

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Moyne Nursing Home
Centre ID:	OSV-0004373
Centre address:	The Moyne, Enniscorthy, Wexford.
Telephone number:	053 923 5354
Email address:	carolinearle@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Whitewood Carela Limited
Provider Nominee:	Caroline Earle
Lead inspector:	Ide Cronin
Support inspector(s):	Catherine Rose Connolly Gargan
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	1

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.

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 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: 02 March 2016 09:15 To: 02 March 2016 17:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Non Compliant - Major	Non Compliant - Major
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Non Compliant - Major	Non Compliant - Major
Outcome 08: Governance and Management		Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. Inspectors also added the outcome of governance and management to this inspection which was also found to be at a level of moderate non compliance as the experience of the person in charge did not meet the requirements of Regulation. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also considered progress on some findings following the last inspection carried out on 4 November 2014 and to monitor progress on the actions required arising from that inspection.

The centre did not have a dementia specific unit. At the time of inspection there

were 12 of the 25 residents residing in the centre with a formal diagnosis of dementia. Inspectors observed that many of the residents required a high level of assistance and monitoring due to the complexity of their individual needs.

The provider had submitted a completed self assessment tool on dementia care to the Authority with relevant policies and procedures prior to the inspection. The provider had assessed the compliance level of the centre through the self assessment tool and the findings and judgements of inspectors concurred with the provider's judgements. Although some progress was made by the provider in implementing the required improvements identified on the inspection in November 2014, some of the findings at that time were again evident on this inspection. Risks associated with standards of clinical care which included medication management, supervision of practice and unsuitable aspects of the physical environment were found.

Overall the centre was non compliant in six out of the seven outcomes on this inspection. Major non compliance was found under Outcome 3: Residents' Rights, Dignity and Consultation and Outcome 6: Premises. Moderate non compliance was identified under Outcome 5: Staffing. Outcome 4: Complaints was found to be compliant and Outcomes 1: Health and Social Care Needs and Outcome 2: Safeguarding and safety were found to be substantially compliant. Improvement was also required in the implementation of effective management systems to support governance and leadership.

The Action Plan at the end of this report identifies areas where improvements are required to comply 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.

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: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed and actioned in Outcome 3.

There were a total of 25 residents in the centre on the day of this inspection. One resident had been assessed as maximum dependent, 16 residents were as high dependency needs, five residents had medium dependency needs and three residents had low dependency needs. 12 residents had a formal diagnosis of dementia.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Each resident's needs were determined by comprehensive assessment with care plans developed based on identified needs. Care plans were updated in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. The nutritional and hydration needs of residents with dementia were met. Staff cared for residents receiving percutaneous endoscopic gastrostomy (PEG) tube replacement. The acting person in charge told inspectors that the nursing team supported by residents' GPs were developing their practice to include care procedures that would prevent unnecessary hospital admissions. For example, provision of subcutaneous fluid replacement.

Residents had a choice of General Practitioner (GP) and some residents continued to have their medical care needs met by their GP prior to their admission to the centre. Residents also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. Residents in the centre also had access to the specialist mental health of later life services. A member of this team assessed residents referred to them and reviewed other residents on a regular basis as follow-up to consultations they completed.

Inspectors focused on the experience of residents with dementia in the centre on this

inspection. They tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents.

There were systems in place to optimise communications between the resident/families, the acute hospital and the centre. Copies of transfer documentation to and from hospital in residents' files contained appropriate information about their health, medications and their specific communication needs. The person in charge visited prospective residents in hospital prior to admission or in some cases in their own home. This gave the resident and their family information about the centre and also ensured that the service could adequately meet their needs. The inspectors discussed with the person in charge how transfer information could be improved further with provision of additional information regarding strategies to prevent occurrence of or support residents with behaviours that challenge.

Each resident's care documentation was set out in an integrated clinical file. This format supported information accessibility by recording multidisciplinary input in a single location. Each resident had a comprehensive nursing assessment on admission. The assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. There was evidence that non-verbal residents experiencing pain had a pain assessment completed using a validated assessment tool. Pain charts in use reflected appropriate pain management procedures. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents' changing needs. There was evidence that residents and their family, where appropriate participated in care plan reviews.

Staff provided end of life care to residents with the support of their medical practitioner. Community palliative care services were available if required. The inspectors reviewed a number of 'End of life' care plans that outlined the physical, psychological and spiritual needs of the residents, including residents' preferences regarding their preferred setting for delivery of care. Single rooms were available for end of life care and relatives were supported to be with residents during this time. Residents' religious and cultural practices were facilitated within the centre.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of hot meal at mealtimes. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining room was observed by inspectors to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. A resident who had a peg feeding tube

system had a care plan which directed their care in relation to the management of the tube, rest periods and the feeding regime.

Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. There were no residents with pressure ulcers at the time of inspection.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls. Residents' accommodation was on ground floor level and as such supported residents to mobilise safely around the centre.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. An inspector observed medication administration on the day of inspection and noted that details of all medicines administered were recorded. However, from review of residents' medication documentation, inspectors found that medication administration did not meet professional standards and prescribing requirements in some areas. The provider/person in charge was advised of these findings on the day of inspection as follows;

- some medications for PRN (as required) administration did not reference maximum dosage over a 24hr period.
- medications administered in crushed format were not individually prescribed
- some regular medications administered to residents were not individually prescribed by the prescriber therefore the prescription was incomplete.

Residents had access to a pharmacist of their choice and the pharmacist participated in a four monthly medication review and was available to meet with residents or advise staff where required.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

There were policies in place about managing behaviour that challenges BPSD (also known as behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to give clear instruction to guide staff practice. Measures to protect residents from being harmed or suffering abuse were in place. A

policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with HSE procedures. The Safeguarding Vulnerable Persons at Risk of Abuse documents were available and accessible to staff.

Staff spoken to by inspectors confirmed that they had received training on recognising abuse, and were familiar with the reporting structures in place. All staff had been trained in 2016. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. A review of incidents since the previous inspection showed that any allegations of abuse that had been reported were dealt with appropriately. Residents with whom the inspectors were able to communicate verbally said they felt safe and secure in the centre, and felt the staff were supportive and respectful.

There was a policy in place for behaviour that is challenging, and training on managing challenging behaviour had been provided to a number of staff, although the inspectors did note that not all staff had received this training. As discussed in Outcome 1, inspectors observed staff competently de-escalating minor incidents of behaviours that challenged on the day of inspection. However, management plans for residents with behaviours that challenged did not reference antecedents or effective de-escalation procedures for each resident. Bedrails were in use for approximately 64% of residents. The inspectors observed that residents had bedrail assessments completed. There was evidence of proactive measures in place to reduce bedrail use including, low beds and foam floor mats. Shortened bedrails to enable residents while in bed without limiting their access in and out of bed were also in use.

A policy was in place for the management of residents' personal belongings and valuables and appropriate procedures were in place to safeguard this process including the secure storage of valuables. Where the centre operated as a pension agent for residents, transactions were recorded and signed and documentation was maintained in an appropriate manner.

Judgment:
Substantially 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:
Some evidence that residents with dementia were consulted with and actively participated in the organisation of the centre was found. Inspectors noted that the staff

tried to create an atmosphere of relaxation by playing background music appropriate to the age and era of residents. There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in the foyer or the communal sitting room area.

There was a residents' committee in operation. An inspector viewed the minutes of the last meeting. This would ensure that any issues raised for residents with dementia are acknowledged, responded to and recorded, including the actions taken in response to issues raised. There was limited evidence that feedback was sought from residents with dementia on an ongoing basis regarding the services provided to them. As discussed in Outcome 6, the layout and space of a number of bedrooms negatively impacted on the privacy and dignity of residents with dementia. Signage and cues to direct and enable residents with dementia to independently access the centres' bathrooms, communal areas and bedrooms required improvement.

Inspectors spent time observing interactions during the early morning, prior to, during and after lunch and in the afternoon. These observations took place in the communal room and in the dining area. Although some instances of person centred care were observed, overall, it was found that care was primarily task oriented.

It was also observed that many staff did not engage residents in conversation except when engaging in tasks. Staff were observed to pass through the sitting room without speaking to residents even where there were obvious attempts by residents to try and talk to the staff. Although staff seemed familiar with residents' basic physical care needs and their family backgrounds, efforts to chat to them about their family, reminisce on previous interests or working life were limited.

Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a neutral nature. Inspectors observed that for the majority of the residents in the communal area, there were no interactions with staff and most residents were not engaged, or were asleep in their chairs with no stimulation for periods of time. During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. 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. The inspector observed that some residents were eating alone with no interaction from staff.

Inspectors observed the activities coordinator assisting a group of residents in a cake making activity. Inspectors observed that for some residents this was a meaningful activity, some were asleep and two residents seemed bored and left the activity. 1:1 sessions were provided to residents who were immobile, were ill or recovering from illness and spent most of their time in bed or in their bedrooms. Inspectors observed that the activity staff member was limited in capacity to meet residents' needs in this area as the activity coordinator also had another task to undertake in the morning. Inspectors observed that some residents with complex needs spent long periods of the day with no meaningful engagement. This finding was discussed with the provider and person in charge on the day of inspection.

Residents were facilitated to exercise their civil, political and religious rights. Residents told the inspector that religious services were held regularly. Inspectors were told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. Inspectors observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room. Inspectors observed that some residents were spending time in their own rooms, watching television, or taking a nap. The local newspaper was available as observed by inspectors and some residents were engaged in reading it.

Residents had a section in their care plan that covered their communication needs. There was a communication policy in place. However, it did not include strategies to effectively communicate with residents who have dementia. Staff informed inspectors that every effort was made to provide each resident with freedom to exercise their choice in relation to their daily activities of living. External advocacy services were available to residents. On the day of inspection inspectors saw that advocacy services were being utilised for a resident.

Judgment:

Non Compliant - Major

Outcome 04: Complaints procedures

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:

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, which was also displayed, met the regulatory requirements. Some residents spoken to could tell inspectors who they would bring a complaint to. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Recruitment processes were reviewed on this inspection and on review of a sample of staff files these were found to meet the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. A record was maintained of current registration details of nursing staff.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling and safeguarding vulnerable persons. However it was found that further training on aspects of care specific to the resident profile was needed such as; care of residents with acquired brain injuries, person centred care practices and dementia specific care practices including management of behaviours that challenge. Although, inspectors noted that staff were very familiar with the residents needs, the level and skill mix of staff were not sufficient to meet the social and supervision needs of residents. Inspectors observed that there was limited supervision by staff in the communal areas. Many of these residents had high and maximum dependency needs including risk of fall.

Inspectors were told by residents and staff and they also observed that healthcare staff were very busy and at times were stretched to meet residents' needs in a timely manner. As outlined under Outcome 3 the observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a neutral nature. During the observation period, there were no interactions with staff for the majority of the residents in the communal area and most residents were not engaged or asleep in their chairs without stimulation for periods of time.

Inspectors found that the current profile of residents in the centre spanned from 34years to frail elderly with a high level of complex needs. 62% of all residents were assessed as being at high/ maximum dependency and required the assistance of two staff with most or all of their activities of daily living.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handovers each day to ensure good communication and continuity of care from one shift to the next. The inspectors saw records of regular meetings between nursing management at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the providers and the acting person in charge. The inspectors found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

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:

Residents with dementia integrated with the other residents in the centre. Since the last inspection in November 2014, improvements made to the environment positively impacted on the quality of life for residents in the centre. These improvements included:

Kitchen was refurbished and dining room was made bigger
new laundry provided in a portacabin
external walls were insulated
painting internally and externally.

However, inspectors found that further significant improvement was required to provide a comfortable and therapeutic environment for all residents and particularly residents with dementia. Areas that did not meet their stated purpose and as such required improvement included the layout and design of a number of twin and some single bedrooms, some parts of the environment, storage and independent access to a safe external space.

The provider explained to the inspectors that planning proposals had been drafted to address these issues and following unavoidable delays to date were pending approval by the appropriate planning authorities.

The centre is a single-storey building. The building is set in a large well-maintained garden with car-parking space to the front. Seating, flower-beds and pathways are features of an external garden. However, ground surfaces to this garden were uneven and it was not secure. Therefore, it did not provide a safe accessible outdoor space which residents with dementia can access independently. The main entrance leads directly into a conservatory through which the entrance hallway and the main sitting room can be accessed. Some residents with dementia liked to sit in this area. Comfortable seating and occasional tables were available to meet their needs.

The dining room had been refurbished in a domestic style and provided a spacious and bright area for residents to dine in. Communal sitting accommodation comprised of two rooms located on either side of the centre. One sitting room was used in part for storage and inspectors observed it contained a bed, hoists and the activity co-ordinators' equipment. Inspectors were advised that this room is sometimes used by residents to meet visitors or to rest quietly in.

The layout and design of the main sitting-room did not provide adequate accommodation for residents with dementia. It was over-crowded at times and seating was arranged against the perimeter walls which did not promote interaction. The layout

and space provided in many of the twin bedrooms and some single bedrooms did not meet their stated purpose. The layout and dimensions of many of the twin bedrooms did not meet the needs of residents in terms of adequate personal storage, use of assistive equipment such as hoists and wheelchairs, privacy and dignity.

Residents' bedroom accommodation consisted of 11 single bedrooms and eight twin-bedded rooms. Two single bedrooms were located off a small lobby area off the sitting room. This area could only be accessed from the sitting room. Space between bed screen curtains and beds in twin bedrooms was limited and did not ensure the privacy of residents requiring assistive equipment to meet their needs.

The inspectors saw that some residents personalised their bedrooms. However, the layout and space in a number of twin bedrooms limited personalisation due to confined personal space and an absence of shelving to display personal photographs and ornaments. Inspectors observed that residents in one twin bedroom used a window sill to display their photographs. The televisions in twin bedrooms could not be viewed from both beds at any one time and some bed areas had limited space around them to have chairs and to access lockers by beds.

The environment in the centre was brightly painted and the many windows including the open-plan conservatory/lobby area provided good use of natural lighting. Toilet doors were painted red - carried through to the wall behind each toilet. While there were handrails in place on all corridors, they were not painted in a contrasting colour and as such may not be readily visible to residents with dementia. There was some use of signage to support residents with dementia, however this needed improvement. Familiar curtain designs, pictures and traditional items displayed along corridors and in communal rooms supported the comfort of residents with dementia.

Judgment:
Non Compliant - Major

Outcome 08: Governance and Management

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:
Inspection findings supported a requirement for improvement in the governance and management of the centre to ensure the needs of residents were met in line with its stated purpose. The inspectors found that there was an organisational structure in place. However, significant improvements regarding management systems were required to ensure compliance with the Regulations and to provide assurances to the

Chief Inspector that the centre was being efficiently governed ensuring residents were being delivered a service that was safe, effective and met their needs. The registered nurse currently acting as a person in charge was suitably qualified but did not meet regulatory requirements in relation to three years experience in the area of nursing older people within the last six years. The clinical management structure was not adequately resourced and was not defined in terms of roles, responsibility and clear lines of authority and accountability.

Inspectors found that the system in place to monitor the quality and safety of care and the quality of life for residents required improvement. There was a quality and safety committee and the last meeting had taken place on 28 January 2016. The inspectors observed that some aspects of clinical care were reviewed. However, the information available was inconsistent and did not identify deficits in practice or positively inform improvements in the safety and quality of care or the quality of life of residents with dementia for example the medication management audits. An annual review of the Quality of the Service for 2015 was in process but not available to inspectors or residents on this inspection.

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:

Ide Cronin
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:	The Moyne Nursing Home
Centre ID:	OSV-0004373
Date of inspection:	02/03/2016
Date of response:	19/07/2016

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: 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:

Medication administration did not meet professional standards and prescribing requirements in some areas:

- some medications for PRN (as required) administration did not reference maximum dosage over a 24hr period.
- medications administered in crushed format were not individually prescribed

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

- some regular medications administered to residents were not individually prescribed.

1. 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:

All medication for prn(as required) administration will reference maximum dosage in a 24 hour period going forward

all medication administered in a crushed format will be individually prescribed going forward

all regular medications will be individually prescribed

pharmacist has been advised we will only accept medication kardex going forward which meet the required professional standards.

Proposed Timescale: 13/05/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Management plans for residents with behaviours that challenged did not reference antecedents or effective de-escalation procedures for each resident.

2. Action Required:

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

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

In order to develop meaningful and accurate positive behavioural support and management plans, ABC charts have been used to gather information which allows staff to identify antecedents, any patterns or trends in these behaviours and to identify which de-escalation techniques are the most effective and the least restrictive.

Sufficient information is now available to ensure that where residents present with behaviours that challenge a management plan can be developed which supports residents, and which will be proactive in reducing the incidences of responsive behaviours. De-escalation procedures are currently being added to relevant care plans.

Proposed Timescale: 30/05/2016

Theme:

Safe care and support

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

Some staff did not have training in behaviour that challenged.

3. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Since the inspection we have held further training on behaviour that challenges. Further training will be provided for the remaining staff who require it.

Proposed Timescale: 30/06/2016

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:

The communication policy did not address the communication needs of residents with dementia

4. 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:

The current policy will be amended and updated to ensure that it does address the communication needs of residents with dementia.

Proposed Timescale: 30/05/2016

Theme:

Person-centred care and support

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

Some residents with dementia in the centre were not provided with opportunities to participate in activities that met their interests and capabilities. Opportunities for meaningful engagement with residents were not appropriately responded to by staff.

5. 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:

1. We will review the activities programme being delivered and ensure all residents with a diagnosis of dementia be provided with opportunities to participate in activities that meet their interests and capabilities.
2. Each residents' interests and preferences is determined and recorded in their care plan.
3. The PAL tool is being used in this nursing home.
4. Two CARA training days have been held and were delivered by PCHT covering the topics of person centred care, mealtime's experience, moments and quality brief interactions and life story reminiscence.

Proposed Timescale: 30/07/2016

Theme:

Person-centred care and support

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

Residents with dementia were not afforded choice in accessing a safe external area

6. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

We have identified an external area where an enclosed area could be developed. We will ensure that we keep HIQA updated as to the progress of this project.

Proposed Timescale: 30/06/2016

Theme:

Person-centred care and support

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

Residents' privacy and dignity needs were not satisfactorily in bedrooms accessible through the sitting room and in twin bedrooms.

7. Action Required:

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

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

1. In the twin rooms both bed spaces have individual curtains which can be closed

independently of each other (and can be pulled around the full perimeter of the bed). This allows us to ensure our residents privacy and dignity is maintained at all times.

2. Each resident has a lockable locker and a wardrobe. Each resident is encouraged to personalise their rooms and where a resident and or family member requests shelving this will be accommodated.

3. The development of the enclosed external area, will ensure that those residents who wish to independently access external areas can do so safely. In the interim period, staff will continue to accompany any resident who wishes to access the external grounds.

4. We will ensure that privacy locks are fitted to all bedroom and bathroom (ensuite and communal) bathrooms & toilets.

Proposed Timescale: 31/08/2016

Theme:

Person-centred care and support

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

There was insufficient space for residents in twin bedrooms to store and maintain/display their personal photographs and ornaments.

8. 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:

All Residents/Family members are encouraged to bring in pictures and photograph in order to personalise their bedrooms. We will mount any pictures residents want wall mounted. Each resident is encouraged to personalise their rooms and where a resident and or family member requests shelving this will be accommodated. As outlined above, the issue of shelving will be discussed at next residents/relatives meeting.

The issue of shelving will be raised at the next resident/family committee meeting. Should a resident wish to have additional shelving this will be provided (taking into account the need for shelving to be at heights which would ensure that neither residents nor staff are a risk of sustaining an injury from shelving placed too low or in a position which would obstruct pathways and access to bed areas. This is a factor which is considered in twin and single rooms).

Each resident has a lockable locker and a wardrobe. Each resident is encouraged to personalise their rooms and where a resident and or family member requests shelving this will be accommodated.

Proposed Timescale: 30/05/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Staffing levels and skill mix did not meet the needs of residents.

9. 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:

Following the inspection of November 2014 staffing levels were determined. At the time of inspection, the direct care staff to resident ratio figures showed that the recommended hours per day (based on the RQIA staffing level tool where at 53 hours per day, our staffing levels exceeded these by 33.5 hours per day. Other factors were considered and we were satisfied that the additional PIC 8 hours (supernumerary); six hours housekeeping/ laundry; ten hours catering; were sufficient to meet the needs of our residents. We did again in April 2015 increase our direct staffing further and also increased the non-direct care hours.

We have again since this inspection increased caring hours by ten hours per day, seven days per week and the kitchen hours by ten hours, five days per week. This allows staff to adequately meet the needs of residents. Factors such as cognitive impairment (based MMSE assessment), are also taken into account when determining staffing levels, as well as building size and layout, training, and job roles and responsibilities. Based on our current resident profile our staffing levels now exceed the RQIA recommendations by 33.5 hours per day (this does not include the PIC, or the indirect care hours)

Since the inspection we have carried out the 'QUIS' assessment tool and plan to do this moving forward on at least a three monthly basis. This will support us to ensure that the quality to life for residents is monitored and where necessary additional guidance and support is given to staff. We are setting the 8-8 shifts and it is through these observations we have identified suitable candidates to take these set shifts. We plan to set further shifts in the future through the same method. This can allow us to ensure appropriate skill mix of staff at all times. Ongoing QUIS tool observations

Proposed Timescale: 31/07/2016

Theme:

Workforce

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

Staff training on aspects of care specific to the resident profile was needed such as; care of residents with acquired brain injuries, person centred care practices and

dementia specific care practices including management of behaviours that challenge.

10. 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:

Person centred care training (two days) is being provided. Training day has been held on management of behaviour that challenge.

Further training for all outstanding staff will be provided. Acquired brain injury training will be provided.

Proposed Timescale: 31/10/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Areas of the premises did not meet their stated purpose and as such required improvement. These areas included:

- the layout and design of a number of twin and some single bedrooms
- the location of two single rooms accessible from the sitting room
- inadequate storage space for assistive equipment

11. 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:

1. Each twin and single bedroom is of sufficient size to ensure that each resident has a bed, a lockable locker, a wardrobe (which is sufficient for residents to store personal items). As discussed in above where a resident expresses a wish for additional shelving this will be accommodated.

2. A suitable area has been identified, which will, following some configuration of a window and slope to ensure safe egress for staff, provide additional storage space for assistive equipment. The second sitting room will then no longer be used for assistive equipment storage. The plan for this room will include using the fitted cupboards to store activities equipment.

3. The original plan for the building extension was delayed due to the delay in the purchasing of the site next door. The site (4 acres) has now been purchased and we are currently working towards obtaining the discharge licence. Once this is available we

will be able to have our architect draw up the extension plans and apply for planning permission. We will keep HIQA updated as to the progress of these plans.

Proposed Timescale: 31/12/2021

Theme:

Effective care and support

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

Areas of the premises did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre. These areas included:

- Lack of suitable storage for residents personal possessions
- limited provision of suitable adaptations to support the needs of residents with dementia including signage and cues
- inadequate communal sitting space
- lack of access to external grounds, which are suitable and safe for use by residents with dementia.

12. 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:

1. Additional storage will be provided to any resident who wishes for additional shelving in their room.
2. Signage and cues will be improved around the home.
3. A suitable area has been identified, which will, following some configuration of a window and slope to ensure safe egress for staff, provide additional storage space for assistive equipment. The second sitting room will then no longer be used for assistive equipment storage.
4. An external enclosed area will be created.

Proposed Timescale: 30/06/2016

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

The clinical management structure was not adequately resourced and was not defined in terms of roles, responsibility and clear lines of authority and accountability.

The registered nurse currently acting as a person in charge was suitably qualified but did not meet regulatory requirements in relation to three years experience in the area of nursing older people within the last six years.

13. Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The PIC has since the inspection left her position and there is a qualified nurse acting up in the absence of the PIC.

We are actively recruiting for this position at present. We have a nurse to act up in the absence of the acting PIC as notified to HIQA in February 2016.

There is an additional PPIM who will be onsite for 2 days per week until early June, after this she will be onsite five days per week until the 'provider nominee' returns from planned leave in August. The acting PIC will be fully supported in her role with additional input from the company directors as required. The nursing home providers have always accepted their responsibilities and play an active role in the centre and will continue to do so. Additionally, the PPIM and the acting PIC will have regular governance meeting – to discuss all matters relating to the nursing home operations and clinical management.

Proposed Timescale: 01/09/2016

Theme:

Governance, Leadership and Management

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

Quality and safety monitoring systems did not identify deficits in practice or positively inform improvements in the safety and quality of care or the quality of life of residents with dementia.

14. 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:

Since the inspection we have carried out the 'QUIS' assessment tool and plan to do this moving forward on a three monthly basis, this will support us to ensure that the quality to life for residents is monitored and where necessary additional guidance and support is given to staff.

We have developed a medication management audit tool which captures the data as required by HIQA. The PIC does have a yearly audit programme. Corrective actions are

raised from the audits and acted upon. The PIC records our weekly key performance indicators and will continue to audit on an ongoing basis. We have developed a new agenda for governance meetings which ensures all issues related to quality and safety are discussed and appropriate action is taken.

Proposed Timescale: 30/05/2016