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Navan Road Community Unit, Navan Road, Dublin 7

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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:	Navan Road Community Unit
Centre ID:	OSV-0003709
Centre address:	Navan Road, Dublin 7.
Telephone number:	01 827 6800
Email address:	gmdnc@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Paula Keating
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	6

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 April 2017 10:30 To: 26 April 2017 20:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant
Outcome 09: Statement of Purpose		Substantially Compliant

Summary of findings from this inspection

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also considered information received by the Authority in the form of notifications and other relevant information.

The provider had recently completed a self assessment tool on dementia care and had assessed the compliance level of the centre as compliant for all outcomes with the exception of safety and safeguarding and staffing which were assessed as substantially compliant.

This inspection found that the outcomes for, safety and safeguarding, complaints

premises and staffing were compliant. The outcomes for health and social care, and rights, dignity and consultation were moderately non-compliant.

The inspector found a good standard of care was being delivered to residents in an atmosphere of respect and cordiality. Residents were warmly and appropriately dressed. Staff were observed to be responsive to residents' needs and alert to any changes in mood or behaviours that could indicate a potential upset to individuals or groups. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low-key unobtrusive manner. Residents praised staff who they said were approachable and helpful.

Residents' had access to medical officers and allied health professionals, such as physiotherapy and, speech and language therapists, and access to community health services was also available. Some improvements were required, including assessment and care planning processes.

The premises were bright and sunny and efforts to make the centre a comfortable living environment were observed. The centre does not contain a dementia specific unit.

Overall there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. In particular there was a good system of governance and an emphasis on continual improvement. Some areas of ongoing improvement were identified with regard to medication management, care planning and activities.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Residents had access to medical care, an out of hours services and a full range of other services available on referral, including occupational therapy, speech and language therapy, dietician, chiropody, dental services and optical services. Medical care services were provided on a three month rotational basis through the health service executive. Evidence of referral and review were available and viewed with early recognition of the signs of clinical deterioration and appropriate management. However, it was noted that some residents with responsive behaviours were not referred for review to consultant specialist services although the behaviours had continued to escalate. Regular review of all residents by a medical officer as needs changed or every four months was found. This is further referenced under Outcome 3 of this report.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident. Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were maintained.

The systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. Most care plans were found to be detailed enough to guide staff on the appropriate use of interventions to manage the identified need and most reviews considered the effectiveness of the interventions to manage and/or treat the need. Comprehensive risk assessments on which to base care plans were found and there were efforts to plan and deliver care in a person centred manner. However, there were areas that needed to be improved.

Care plans in place for management of skin integrity were not updated to reflect changes to improvements and the reduced frequency of repositioning.

The care plans in place to manage responsive behaviours did not fully guide staff. Some

positive behaviour support plans did not include the form the behaviours might take, triggers associated with the behaviour, distraction or de escalation techniques to manage the behaviours. The centre's policy on managing responsive behaviours also directed staff to complete behaviour monitoring charts. These are used to enable staff build a real time and reflective picture of possible reasons for the behaviour, how the behaviour is manifested and what the most effective measures are to prevent or reduce recurrence. The inspector found these were not being maintained for all residents displaying responsive behaviours.

Where medication formed part of the therapeutic care to manage associated behaviours, clear guidance was needed to ensure that medication was used only after other interventions had been tried and failed. The inspector noted that this had resulted, in more frequent use of, as required, medication to manage behaviours, in one instance, than may otherwise have been necessary.

The inspector found that the full needs of some residents with these behaviours were not being met and the overall management of residents with responsive behaviours required review from a multi-disciplinary perspective. The inspector also noted that improvements to care planning and assessment processes and nursing progress notes would support coordinated clinical care management of residents needs.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' weights were checked on a monthly basis, and where required, daily intake charts were in place to monitor food or fluid intake.

Menus were available and all residents were offered choice at each meal. The inspectors observed residents having their lunch in the dining room, where a choice of meals was offered. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal.

Some residents took their meals in their bedrooms. The tray service of the lunch was staggered to ensure all elements were not served together. The plated main course was enclosed in an insulated shell to maintain the food at optimum temperature.

All residents spoken too were very complimentary of the food saying there was lots of variety, very tasty and plentiful supply.

Residents on modified diets were provided with the same choices and each element of the meal was separately presented on the plate.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Nursing staff were observed administering medicines to residents and follow appropriate administration practices. The nurse knew the residents well, and was familiar with the residents' individual medication requirements. Inspectors observed that the nurse took time to ensure each resident was comfortable before administering their prescribed medicines in a person centred manner.

Details of all medicines administered were correctly recorded. Prescribed medicines were regularly reviewed by a medical officer. Medicine audits were conducted in the centre and a process for recording medicine errors was also in place. However, it was noted that where more than one medicine was prescribed as part of a therapeutic regime for responsive behaviours on a p.r.n. basis (medicine given occasionally on an as required basis) clear guidance on the appropriate therapy option was not in place.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia. Residents spoken with confirmed they felt safe and some knew who they would speak too if they were concerned. Residents unable to verbalise their thoughts, did not exhibit behaviours associated with fear or distress.

Staff spoken to by the inspector confirmed that they had received recent training on recognising abuse and were familiar with the reporting structures in place. The inspector observed staff interactions with residents and noted their person-centred approach using good communication skills in a patient calm manner.

Efforts to promote of a restraint free environment were on-going with continued use of alternative measures such as low-low beds, mat and bed alarms noted. Assessment of risks, associated with the use of restraints such as bed rails and lap belts, were in place and regularly reviewed.

The inspector reviewed the system in place to manage residents' money and found that reasonable measures were in place and implemented to ensure resident's finances were fully safeguarded.

Judgment:

Compliant

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

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Overall residents' rights, privacy and dignity were respected with personal care delivered in their own bedroom or in bathrooms with doors closed and the right to receive visitors in private.

There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading or chatting in their bedrooms.

Choice was respected and residents were asked if they wished to attend exercise programmes. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Residents' religious needs were met through viewing the mass on television, group rosary prayers and visits twice weekly from Eucharistic ministers. The person in charge is in the process of establishing links with local churches with a view to getting a live internet link to the centre. Some residents were facilitated to go out to midweek mass usually with families. A nearby school was also being contacted where residents may be able to attend mass.

Residents had access to an independent advocacy service. A link advocate was assigned who facilitated residents' consultation meetings quarterly. Minutes of meetings were viewed. As this is a recently re-opened centre with all residents recently admitted, there were very few issues raised on the initial meetings. The minutes confirmed outings to the shopping centres, pantomimes and concerts over the Christmas period and discussions at the most recent meeting in January included activities, access to the God channel on TV and some delays in response to calls to staff at night. The minutes indicated residents' overall satisfaction with the quality of care and life in the centre.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated. The inspector also observed that where residents required supervision in communal areas that staff used these opportunities to engage in a meaningful and person centred way.

A weekly activities programme was in place delivered by an activity coordinator. The programme included a mix of activities, intended to stimulate residents both physically and mentally, such as: jigsaws, painting, baking, music, crafts and bowls. Residents were also brought on walks when weather permitted. Other outings were arranged, usually monthly, but were dependent on access to a wheelchair accessible bus, based in another nearby centre. These outings included trips to the cinema, concerts and shops. There was a recent trip to the national art gallery.

Inspectors were told that one to one time was scheduled for residents with more severe dementia or cognitive impairment, were frail, or who would not participate in the group activities, and that this time was used for sensory stimulation such as, chatting, reading or providing hand massages. However, it was noted and staff confirmed that the time available for individual one-to-one activities was limited. The inspector observed several residents who remained in their bedroom throughout the day. Staff confirmed these residents rarely, if ever, visited the sitting room or joined in group activities. On review of documentation and in discussion with staff it was found that several of these residents had not received any structured activity input since admission. Interactive socialisation, through conversation with staff during personal care interventions, was the primary source of stimulation. However, evidence of regular, meaningful, physical and

mental stimulation, linked to past interests, was not in place for all residents. The inspector noted that the activities coordinator was very aware and familiar with the individual needs of the residents in this regard. It was found that she prioritised those with greatest needs and who have difficulty interacting with others for one-to-one time. However, this meant that she was unable to provide adequate time to the remaining residents who require one-to-one activity time.

In conversation with several residents the inspector found that they were very happy with the variety of activities delivered in the centre. They were very complimentary of the activities coordinator, who they felt, made lots of efforts to vary the activities, involve everyone and make it a fun time. A very interactive activity recently introduced by the activities coordinator involved the creation of an in-house scenic drive. A 'car' was built consisting of a large cardboard box, painted to visually represent the front of a car. Inside there was a comfortable seat, driving wheel and monitor screen. The screen was linked to a laptop with a video of several driving routes around Dublin. The inspector observed one resident 'driving' through the city, picking out well known landmarks and areas where he grew up or worked in. The activity was a wonderful way for residents to reminisce about their lives and also helped staff to become more familiar with the residents' past lives and interests.

The residents said they enjoyed the outings and some said they would love to out more but they recognised that as the centre did not have its' own bus this limited their choice to go out as often as they would like.

All residents praised staff for their hard work and manner in which they carried out their work. All said staff were respectful helpful and kind. However, in conversation with some residents the inspector learned that they found it difficult to discuss some of their problems with the doctor. Residents, particularly those who were in general good health, said that a different doctor visited every couple of months and they found it difficult to confide in them and tell them any of the concerns they may have. The residents talked about how, when they were at home, they could go to their General practitioner and talk to them, because their GP knew them well. Now, because of the rotational nature of the medical service structure, the doctor did not have time to get to know them and the residents said they only see them for a couple of minutes.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A complaints process was in place to ensure the complaints of residents, their families or next of kin, including those with dementia, were listened to and acted upon. The process included an appeals procedure.

The complaints policy met the regulatory requirements. Some residents spoken to could tell inspectors who they would bring a complaint too. Only one complaint was made to date and this was dealt with promptly and there were records available to document the outcome and satisfaction of the complainant.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Suitable and sufficient staffing and skill mix were found to be in place, on this inspection, to deliver a good standard of care to the current resident profile. Although as referenced under outcome 3, residents, who remained in bed or in their bedrooms for long periods of time due to frailty or personal preferences, were not being provided with purposeful or meaningful stimulation. The reason for this requires to be explored to ensure that activity provision is adequately resourced or supported to meet the needs of this resident profile.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place in all units. Although agency staff were used to cover gaps in the roster it was noted that the majority were regular in an effort to maintain consistency of care.

Appropriate and sufficient supervision and guidance, auditing of care delivery, assessments and implementation of care interventions by the senior management team were in place.

Staff allocation and key worker systems were in place to ensure safe delivery of care and updates on residents' condition.

Appropriate and respectful interactions were observed throughout the day between residents and staff. Overall it was noted that resident's dignity and choice was respected during care interventions and in their daily lives.

A formal staff appraisal system, that discussed the continuous performance and training of staff with each staff member was being established, .

Good recruitment processes were in place including a Garda vetting process. A sample of staff files were viewed and were found to meet all of the requirements listed in

Schedule 2. Assurances that all staff completed the Garda Síochána (police) vetting process prior to commencing employment were received.
Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and prevention of elder abuse. A training plan for 2017 was in place and had commenced.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
Actions from the previous inspection were required, to clarify in the centre's statement of purpose, that the twin rooms were suitable to meet the needs of residents with low or medium assessed dependency needs only. This was fully addressed.

Navan Road Community Nursing Unit is located in a mature and quiet cul de sac beside a residential estate close to Dublin city. The building is a single storey which has been extensively refurbished and finished to a high standard. All windows were fitted with restrictors for safety purposes.

The main entrance door opens into a small foyer with reception desk. The corridor divides left to O'Farrell unit and right to Lynn unit.

Main administration and person in charge office, meeting room, store room and accessible visitors' toilet is situated on the corridor close to the main entrance.

The O'Farrell unit contains; 8 single and 6 twin bedrooms. It also contains; A large sunny sitting room with appropriate comfortable seating TV's call bell system and activities area. Two assisted toilets are located just off the sitting room. The main large dining room area with servery, kitchenette and clean up area. A separate activities room and visitor's room. Two large assisted shower rooms, one with a parker bath, and also two separate toilets, two store rooms, nurses station and office.

The Lynn unit contains 7 single and 6 twin bedrooms. It also contains; smaller sitting room and separate quiet room, oratory, hairdresser's room, cleaner's store room, sluice room, two large assisted shower rooms, one with parker bath, separate toilet, laundry, main kitchen and staff dining area two store rooms, main nurses' station and office
The sitting rooms contained comfortable seating at an appropriate height to enable ease and safety during the transition from sitting to standing. The seating had been chosen with advice from an occupational therapist.

All bedrooms both twin and single were equipped with a profiling bed, locker, built in

wardrobes, wall mounted TV and call bell system.

Each single bedroom contained a wash hand basin and each twin room contained two wash hand basins. Three of the twin bedrooms contained over bed ceiling hoists. Two single rooms have full shower en suite and a further 8 have en suite with toilet and wash hand basin only. Each full en suite contained a toilet and wheelchair accessible shower area. All en suites' were fully tiled with safe flooring, ventilation and call bell. There are 12 twin rooms of which 4 contain over bed ceiling hoists. None contain en suite facilities.

Residents' bedrooms were personalised with pictures, photographs and home furnishings. Call bells were available in residents' bedrooms and communal rooms, grab rails and safe flooring facilitated safe mobilising, and the centre was comfortably warm and clutter free.

Assistive equipment was in place and available for use and in good working order, service records were up to date and maintenance contracts were in place. The purpose and function of each room was identified and colour cueing on bathroom doors to distinguish them from bedrooms was in place. Efforts to provide appropriate signage and cueing to support freedom of movement for residents with dementia was also found, although some further improvements were possible such as colour cueing of toilet seats and a menu board with pictures as well as text to identify meal options would be beneficial.

A rear enclosed garden accessible via a patio door beside the quiet room provided a secure and relaxing space to enable residents enjoy the outdoor landscaped garden and safe walk ways.

Judgment:

Compliant

Outcome 09: Statement of Purpose

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

However, it was noted that the service was not being delivered fully in line with the statement of purpose. This occurred where residents in twin bedrooms, were assessed as at high or maximum dependency needs. However, the statement of purpose identifies where these rooms are not suitable for residents with dependency needs assessed as higher than low or medium.

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:

Nuala Rafferty
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:	Navan Road Community Unit
Centre ID:	OSV-0003709
Date of inspection:	26/04/2017
Date of response:	23/05/2017

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Some care plans were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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

that resident's admission to the designated centre.

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

- Meetings have taken place with HCAs and Nursing staff around the findings of the draft report.
- Monthly staff meetings with the CNMs continues.
- Nursing Metrics continues as well as random audits.
- Post Care plan audit - staff are written to, if gaps are noted in charts. It is being highlighted the need to document care at the time it is given and not retrospectively. Therefore, there is a need to change the work practices of the HCAs. We have commenced discussions with a third party about changes in work practices and this is on-going.
- In the meantime education is being offered to the HCAs around documentation i.e. Daily Activity sheets and SSKIN Bundles.
- Education on documenting responsive behaviours commences next month for the HCAs. Pop up Education sessions are also being carried out.
- Tools for Safe Practices have been well attended by Nurses.
- Daily Safety Pause discussions are being focused a lot on Care Plans.
- Discussions are arranged with our Consultant Geriatrician Re: Proposed changes for our medical cover, this can only be actioned on the changeover of the new Doctors in July 2017.

Proposed Timescale: Immediate and On-going

Proposed Timescale: 23/05/2017

Theme:

Safe care and support

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

The full needs of some residents with these behaviours were not being met and the overall management of some residents with responsive behaviours required review from a multi-disciplinary and/or consultant specialist perspective.

2. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

- Immediate referral sent to the Psychiatry of Old Age by the Medical Officer.
- Medication Review and Referral to Consultant Geriatrician.
- MDT and Family meeting carried out.
- Education sessions on responsive behaviours and documentation organised for all staff. National Dementia Programme and Safe Guarding Vulnerable Adults training provided for all staff.
- Attendance of the Restraint and Dementia Working Groups and Optimising medications

advised and encouraged.

- We are taking a proactive approach with preventative behavioural strategies such as revisiting the Psycho-Social approach to the delivery of care.
- Discussed with the unit SHO and Senior Medical Officer and the Nurses Re: Timely referral to other services when needed.

Proposed Timescale: Immediate and On-going

Proposed Timescale: 23/05/2017

Theme:

Safe care and support

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

Medication administration did not fully comply with professional guidance for nurses and clear guidance for administration of p.r.n. or as required medicines was not provided where more than one option was prescribed.

3. 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:

- Drug Error Forms completed for PRN Medication doses that were not recorded.
- Nurses are asked to do the HSE Land Medication Management course by June 30th, 2017.
- Medication Management Policies and Guidelines to be re-read and signed off by all Nurses.
- Recent training on Tools for Safe Practice and Medication Management by Joe Wolfe rolled out.
- Education arranged from Abbey Health Care Pharmacist and our own Practice Development Co-ordinator over the next few months.

Proposed Timescale: Immediate and On-going

Proposed Timescale: 23/05/2017

Outcome 03: 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:

Opportunities for purposeful or meaningful stimulation for all residents who remained in

bed or in their bedrooms for long periods of time due to frailty or personal preferences were limited.

4. Action Required:

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

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

- Approval received for our General Manager for a second Activities Co-ordinator on May 12th.
- Expression of interest for Activities Co-ordinator post closes May 26th.
- We have revised our Key Client List and we are matching our resident's interests with Staff interests to build more meaningful relations and activities.
- Plan for HCAs to document the care they give on SSKIN Bundles and Activities on residents Care plan.
- We have commenced working with a third party due to change in work practices to implement HCAs documenting the care they give.

Proposed Timescale: Immediate and Start of third Quarter 2017

Proposed Timescale: 01/07/2017

Outcome 09: Statement of Purpose

Theme:

Governance, Leadership and Management

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

Ensure that the service provided is delivered in line with the statement of purpose.

5. Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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

- Work to commence to improve the 2 bedded rooms so that we can accept High and Maximum Dependency Clients.

Current Proposal is:

- The 8 double rooms to have ceiling hoists installed.
- Provision of an integrated locker system with existing wardrobes, re-claiming the floor space of the existing lockers. Change to curtains at the end of the beds to maintain dignity and privacy.
- Proposal is being worked on, costs are being finalised and once completed this will be submitted to HSE Estates for approval.
- Two male Clients have been allocated a double room each currently, pending work on the double rooms being completed. No Admissions will be made to these rooms until work is approved and completed.

•Necessary changes/adjustments to the statement of purpose will be made.

Proposed Timescale: End of Third Quarter

Proposed Timescale: 30/09/2017