# Health Information and Quality Authority Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Powdermill Nursing Home &amp; Care Centre</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004456</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Gunpowdermills, Ballincollig, Cork.</td>
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<tr>
<td>Telephone number:</td>
<td>021 487 1184</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:personincharge.powdermill@gmail.com">personincharge.powdermill@gmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>JCP Powdermill Care Centre Limited</td>
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<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
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<tr>
<td>Support inspector(s):</td>
<td>Mary O'Mahony</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>37</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 31 January 2018 09:30
To: 31 January 2018 18:15
From: 01 February 2018 10:00
To: 01 February 2018 13:30

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

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<th>Outcome</th>
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<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
<td>Substantially Compliant</td>
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<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
The findings of this inspection were that regulatory compliance in this centre had significantly improved since the last inspection in May 2017. On this inspection, inspectors were satisfied that many of the issues identified on the previous inspection in May 2017 were satisfactorily addressed. Inspectors spoke with residents, relatives, staff and the management team during the inspection. They observed care practices and reviewed records including, residents’ care plans, minutes of residents’ meetings, staff training records, fire safety register, and audits. There was a comprehensive programme of audits and actions in response to issues identified. Clinical governance meetings were held regularly and minutes of meetings indicated that there was adequate oversight of the care delivered to residents.
Significant improvements had been made in relation to medication management. The pharmacy was involved in medication reviews and provided advice where indicated. All nurses had attended medication management training. Nurses were now self auditing medication administration records to ensure that medicines were administered as prescribed and recorded appropriately. Where there were suspicions or allegations of abuse, these were investigated appropriately. Where staff performance was not at the required standard, performance improvement plans were put in place to support increased supervision. Residents had access to a range of activities and were seen to actively participate.

Some improvements were required in relation to the contract of care, as it did not detail whether or not residents were in a shared bedroom. While all staff had attended training in safeguarding residents, a number of staff had not attended training in responsive behaviour. Also, while there were significant improvements noted in medication management, on two occasions a resident was administered a PRN (as required) medication that was not recorded on the medication administration record.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

While the findings of this inspection are welcome the history of regulatory compliance in this centre since June 2016 is one where regulatory non-compliance identified on inspection are addressed by the registered provider but subsequent inspections find that the improvements are not sustained. Concerns about sustained regulatory compliance in this centre has resulted in 4 inspections between June 2016 and January 2018.

A monitoring inspection in June 2016 found four areas of major non – compliance including safeguarding and safety, health and safety and risk management, medication management, notification of incidents; and, five areas of moderate non – compliance including governance and management, suitable person in charge, safe and suitable premises, complaints procedure and suitable staffing.

A follow up inspection carried out in October 2016 found substantial improvement and the outcomes regarding safeguarding and safety, governance and management were substantially compliant and the outcome regarding suitable person in charge, safe and suitable premises, notification of incidents, complaints procedure and suitable staffing were now fully compliant. Moderate non-compliances still persisted in outcomes relating to health and safety and risk management, medication management.

However the next inspection on 22 and 23 May 2017 found that the above improvements had not been sustained and the outcomes related to governance and management and notification of incidents were now at the level of major non - compliance. Furthermore moderate non-compliances were found in outcomes related
to documentation to be kept at a designated centre, absence of the person in charge, safeguarding and safety, medication management, health and social care needs and suitable staffing. These findings indicated that the registered provider was not complying fully with condition 8 of their registration which required the registered provider to ensure that there were effective systems of management in place to ensure that service provided is safe, appropriate and effectively monitored. As a result the Chief Inspector proposed to attach a condition to the registration of the centre that “the centre will not accept any admissions to the designated centre until the registered provider demonstrates, to the satisfaction of the Chief Inspector, sustained and effective management systems” which is currently the subject of appeal.

In conclusion, the Chief Inspector has on-going concerns as to the ability of the registered provider to ensure an acceptable level of regulatory compliance over a sustained period of time. The improvements noted on this inspection are welcome but the provider has yet to demonstrate that these improvements can be sustained.
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 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
At the previous inspection it was identified that, while there was a clearly defined management structure, the management systems required improvement to ensure that the service provided was safe. On this inspection, improvements were noted. A new person in charge had been appointed, and even though he was on annual leave on the days of the inspection, he was interviewed previously and demonstrated adequate knowledge of his responsibilities under regulations and standards. The person in charge was supported by a clinical nurse manager and had been supernumerary since July 2017. The clinical nurse manager stated that at some point in the future her supernumerary hours would be reduced and she would resume clinical duties. The provider, clinical nurse manager, and operations manager, all spoke to inspectors and described how they each had different areas of responsibilities. For example, the provider acknowledged that he had overall responsibility for the centre, he also provide updates on fire safety to staff. The clinical nurse manager had assumed responsibility for medication management and had developed a system of self-audit for staff and also carried out additional audits herself. The operations manager took responsibility for ensuring that fire safety equipment was maintained in line with relevant guidance.

Clinical governance meetings were held regularly and attendance included the registered provider representative, the person in charge, the clinical nurse manager, and the operations manager. Issues discussed at these meetings included staffing levels, complaints, accidents and incidents, medication errors, care planning, finances, and access to equipment.

At the last inspection it was identified that notifications were not being submitted as required by the regulations. On this inspection, a review of accidents and incidents and a sample of residents' records, indicated that notifications were being submitted within the relevant timeframe. Records indicated that staff were being supervised in relation to
their role. A new template had been developed for staff induction, to ensure that all staff had received adequate orientation at commencement of employment. There was also a process of staff appraisal and all staff were undergoing this process. Where it was identified that performance of individual staff was not at the required standard, performance improvement plans were put in place to support increased supervision for a designated time frame.

There was a comprehensive programme of audits on areas such as the use of bedrails, care plans, and medication management. Accidents and incidents were being investigated on an individual basis and were also audited for trends. There was an annual review of the quality and safety of care completed for 2016.

**Judgment:**
Compliant

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| **Outcome 03: Information for residents** |
| A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged. |

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a residents’ guide available for residents that included a summary of the services provided and the facilities available to residents. Each resident had a contract of care issued on admission. The contract detailed the services to be provided and the fees to be charged for such services. The contract also included fees for additional services such as physiotherapy, activities, chiropody, and hairdressing. The contract did not, however, include the terms relating to the bedroom occupied by each resident and the number of other residents, if any, of that bedroom as required by regulations.

**Judgment:**
Substantially Compliant

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

**Theme:**
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a person in charge of the designated centre, who had taken up employment in the centre following the previous inspection. The person in charge was on planned annual leave on the days of the inspection, however, inspectors had interviewed the person in charge previously. Based on records available to inspectors, the person in charge was a registered nurse and had the required managerial experience and experience in caring for the older person. During interview, the person in charge demonstrated adequate knowledge of his responsibilities in relation to regulations and standards.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
At the previous inspection it was identified that records were not always readily accessible and medication administration records were not always completed accurately. These issues were adequately addressed on this inspection.

A sample of the records listed in Schedules 2, 3, and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were reviewed. These were kept secure, readily available and easily retrievable.

Policies and procedures listed in Schedule 5 of the regulation were available and reviewed in line with regulatory requirements. Records and documentation were securely controlled, maintained in good order and readily accessible.

Judgment:
Outcome 06: Absence of the Person in charge

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

Theme:
Governance, Leadership and Management

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

Findings:
At the previous inspection it was identified that the required notification was not submitted to HIQA in relation to the proposed absence of the person in charge for a period in excess of 28 days. There was no period of absence since then requiring notification to HIQA. The person in charge was absent at the time of inspection and there were adequate arrangements for the management of the centre in the absence of the person in charge.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
There was a policy on safeguarding residents and protecting them from abuse. Training records indicated that all staff had received up-to-date training on recognising and responding to abuse. Staff members spoken with by inspectors were knowledgeable of what constituted abuse and what to do in the event of allegations or suspicions of abuse. Records viewed by inspectors indicated that where there were suspicions of abuse adequate measures were taken to protect residents.
There was a restraint register and the only form of restraint identified on the register were bedrails. Where bedrails were in place, records indicated the exploration of alternatives and there was a risk assessment completed for each resident prior to the use of bedrails. Records indicated that residents were checked at regular intervals while bedrails were in place.

Training records viewed by inspectors indicated that not all staff had attended training in responsive behaviour.

**Judgment:**
Substantially Compliant

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**Outcome 08: Health and Safety and Risk Management**

The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

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

**Findings:**
There was an up to date safety statement. There was a risk management policy and associated risk register that identified on-going risks in the centre and addressed all of the items in the regulations. Accidents and incidents were recorded and there was evidence that these were addressed on an individual basis to identify any learning and prevent reoccurrence. These were also audited for trends as an opportunity for learning.

At the previous inspection it was identified that not all staff had attended annual fire safety training and it was in excess of 12 months since fire safety equipment, such as fire extinguishers, were serviced. Training records viewed by inspectors on this inspection indicated that all staff had received annual fire safety training. There were regular fire safety drills and staff members spoken with were knowledgeable of fire evacuation techniques. The provider stated that he had staff complete fire safety questionnaires and these demonstrated that staff knowledge of fire safety was improving.

The fire safety register indicated that there were daily checks of means of escape to ensure they were not obstructed and the fire alarm was sounded weekly to ensure it was functioning appropriately. This procedure was carried out during the inspection. Fire safety equipment was serviced annually, most recently in May 2017. The fire alarm and emergency lighting were serviced quarterly and certificates of servicing were available in the centre.

**Judgment:**
Compliant
Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
At the previous inspection it was identified that improvements were required in relation to the administration of medicines and the accuracy of medication administration records. Since that inspection, significant improvements have been made and systems had been put in place to minimise the risk of medication errors. Medications were supplied by a local pharmacy in blister packs and there was a process for reconciling the medications delivered with the prescriptions. The pharmacist was involved in medication reviews and provided advice accordingly.

A sample of prescription records viewed were seen to contain appropriate identifying information, including a photograph. All prescriptions were signed by a general practitioner (GP) and it was identified which medicines could be crushed for residents with swallowing difficulties. Medication administration records were signed by nurses following the administration of medicines. Each nurse completed a self audit at the end of each shift to verify that all medicines were appropriately administered.

There were appropriate systems in place for the management of medicines requiring special control measures. These were counted at the end of each shift by two nurses. There was also a system for monitoring the stock of psychotropic drugs to ensure that it tallied with medication administration records. It was, however, noted by inspectors that on two occasions a psychotropic drug had been administered but was not recorded on the medication administration record on the date of administration.

Medication errors were recorded and any issues identified were satisfactorily addressed. There was an adequate system for the return of unused and out-of-date medicines to the pharmacy.

Judgment:
Substantially Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
Improvements were noted in the submission of notifications since the last inspection when it was identified that notifications of injuries were not always submitted and the cause of death was not always accurate. Based on a review of records on this inspection, notifications were being submitted as required. On the 31st January, the date of the inspection, quarterly returns were not available, however, they were returned on 9th February.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
At the last inspection it was found that care plans were not always person centred and were not always updated to reflect recent changes in the resident's condition. Since then, a new care planning process had been introduced. There was some variation in the level of detail and the person-centredness of the sample of new care plans reviewed, however, the old care plans were also retained in the resident's record. The combination of the two records provided adequate detail in relation to the resident's preferences and care needs. From a sample of care plans reviewed, relevant changes to residents' condition were incorporated in to the care plans. Inspectors advised the provider at the feedback meeting to ensure that the new care plans incorporated adequate detail and person centred information.

Residents had access to the services of a general practitioner (GP) and records indicated residents were reviewed regularly. Out-of-hours GP services were also available. Residents had access to allied health/specialist services such as speech and language
therapy (SALT), chiropody, dietetics, and palliative care services. A physiotherapist visited the centre for four hours each week to provide group exercises and also one-to-one assessments. Where there were concerns in relation to variability in the mobility status of a resident, records indicated that the resident received frequent reviews by the physiotherapist.

**Judgment:**
Compliant

### Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

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

**Findings:**
There was a complaints policy that identified the procedure for managing complaints, which included an independent appeals process. Inspectors reviewed the complaints log, which contained details of each complaint, details of the investigation conducted, the outcome of the complaint, and the satisfaction or otherwise of the complainant.

**Judgment:**
Compliant

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

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

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

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

**Findings:**
Based on a review of the minutes of residents' meetings, residents were consulted about
how the centre was planned and run. Minutes of meetings reviewed by the inspectors indicated that issues raised were addressed. For example, an additional heater had been placed in a bedroom after a resident raised the issue of the bedroom being cool, at one of the meetings. Residents had access to the services of an independent advocate, and contact details were on display.

Based on the observations of inspectors, residents' independence was promoted. Inspectors observed residents coming to the dining room at various times throughout the morning for breakfast. There was a dining room assistant to support residents with their breakfast based on their level of independence. Residents confirmed that they could go to bed and get up in the morning at a time of their choosing.

There was a comprehensive programme of activities that was facilitated by two activity coordinators working on opposite shifts and providing the service from Monday to Saturday. Discussions with residents indicated that they were very pleased with the available activities and inspectors observed residents participating enthusiastically in bingo on one of the days of the inspection. Inspectors were informed that even though they had wanted to reduce the number of bingo sessions, the residents had requested that they be continued. Activities included group exercises, music sessions, arts and crafts, board games, skittles, and baking. Most activities were carried out in the dining rooms and a number of residents spend most of the day there. While there was a sitting room with comfortable seating, it was rarely used on either day of the inspection. The provider was advised to review the programme of activities to encourage residents to spend more time away from the dining room as a means of a change of environment for residents.

Mealtimes were seen to be social occasions and residents were seen to interact with each other while dining. There was no restrictions on visitors and visitors were seen to come and go throughout the day. Visitors appeared to be familiar with staff and were welcomed by staff. Visitors spoken with by inspectors were complimentary of the care provided to their relatives. Residents had access to radio, television and newspapers.

**Judgment:**
Compliant

### Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

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

### Findings:
A review of the staff roster indicated that the person in charge worked from Monday to Friday and was on annual leave on the days of the inspection. The person in charge is supported by a clinical nurse manager and had been supernumerary since July 2017. The clinical nurse manager stated that at some point in the future her supernumerary hours would be reduced and she would resume clinical duties. There were two registered nurses on duty each day from 07:30hrs to 19:30hrs. There were six healthcare assistants on duty each morning until 13:30hrs, five until 18:00hrs, four until 19:30hrs, and three until 22:30hrs. There was also a dining room assistant on duty from 08:30hrs until 11:30hrs to assist residents with breakfast. There was one nurse and two healthcare assistants on duty each night. Additional staff included housekeeping, a chef, a kitchen porter, an activities coordinator, a laundry assistant, an operations manager and two administration staff.

Staff files had recently been audited to ascertain compliance with Schedule 2 of the regulations. Based on a review of a sample of staff files, all of the requirements of the regulations were met. References were available for staff and were verified. The provider stated that all staff had the required Garda vetting clearance in place prior to taking up employment in the centre.

There was a process for inducting new staff to ensure they were oriented to the environment and practices within the centre. The provider was advised to ensure that induction forms were appropriately completed when the induction process was completed. There were records available of the appraisal of staff. Where the appraisal indicated that performance was not at the desired standard, performance improvement plans were put in place to support and supervise staff.

### Judgment:
Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

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<td>OSV-0004456</td>
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<tr>
<td>Date of inspection:</td>
<td>31/01/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15/03/2018</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 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The contract of care did not include the terms relating to the bedroom occupied by each resident and the number of other residents, if any, of that bedroom.

1. Action Required:
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident

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

Please state the actions you have taken or are planning to take:
The resident Contract of care has been revised and it now indicates which room number
the resident will occupy if it is a single room and also the room number and bed
allocation by letter A, B, C for multiple occupancy room.

Proposed Timescale: 01/03/2018

Outcome 07: 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:
Training records viewed by inspectors indicated that not all staff had attended training
in responsive behaviour.

2. 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:
As part of our ongoing yearly training plan a session in Responsive Behaviour Training
took place on the 13th March 2018 with 16 staff members attending and a further
session will take place in May 2018.

Proposed Timescale: 31/05/2018

Outcome 09: Medication Management
Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement
in the following respect:
It was, however, noted by inspectors that on two occasions a psychotropic drug had
been administered but was not recorded on the medication administration record.

3. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are
administered in accordance with the directions of the prescriber of the resident
concerned and in accordance with any advice provided by that resident’s pharmacist
regarding the appropriate use of the product.
Please state the actions you have taken or are planning to take:
As indicated by the inspectors’ findings the overall medication management practices are safe and do adhere to the actions required above. On this occasion one medication administered had not been recorded on the medication administration record. Nursing staff have been made aware of this and advised to ensure that they complete the medication administration sheet on each occasion. The PIC, CNM & Nursing Staff will continue to monitor practices.

Proposed Timescale: 31/03/2018