<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Louis Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000289</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Clonmore, Tralee, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>066 712 1891</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:nhstlouis@eircom.net">nhstlouis@eircom.net</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Yvonne Maher</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>25</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>02 May 2019 10:30</td>
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</tr>
<tr>
<td>03 May 2019 09:00</td>
<td>03 May 2019 14:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspection also considered notifications and other relevant information.

As part of the thematic inspection process, providers were invited to attend information seminars facilitated by the Office of the Chief Inspector. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated...
Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The person in charge assessed the centre as compliant in four of six outcomes and substantially compliant in the other two.

The journey of a sample of residents with dementia within the service was tracked. The inspector reviewed documentation such as nursing assessments, care plans, medical records and examined relevant policies including those submitted by the centre prior to this inspection as part of their self-assessment process. The inspector observed care practices and interactions between staff and residents who had dementia using a validated tool. All interactions and care practices by staff with residents, as observed by inspectors were person-centred, therapeutic, respectful and kind.

The inspector met with residents, relatives and staff members. Residents and relatives who spoke with inspector expressed their satisfaction and contentment with living in the centre.

The inspector found that the management team and staff were committed to providing a quality service for residents with dementia and were working to ensure the service was provided to a high standard. There were adequate numbers and skill mix of staff to meet the care needs of residents. A staff training programme was in place and all staff had completed mandatory training.

There was no dementia specific unit and residents with dementia integrated with the other residents in the centre. There was access to a secure outdoor area for residents, however, this area required work in order to make it a more attractive area for residents to spend time when the weather was suitable. The provider was in the process of engaging with the local community in an effort to obtain support to upgrade the outdoor space. There was also a need for directional signage to support residents find their way around the centre.

There were policies and procedures available to inform safeguarding of residents from abuse. All staff were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and use of restrictive procedures as part of some residents' care. Improvements were noted in the use of restraint, with a significant reduction in the use of bedrails. Where bedrails were in place, practices reflected national restraint policy guidelines. All interactions observed by inspectors between staff and residents were respectful, kind and courteous.

Significant improvements were requirement in relation to recruitment practices, particularly in relation to obtaining Garda vetting prior to any member of staff commencing work, including induction in the centre. There was also a need to ensure the references were verified prior to the commencement of the induction process.

Efforts were being made to ensure residents with dementia were supported and
facilitated to enjoy a meaningful and fulfilling life in the centre but improvements were necessary to ensure each resident was supported and facilitated to engage in meaningful activities. this was particularly relevant for residents that may not have a significant cognitive impairment.

The Action Plan at the end of this report identifies the areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.
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:
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. The inspector focused on the experience of residents with dementia and tracked the journey of a number of residents with dementia. Five residents had a formal diagnosis of dementia on the days of the inspection.

The person in charge and provider usually visited prospective residents with dementia in hospital prior to admission. Prospective residents and their families were welcomed into the centre to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also assured them that the service could adequately meet their needs.

Residents were provided with timely access to health care services from local general practitioners (GPs) and emergency out-of-hours medical care as necessary. Some residents who lived in the locality were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents with dementia were supported to attend out-patient appointments and were referred as necessary for care in the acute hospital services. There were records available showing that information was shared between the centre when residents were transferred to hospital or discharged to the centre.

There was good access to allied health services. A community psychiatric nurse from the psychiatry of later life team visited the centre regularly to monitor progress of residents referred to the team. Dietetic, speech and language and wound care services were provided by a private nutritional supply company and there was good access. Systems were in place for residents to have regular reviews by dental and optical services. Systems had also been established to ensure that residents that qualified for national screening programmes were facilitated to participate in the programme should they so wish.

Residents had a comprehensive nursing assessment completed on admission. The
assessment process involved the use of a variety of evidence-based, validated tools to assess each resident’s risk. Examples of assessments included, the risk of malnutrition, the risk of falling, the risk of pressure related skin injury, and the level of cognitive impairment. Care plans were developed for residents based on their assessed needs. A sample of care plans reviewed contained the required information to guide care delivery. Overall, care plans were person-centred and were updated regularly to reflect changing care needs. In response to a finding from a relative survey, the person in charge had established a system for consulting relatives through family meetings to enhance their involvement in the development of care plans. The inspector found that staff knew residents well and were knowledgeable regarding residents' likes, dislikes and their individual needs.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services, as required. There were no residents at active end-of-life stage on the days of the inspection. A review of a sample of care plans indicated that end of life discussions had taken place with some residents but records did not provide sufficient detail of preferences for end of life care. For example, a Do Not Attempt Resuscitation (DNAR) order had been signed by a GP and was placed in the resident’s chart but no other detail had been included, such as the resident’s name, the basis for the decision or who was involved in the decision making process. Additionally, it was not recorded what the resident's preferences were in relation to transfer to hospital in instances other than sudden death. A pain assessment tool suitable for residents who were unable to verbalize their levels of pain was available and implemented in practice. Residents' relatives were facilitated to stay overnight with them when they became very ill. Religious and cultural needs were facilitated. Members of the local clergy from the various religious faiths provided pastoral and spiritual support to residents as they wished.

The nutrition and hydration needs of residents with dementia were assessed and monitored. A policy document was in place to inform best practice, including use of a validated assessment tool to screen residents for nutritional risk on admission and regularly thereafter. Residents’ weights were checked routinely on a monthly basis and more frequently, if they experienced unintentional weight loss. Nutritional assessments and care plans were in place that outlined the recommendations of the dietician and speech and language therapists, where appropriate.

There were adequate arrangements in place for communication between nursing and catering staff to support residents with special dietary requirements. A discussion with catering staff indicated that they had a personal knowledge of individual residents likes, dislikes and prescribed diets. Catering staff made efforts to ensure residents were provided with food that met their individual preferences and needs. Residents were provided with snacks throughout the day. The inspector saw that residents had a choice of hot meals for lunch and tea. Residents on weight-reducing, diabetic, fortified and modified consistency diets received the correct diets. Thickened fluids were provided for residents at the consistency prescribed by the speech and language therapist. Alternatives to the menu on offer were available to residents. There was sufficient staff in the dining rooms during mealtimes to assist residents and where required, assistance was provided in a discreet manner.
There was a centre-specific medication policy with procedures for safe ordering, prescribing, storing and administration of medicines. All residents had photographic identification in place. The supply and administration of scheduled controlled drugs was checked and was correct against the drug register, in line with legislation. Two nurses checked the quantity of these medications at the start of each shift. The nurse, spoken with by the inspector, displayed a good knowledge of the requirements in the area of controlled drugs and the responsibilities of the registered nurse to maintain careful records.

Medications in the centre were supplied in a monitored dosage system. There was a system of reconciliation to ensure that what was delivered matched the prescription. A review of a sample of prescriptions indicated that nurses transcribed medications. The system required review to ensure that it was at all times clear which medications were transcribed. It was also observed that one prescription for PRN (as required) medication had not been signed by the transcribing nurses. A review of another prescription identified a prescribed medication was not included in the medication administration record. The inspector was informed that the resident was refusing this medication, however, this was not recorded on the administration record.

Judgment: Substantially Compliant

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: Measures were in place to safeguard and protect residents with dementia from abuse. There was a policy and procedure in place to inform the prevention, detection and response to any allegations, disclosures or incidents of abuse in the centre. Systems were in place to ensure that allegations of abuse were fully investigated, and that residents were safeguarded during the investigation process. Staff spoken with on the days of this inspection could describe how they would identify and respond to allegations of abuse. Residents told the inspector that they felt safe in the centre and spoke positively about the staff caring for them. All interactions by staff with residents observed by the inspector were kind and respectful.

There was a policy and procedure in place for the management of responsive behaviour. The inspector was told that a small number of residents with dementia were predisposed to experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were familiar with triggers to resident's...
behaviours and were observed using the most appropriate person centred interventions to de-escalate behaviours.

A policy to inform management of restraint was available and reflected procedural guidelines in line with the national restraint policy. Improvements were noted in the use of restraint and there were now only two residents with bed rails in place. This was a considerable reduction since the previous inspection. A new risk assessment tool had been sourced to assess the appropriateness of using bed rails. This was used to ensure safe use of bedrails and record the decision-making process prior to the use of bed rails. Safety checks were carried out for residents when bedrails were in place.

There were systems in place for the management of residents' finances. The inspector was informed that the provider was not pension agent for any resident. The procedures in place for managing finances were reviewed and the inspector found that satisfactory records were maintained.

**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:**
Residents were consulted about how the centre is planned and run through both residents' meetings and relatives’ surveys. Records indicated that issues raised through these processes were addressed.

Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care through the provision of appropriate information. Residents were supported to vote in national and local elections and a letter was on display from the local electoral office about arrangements for the forthcoming local and European elections. Mass was held in the centre on a monthly basis.

Information on residents' interests were contained in documents such as "A Key to Me" and "This is Me". Activities were facilitated by activity coordinators and the programme included arts and crafts, bingo, chair exercises and baking. While there was a programme of activities, the programme could be enhanced to ensure that it met the needs of all residents living in the centre. This was particularly relevant to residents that may have no or minimal cognitive impairment. Based on discussions with these residents, the programme of activities did not stimulate their interest or entice them to
participate in these activities. The provider was requested to review the activity programme and also to explore the accessibility of activities in the community for these residents, following a risk assessment of the suitability of such activities.

A record of visitors to the designated centre was maintained. Visitors were seen to come and go throughout the two days of the inspection and it was evident that there was a welcoming atmosphere for visitors. Residents said they were able to exercise choice regarding the time they got up and went to bed. Breakfast was served at a time that suited them. Some residents had their breakfast in their bedrooms, while others had it in the sitting room or dining room. Most residents opted to have lunch and evening meals in the dining room.

The inspector found that residents’ privacy and dignity was respected. Staff were courteous and responsive with residents and visitors. Staff were seen knocking on resident’s bedroom doors before entering. Care was provided to residents in a discreet manner and staff were respectful when requesting permission to carry out care tasks. Screens were provided in the shared bedrooms and they were observed to be in use when personal care was being provided. A review was required of the screen in one bedroom as it did not adequately encircle the bed closest to the door and would not provide adequate privacy during care provision.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia using a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five-minute intervals the quality of interactions between staff and residents. The observations took place in the sitting room. Overall, the inspector observed staff to be respectful in all of their interactions with residents. The Inspector found that most of the observation period (total observation period of 60 minutes) the quality of interaction score was positive connective care. Staff knew the residents well and connected with them on a personal level. They greeted each resident by name when they came into the room and it was evident that they knew the resident’s personally and could talk about their families and local events that were of importance to them.

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 written complaints policy was available in the centre and the inspector saw that the
complaints procedure was on display in a prominent place. There was a nominated person to deal with complaints in the centre and a second nominated person to monitor and ensure that all complaints were appropriately responded to. The complaints procedure included an independent appeals process.

The inspector reviewed the complaints log and found the 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. Residents and relatives confirmed that there were no barriers to reporting complaints to any member of staff.

There was evidence that the person in charge monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded, as required by the regulations.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
Observations of the inspector and discussions with staff indicated that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents, taking account of the size and layout of the designated centre. Residents and relatives spoken with confirmed that staffing levels were adequate and staff were responsive to requests for assistance in a timely manner.

Residents to whom the inspector spoke described staff as being caring, responsive to their needs and at all times treated them with respect and dignity. Staff spoken with by the inspector demonstrated an excellent understanding of their role and responsibilities in relation to ensuring appropriate delivery of person-centred care to residents. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff to have an excellent knowledge of residents’ needs as well as their likes and dislikes.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents’ condition. There was also a communication book available for staff. There was evidence of regular staff meetings taking place. New staff had a formal induction programme and suitable mentoring
arrangements were in place. Good supervision practices were in place with the nurse visible on the floor providing guidance to staff and monitoring the care delivered to residents.

Evidence of registration with the Nursing and Midwifery Board of Ireland was available for all nurses. Records reviewed confirmed that staff were supported to attend education and training programmes. All staff had attended training in mandatory topics such as safeguarding residents from abuse, responsive behaviour and fire safety. A number of staff were overdue attendance at training on manual and people handling. Staff had also been provided with education on a variety of topics, such as dementia awareness, infection prevention and control nutrition, and falls prevention.

While there were policies and procedures in place to guide the recruitment and vetting of staff, these were not always implemented in practice. All existing staff had Garda vetting disclosures in place, however, a review of the staff roster indicated that, on occasion, staff commenced induction and employment in the centre prior to the provider having obtained these disclosures. It was also observed that staff commenced induction prior to the verification of references or employment history. A review of a sample of staff files also indicated that the employment history for some staff contained gaps for which a satisfactory explanation was not provided and references were not from the most recent period of employment.

**Judgment:**
Non Compliant - Major

**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:**
St. Louis Nursing Home is a two storey premises based in the town of Tralee and close to amenities such as shops, restaurants and a library. The centre is provided in a building originally constructed as a dwelling but repurposed and significantly extended to the rear in order to provide residential accommodation to older people. It is a two storey premises but all residents' bedrooms and communal rooms are on the ground floor. The first floor contains administrative offices and is accessible by a stairs. The centre accommodates 25 residents in 15 single bedrooms and five twin bedrooms. Three of the single bedrooms are en-suite with toilet and shower and all others have a wash hand basin only in the bedroom.

The centre did not have a dementia specific unit and residents with dementia integrated with the other residents in the centre. The centre was found to be well maintained,
warm, comfortable and visually clean. Many of the bedrooms were personalised with residents' personal belongings and possessions. Heating and ventilation were adequate and the temperature of the building met requirements in bedrooms and communal areas where residents sat during the day.

Communal space comprised a large sitting room that was suitably decorated and homely in appearance. There was a dining room that was adequate in size to accommodate the number of residents living in the centre. There was also a small visitors' room, where residents could meet with visitors in private, separate from their bedrooms, should they so wish. While the centre was generally clean throughout, the premises could be enhanced through the use of colour, decoration with older pictures and also through the use of familiar memorabilia. Further attention to directional signage would be required to guide residents with a cognitive impairment to locate their bedrooms or find their way around the centre.

Residents had access to a secure enclosed outdoor space. Plans were in place to improve the outdoor area to make it more inviting and accessible to residents.

There is a kitchen where meals for residents are prepared, and staffed by dedicated kitchen personnel. Laundry facilities were provided in a separate building on the same site as the centre.

Handrails were available in all circulation areas throughout the building, and grab rails were present in all toilets and bathrooms. Furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. There was a programme of preventive maintenance for equipment such as hoists, beds, mattresses, and wheelchairs. There was a functioning call bell system in place within the centre. A number of residents had a portable call bell system that, when activated, identified for staff which resident required assistance and their location in the centre.

Judgment:
Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe care and support

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

**Findings:**
All staff had attended up-to-date training in fire safety. Discussions with staff indicated that this training was effective and they were knowledgeable of what to do in the event of a fire. Fire drills were conducted at frequent intervals and it was evident that there was a positive focus on fire safety. It was not clear from the records available, the
scenarios simulated during the drill or the time it took to evacuate residents. Therefore it was not possible to ascertain if theoretical knowledge was appropriately translated into practice for the safety of residents.

Records demonstrated that preventive maintenance was carried out on fire safety equipment at the recommended intervals.

**Judgment:**
Substantially Compliant

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**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:**

John Greaney  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>02/05/2019</td>
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<tr>
<td>Date of response:</td>
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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:
A review of a sample of care plans indicated that end of life discussions had taken place with some residents but records did not provide sufficient detail of preferences for end of life care. For example, a Do Not Attempt Resuscitation (DNAR) order had been signed by a GP and was placed in the resident's chart but no other detail had been included, such as the resident's name, the basis for the decision or who was involved in the decision making process. Additionally, it was not recorded what the resident's

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
preferences were in relation to transfer to hospital in instances other than sudden death.

1. **Action Required:**
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
We will ensure we provide appropriate care and comfort to the resident approaching end of life, in conjunction with our end of life booklet which will address the physical, emotional, social, psychological and spiritual needs of the resident concerned. We will ensure records contain sufficient detail of preferences for end of life care. We will ensure all residents' details are included, such as the resident's name, the basis for the decision or who was involved in the decision-making process. We will also ensure that the resident's preferences are noted in relation to transfer to hospital in instances other than sudden death. We will continue to liaise with GPs, residents, and family, if applicable, to obtain their preferences for end of life care.

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**Proposed Timescale:** 30/11/2019

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Improvements required in relation to medication management, included:
- the system for transcribing medications required review as it was not at all times clear which medications were transcribed
- it was observed that one prescription for PRN (as required) medication had not been signed by the transcribing nurses
- a review of a prescription identified a prescribed medication was not included in the medication administration record.

2. **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:
We will 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 - reconciliation meetings between Nursing Home and Pharmacist.
We will review the system for transcribing medications to ensure it is clear which medications were transcribed. We will ensure that all PRN’s (as required) medication are signed by the transcribing nurses. We will ensure all prescribed medications are
included in the medication administration record. Medication Kardex are to be redesigned to allow transcribing Nurse to sign same

Proposed Timescale: 30/06/2019

### Outcome 03: Residents' Rights, Dignity and Consultation

#### Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
While there was a programme of activities, the programme could be enhanced to ensure that it met the needs of all residents living in the centre. This was particularly relevant to residents that may have no or minimal cognitive impairment.

3. **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:
We will provide opportunities for residents to participate in activities in accordance with their interests and capacities.
We will take account of different levels of functioning and ability.
Activities will be managed based on the PAL (Pool Activity Level) Tool. The Pool Activity Tool assessment will be carried out by the named nurse.

Proposed Timescale: 04/06/2019

#### Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A review was required of the screen in one bedroom as it did not adequately encircle the bed closest to the door and would not provide adequate privacy during care provision.

4. **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:
We will provide a screen in the bedroom mentioned in the report to ensure it adequately encircles the bed closest to the door therefore providing adequate privacy
during care provision.

**Proposed Timescale:** 30/06/2019

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A number of staff were overdue attendance at training on manual and people handling.

**5. 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:**
We will ensure that staff have access to appropriate training. Training on manual and people handling has been scheduled for 16th and 17th September 2019

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**Proposed Timescale:** 17/09/2019

**Theme:**
Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Improvements were required in relation to the recruitment and vetting of staff. For example:
- a review of the staff roster indicated that, on occasion, staff commenced induction and employment in the centre prior to the provider having obtained vetting disclosures
- staff commenced induction prior to the verification of references or employment history
- the employment history for some staff contained gaps for which a satisfactory explanation was not provided
- employment references were not always from the most recent period of employment.

**6. 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:**
We will ensure that the records set out in Schedules 2, 3 and 4 are kept in the Home and are available for inspection by the Chief Inspector.

We will ensure all staff have obtained vetting disclosures before they commence induction and employment in the Home.
We will ensure that no staff member commences induction before their references or employment histories are verified.  
We will ensure a satisfactory explanation is documented for all contained gaps in employment history.  
We will ensure that references are always from the most recent period of employment.

Proposed Timescale: 04/06/2019

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
While the centre was generally clean throughout, the premises could be enhanced through the use of colour, decoration with older pictures and also through the use of familiar memorabilia. Further attention to directional signage would be required to guide residents with a cognitive impairment to locate their bedrooms or find their way around the centre.

7. 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:
We will place new directional signage to guide residents with a cognitive impairment to locate their bedrooms or find their way around the Home. We will ensure the signage is clear in order to enhance way finding, designed graphics and symbols will also reinforce way finding and provide additional visual cues for residents who may find it difficult to read or understand the signage text.  
We will ensure that language and terminology used in way finding is as simple and intuitive as possible.

Proposed Timescale: 20/12/2019

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Fire drills were conducted at frequent intervals and it was evident that there was a positive focus on fire safety. It was not clear from the records available, the scenarios simulated during the drill or the time it took to evacuate residents.
8. **Action Required:**
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
We will ensure, by means of fire safety management and fire drills at suitable intervals that the persons working at the Home and residents are aware of the procedure to be followed in the case of fire.

We will ensure that our fire drill report records the scenarios simulated during the drill and the time it took to evacuate residents.

**Proposed Timescale:** 04/06/2019