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**Sacred Heart Hospital, Golf Link
Road, Roscommon, Roscommon.**

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sacred Heart Hospital
Centre ID:	ORG-0000654
Centre address:	Golf Link Road, Roscommon, Roscommon.
Telephone number:	090 66 26130
Email address:	julie.silke@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Cunningham
Person in charge:	Julie Silke-Daly
Lead inspector:	Thelma O'Neill
Support inspector(s):	Geraldine Jolley
Type of inspection	Unannounced
Number of residents on the date of inspection:	85
Number of vacancies on the date of inspection:	10

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 March 2014 09:00 To: 28 March 2014 18:00

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

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

Summary of findings from this inspection

This monitoring inspection was the seventh inspection of the centre undertaken by the Authority.

Overall, inspectors were satisfied the centre was operating in compliance with the conditions of registration and found evidence of positive outcomes for residents. Residents spoken with expressed satisfaction with the care provided and described staff as very helpful and kind and were complimentary of the food. The inspectors found that the health needs of residents were met and care practices observed contemporary evidence based practice.

There was appropriate access to medical and allied health care services. However, the sudden closure of the general practitioner's practice that provided services to the centre had meant that management had to make expedient alternative arrangements to ensure residents had appropriate services in place.

During the inspection the four actions identifying eight areas of non compliance from the previous inspection were reviewed. Five non compliances were satisfactorily addressed and three were not complete. The outstanding actions relate to the privacy and dignity of the residents, security of the residents and the deployment of

staff to meet the needs of the residents.

The Action Plan at the end of this report identifies where mandatory improvements are required to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Outcome 01: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose has been updated since the last inspection. It accurately describes the services provided in the centre and the information outlined in schedule one of the Health Act 2007 (Care and welfare of Residents in Designated Centres for Older People) Regulations 2009 (as Amended) It included the conditions outlined on the centres registration certificate displayed within the centre.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge Julie Silke-Daly was present at the time of this inspection. The inspection was also facilitated by two Assistant Directors of Nursing, who are key senior managers who deputised in the absence of the person in charge. Julie works as person in charge in the Sacred Heart Hospital four days a week, and one day a week she works as Director of Nursing, Aras Mhuire, Tuam, Co. Galway.

The person in charge demonstrated that she had good knowledge of the legislation and Standards throughout the inspection, and was aware of the areas that needed improvement to fully comply with legislative requirements. She was familiar with residents care needs including the specialist needs and preferences of residents.

She demonstrated that good governance procedures were in place to ensure effective operational management of the centre, the provision of clinical care, and the general welfare and protection of residents.

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

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors reviewed the two actions from the previous inspection in relation to care plans, and visitors records, and found that both actions had been addressed. At the last inspection, the inspector found that adequate nursing records of resident's health, medical conditions and treatments provided were not in place.

Since then a comprehensive care plan and recording system has been implemented in all units. There is an audit system in place and two care plans have been audited monthly to ensure that the records are maintained appropriately and reflect contemporary based best practice.

Previously, the record of visitors' had not been kept up to date. Inspectors found during this inspection that the record was maintained more effectively and visitors' were reminded by the receptionist when she was on duty of the requirement to record when they arrived and leave the centre.

Outcome 06: Safeguarding and Safety

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that measures were in place to protect residents from being harmed or suffering abuse. There was a centre-specific policy in place on the protection of residents from abuse. The policy defined the various types of abuse and outlined clear steps to investigate any issues should they arise.

Staff spoken to were able to inform the inspectors of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. There were procedures in place to guide staff when reporting a suspicion or allegation of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern.

A number of agency staff were employed full-time in the centre. Confirmation had been obtained by the person in charge from the agency that staff had received the required mandatory training and that Garda Síochána vetting had been obtained for all staff. Residents spoken with stated that they felt safe and there were adequate measures in place to protect them from harm.

Clear arrangements were in place for the management of resident's finances in accordance with HSE policy and procedures. Administration staff could outline the way resident's money was safeguarded. For example; all lodgements and withdrawals could be identified and transactions were completed by the resident or their representative.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

implemented.

Findings:

All residents at risk of falls had a risk assessment completed, and were assessed by the General Practitioner (G.P) and Physiotherapist. Post falls reviews were completed and recommendations to prevent further falls were documented in the residents care plan. The physiotherapist also conducted a comprehensive falls audit every three months, to help monitor the number of falls in each unit. There were thirteen reported falls in the last quarter; the majority of these falls were unwitnessed by staff. Inspectors noted that the majority of falls happened in the resident's bedrooms, while mobilising independently. Although there was a good strategy in place post falls, the need for more supervision of residents to prevent falls was discussed and the person in charge agreed that supervision would be reviewed as part of the falls prevention strategy.

The person in charge had a staff training schedule in place and staff were booked to attend moving and handling training in March and April this year. Two staff were qualified moving and handling trainers and participated in training staff in the centre. All residents that required assistance in moving and handling had an assessment of need completed, which was documented in their files. There were a number of overhead and manual hoists available for safe moving and handling; however, there were two reported accidents using hoists in the accident/ incident books. The person in charge agreed to review these accidents and ensure that all staff are aware of safe moving and handling procedures.

Inspectors viewed fire records which showed; the fire alarm system and fire equipment were last serviced November 2013. Inspectors found that all fire exits were clear and unobstructed during the inspection. Fire training certificates inspected and fire drills were up to date, with a night drill planned for 25th of April this year. Routine inspections of the fire panel were undertaken to ensure it was fully operational. Staff interviewed were aware of the procedure to follow in the event of a fire.

An emergency box containing an evacuation plan and procedures to follow in the event of loss of heat, water, light, fire, or flood was available. It also contained a list of staff and voluntary organisation's that would assist in an evacuation, as well as a torch and high visibility vests. The person in charge discussed learning from previous fire drills that have also been implemented into their fire evacuation plan.

On the day of inspection; Inspectors were able to walk directly from the reception area into units and access resident areas without any security systems in place to prevent them from doing so. This has been an ongoing issue that has been identified in previous inspection reports but has not been resolved. This is a concern particularly after 5pm in the evening and at the weekends when the reception area is closed.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration. Inspectors noted that this policy was not always reflected in practice.

Inspectors viewed a sample of drug charts. Photographic identification was available on the prescription charts for each resident receiving medication; however, photographs on the charts viewed did not clearly distinguish the residents to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. This was a concern due to the centre's' dependency on agency nurses at present.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations 1994. Nurses kept a register of controlled drugs, but the recordings were not clear and transparent, as to what resident was receiving controlled medication, or the monitoring of individual medications. There were surplus supplies of controlled medication in the controlled drugs cupboard and discontinued medication stored in the fridge. When brought to the attention of staff this was returned to pharmacy on the day of the inspection.

The Sacred Heart Hospital pharmacists reprint all residents' prescriptions and the G.P.'s sign the charts every month. Inspectors noted that a significant number of resident's medication charts were not signed by the general practitioner. Nurses were administering medications without the G. P. signature. Nurses informed inspectors that the hospitals General Practitioner (G.P) closed her surgery without warning two weeks previously, and they were dependent on locum doctors to provide a service until a new General Practitioner was appointed. The interim arrangement was working well; however, the substantial workload allocated to doctors at short notice meant that some medication had not been reviewed or prescriptions rewritten. The person in charge arranged for the locum General Practitioner to review and sign medication charts prior to the completion of the inspection.

The centre had a policy of completing a medication review for residents every three months. This review included members of the multidisciplinary team. Changes recommended were updated on the residents' prescription sheets and outlined in care

plans. There were records kept of each resident prescribed an antibiotic, and this information was made available to General Practitioners when a patient was being prescribed their next antibiotic.

Outcome 11: Health and Social Care Needs

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

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that a good standard of nursing care was provided. Residents reported that they were well cared, inspectors observed evidence of this. Staff were observed to be caring and kind in their approach to residents and residents told the inspectors they were happy in the centre. Family members that spoke to inspectors stated that they were very happy with the care their family member had received.

The person in charge described good access to General Practitioner (GP) services, prior to the recent closure of the G.P. surgery. Doctors from local G.P. surgeries and the nearby hospital had been very helpful in providing urgent medical attention to residents, in the interim period until a locum General Practitioner was arranged. Inspectors noted that reviews of medication were occurring at three monthly intervals, this was documented by the GP in the medical notes.

There was timely access to allied health professional services including on-site physiotherapy, occupational therapy, as well access to dietitian and speech and language therapy services. A chiropodist attended the centre regularly. Audiology services were arranged as required via GP referral. Eye checks were also arranged as required. There was good access to the local palliative care team and nurses specialised and trained in the area of palliative care were working in the centre.

A range of evidence-based assessment tools were in use to identify risks related to nutrition, falls, pressure area problems and to identify overall dependency. Each resident had a personalised care plan with details of their needs and choices. Inspectors noted

that care plans were reviewed at the required three month intervals. A narrative record of the resident's health and treatment given was recorded daily. The nursing staff confirmed that they had input from mental health professionals when required, and there were appropriate assessments and care plans in place for residents with mental health problems. Bed rails were only used as a last resort and based on an appropriate assessment of risk.

Wound prevention and management was in line with evidence based practice. There were arrangements in place to manage and monitor wounds. Staff were aware that wound care was multi-factorial and included nutritional intake, monitoring, repositioning, seeking specialist advice and good recording of assessed health needs with regular reviews and specific person-centred plans.

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The Sacred Heart Nursing Home accommodates 95 residents. There are four care areas in the designated centre. Over the last three years, the units have been upgraded and extra communal space has been created to ensure that residents have space to eat and sit away from their bedroom areas. The units were noted to be well furnished and had many home like features. All units have a view of the gardens and many residents said that they like to watch the hens and the flowers as they come into bloom. The centre has an attractive church that is frequently used by residents who attend mass or who wish to spend time quietly.

Of the 95 places in the Sacred Heart hospital only 7 residents have private bedrooms. 80 residents are receiving long term care, and 15 residents are receiving respite/ palliative care, in single bedrooms or multiple occupancy rooms that accommodate up to four residents.

Inspectors observed that there was a lack of privacy in resident's communal bedrooms. In a number of bedrooms there is no solid structure between the bedroom and the corridors to ensure resident's privacy and dignity. Inspectors noted that in Our Lady's unit there was direct access into a bedroom area from the corridor and that there was

no screening in place to protect the privacy and dignity of residents. There were only basic screening around some beds, allowing visitors', residents and staff full view of residents who were in bed when passing up down the corridor.

During previous inspections; inspectors were informed that there were plans in place to upgrade the centre, however no funding has been secured to-date. There were storage issues in some units, for example; hoists were stored on the corridor and in one of the multi-occupancy bedrooms and they posed a trip hazard to residents. The person in charge informed inspectors that she had recently received funding for an overhead tracking system for hoists which would alleviate the problem.

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge demonstrated a positive attitude towards complaints. A complaints record is available at each care area, and the complaints policy is available at main reception and on each unit. A review of the complaints procedure is currently underway with the local Health Service Executive complaints officer.

Inspectors were satisfied that complaints were listened to and taken seriously. There was a policy and procedure in place to ensure complaints were monitored and could be appealed if necessary. All complaints were recorded in the complaints log ensuring they are separate and distinct from a residents individual care plan.

Inspectors discussed the management of complaints with the person in charge and the complaints log was reviewed. There was only one minor issue that was being investigated, and the person in charge was trying to resolve the concern at the time of inspection.

Details of unsolicited information received by the authority were discussed with the person in charge and the management of the incident was reviewed.

Outcome 18: Suitable Staffing

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

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors viewed the staff duty rota for a three week period. The rota showed the staff complement on duty over each 24 hr period. The staff roster detailed their name and position and hours worked. Inspectors noted that the planned staff rota matched the staffing levels on duty. There were a minimum of four nurses rostered at all times during the day and night. While agency staff were employed, management endeavoured to roster full time hours for these staff to ensure continuity and consistency of care.

Inspectors noted from the staff rosters that the majority of staff finished their shifts before 5.30pm in the evening, and staffing levels were significantly reduced to three staff on duty in three of the care units for the evening shift. Inspectors raised concerns with the person in charge; as to the impact this was having on the supervision of residents in light of the recent history of falls in the centre. Management informed inspectors that the staff rota was discussed and agreed at management meetings, and were considered to be appropriate as the medication rounds were finished until night staff commenced duty, and most residents only went to bed after night staff had commenced duty.

In addition to this; Catering staff were rostered to finish duty at two different times throughout the week; 5.30pm and 7pm. This meant that the residents were receiving their evening tea very early to accommodate kitchen staff having to complete their duties prior to the end of their shift. Inspectors were informed that the care assistants do the wash up, on the evenings the catering staff finished at 5.30pm. This arrangement limited further, the care staff availability to assist and supervise residents; when staffing levels were already at a minimum in evenings.

Training records showed that staff had attended or were scheduled to attend the mandatory training courses within the required time frames as required by the regulations. Staff had also attended professional development courses in managing challenging behaviour, quality improvement science, pressure area management and dementia care.

A record of an Bord Altranais PINS (professional identification numbers) for all registered

nurses were maintained and a sample were reviewed by inspectors.

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Thelma O'Neill
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:	Sacred Heart Hospital
Centre ID:	ORG-0000654
Date of inspection:	28/03/2014
Date of response:	26/05/2014

Requirements

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

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

Improve security at the front entrance of the building in the evening and at weekends.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

Currently the HSE are reviewing all Older Persons Services accommodation to meet compliance for 2015. Part of this process was to upgrade the front entrance and install a key-pad, to improve security. Approval has now been given to upgrade the front entrance and install a key pad. A number of teleconferences have established that the Sacred Heart Hospital will have a full review in September by Estates to establish a plan

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

of upgrade but this project can commence in the interim.

Proposed Timescale: 30/09/2014

Theme: Safe Care and Support

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

A number of falls were noted to be unwitnessed and had taken place when residents were not supervised

Action Required:

Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

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

The risk management policy is being reviewed and updated to include identification, recording, investigation and learning from serious and untoward incidents or adverse events involving residents. It is currently being evaluated by the policy group. The Assistant Director of Nursing is leading on this action and is organising training on the new policy in conjunction with the Health and Safety representative who is our physiotherapist. Particular emphasis will be placed on management of falls and learning from such events.

All falls have been re-reviewed by a multi-disciplinary team, led by a physiotherapist at local level looking at place of fall time of fall, medications received by the resident prior to fall and staffing rota at that time. While falls were recorded by staff as unwitnessed, many occurred while staff were in the area attending to another resident, but had curtains around for privacy and dignity. A staffing review is taking place and additional staff are in the process of recruitment, five additional staff have commenced since inspection.

With regard to photographic identification, action has been taken to bring in a new medication folder and which has a transparent plastic envelope on the outside of the folder to place a passport sized photograph of each resident on it. The printing order has been approved and we are awaiting delivery. All staff agree this will be a positive change as it will allow for an actual photograph which will be of a better quality.

Proposed Timescale: 31/08/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

The physical design and layout of the premises did not meet the privacy and dignity needs of the residents.

Action Required:

Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

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

HSE Estates are currently reviewing all Older Persons accommodation assessing compliance to standards for 2015.the Sacred Heart Hospital in relation to meeting the standards.

Proposed Timescale: 01/10/2015

Theme: Effective Care and Support

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

Ensure there are storage facilities available to store equipment to avoid hazards to residents and staff.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

As above, HSE Estates are reviewing ALL Older Persons accommodation to ensure compliance for 2015 standards. In the interim we will identify appropriate storage areas close to adjoining care areas so that staff and residents will not be impeded in their movements around the care areas and communal areas. Overhead hoists are now approved for all areas and installation should be completed by July/August 2014. Regarding privacy and dignity, mobile screening units will be provided between the care area and corridor on two wards (St Josephs and Our Ladys) as an interim measure. This will improve privacy and will reduce the possibility of visitors viewing residents in bed while passing up and down on the corridor. Estates have organised a full review of the building in Sacred Heart for September/October 2014.

Proposed Timescale: 31/10/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Ensure that at all times the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents.

Action Required:

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

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

DON carries out monthly analysis of staff whole time equivalents, skill mix appropriate to the dependencies of residents and ensures that supervision is maintained of all residents. Following review since Inspection the registered provider has approved an additional five Health Care Attendants (HCA) which have been employed since and four more are in the recruitment process. Five nursing posts had been approved with scheduled nursing interviews planned for early June. In the interim admissions have been reduced.

May 2014 HCA posts Nursing Staff Interviews scheduled early June, appointments by August 2014, continue to utilize agency nursing staff in interim.

Proposed Timescale: 30/09/2014