs were to be met. Overall there were positive outcomes for residents with low levels of incidents such as pressure areas and falls. Residents and their families were clear of how to make complaints and a review of those made showed they had been addressed. The satisfaction level of the person who made the complaint was clearly recorded. While residents reported their rooms were comfortable, and they were seen to provide space for personal belongings, including a locking drawer for valuables. One twin room viewed by inspectors observed that while a privacy curtain was drawn around one resident the other resident did not have access to their wardrobe. There was a range of communal rooms in each unit, and space to meet relatives in private if they chose to. While the premises was reasonably clean and well decorated there were issues with the condition of flooring on the corridors on the third floor. There were colour contrasting grab rails in toilets, bathrooms and halls. There were two pleasant outside spaces one of which contained a smoking area.

While there was a detailed training plan in place, the record showed that not all staff had completed mandatory training in safeguarding. Staff were provided the centres policy on safeguarding on commencement of employment and on induction, there was training booked for safeguarding and dementia care on 18/11/2019. Other areas for improvement were noted in relation to medication procedures safe storage, and

staff supervision at night on the fifth and ground floor. These issues are outlined in the report and the action plan at the end of the 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):

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

Findings:

The matters arising from the previous inspection were in relation to updating hydration records, smoking risk assessments, mobility care plans and end of life care plans. Most of these actions had been addressed, however deficits in the quality and content of hydration records were still noted.

Residents with dementia lived throughout this centre, across five floors. However the unit on the fifth floor was designated as specific dementia care unit. 14 residents lived there, and on the day of inspection 8 were maximum dependency, 2 had high dependency needs, 2 had medium dependency and 2 were classified as having low dependency needs.

The inspector found that there were policies and procedures in place to ensure residents received a satisfactory standard of care which was person-centred and respected their preferences. The monitoring and recording of residents' hydration and the recording and auditing of residents engagement in the recreational programme required improvement. On admission to the centre each resident's needs were comprehensively assessed using a number of risk assessment tools, for example, risk associated with factors that included vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements. In the records seen, residents had advanced care directives in place, and these had been reviewed with the general practitioner (GP), the resident and their family.

Each resident had a care plan completed that was maintained on a computer programme. This identified their needs and the care and support interventions that were implemented by staff to meet their assessed needs. Care plans for residents with dementia and the management of nutrition and hydration, and wound care were examined in detail.

The centres own policy on hydration indicated the level at which a resident was at risk of dehydration, and some records were seen indicating residents were drinking less fluids than that, however this had not been identified and addressed in the residents records. Fluid balance charts also required further improvement as the records showed the intake and output was not being recorded, despite directive in the care plan for this

specific measure to be recorded.

Nutritional assessments and care plans were in place that outlined the recommendations of dieticians and speech and language therapists where appropriate. Throughout the inspection residents were seen to be provided with regular snacks and drinks. There was a snack menu advertised throughout the centre. Diabetic options were available for residents with diabetes. There were sufficient staff on duty to support residents who required support at mealtimes, this support was task-orientated or neutral in its content and this will be described further in outcome 3 of this report. Each table was set with condiments. There was a menu in all of the dining rooms.

The management of skin and pressure wounds was good in the centre. The care records described the extent of the wounds, the dressings used and the progress/change in condition from one dressing change to another. The information included how to prevent skin deterioration by ensuring a routine of position changes was implemented and indicators for referral to allied health professionals.

Arrangements were in place to review and update care plans on a regular basis and there was evidence of involvement by the residents or their next of kin at family meetings. There was evidence that families were being consulted with and informed of residents care plans and clinical needs. However, the role of families to block or impede clinical recommendations for the provision of a specialist wheelchair required review to ensure the provider was meeting their obligation to provide appropriate care to all residents.

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

Care plans referencing resident's recreational and social interest were seen. However the records to reflect their engagement in activity and the quality of their engagement were inconsistent.

The designated centre had written policies and procedures which related to the administration, transcribing, storage, disposal and transfer of medicines.

The inspector saw that a medication management audit had been completed. The pharmacist visits and provided support as necessary. There was a gap identified in the safe storage of medications in the centre, an insulin pen was not individually labelled for a resident and sharps bins viewed by inspectors were not signed by the staff that had opened them and bins did not have the temporary closure mechanism engaged when bins were not in use. Inspectors found that two venepuncture trays were not clean. Out-of-date stock or medicines that were no longer required were stored separately from other medicinal products and disposed of appropriately.

Nursing staff were observed administering medicines to residents by explaining to them what the medication was for and what they needed to do to take their medication. Details of all medicines administered were recorded by nurses. Prescription records included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The maximum dose of PRN (as required)

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

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

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

There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern.

Notifications in respect of allegations of suspected or confirmed abuse to a resident was submitted to HIQA were followed up. These matters were satisfactorily addressed in accordance with the designated centres policies and procedures.

However, notifications were submitted to HIQA on the day of inspection that were not disclosed to inspectors while they were on the premises. Care plans relating to the residents had been reviewed and the incidents were not seen in the residents daily notes.

The centre was a pension agent for a small number of its residents. The processes to manage this ensured that residents monies were secure and handled transparently. There were systems in place to manage resident day-to-day monies, and the processes were clear, transparent and records seen were correct.

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

There was an induction programme in place for new staff. While the centre had a comprehensive mandatory training programme in place and staff had access to appropriate training not all staff had attended safeguarding training. Further training was scheduled this month on safeguarding and dementia for staff.

A review of training records indicated that staff were provided with up-to-date knowledge and skills, appropriate to their role to enable them to manage responsive behaviours. At the time of the inspection there were a small number of residents displaying such behaviours. Staff described potential triggers, the use of behaviour charts and interventions that could be adopted such as redirection, distraction and diversion and noise reduction, and the records maintained showed the centres policy was being followed. Residents were also being referred to specialists for review, and their recommendations were added to care plans. Staff focused on a proactive and positive approach to residents.

There was a policy on provision of information to residents. Some residents were seen to be wearing glasses and hearing aids to assist communication.

The centre had a policy on the use of restraint which was in line with "Towards a Restraint Free Environment" to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails, was underpinned by an assessment and was reviewed on a regular basis. There was evidence that discussion had taken place with the resident, his/her representatives and in instances where these measures were requested, the staff provided information on associated hazards and offered alternative options such as low to floor beds. Staff were clear that these measures were as a last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe.

On the fifth floor of the centre, which was a designated specialist dementia unit the inspectors made the following observations. Due to the placement of an armchair, the buttons to call the elevator were obscured throughout the inspection day. As the activity programme took place on floors away from the fifth floor, residents choices and ability to attend the programme freely was restricted. Staff allocations (discussed further in the next section of the report) were insufficient to ensure that residents had access to sufficient recreational opportunities and records seen indicated that residents attended activities infrequently.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Findings:

While privacy and dignity was being respected in the centre with regard to residents exercising choice and control over their life to maintain maximum independence, a review was required to ensure consistent access to meaningful occupation due to the layout of the building, where activities took place on different floors.

Staff were observed to be aware of residents communication needs and were referred to appropriate healthcare specialists for dental and optical care. The centre had an open visiting policy. Visitors were made welcome and were encouraged to participate in the resident's life in the centre. On the day of the inspection a number of visitors were observed meeting with residents or taking residents out on trips and appointments. There was also a variety of visitors' rooms, where residents could meet with their visitors in private if they wished to do so.

Residents were encouraged to participate in the activities and entertainments that were on offer but where a resident declined this was respected by staff. There was a daily schedule of activities on advertised on each unit in picture and word format. Through the schedule staff organised and facilitated a range of group activities, however there was no scheduled activity for residents that required 1:1 activities in line with their abilities and preferences.

The inspectors spent some time during the day observing staff and resident interactions on each unit. Some observations were positive, and staff were seen to be using appropriate touch, eye contact and calm reassuring tones of voice to engage with residents in a positive and person centred way. Staff knew the residents they were caring for and for those residents who could not verbalize most staff recognized when the resident was not enjoying an activity or was feeling uncomfortable. However this approach was not consistent and inspectors found that some staff/resident interactions were marked by neutral communications or a task orientated approach and were not person centred. Resident care plans included a communications care plan which highlighted any specific communication needs that the resident may have. Overall staff were aware of the different communication needs and of the best way to communicate with and support the person with dementia.

Inspectors observed that residents' rights, privacy and dignity were respected when staff were providing personal care in the resident's bedroom or in bathrooms, however the privacy for some residents were compromised as their bedrooms could be overlooked from the garden area. One resident did not have access to their wardrobe should the privacy curtains be drawn. Staff were observed to knock before entering a resident's bedroom.

Following consultation and feedback from a recent satisfaction survey, snack menus were developed and on display for residents to choose from and staff had organised regular trips to the local shops and places of interest.

Residents had access to radio, television, newspapers and information about local events. The centre had arrangements in place for residents to exercise their civil, political and religious rights. Residents had access to independent advocacy services which was advertised throughout the centre.

Judgment:
Substantially 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 comprehensive complaints policy in place. The process included an appeals procedure. Residents and their families or representatives were informed about the complaints procedure on admission and in the resident's guide. The complaints procedure was displayed in a prominent position in the centre.

A review of the complaints log showed that complaints were recorded and were being managed by the person in charge. Complaints were addressed promptly, and there were records available to document the outcome and satisfaction level of the complainant. Residents and families who spoke with the inspectors said that they could speak to staff and managers if they had any concerns or complaints. They said to inspectors that if they had raised a complaint that it was addressed promptly and that they were satisfied with the outcome.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

There were effective procedures in place for the recruitment and selection of care staff. The provider ensured that all staff had completed An Garda Síochána (police) Vetting before commencing working in the centre as per the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

The volunteers' files viewed by inspectors in the centre did not have their roles and responsibilities set out in writing. Inspectors saw a template had been developed to address this.

Inspectors were not assured that the number and skill mix of staff was appropriate having regard to the needs of the resident and the size and layout of the build. For example;

- Inadequate staff to ensure one to one activity was provided to residents
- Inadequate staff to escort residents to another floor for activities
- Staffing levels at night on two of the floors did not ensure adequate supervision of healthcare assistants. For example when the staff nurse was called to another floor the healthcare assistant was the only staff member left on the floor at this time. Inspectors were informed by nursing management and the registered provider representative that a staffing proposal was being reviewed but had not been concluded by the provider, this was not available on the day of inspection.

Judgment:

Non-Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

Overall the centre was reasonable clean and well decorated. There were improvements seen since the last inspection regarding the provision and access to an additional outside space for residents. However, there was inappropriate storage of equipment such as linen skips in hallways and lift vestibules and the storage of linen, continence wear, wheelchairs and arm chairs in an assisted bathroom. The privacy and dignity of residents in three bedrooms on the ground floor were compromised as they overlooked one of the gardens and one resident did not have access to their wardrobe due to the layout of a twin room when privacy curtains were drawn closed, this is discussed under outcome 3 above. The smoking area was not clean and temperatures varied in different areas of the centre and time of the day for example the visitors' room and the lobbies.

There were adequate shower and toilet facilities available for 89 residents. Shower, bathroom, toilet facilities and hallways were fitted with grab rails and specialist equipment to ensure the safety and comfort of the residents. The design and layout of the designated centre were in line with the Statement of Purpose.

There were many dementia friendly features in the centre. While there were orientation boards in most of the floors there was none in the dementia floor. Signage and way

finding was good and bedroom doors were painted in different colours throughout the centre. Overall the soft furnishings were pleasant and suitable for the age group of the residents. Menus were displayed in pictorial and word format.

Judgment:

Substantially Compliant

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose. Clinical audits were carried out that analysed accidents, complaints, care plans, medications and others but did not include activity provision. The results of audits were shared with staff for learning.

Inspectors were not assured that there was sufficient staff to ensure safe care effective care. This is discussed under outcome 5: staffing.

There was evidence of consultation with residents and their representatives in a range of areas at residents' meetings and satisfaction survey. Inspectors were told by senior management staff that an annual review had taken place but this was not available on the day of inspection.

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:

Deirdre O'Hara
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 report¹

Centre name:	CareChoice Finglas
Centre ID:	OSV-0005307
Date of inspection:	13/11/2019
Date of response:	15/01/2020

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 resident did not have a specific wheelchair which had been recommended by a specialist.

1. Action Required:

Under Regulation 06(2)(b) you are required to: Make available to a resident medical treatment recommended by a medical practitioner, where the resident agrees to the recommended treatment.

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:

An assessment by the OT is now completed, the provider will be covering all cost incurred to source the specialised chair, procurement process ongoing (4-6 weeks lead time on customised chair delivery)

Proposed Timescale: 10/02/2020

Theme:

Safe care and support

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

The monitoring and recording of hydration charts require improvement. There were gaps in the recording and auditing of residents engagement in the recreational programme.

2. Action Required:

Under Regulation 21(3) you are required to: Retain the records set out in Schedule 3 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

Hydration checklist introduced to record the hydration levels of residents at the end of the shift and used for handovers by nurse on duty, the current documentation of fluid intake/ output in epic care (touch care) will continue and spot checks will be completed to address any gaps. Re-education of clinical team on timely completion of hydration charts, midday shift handovers in place to hydration status of the residents. Review of the activity schedule conducted, activity team re-educated on timely recording of activity engagements/ refusals in epic touch care on daily basis, spot checks of epic reports will be conducted to monitor the activity documentation.

Proposed Timescale: 28/12/2019

Theme:

Safe care and support

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

An insulin pen was not individually labeled for a resident. Sharps bins were not signed by the staff who opened them. The temporary closure mechanism was not engaged when sharps bins were not in use. Venepuncture trays were not clean.

3. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Following actions taken – Staff education on the gaps identified completed, the nurse on duty to do a daily check of sharp bins, medication trolley and to sign the checklist. Labelling of individual medications being addressed in the nurses’ meeting, all above non compliances actioned. Ongoing audit of the medication trolley and clinical rooms to ensure compliance will be carried out.

Proposed Timescale: 03/01/2020

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:

The buttons at the elevator on the fifth floor were obstructed.

As the activity programme took place on floors away from the fifth floor, residents choices and ability to attend the programme freely was restricted.

4. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

The inspector has reviewed the provider compliance plan. The actions proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

Proposed Timescale: 14/01/2020

Theme:

Safe care and support

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

All staff had not attended training in relation to the detection and prevention of and responses to abuse.

5. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

All staffs undertake mandatory training on induction and are retrained regularly as per regulatory requirements, staffs who were outstanding at the time of inspection were scheduled for a latest upcoming training date and is being completed. PIC will review the training matrix regularly to ensure compliance.

Proposed Timescale: 15/01/2020

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:

Residents did not consistently have access to meaningful occupation.

6. 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:

Activity schedule was reviewed and new activities included in consultation with residents through residents committee, activity schedule has now included one to one activities and same will be recorded in touch care; key to me and activity assessments under review to reflect residents individual preferences.

Proposed Timescale: 01/03/2020

Theme:

Person-centred care and support

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

The privacy for some residents were compromised as their bedrooms could be overlooked from the garden area.

7. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The inspector has reviewed the provider compliance plan. The actions proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

Proposed Timescale: 14/01/2020

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Inspector were not assured that numbers and skill mix of staffing was appropriate.

8. Action Required:

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

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

A full review of staffing was conducted and an increase in staffing is approved to meet the needs of the residents. PIC will conduct a regular work force planning review with human resource department to ensure that adequate staffing is guaranteed

Proposed Timescale: 01/03/2020

Theme:
Workforce

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

Staffing levels at night on two of the floors did not ensure adequate supervision of healthcare assistants.

9. Action Required:

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

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

Changes in rostered staffing hours are approved and same will be implemented to increase supervision of HCAs at night.

Proposed Timescale: 01/03/2020

Theme:
Workforce

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

Volunteers did not have their roles and responsibilities set out in writing.

10. Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

Full review of volunteers' files completed, all volunteers now have the agreement in file, HR currently reviewing the roles and responsibilities which will be set out in writing.

Proposed Timescale: 31/01/2020

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

There was inappropriate storage of equipment in lift vestibules, hallways and assisted bathrooms.

The flooring on the third floor was not in a good state of repair

The smoking area was not clean.

Temperatures varied in different areas and time of day in visitors' rooms and lobbies.

11. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Designated storage area allocated for all floors to store equipment's' and signage on assisted bath to prevent any equipment being stored. Staff education on the non-compliances completed.

The flooring on the third floor was reviewed by external maintenance company on 9/1/2020 and the remedial work to commence, causing minimal disruption to the floor.

Boilers services in date, boiler functioning verified by maintenance team. Wall mounted thermometer being attached to all floors to record the temperature and the same will be monitored and recorded daily by maintenance staff. All staff educated on adjusting the radiators in resident's rooms and corridors in accordance with temperature variations.

Proposed Timescale: 01/03/2020