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Skibbereen Community Hospital, Coolnagarrane, Skibbereen, Cork.

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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:	Skibbereen Community Hospital
Centre ID:	OSV-0000598
Centre address:	Coolnagarrane, Skibbereen, Cork.
Telephone number:	028 21677
Email address:	skibbereen.chsouth@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patrick Ryan
Lead inspector:	Aoife Fleming
Support inspector(s):	Vincent Kearns, Maria Scally
Type of inspection	Announced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	5

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 judgments 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 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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 April 2015 09:00	08 April 2015 18:30
09 April 2015 08:30	09 April 2015 15:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

The re-registration inspection of Skibbereen Community Hospital was announced and took place over two days. The centre consisted of one building, built on one level, located on a Health Service Executive site which contained other services. At the time of inspection the centre provided long-stay, respite, community support and palliative care to the older population of Skibbereen and the surrounding area. The centre was registered to cater for 40 residents and on the days of inspection

there were five vacancies. Throughout the inspection, inspectors spoke with staff, residents and relatives. Inspectors observed care practices, reviewed documentation such as care plans, medical records, incident reports, fire safety records, training records and staff files.

The findings of the inspection are set out under 18 outcome statements. These outcomes are based on 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. The person in charge was newly appointed four months prior to the inspection. She was found to be an experienced nurse with the management skills required to oversee the day to day running of the centre. She was easily accessible to staff, residents and relatives. The inspector conducted an interview which established that the person in charge was capable and fit to manage the day to day running of the centre. There was evidence of the residents medical and social needs being met and residents were supported by staff to maintain their independence where possible. The premises, fittings and equipment were found to be in good repair overall. However, there were numerous issues of non compliance in relation to the design and layout of areas of the premises as regards the legislative requirement to protect and promote the privacy and dignity of residents. Family, friends and residents spoke highly of the care in the centre and the pre-inspection questionnaires all outlined satisfaction with the service provided.

Improvements were required in the areas of documentation, health and safety and risk management, safeguarding and safety, health and social care needs, medication management, residents' rights, dignity and consultation and staff training. Improvements were also required to the premises in order to protect the privacy and dignity of residents.

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 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose was viewed by inspectors and it described the aims, ethos and services of the centre. The information required in Schedule 1 of the Regulations was contained in the statement of purpose. However, some minor changes were required to update the complaints process and to provide detail around the arrangements made to protect the privacy and dignity of residents.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre had sufficient resources to ensure the effective delivery of care. Effective management systems were evident during the inspection and clear lines of accountability and authority were in place. Regular audits on specific areas such as care planning, medication management and infection control were conducted and

improvements from these audits were implemented. However, an annual review of all aspects of the quality and safety of care had not been conducted. The person in charge informed inspectors that she planned to expand this audit process for the purposes of the annual review.

There was evidence of consultation with residents with the minutes of residents meetings kept on file. Resident satisfaction surveys had also been conducted. Residents and relatives were familiar with the person in charge and reported that there was regular communication between the staff, residents and relatives.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The residents guide was reviewed by inspectors and it was readily available to residents in the centre. The residents guide included a summary of the services and facilities available. Some updates to the visiting arrangements and the complaints process were required in the guide to reflect practice in the centre.

Each resident had a written contract which included details of the services to be provided for that resident and fees charged. However, the additional fees for services such as hairdressing, which the resident may have avail of, were not outlined in the contract.

There was relevant information for residents regarding upcoming activities and events on display in the centre on notice boards.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was newly appointed and had worked at the centre for six years as a clinical nurse manager. She was actively involved in the day to day organisation and management of the service. Staff, residents and relatives reported that the person in charge was approachable and very capable to manage the centre. The person in charge demonstrated in-depth clinical knowledge and was aware of her responsibilities under the Regulations and the National Standards. She was engaged in continuous professional development including post-graduation qualifications in psychology and leadership, as well as regular attendance at external training courses on end of life care, infection control and dementia care.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The records required under the Regulations were viewed by inspectors.

Fire safety records were seen and met the requirements of the Regulations as regards training, testing and maintenance of the fire protection equipment. The centre was

adequately insured against injury to residents. The incident and accident forms were up to date and viewed by inspectors.

Inspectors viewed the directory of residents which was up to date and contained all the information required under Regulation 19.

Inspectors viewed a sample of residents care plans and each care plan outlined the medical and social needs of the resident and was recorded at the time of admission. Details of any medical care and assessments from allied health professionals were easily retrievable in the residents' medical file. A record of each drug and medicine administered was documented in the residents' medication sheet. However, a daily record of the residents health, condition and treatment given was not always maintained by the nurse on duty. The centre used a daily flow chart to record care given to residents with a supplementary communication sheet. Inspectors noted that in a sample of care plans viewed, there was extended periods when an additional nursing note was not recorded in the supplementary communication sheet. For example, one daily flow sheet indicated that a resident had bowel management problems and the use of a suppository and enema was documented but no supportive note was entered in the communication sheet.

Inspectors noted a record of any occasion on which restraint was used was not maintained in the centre.

Inspectors viewed a sample of staff files however, there were gaps in the files including a vetting disclosure, photographic identification and a full employment history missing from one staff file. The duty roster was reviewed and it was found to correlate with actual staffing levels in the centre.

The complaints files were viewed by inspectors however, a record of all complaints made at the centre and the action taken in response to the complaint was not maintained. The inspectors viewed the centres policies which are required under Schedule 5 of the Regulations. However, the following policies were not in place:

- Provision of information to residents
- Fire safety management
- Risk management.

Judgment:

Non Compliant - Major

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of person in charge for more than 28 days.

The person in charge was supported in her role by a clinical nurse manager who is the nominated person participating in management, with suitable experience and qualifications, and covers for the person in charge in her absence. She had a clear understanding of the requirements of the Regulations and notifications which must be submitted to the Authority.

Judgment:

Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

The procedure for protecting residents' finances was robust and all entries in and out of accounts were signed off by three members of staff.

The centre had a policy on elder abuse. Residents spoken with reported that they felt safe in the centre and were very comfortable interacting with staff. Staff spoken with by inspectors were very clear on the need to report allegations of abuse to management and elder abuse training records were up to date for all staff.

There was an up to date policy on challenging behaviour and restraint. Inspectors noted

that there were several residents using bed-rails however, this had not been notified to the Authority. This was addressed under Outcome 10: Notification of incidents. The inspectors viewed several bed-rail assessments, however, not all fields on the form had been completed in full. There was evidence of multi-disciplinary input and resident/relative consent where appropriate to guide the use of restraint. Bed-rail review forms were in place so that staff could document the safe use of bed-rails.

The practices around chemical restraint did not adhere to evidence based practice. Of the sample of medication prescription sheets that were viewed by inspectors, there were incidences when psychotropic medications were used for chemical restraint. This was brought to the attention of staff during the course of the inspection. Staff spoken with did not have adequate knowledge of chemical restraint. There was no evidence documenting the use of alternative interventions before chemical restraint was administered. While the use of chemical restraint was not widespread, the documentation of the reasons for administering chemical restraint, and monitoring the effect of the medication, was inconsistent in the residents nursing notes. In addition, the use of care plans for individual residents to guide the management of challenging behaviour was inconsistent.

Judgment:

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

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 centre had an up to date health and safety statement.

The centre did not have a risk management policy which covered the precautions in place to control the risks specified in Regulation 26(1). The centres hazard identification records and risk register were up to date and comprehensively addressed most of the risks to residents, staff and visitors. However, some risks noted by inspectors were not addressed in the risk register including: unsecured latex gloves in many areas, air fresheners in bathrooms and communal areas, and a kettle in the visitors room.

The inspectors found the centre to be clean and homely throughout. However, there was brown coloured staining around the base of a number of toilets, leading to a potential risk of infection. There were urinals stored openly in some of the shared en-suite bathrooms and laundry trolleys storing soiled linen were observed in many

bedroom areas for several hours after beds had been changed. In addition, there were no paper hand towels or disposal bins in some bathrooms to protect hand hygiene in the centre.

Inspectors viewed the fire safety management procedures and found that all daily checks and equipment service records were maintained and up to date. There were records of recent fire drills. However, not all staff fire training records were up to date. In addition, the centre did not have a fire management policy to detail the fire management procedures in the centre. While the centre had a policy to follow in the event of an emergency however, the policy did not identify a safe place for the evacuation of residents. Inspectors noted that the centre implemented a personal emergency evacuation plan for residents in the centre at the time of inspection.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

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 centre-specific policy for medication management was viewed by inspectors. The processes in place for the safe storage, supply and disposal of controlled drugs were investigated by the inspector and found to be robust. The controlled drugs register was checked and found to correspond with the balance of a sample of controlled drugs in the safe. The balance of controlled drugs was checked twice daily by two nurses at the change of each shift.

The medication prescription sheets were transcribed by the general practitioner and the administration times matched the prescription sheets. Medications for crushing were prescribed as such. However, the maximum dose of PRN ('pro re nata' or as required) medications was not always prescribed. There was a checklist in place in the nurses office to ensure that resident medications were reviewed on a three monthly basis by the general practitioner.

The storage of medications at the centre was found to be safe. Medication that required refrigeration was stored appropriately. However, there was excess stock of medications that had been previously dispensed for residents but were no longer required e.g. warfarin, lansoprazole, pancreatin. The centres medication management policy outlined that a general stock was kept in the hospital dispensary for commonly used items such

as paracetamol and lactulose.

Some bottles of liquids which had been opened and were in use did not have the date of opening recorded on the blank label which had been applied for this purpose by the pharmacist.

The centre was well supported by a pharmacist who conducted regular medication management audits and medication reviews of the residents' prescriptions. Recommendations from these audits and reviews were used to inform improvements to medication management in the centre. While most medications were supplied from one pharmacy staff reported that residents have a choice of pharmacy if they wish.

Judgment:

Substantially Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all notifications to the Authority was maintained in the centre. However, notifications of the use of restraint, namely the use of bed rails, a lap belt and occasions of chemical restraint, had not been notified to the Authority on the quarterly notifications as required by the Regulations. In addition, staff to whom inspectors spoke were not aware of the requirements around these notifications.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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

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

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

Findings:

The residents were under the medical care of three general practitioners from the one practice. Staff reported, and inspectors observed, that general practitioners visited the centre on a daily basis to meet the needs of the residents. Residents had a record of annual blood samples maintained by the clinical nurse manager. Records of residents body mass index, blood glucose recording, warfarin monitoring were all in place where appropriate.

The centre had a comprehensive nursing transfer form in place. This provided prompts to document the residents medical history, medications and all relevant information when they were transferred to a hospital or another healthcare facility.

There was evidence in residents' medical and nursing notes of timely access to allied health care professionals such as chiropody, occupational therapy, physiotherapy, dietician and speech and language therapy. Inspectors viewed a sample of residents' nursing and medical notes. However, the use of care plans was inconsistent between residents' files and there were gaps in care planning documentation. For example, one resident had a care plan for anxiety which contained no information on interventions, implementation or updates. As most of the care plans were newly implemented, it was not possible to determine how frequently residents' health needs were reviewed.

The residents social care needs and preferences for activities were assessed using an activity assessment tool. However, this assessment was not always dated and no actions or documentation regarding a plan for activities was evident as a result of the assessment. There was a variety of activities scheduled in the centre such as art, musical sessions and bingo. The centre was decorated in a homely fashion by artwork which was prepared by the residents in the centre. Activities were generally provided by external resources.

There was evidence of residents signing their care plans indicating that they were consulted on their care at the centre. However, residents' nursing notes, care plans and medication prescription sheets were overtly available at the end of their beds. This compromised the privacy of residents' personal information, especially as most residents were in multi-occupancy rooms. This is addressed under Outcome 16: Residents' rights dignity and consultation.

Judgment:

Substantially Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was found to be clean and in decorated in a homely manner throughout. The reception area was bright and welcoming. There was adequate communal space in the centre with three spacious and bright day rooms where meals were served and activities were held.

The six bed multi-occupancy bedrooms, and one of the four bed multi-occupancy respite bedrooms, were unsuitable in design and layout to protect the privacy and dignity of the residents. The statement of purpose of the centre aimed to provide a homely environment for the residents. However this was not facilitated in practice by the design and layout of the multi-occupancy rooms. The design and layout had a significant impact on residents as they were unable to undertake personal activities in private or to meet with visitors in their bedroom in a private area. In many cases there was not enough room beside the beds to place a visitors chair or a chair for the resident to sit out of bed. The limited space in these bedrooms had a negative impact on the storage of residents clothes and personal belongings. Residents wardrobes were not located beside their bed but were located at the end of the bedroom. There were not enough wardrobes for each resident. In one six-bed male room there were three shared wardrobes with shelves labelled with residents names to allocated the wardrobe space. Some of the clothes belonging to ladies in a six-bed ward were being stored in a wardrobe in a storage room and annex which were not located near their bedroom. This further compromised these residents' access to their personal belongings. This issue was also addressed under Outcome 17: Residents' clothing, personal property and possessions. A bedside locker with a lockable storage section was located beside each residents' bed.

In the newer wing of the centre the four-bed multi-occupancy rooms were found to be spacious and facilitated the care of higher dependency residents who resided there. There were six single rooms with en-suite bathrooms in the centre, two of which were designated palliative care beds. These rooms were found to have adequate facilities and space to meet the residents' needs.

While there was an adequate number of showers and toilets in the centre however, there was no bath or assisted bath in the centre which is a requirement of Schedule 6 of

the Regulations. There were no grab rails in the shower of one of the six-bed en-suite bathrooms, St Brigid's. The access to this particular en-suite was compromised due to the close proximity of a resident's bed to the bathroom door.

There was an appropriate number of sluice rooms in the centre which had adequate storage and hand-washing facilities however, one sluice room did not have a rack to air-dry basins and containers.

Emergency call bells were seen throughout the centre in residents rooms and bathrooms. However, there was no call bell in the visitors room adjacent to the palliative care rooms in the new wing and the call bell in the en-suite bathroom of St. Patricks bedroom was not accessible to residents.

The inspectors checked the water temperature in several locations in the centre and it did not pose a risk of scalding. Wash-hand basins were provided in all bedrooms.

Judgment:

Non Compliant - Major

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

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

No actions were required from the previous inspection.

Findings:

The centre had a up to date complaints policy and a complaints procedure which was displayed in a prominent position in the centre. However, the nominated complaints officer was not identified in the complaints policy or procedure.

As already outlined in Outcome 5: Documentation, a record of all complaints including details of the any investigation, the actions taken on foot of the complaint, the outcome and whether or not the complainant was satisfied, was not maintained in the centre.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre had an up to date and comprehensive policy on end of life care. The policy addressed psychological and emotional care, care of residents when death is imminent and after death, management of residents possessions and information on all religious and cultural needs was outlined. There was also another folder which provided extra information such as around bereavement and use of a syringe driver.

The inspectors viewed the care plan of a resident at end of life and found that, while appropriate care was been given to address specific needs however, this was not documented in a specific end of life care plan. This has been addressed and an action given under Outcome 5: Documentation to kept at a designated centre. There was evidence of regular medical and specialist palliative care review and recommendations regarding care were being implemented.

Inspectors viewed a sample of care plans and found that their was documentary evidence of discussions around advanced care planning and residents spiritual wishes and preferences were documented. The centre had two designated single bedrooms with en-suite bathrooms which were available for palliative care use. Visitors were facilitated to be with residents at end of life and a comfortable visitors rooms, with recliner chairs and a kitchenette, was located adjacent to the palliative care bedrooms.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre had an up to date policy on food and nutrition.

Inspectors spoke with kitchen staff and it was evident that they were aware of the dietary needs of the residents. They had an up to date folder of residents who had been reviewed by the dietician or speech and language therapist. Training on dysphagia and diets had been provided to kitchen staff. The kitchen staff were familiar with the residents and particular likes and dietary requirements, for example diabetic and coeliac residents were known to kitchen staff and their needs were catered for. There was evidence of regular dietician and speech and language therapist reviews. Residents' Malnutrition Universal Screening Tool (MUST) scores, to assess their nutritional status, were kept up to date in their care plans. There were some residents who received nutritional supplements which were administered as prescribed by the general practitioner.

The inspectors observed residents' mealtimes. Meals were served in a dignified manner and residents were assisted to eat their meals discreetly on a one to one basis, where appropriate. Residents had the option of having their meal in the dining rooms, served in bed or at the bedside. Drinking water, snacks, and juices were readily available throughout the day. The food was nutritious and freshly prepared. Choice was provided to residents and they had chosen their meals on a daily basis. However, several residents informed inspectors that they found the evening tea-time, served from 16.15 or 16.30 to be too early and that the evening was long without a meal. This was also reported in resident surveys and staff also acknowledged this in conversation with inspectors.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors saw evidence that residents were consulted about how the centre was run. Residents satisfaction surveys were conducted. The minutes of quarterly residents

meetings, facilitated by an external group, were viewed. While the suggestions of the residents were noted, for example requesting a second newspaper and requesting a later evening mealtime however, there was no evidence to outline what issues had been acted upon. In some cases it was evident that no action was taken for example in the case of the newspapers residents informed inspectors that no extra newspapers had been made available. In addition, inspectors observed that the evening mealtime had not changed on resident request. Residents have access to televisions in the day rooms and the bedrooms. However, residents had identified in the meetings and surveys that the positioning of televisions in the bedrooms were not accessible for all to view comfortably. This was due to the layout of the beds in the multi-occupancy rooms and the location of televisions high up on the walls or at the end of the room high up on a wardrobe.

Residents were facilitated to take part in meaningful activities which met their interests. The centre was located near to the local town and many visitors were observed throughout the days of inspection with no restrictions imposed on visiting times. Residents have the opportunity to meet with visitors in private in one of the day rooms in the new wing of the centre. Residents had access to telephones in the centre and several were observed using mobile telephones and receiving assistance from staff for using the same.

Staff were observed treating residents and speaking about residents in a courteous and respectful manner. Inspectors noted that mobile and fixed screens were used when residents were receiving care, to protect their dignity, as much as the environment allowed. However, due to the degree and layout of multi-occupancy bedrooms, there were insufficient facilities to provide residents with adequate, comfortable, personal or private space.

All residents spoke highly of their care in the centre and that they were treated well by all staff. Advocacy services were available to residents and residents were facilitated to vote. Their religious needs were well met in the centre.

Judgment:

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

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:

There is an up to date policy in the centre to outline the care of residents' personal property and possessions.

A property list was completed for each resident on admission and it was updated accordingly when there were any changes and it was reviewed regularly and signed by the resident and a staff member. However, residents did not have adequate space to store their personal belongings with inadequate numbers of wardrobes and shared wardrobes in use in the centre. This has also been addressed under Outcome 12: Safe and suitable premises.

The laundry facilities are adequate and there were no complaints regarding items of clothing missing on return from the laundry.

Judgment:

Substantially Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

There was a clear management structure and appropriate supervision in the centre with lines of accountability clearly evident. The inspectors viewed the staffing rosters and were satisfied that there was adequate staff and skill mix, and appropriate levels of nursing staff, to meet the needs of the residents. The person in charge outlined to inspectors that she had plans to undertake staff performance appraisals in the near future. The person in charge and person participating in management told inspectors how they had delegated out clinical areas to staff, such as infection control, care plans and restraint. This encouraged and enabled staff to train and develop their expertise in specific areas so that they would be able to conduct relevant training for all staff and audit practice in the centre.

Staff training records were viewed by inspectors. However, there were a number of staff due training or an update of training on fire safety, elder abuse, and many staff were

due an update on manual handling training.

A sample of staff files was viewed and as outlined in Outcome 5: Documentation, there were some gaps in the Schedule 2 requirements.

Staff spoken to by inspectors demonstrated a clear understanding of their roles and responsibilities and were aware of the Regulations and Standards. They were enthusiastic about their work in the centre and reported that they were comfortable in approaching the person in charge and making suggestions to improve residents care in the centre.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Aoife Fleming
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:	Skibbereen Community Hospital
Centre ID:	OSV-0000598
Date of inspection:	08/04/2015
Date of response:	19/05/2015

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: Statement of Purpose

Theme:

Governance, Leadership and Management

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

Some minor changes were required to update the complaints process and to provide detail around the arrangements made to protect the privacy and dignity of residents.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:

Statement of purpose now states A/DON as complaints officer
Privacy & dignity audit has been carried out since date of inspection, the audit tool used indicated 100% compliance. The practice of auditing will be stated in the statement of purpose
CCTV policy now in place.

Proposed Timescale: 30/06/2015

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

An annual review of all aspects of the quality and safety of care had not been conducted.

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

An annual review of the quality and safety of care delivered to residents will be completed. As I am not yet a year in post, therefore there is not enough comparable data, i.e. at least 1-2 more audits to be performed, in order to conduct the annual review.

Proposed Timescale: 01/12/2015

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

Some updates to the visiting arrangements and the complaints process were required in the guide to reflect practice in the centre.

3. Action Required:

Under Regulation 20(2)(d) you are required to: Prepare a guide in respect of the designated centre which includes the arrangements for visits.

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

The poster that displays visiting information has been amended to reflect that as stated in the guidance booklet.

Proposed Timescale: 18/05/2015

Theme:

Governance, Leadership and Management

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

Some updates to the visiting arrangements and the complaints process were required in the guide to reflect practice in the centre.

4. Action Required:

Under Regulation 20(2)(c) you are required to: Prepare a guide in respect of the designated centre which includes the procedure respecting complaints.

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

Current guide will be amended to include the complaints procedure

Proposed Timescale: 22/05/2015

Theme:

Governance, Leadership and Management

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

The additional fees for services such as hairdressing, which the resident may avail of, were not outlined in the contract.

5. Action Required:

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

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

Current contract of care to state ancillary costs such as hairdresser, magazines, & personal preferences regarding toiletries,

Proposed Timescale: 29/05/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The inspectors viewed the centres policies which are required under Schedule 5 of the regulations. The following policies were not in place:

- Provision of information to residents
- Fire safety management
- Risk management.

6. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Policies now in place

Proposed Timescale: 05/05/2015

Theme:

Governance, Leadership and Management

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

A daily record of the residents health, condition and treatment given was not always maintained by the nurse on duty. The centre used a daily flow chart to record care given to residents with a supplementary communication sheet. Inspectors noted that in a sample of care plans viewed, there was extended periods when an additional nursing note was not recorded in the supplementary communication sheet.

A record of any occasion on which restraint is used was not maintained in the centre.

There were some gaps in the files with a vetting disclosure, photographic identification and a full employment history missing from one staff file.

The complaints files were viewed by inspectors and a record of all complaints made at the centre and the action taken in response to the complaint was not maintained.

7. 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:

Teaching sessions to be carried out with staff nurses, repeat audit on care plans at end of July.

Restraint tracker (log book) now in place and will be reviewed weekly.

Comprehensive complaints tracker now in place.

Staff files to be reviewed, and identified gaps filled, within four months.

Proposed Timescale: 28/08/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

There were several residents using bed-rails and this had not been notified to the Authority. The inspectors viewed several bed-rail assessments, however, not all fields on the form had been completed in full.

The practices around chemical restraint did adhere to evidence based practice. Of the sample of medication prescription sheets that was viewed by the inspector, there were incidences when psychotropic medications were used for chemical restraint. This was brought to the attention of staff during the course of the inspection. Staff spoken with did not have adequate knowledge of chemical restraint. There was no evidence documenting the use of alternative interventions before chemical restraint was administered. The documentation of the reasons for administering chemical restraint, and monitoring the effect of the medication, was inconsistent in the residents nursing notes.

8. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

All residents now have personal care plans in place regarding chemical restraints, inclusive of alternative interventions.

Proposed Timescale: 15/04/2015

Outcome 08: 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:

The centre did not have a risk management policy which covers the precautions in place to control the risks specified in Regulation 26(1).

9. Action Required:

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

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

The risk management policy now includes the measures and actions in place to control abuse.

Proposed Timescale: 05/05/2015

Theme:

Safe care and support

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

The centre did not have a risk management policy which covers the precautions in place to control the risks specified in Regulation 26(1).

10. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The risk management policy now includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Proposed Timescale: 05/05/2015

Theme:

Safe care and support

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

The centre did not have a risk management policy which covers the precautions in place to control the risks specified in Regulation 26(1).

11. Action Required:

Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

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

The risk management policy now includes the measures and actions in place to control aggression and violence.

Proposed Timescale: 05/05/2015

Theme:

Safe care and support

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

The centre did not have a risk management policy which covers the precautions in place to control the risks specified in Regulation 26(1).

12. Action Required:

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

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

The risk management policy now includes the measures and actions in place to control self-harm.

Proposed Timescale: 05/05/2015

Theme:

Safe care and support

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

However, there was brown coloured staining around the base of a number of toilets, leading to a potential risk of infection. There were urinals stored openly in some of the shared en-suite bathrooms and laundry trolleys storing soiled linen were observed in many bedroom areas for several hours after beds had been changed. There were no paper hand towels or disposal bins in some bathrooms to protect hand hygiene in the centre.

13. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Staff made aware to store urinals in sluice.

Laundry trolleys now stored in linen room after use.

Referred to maintenance department re: staining on floor & placing hand towel dispensers in bathroom.

Proposed Timescale: 15/06/2015

Theme:

Safe care and support

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

Not all staff fire training records were up to date.

14. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Evacuation drill carried out by fire liaison officer, fire training otherwise up to date

Proposed Timescale: 28/05/2015

Theme:

Safe care and support

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

While the centre had a policy to follow in the event of an emergency, the policy did not identify a safe place for the evacuation of residents.

15. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Safe Haven now identified.

Proposed Timescale: 11/05/2015

Outcome 09: Medication Management**Theme:**

Safe care and support

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

There was excess stock of medications that had been previously dispensed for residents but no longer required e.g. warfarin, lansoprazole, pancreatin.

16. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

Pharmacist aware & will remove same from stock.

Proposed Timescale: 15/05/2015

Theme:

Safe care and support

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

Some bottles of liquids which had been opened and were in use did not have the date of opening recorded on the blank label which had been applied for this purpose by the pharmacist.

The maximum dose of PRN ('pro re nata' or as required) medications was not always prescribed.

17. 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 regarding the appropriate use of the product.

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

Structured checking procedure once a week by CNM2 now in place

Proposed Timescale: 01/06/2015

Outcome 10: Notification of Incidents**Theme:**

Safe care and support

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

Notifications of the use of restraint, namely the use of bed rails, a lap belt and occasions of chemical restraint, had not been notified to the Authority on the quarterly notifications as required by the Regulations.

18. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

All residents subject to restraint have care plans reflecting same, recently submitted quarterly returns including same

Proposed Timescale: 10/04/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

The use of care plans was inconsistent between residents files and there were gaps in care planning documentation. For example, one resident had a care plan for anxiety which contained no information on interventions, implementation or updates. As most of the care plans were newly implemented, it was not possible to determine how frequently residents health needs were reviewed.

19. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Care plans are updated/reviewed every three months

Proposed Timescale: Current & ongoing

Proposed Timescale:

Theme:

Effective care and support

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

The use of care plans was inconsistent between residents files and there were gaps in care planning documentation. For example, one resident had a care plan for anxiety which contained no information on interventions, implementation or updates. As most of the care plans were newly implemented, it was not possible to determine how frequently residents health needs were reviewed.

20. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Staff training will be provided regarding the audit of care plans.

Proposed Timescale: 30/06/2015

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 six bed multi-occupancy bedrooms, and one of the four bed multi-occupancy respite bedrooms, were unsuitable in design and layout to protect the privacy and dignity of the residents. The statement of purpose of the centre aims to provide a homely environment for the residents, however this is not facilitated in practice by the design and layout of the multi-occupancy rooms. The design and layout had a significant impact on residents as they were unable to undertake personal activities in private or to meet with visitors in their bedroom in a private area. In many cases there was not enough room beside the beds to place a visitors chair or a chair for the resident to sit out of bed on. The limited space in these bedrooms had a negative impact on the storage of residents clothes and personal belongings. Residents wardrobes were not located beside their bed but were located at the end of the bedroom. There were not enough wardrobes for each resident. In one six-bed male room there were three shared wardrobes with shelves labelled with residents names to allocated the wardrobe space. Some of the clothes belonging to ladies in a six-bed ward were being stored in a wardrobe in a storage room and annex which were not located near the bedroom. This compromised residents access to their personal belongings.

21. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

A design team has been appointed and plans will be completed by June 2015.

Planning permission will then be applied for, and provided there are no objections, it is anticipated planning will be granted by September 2015.

A tendering process will begin to appoint a suitable construction company, and this process is expected to be completed by January 2016.

We then expect construction to commence in Skibbereen Community Hospital, subject to the appropriate statutory approval and funding for same, by January 2016.

It is expected that the building works will be completed by April 2017.

Costings for the proposed works cannot be provided, until the tender is confirmed & complete.

Proposed Timescale: 30/04/2017

Theme:

Effective care and support

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

There were not enough wardrobes for each resident. In one six-bed male room there were three shared wardrobes with shelves labelled with residents names to allocated the wardrobe space. Some of the clothes belonging to ladies in a six-bed ward were being stored in a wardrobe in a storage room and annex which were not located near the bedroom.

While there was an adequate number of showers and toilets in the centre, there was no bath or assisted bath in the centre which is a requirement of Schedule 6 of the Regulations.

There were no grab rails in the shower of one of the six-bed en-suite bathrooms, St Brigid's. The access to this particular en-suite was compromised due to the close proximity of a resident's bed to the bathroom door.

There was an appropriate number of sluice rooms in the centre which had adequate storage and hand-washing facilities, except for one sluice room which did not have a rack to air-dry basins and containers.

There was no call bell in the visitors room adjacent to the palliative care rooms in the new wing and the call bell in the en-suite bathroom of St. Patricks bedroom was not accessible to residents.

22. 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:

Grab rails will be inserted in the shower of one of the six-bed en-suite bathrooms by 30/05/2015.

A rack to air-dry basins and containers will be added to the sluice room by 30/05/2015.

Calls bells in the visitors room will be inserted and the call bell in the ensuite bathroom

will be placed so that is accessible to the residents by 22/05/2015.

The remaining issues will be addressed in the new build.

Proposed Timescale: 30/05/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The nominated complaints officer was not identified in the complaints policy or procedure.

23. Action Required:

Under Regulation 34(1)(c) you are required to: Nominate a person who is not involved in the matter of the subject of the complaint to deal with complaints.

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

PIC is nominated complaints officer, written information regarding complaints will be amended to identify the PIC as the complaints officer.

Proposed Timescale: 30/05/2015

Theme:

Person-centred care and support

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

A record of all complaints including details of the any investigation, the actions taken on foot of the complaint, the outcome and whether or not the complainant was satisfied, was not maintained in the centre.

24. 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:

A comprehensive complaints template is now in place to record and track complaints

Proposed Timescale: 19/04/2015

Theme:

Person-centred care and support

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

A record of all complaints including details of the any investigation, the actions taken on foot of the complaint, the outcome and whether or not the complainant was satisfied, was not maintained in the centre.

25. 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:

A comprehensive complaints template is now in place to record and track complaints

Proposed Timescale: 19/04/2015

Outcome 15: Food and Nutrition**Theme:**

Person-centred care and support

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

Several residents informed inspectors that they found the evening tea-time, served from 16.00 or 16.30 to be too early and that the evening was long without a meal. This was also reported in resident surveys and staff also acknowledged this in conversation with inspectors.

26. Action Required:

Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

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

A survey was carried out on 12th May 2015 with residents to establish how many & at what time they would like to eat. Evening meals will be served at 17.00hrs.

Proposed Timescale: 30/09/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents had identified in the meetings and surveys that the positioning of televisions in the bedrooms were not accessible for all to view comfortably. This was due to the layout of the beds in the multi-occupancy rooms and the location of televisions high up on the walls or at the end of the room high up on a wardrobe.

27. Action Required:

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

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

The positions of the televisions will be reviewed and where possible they will be re-positioned. Where it is not possible, the issue will be addressed in the new build.

Proposed Timescale: 30/04/2017

Theme:

Person-centred care and support

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

While the suggestions of the residents were noted, for example some residents requested a second newspaper and requested a later evening mealtime, there was no evidence to outline what was acted on. In some cases it was evident that no action was taken as residents informed inspectors that there was no extra newspapers made available. Inspectors observed that the evening mealtime had not changed on resident request.

28. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Second newspaper is now available – 10/04/2015

A later evening meal will be provided (17.00), this will involve amending some of the existing shifts, to facilitate this.

Proposed Timescale: 30/09/2015

Theme:

Person-centred care and support

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

Due to the degree and layout of multi-occupancy bedrooms, there were insufficient facilities to provide residents with adequate, personal, private space.

29. 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:

Every effort is made to ensure that each residents privacy is respected, issues regarding the lack of space will be addressed in the new build. Screens / curtains are currently in place to respect resident's privacy.

Proposed Timescale: 30/04/2017

Outcome 17: Residents' clothing and personal property and possessions**Theme:**

Person-centred care and support

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

Residents do not have adequate space to store their personal belongings with inadequate numbers of wardrobes and shared wardrobes in use in the centre.

30. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

This will be addressed in the new build

Proposed Timescale: 30/04/2017

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

There were a number of staff due training or an update of training on fire safety, elder abuse, and many staff due an update on manual handling training.

31. 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:

Elder abuse training now updated – 24/04/2015

Manual handling training will commence for all staff on 20/5/15.

Fire training will be carried out with new staff in conjunction with fire liaison officer 18/09/2015.

Proposed Timescale: 18/09/2015