

# eDeposit Ireland

## St Mary's Hospital, Dublin Road, Drogheda, Louth

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Mary's Hospital
<b>Centre ID:</b>	OSV-0000538
<b>Centre address:</b>	Dublin Road, Drogheda, Louth.
<b>Telephone number:</b>	041 989 3202
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<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Maura Ward
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	38
<b>Number of vacancies on the date of inspection:</b>	0

## 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 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: 16 August 2016 09:00 To: 16 August 2016 15:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

The purpose of this inspection was establish if the failings identified previously in April 2015 had been addressed or progressed. This was the focused inspection therefore each outcome was not inspected in full.

There were 38 residents in the centre on the date of the inspection and no vacancies. The inspector met with residents and staff, reviewed documentation and inspected the premises.

The centre has two ground floor units that operate separately and have shared communal facilities for residents such as the dining room, oratory, and internal courtyard and garden.

On the previous inspection of the centre, non compliances were identified in nine of the 18 outcomes inspected, with major non compliances identified in relation to the suitability and safety aspects of the premises. Non compliances were identified with respect to governance and management, fire safety and risk management, social

care provision, maintenance of records and suitable staffing and training.

In their response to the findings, the provider stated the action they would take to address these failings, which included refurbishment work to ensure a satisfactory level of fire safety and enhance residents' personal space and storage arrangements. Some actions had been partially addressed.

Prior to the decision that informed the registration renewal of this centre a meeting was held between HIQA and management of the centre. Plans to address the previously reported and identified deficiencies in relation to the layout and design of the centre were outlined on behalf of the provider. The plans included refurbishment of the existing centre and other buildings on site and building a new centre on site within the time scales provided to HIQA.

During the inspection the provider representative, person in charge and person involved in the project development of the premises attended feedback. The inspector was told that funding and engagement with relevant experts to complete the plans were in place. They acknowledged that some actions and plans relating to fire safety drills and arrangements to maximise the use of parts of the existing premises were not fully completed within the timeframes outlined in their previous response. However, the inspector noted that remedial action had commenced in some areas to address the storage and layout arrangements but had not been completed fully throughout the centre.

The overall findings are outlined within the body of the report and in the action plan at the end for response by the provider and person in charge.

**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):**

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

**Findings:**

A statement of purpose was made available that contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The copy received on this inspection stated that it had been reviewed in June and October 2015 and subsequently revised 20 January 2016.

It described the services provided to residents, a description of the rooms and facilities available, management changes and staffing arrangements for the centre. However, as previously found by inspectors, the assistant director of nursing (ADON) who is the person in charge was recorded in the centre's staffing compliment as one full whole time equivalent but was responsible as the person in charge for another centre and was participating in the management of a third centre operated locally by the provider. This action is restated.

The narrative describing the reporting structure and arrangements required review to ensure it included the Director of Nursing (DON) whom the person in charge reports to. The organisational chart also required review to reflect the actual WTE availability for this centre of both the DON and the ADON.

**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):**

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

**Findings:**

The governance and management arrangements at the time of this inspection did not ensure the centre was sufficiently resourced at all times to ensure proper continuity of care, and accountability in the co-ordination and management of the services provided.

The person in charge of this centre is also the person in charge of a nearby centre and is also the nominated person participating in the management (PPIM) of a third centre. On the day of inspection he was located in another centre as he was responsible for the governance and management of three centres as the other managers were on leave.

From a review of the centre's rosters and in discussions with staff, the inspector found that while the position of a clinical nurse manager grade 2 had been filled for a period of time since the last inspection, it had become vacant again and a suitable candidate had not yet been recruited or appointed from an existing panel. The absence of management and supervision resources between frontline staff and the person in charge was as before. As a result, the action required from the last inspection regarding putting in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored is restated.

In addition, the inspector was told by staff that the centre's clinical nurse manager (grade one) worked on one of the two units and did not assume responsibility for the governance or management of the centre or of both units. From a review of the centre's roster it showed the CNM1 working the week of night duty in one unit within this centre and a nurse was working in the other unit.

The inspector was told that two nurse managers were working in the centre on a part time basis with responsibility to review and audit care since the CNM2 vacancy. This week's roster showed both were rostered to work on separate days over the weekend in addition to the nursing staff and when the person in charge and other PPIM's were off duty and the CNM1 was on night duty.

An annual report detailing the review of the quality of care to residents was completed and available for 2015. The annual review was informed by the review of clinical incidents and quality audits, relative and resident questionnaires and operational procedures.

Improvement in communications and consultation with residents and their families or representatives was identified for implementation in 2016.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

Since the previous inspection, the prevention, detection and response to abuse policy was reviewed and reflected the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedure (December 2014). The policy included the reporting any allegations of abuse to the line manager and designated officer locally to deal with an initial screening procedure. The person in charge told the inspector that he had a function as the designated officer locally and was the safeguarding trainer for staff. He also described the role of the safeguarding team who were notified of and involved in all allegations, suspicions and confirmed incidents of abuse. This reporting structure was put in place since the previous inspection.

In follow up to the previous inspection, the inspector was satisfied that Schedule 3 records in relations to the management of medicines were maintained in accordance with relevant professional guidelines. The name of the resident and centre and the resident's photograph were seen on residents' prescription kardexs examined. Transcribing by nurses was also signed by the doctor as the prescriber and was subject to audits.

A record to indicate the date which staff had attended a fire drill was available within the general training matrix. However, a record to indicate the nature of the fire drills such as the fire scenario simulated, whether it was simulated during day or night time conditions, the duration, location and persons directly involved or any learning or conclusions from the fire drill remains outstanding since the previous inspection. This requirement is restated.

As previously found, the roster available did not adequately describe the hours worked by the person in charge in this centre. This requirement is restated.

**Judgment:**

Substantially Compliant

***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 inspector observed that the fire precautions and safety evacuation procedures were in place. However, all required actions had not been addressed and improvement was required.

The person in charge told the inspector that he had liaised with the estates department within the Health Service Executive (HSE) and the fire engineer to address the previous action required relating to the doors on escape routes which were provided with unnecessary door fastenings that could potentially cause delay in the event of an evacuation of the centre. On the day of inspection there were no fastenings noted that could potentially delay escape routes.

The inspector was informed that the fire door previously identified with an excessive gap along the top of the door had been addressed. On examination of the fire doors along corridors the person in charge pointed out where additional devices or seals had been attached to fire doors to contain smoke by doors when closed.

Since the previous inspection staff confirmed that the main panel on the fire alarm system was able to display the location or zone of the activation in a format easily understood by them. Notices outlining each zone and the evacuation procedures were seen displayed on corridors throughout the centre. The person in charge confirmed that the repeater on the fire alarm system was able to display any information pertaining to an activation of the system.

One action remained outstanding since the previous inspection. Fire drills had occurred and were reported by staff since the last inspection. However, as outlined in outcome 5, the arrangements for fire drills to inform resident evacuation including the number of residents in each sub compartment required review and improvement to ensure that residents can be evacuated in a timely fashion. This action is restated.

**Judgment:**  
Substantially Compliant

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures***

<i>for medication management.</i>
<p><b>Theme:</b> Safe care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> This outcome was not inspected in full. The action required from the previous inspection was followed up and found to be addressed.</p> <p>In the sample of resident's prescription kardex's reviewed on each unit, the inspector saw that medication was individually prescribed for crushing.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 11: Health and Social Care Needs</i></b> <i>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.</i></p>
<p><b>Theme:</b> Effective care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> In follow up to the previous inspection requirements, the inspector noted improvements had been put in place to promote meaningful activity for residents.</p> <p>A dedicated activities co-ordinator was contracted and rostered three times weekly (Monday, Wednesday and Friday) to facilitate activities and provide social care opportunities for residents. The programme of activities was based on residents' needs and preferences. The inspector saw that a record of residents 'life stories' and a 'key to me' assessment was completed that informed individual activities and care planned. Group activities were planned on the weekly basis that included baking, music and exercises. The inspector was told by staff and residents that outings to the local town and to a nearby beach were facilitated recently with staff support. The centre had access to transport by arrangement with a community HSE facility that facilitated wheelchairs.</p>

On the day of inspection residents' were seen outside enjoying the afternoon sunshine within the internal garden. Some were reading and others were commenting on the vegetables on display in a garden box. Others were engaged in activities with relatives or watching television inside in their bedroom. The inspector was informed that funds had been donated to complete a refurbishment project of the internal garden by October 2016. This initiative was being co-ordinated by residents' relatives.

**Judgment:**  
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):**

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

**Findings:**

The centre is located on the edge of the town on a well maintained site.

The premises was clean and found generally to be in a good state of repair with adequate heating and lighting. The premises was laid out in two units with a male side and a female side located at opposite ends of the premises. There were shared dining, visitor and oratory facilities and some shared ancillary facilities between units and four shared bedrooms within each unit.

The centre was arranged around a central secure courtyard which was due to be redecorated, as outlined in outcome 11. This space was found to be accessible for and used by the residents throughout the inspection.

Plans regarding the development of a new building and refurbishment of the existing premises were described at feedback by the provider's representatives. The inspector was told that funding and engagement with relevant agencies and experts was in place to complete the plans within the timescale agreed.

The person in charge confirmed that a programme of replacing previous storage arrangements in all multi occupied bedrooms had been completed since the last inspection. Larger wardrobes were provided to ensure that there is adequate storage

space to meet the requirements of residents.

However, as previously reported, the layout of multiple occupancy bedrooms did not sufficiently meet the needs of the residents in the following respects, despite some efforts made since the previous inspection:

- Suitable storage facilities and arrangements were not provided for individual residents support equipment such as modified wheel chairs and hoists. The inspector saw support equipment to be stored inadequately along corridors that obstructed the use of the available hand rails
- The televisions in four bedded bedrooms were not sufficiently viewable by all residents, particularly if curtains are in place or closed
- Access to four bedded rooms was restricted by a notice on the entrance door stating do not enter when the door is closed. The requirements and action of one resident may impact on other residents sharing the accommodation within the eight multi-occupancy rooms
- The location of the beds within the rooms did not maximise the space available to each resident. While the screening and layout of some of the four bedded rooms had been adjusted, the layout and space available to individual residents remained divided into five sections in others. Adjustments to the screening and location of wardrobes required attention in the interim while plans to reconfigure the building and or build a purpose built centre were outstanding. These requirements are restated in the action plan for response.

The up-to-date building proposal and plans for refurbishment of the premises is to be submitted to HIQA by way of an update to the previous action plan response and submissions made that informed the renewal of the centre's registration.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

As outlined in outcome 11, facilities and arrangements for meaningful occupation were

improved upon since the previous inspection and further development in line with residents' interests and capacities were planned and described.

Residents who spoke with the inspector were satisfied with the opportunities available to them. They said they had participated in activities in accordance with their interests and capacities. Residents' records showed that their likes, preferences and capacities had been assessed following admission and during reviews. A variety of activities were reported to be available and planned on the weekly basis in consultation with residents.

The communal visiting facilities previously identified as insufficient to receive visitors as it was not a suitable private room was partly addressed. The arrangement put in place since the last inspection to use part of the dining room was not sufficient as it was not a private room or the room that was available at all times as it was in use prior to, during and after mealtimes by residents with staff support. Further consideration to this requirement was needed and this action is restated.

**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):**

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

**Findings:**

As previously reported and as stated in outcome 2, there was insufficient staff in respect of a clinical nurse manager to govern, manage and co-ordinate the service provision of the designated centre on a consistent basis. This deficiency was acknowledged by management who said they were actively working to fill the vacancy.

The training records provided showed that some training opportunities for staff had occurred since the last inspection. However, all staff did not have access to appropriate training and refresher training at suitable intervals.

In follow up to the action required and provider's response following the previous

inspection the inspector found that all relevant staff did not have a record of training in nutrition. In the training records provided, five of the 63 staff listed in the training audit had completed nutritional training in November 2015. However, in discussion with staff they were familiar with the nutritional needs of residents and from a review of records access to the dietician and the speech and language services was available. Staff reported there were no residents with significant weight loss.

From the review of the staff training record provided, gaps were found in mandatory and relevant training such as manual handling, cardio pulmonary resuscitation (CPR), prevention and control of infection and fire safety. For example staff rostered and working in the centre had manual handling dates of 2007, 2011 and 2013. CPR training dates for some staff was dated 2011 and 2013. Generally this training is recommended every two years. Safeguarding vulnerable adult training was ongoing by the person in charge to address the training gaps and inform staff of the revised policy.

**Judgment:**

Non Compliant - Moderate

## 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:*

Sonia McCague  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Mary's Hospital
<b>Centre ID:</b>	OSV-0000538
<b>Date of inspection:</b>	16/08/2016
<b>Date of response:</b>	06/09/2016

### 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:**

As previously found by inspectors, the assistant director of nursing (ADON) who is the person in charge was recorded in the centre's staffing compliment as one full whole time equivalent but was responsible as the person in charge for another centre and was participating in the management of a third centre operated locally by the provider.

The narrative describing the reporting structure and arrangements required review to

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

ensure it included the Director of Nursing (DON) whom the person in charge reports to.

The organisational chart also required review to reflect the actual WTE availability for this centre of both the DON and the ADON.

**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.

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

The Statement of Purpose has now been revised to show exactly the working time of the Person in Charge of the Centre. The Organisational Chart has now also been revised to show the reporting relationship to the Director of Nursing and will be displayed locally as well as within the Statement of Purpose.

**Proposed Timescale:** 11/09/2016

**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:**

The governance and management arrangements at the time of this inspection did not ensure the centre was sufficiently resourced at all times to ensure proper continuity of care, and accountability in the co-ordination and management of the services provided.

**2. Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The Person in Charge has arranged that the following systems are in place on a daily basis.

The Person in Charge receives a full written handover from staff for the previous 24 hours for both day duty and night duty.

The Centre is contacted immediately at 08.00 am by telephone to ensure clarity around any issues and ensure that any unplanned for vacancies are filled due to possible absenteeism.

The Person in Charge now has full access to all care plans online and has internal electronic email access to all nursing staff. The Person in Charge can also make entries onto each individual residents care plan.

The Person in Charge as well as the Director of Nursing are now roistered to show exactly the hours they work within the Centre.

Both the Person in Charge and Director of Nursing are available by telephone 24 hours

per day if required.

Two named nurses are allocated to act as senior manager of the Centre on a daily basis.

The PIC will ensure that rosters are changed to reflect that there is a continuity presence on the Units within the Centre.

The Director of Nursing is also in the process of centralising their office within the Centre in order to provide arrangements for the PIC to cover other centres .

The Clinical Nurse Manager 1 will now also be rostered to cover the whole centre instead of just one Unit within the Centre.

**Proposed Timescale: 30/09/2016**

### **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:**

A record to indicate the date which staff had attended a fire drill was available within the general training matrix. However, a record to indicate the nature of the fire drills such as the fire scenario simulated, whether it was simulated during day or night time conditions, the duration, location and persons directly involved or any learning or conclusions from the fire drill remains outstanding since the previous inspection. This requirement is restated.

As previously found, the roster available did not adequately describe the hours worked by the person in charge in this centre. This requirement is restated.

#### **3. 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:**

The Person in Charge will now ensure that a record is available to indicate the nature of the fire drills for day time and night time, the duration, location and persons involved. Any learning from these will be recorded and made available to the inspection team.

The roster will now reflect the actual hours worked within the Centre by the Person in Charge rather than a General Roster.

Proposed Timescale: Immediately from 05/09/2016 and ongoing.

**Proposed Timescale: 05/09/2016**

## 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 arrangements for fire drills to inform resident evacuation including the number of residents in each sub compartment required review and improvement to ensure that residents can be evacuated in a timely fashion.

**4. 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:**

The Process of evacuation from individual compartments has now commenced and will continue to be repeated until lessons learned from each simulated evacuation are strengthened and reinforced. The Person in Charge will now ensure that a record is available to indicate the nature of the fire drills for day time and night time, the duration, location and persons involved. Any learning from these will be recorded and made available to the inspection team.

Proposed Timescale: 01/09/2016 And ongoing.

**Proposed Timescale: 01/09/2016**

## 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:**

As previously reported, the layout of multiple occupancy bedrooms did not sufficiently meet the needs of the residents in the following respects, despite some efforts made since the previous inspection:

- Suitable storage facilities and arrangements were not provided for individual residents support equipment such as modified wheel chairs and hoists. The inspector saw support equipment to be stored inadequately along corridors that obstructed the use of the available hand rails
- The televisions in four bedded bedrooms were not sufficiently viewable by all residents, particularly if curtains are in place or closed
- Access to four bedded rooms was restricted by a notice on the entrance door stating

do not enter when the door is closed. The requirements and action of one resident may impact on other residents sharing the accommodation within the eight multi-occupancy rooms

- The location of the beds within the rooms did not maximise the space available to each resident. While the screening and layout of some of the four bedded rooms had been adjusted, the layout and space available to individual residents remained divided into five sections in others. Adjustments to the screening and location of wardrobes required attention in the interim while plans to reconfigure the building and or build a purpose built centre were outstanding.

The up-to-date building proposal and plans for refurbishment of the premises is to be submitted to HIQA by way of an update to the previous action plan response and submissions made that informed the renewal of the centre's registration.

#### **5. 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:**

Suitable storage facilities and arrangements were not provided for individual residents support equipment such as modified wheel chairs and hoists. The inspector saw support equipment to be stored inadequately along corridors that obstructed the use of the available hand rails.

The storage area designated for support equipment has now been recommenced and a final plan for its completion is in place. This will remove excess supportive equipment from areas which would impact on a residents ability to mobilise safely. Will be completed by 07/10/2016.

The televisions in four bedded bedrooms were not sufficiently viewable by all residents, particularly if curtains are in place or closed.

The Person in Charge is currently investigating and reviewing the television requirements for residents, and will make available television Units more suited to the needs of individual residents so that their viewing is not hindered when personalised care is being delivered to other residents in the same room. Will be completed by 28/10/2016.

- Access to four bedded rooms was restricted by a notice on the entrance door stating do not enter when the door is closed. The requirements and action of one resident may impact on other residents sharing the accommodation within the eight multi-occupancy rooms.

The Person in Charge will review this process at the next resident's relatives forum to examine possibilities as to how this may be made easier for relatives when they visit. In the meantime we will discuss with individual residents and relatives what may work best for them in the meantime and ensure that there is easier access such as intercom or to knock before entering. We will ensure that the sign is removed once various care duties are completed for individual residents. Immediately and ongoing.

The location of the beds within the rooms did not maximise the space available to each resident. While the screening and layout of some of the four bedded rooms had been adjusted, the layout and space available to individual residents remained divided into

five sections in others. Adjustments to the screening and location of wardrobes required attention in the interim while plans to reconfigure the building and or build a purpose built centre were outstanding.

The moving of beds and the layout of beds commenced immediately after the inspection. Wardrobes and beds are now moved around to ensure sufficient space is provided and that extra space is utilised for the benefit of each resident in the bedroom areas. The contractor for bedding and curtains has now undertaken a survey as to the curtains required to utilise the extra space and has submitted a plan to help to facilitate the changes required. Each room will be reconfigured in line with this plan. Timescale will be November 30 2016.

**Proposed Timescale: 30/11/2016**

### **Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

The visitor area and arrangement put in place since the last inspection to use part of the dining room was not sufficient as it was not a private room or available at all times as it was in use prior to, during and after mealtimes by residents with staff support. Further consideration to this requirement was needed.

**6. Action Required:**

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

A room has now been designated within both Units within the Centre to offer privacy for all residents and visitors. We will continue to monitor any areas that have a potential to convert to more private visiting areas such as currently occupied offices and store rooms. Private visiting areas are central part of the new build proposals.

**Proposed Timescale: 04/09/2016**

**Theme:**

Person-centred care and support

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

Access to four bedded rooms was restricted by a notice on the entrance door stating 'Do not enter when the door is closed'.

**7. Action Required:**

Under Regulation 11(2)(a) you are required to: Ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident, or the resident concerned has requested the restriction of visits.

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

The Person in Charge will ensure that signs are only in place in absolute circumstances. We will facilitate all visits and accommodate all visits without restrictions for each individual resident affected.

Proposed Timescale: 01/09/2016 and ongoing

**Proposed Timescale: 01/09/2016**

**Outcome 18: Suitable Staffing**

**Theme:**  
Workforce

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

There was insufficient staff in respect of a clinical nurse manager to govern, manage and co-ordinate the service provision of the designated centre on a consistent basis.

**8. Action Required:**

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

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

The Registered Provider named nominee, the Person in Charge and the Director of Nursing are working closely with the Human Resource Department and with HSE National Recruitment services to offer any Clinical Nurse Managers on an approved panel for older person's services the opportunity to take up a position within the Centre in line with criteria set by the Regulations. If unsuccessful we will move to advertise the position again with approval. A named senior nurse in the meantime will be named on a weekly basis as the Clinical Nurse Manager and we are also currently negotiating with the Clinical Nurse Manager to assume responsibility for the whole centre. The Person in Charge along with the Director of Nursing will continue to assume the responsibilities of the Clinical Nurse Manager until a full time CNM 2 is in position

**Proposed Timescale: 30/11/2016**

**Theme:**

## Workforce

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

In follow up to the action required and provider's response following the previous inspection the inspector found that all relevant staff did not have a record of training in nutrition. In the training records provided, five of the 63 staff listed in the training audit had completed nutritional training in November 2015.

From the review of the staff training record provided, gaps were found in mandatory and relevant topics such as manual handling, cardio pulmonary resuscitation (CPR), prevention and control of infection and fire safety. For example staff rostered and working in the centre had manual handling dates of 2007, 2011 and 2013. CPR training dates for some staff was dated 2011 and 2013. Generally this training is recommended every two years. Safeguarding vulnerable adult training was ongoing.

### **9. Action Required:**

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

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

A revised Training Plan has now been completed for the Autumn Months of 2016. Restraint and Dementia Programmes have been planned for every Wednesday during the Month of September 2016.

Manual Handling Refreshment Training is scheduled to commence on Tuesday 6th of September and those staff that are available have been rostered to attend from the Centre. The Manual Handling Training will continue on a weekly basis until all staff are up to date. A third manual handling instructor has now been sourced for the Centre which will assist in ensuring all staff have up to date refresher training..

Cardio pulmonary Resuscitation is scheduled for Wednesday 7th of September and will continue until all staff have received up to date CPR training.

Nutrition Training is scheduled for every Wednesday for the month of October 2016. Infection Control and Hand Hygiene is also scheduled for the Month of October 2016. Fire safety and evacuation training is scheduled for October and November 2016

**Proposed Timescale: 30/11/2016**