

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Windmill House Nursing Home
Centre ID:	OSV-0000303
Centre address:	Churchtown, Mallow, Cork.
Telephone number:	022 59 067
Email address:	pat@windmillnursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Patrick Kennedy
Provider Nominee:	Patrick Kennedy
Lead inspector:	Caroline Connelly
Support inspector(s):	Anna Delany
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	39
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 June 2016 09:30	08 June 2016 17:30
09 June 2016 09:20	09 June 2016 16:20

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

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

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.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). 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.

During this inspection inspectors focused on the care of residents with a dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in November 2014 and to monitor progress on the actions required arising from that inspection. Inspectors met with residents, relatives, the person in charge, the provider and staff members during the inspection. Inspectors tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were 16 of the 39 residents residing in the centre with a formal diagnosis of dementia, with six further residents showing symptoms of dementia. Inspectors observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that many residents functioned at high levels of independence. Overall, the inspectors found the person in charge, staff team and the provider were committed to providing a quality service for residents with dementia.

Inspectors found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. All staff fulfilled a role in meeting the social needs of residents and there was one staff member who acted as activity co-ordinator in the afternoons that he was on duty. Inspectors observed that the activity co-ordinator and staff connected with residents as individuals. Inspectors found that residents appeared to be very well cared for and residents and visitors generally gave positive feedback regarding all aspects of life and care in the centre.

The person in charge had submitted a completed self assessment tool on dementia care to the Authority with relevant policies and procedures prior to the inspection. The person in charge and provider had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of inspectors did not generally concur with the provider's judgments and further improvements were required. Although progress was made by the provider in implementing some of the required improvements identified on the inspection in November 2014, some of the findings at that time were again evident on this inspection. Such as premises issues, staffing levels, care planning and updating of policies and procedures.

Inspectors identified on this inspection that work was required on the garden area, privacy and dignity was not maintained in shared bedrooms, requirement for completion of staff files. Inspectors also identified that fire doors were being wedged open, in particular the door to the smoking room which required immediate action and which then did remain closed for the remaining of the inspection. However there was no viewing panel in the door and no way to observe residents who smoked in the smoking room. These are discussed throughout the report and 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):

Some action(s) required from the previous inspection were not 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 in Outcome 3. There were a total of 39 residents in the centre on the days of this inspection, 16 of the 39 residents residing in the centre had a formal diagnosis of dementia. With six further residents suspected of having dementia or a cognitive impairment.

Inspectors found that residents' healthcare needs were well met and they had access to appropriate medical and allied healthcare services. The residents' health and social status was closely monitored. All residents had access to a General Practitioner (GP) of their own choice and there was an out-of-hours GP service available. The inspector reviewed a sample of files and found that residents had timely access to a GP and many of the GP conducted regular routine visits to the centre. Residents had been referred to other medical and nursing professionals and blood tests and appointments were organised when required. The person in charge told the inspector that residents had access to a range of allied health care services including chiropody and physiotherapy which were paid for privately. They had access to a dietician, tissue viability and speech and language services from a nutritionist services company. Local optical and dental services were availed of as required.

Inspectors reviewed the nutritional assessment and management process, this included dietary requirements and food preferences. Residents' weight was monitored on a monthly basis. The chef told the inspector that when a resident was admitted, a nurse initially informed him of the new resident's dietary requirements but that they also met with residents on a daily basis to establish residents likes and dislikes. Residents were encouraged to take plenty of drinks during the day. Water dispensers and juices were located in the dining room and the communal areas. Inspectors saw staff offering residents tea/ coffee and cold drinks regularly during the day.

Each resident had a vital signs sheet that monitored their vital signs, such as blood pressure, temperature and pulse. Blood sugar levels were monitored for residents with diabetes. A daily nursing report was maintained. There was one resident with a pressure

ulcers at the time of inspection which inspectors saw was well managed. Resident had assessment of needs completed as necessary using validated tools, for example, in relation to their mental test score, risk of falls, risk of pressure sore development and their dependency levels. However there was no comprehensive assessment of residents activities of living completed to inform the care planning process. Core care plans were in place which were not personalised. Personal information to inform person-centred care was often not included and did not reflect the depth of knowledge demonstrated by staff. There were limited plans in relation to responsive behaviours which is also outlined in outcome 2 Safeguarding. The progress sheets contained most of the vital information and these were filed away every couple of weeks so were not available to inform care. Inspectors found that the care plans were not directing care and the whole process of assessment and care planning required review.

There was one resident at end of life care during the inspection and the person in charge said the resident was regularly reviewed by the GP and they had the support of community hospice services. There was a policy on the management of end-of-life care. The person in charge outlined how the end-of-life wishes and preferences of many residents were known to staff, were communicated via families or were known to the residents' solicitor or executor of a will. However there was inconsistencies in how these were documented in residents care plans. For many residents arrangements were not in place to afford residents an opportunity to consider and communicate their end-of-life wishes and preferences, but there was evidence that some residents wishes were documented in their medical notes. Family and friends were facilitated to be with their loved ones towards the end of their lives. Facilities for family and friends to stay overnight were available, including use of the visitors room. Tea and coffee-making facilities and snacks were readily available for use at any time. Inspectors formed the opinion that residents in the centre received care at the end of their lives that met their physical, emotional, spiritual and psychological needs.

Written policies were in place relating to the ordering, prescribing, storing and administration of medications to residents. Medications were ordered on a monthly basis and checked on receipt from the pharmacy. The medication administration practices seen by inspectors were found to be correct. Medications were securely stored in a locked medication trolley, which was secured to a wall in the nurse's station. Prescription charts were seen by inspectors to be signed by the prescribing doctor, dated, and signed by the administering nurse. The GP and the person in charge reviewed each resident's medication every three months or more frequently if required. There was not a reliance on as required medications as identified from a review of medication charts by inspectors. Staff reported excellent support and guidance was given including education on medication management from their pharmacist who visited the centre on a regular basis.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

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

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

Findings:

Inspectors were satisfied that there were general measures in place to safeguard residents and protect them from abuse. Inspectors reviewed the centre's policy on suspected or actual abuse. On the previous inspection it was identified that this policy was not comprehensive in relation to timelines and that responsibility for actions was not always assigned. Although the policy had been updated following the previous inspection there were no effective date of commencement of the policy and no review date outlined. Inspectors reviewed staff training records and saw evidence that staff generally had received up to date mandatory training on detection and prevention of elder abuse with the exception of two new staff. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

The centre maintained day to day expenses for a number of residents and inspectors saw evidence that complete financial records were maintained. Inspectors reviewed the systems in place to safeguard resident's finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked safe in the administration office and all withdrawals and lodgements were double signed confirming monies lodged or withdrawn. Receipts were kept for purchases made on behalf of residents such as cigarettes and clothing. However on this inspection it was noted that there was a delay in the return of money and receipts for a purchase of clothing for one resident, but this was rectified during the inspection. On the first day of the inspection there was no system in place for auditing of residents accounts and the system was found not to be sufficiently robust to protect residents or staff. On the second day of the inspection, inspectors saw that the person in charge had completed an audit of all accounts and informed the inspectors she would do so on a regular basis and had also requested an external audit to be undertaken by an accountant.

A policy on managing responsive behaviours was in place again this did not have implementation or review dates as required. The inspector saw training records and staff confirmed that a number of staff had received training in responsive behaviours and specialist dementia training but according to training records there were 17 staff that had not received training. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service was availed of as appropriate to residents needs. The records of residents who presented with responsive behaviours were reviewed by the inspector. The inspector found that although these incidents were managed in a very dignified and person centred way by the staff using effective de-escalation methods this was not fully outlined in their plans of care. This has been outlined previously in the report and action required given in outcome 1 in relation to overall poor care planning practices.

There was a centre-specific restraint policy in place but as identified above as for the other policies there was no effective commencement or review date. The centre was aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. There were six residents using bedrails at the time of the inspection. Inspectors noted that signed consent in relation to the use of restraint had been obtained from residents where possible. Review of use of restraints was on-going. Inspectors saw that the person in charge and staff promoted a reduction in the use of bed-rails, at the time of the inspection they had reduced bedrail usage from ten to six and further reduction was planned. Inspectors saw that alternatives were in use for a number of residents and the person in charge had recently commenced using grab rails as alternatives for those who residents who requested bedrails as an enabler to aid them to sit up with good success.

Judgment:

Non Compliant - Moderate

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:

On a previous inspection an inspector noted that the screening curtains in some twin rooms did not protect the residents privacy and dignity. On this inspection it was noted that the screening curtains remained the same and did not protect the privacy and dignity of the residents in those rooms. The action for this is outlined in outcome 6 premises.

Residents' religious preferences were facilitated through regular visits by clergy to the centre with mass held once a week and administration of sacrament of the sick. Residents' from other denominations received visits from their ministers. Residents were facilitated to exercise their civil, political and religious rights. 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 areas.

Respect for privacy and dignity was generally evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were employed. Residents were treated with respect. Inspectors heard staff addressing residents by their preferred names and speaking in a

clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited regularly and some residents told the inspectors how they enjoyed availing of the service. The hairdresser was present in the centre on the second day of the inspection.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspectors that they were always made welcome and that there were plenty areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to the person in charge and were assured they would be resolved.

Residents had access to the daily newspaper and residents were observed enjoying the paper. Residents had access to radio, television, and information on local events. There was an active residents' committee which met regularly. Minutes from these meetings demonstrated that there was good attendances at the meetings and a variety of topics were discussed. There was evidence that residents with dementia were consulted with and participated in the committee. Issues raised had generally been addressed like the provision of prizes for bingo and the organisation of a trip out.

There was a staff allocated to the function of activity co-ordinators on a part time basis who fulfilled a role in meeting the social needs of residents and inspectors observed that he connected very well with residents and treated them as individuals. There was a varied and interesting programme of activities available to residents which included art therapy, bingo, music, sing-songs, exercise sessions, drama groups, religious activities and other more individualised activities. Residents and relatives told the inspectors how much they enjoyed the activities but would like to see more activities available and a staff member allocated full time to activities. This was discussed with the person in charge who is currently looking to put this in place.

As part of the inspection, inspectors spent periods of time observing staff interactions with residents. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the afternoon. These observations took place in the communal room. 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 positive nature with good interactions seen between staff and residents.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A written complaints policy was available in the centre reviewed in October 2015 and inspectors saw that the complaints procedure was hung in a prominent place at the entrance to the centre. The complaints procedure identified the complaints officer and a complaints appeals process.</p> <p>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. The process included an appeals procedure. Residents and relatives all said that they had easy access to the nurses and the person in charge to whom they could openly report any concerns and were assured issues would be dealt with. The person in charge stated that she 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 investigation, action taken, the outcome and satisfaction of the complainant was recorded as required by the regulations.</p>
<p>Judgment: Compliant</p>

<i>Outcome 05: Suitable Staffing</i>

<p>Theme: Workforce</p>

<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Residents and relatives generally spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.</p> <p>Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of staff meetings at which operational and staffing issues were discussed. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. Inspectors found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal</p>
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conversations.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling and safeguarding vulnerable persons. Other training provided included management of responsive behaviours, restraint procedures, dementia specific training, infection control, end of life, continence promotion, food and nutrition hydration and the management of dysphagia. However as outlined in outcome 2 safeguarding not all staff had received up to date mandatory training in safeguarding and responsive behaviours. Nursing staff confirmed they had also attended other clinical training including blood- letting and were undertaking medication management training provided by the pharmacist in a number of modules which they found of great benefit and were very complimentary about.

Duty rosters were maintained for all staff and during the two days of inspection the number and skill-mix of staff working was observed to be appropriate to meet the needs of the current residents. On the previous inspection it was identified that nursing staff numbers was adequate to meet the assessed needs of residents from Mondays to Thursdays with two nurses and the person in charge on duty each day. However, there was just one nurse on duty Friday, Saturday and Sundays to fulfil all the clinical duties, for example, assessment of all residents, medication rounds and wound care; the inspector requested that this be reviewed in line with health, safety and risk as staff could not be appropriately supervised or supported to ensure best practice care and welfare. On this inspection the situation was the same. The person in charge told inspectors nursing levels had increased but they recently lost two nurses so they are again actively recruiting as she is aware two nurses are needed daily.

Inspectors found that there was not a robust recruitment process employed in the centre. The sample of staff files reviewed demonstrated that not all the requirements listed in Schedule 2 for each member of staff were in place. A relatively new member of staff had commenced duty without any references obtained, despite the centres policy clearly stating employment will only commence following submission of references. The person in charge was not routinely checking references and these were only checked by administration staff. There were also gaps in employment seen and Gardai vetting was also missing for a staff member. Staff appraisals were conducted by the person in charge on a regular basis.

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:

Windmill Nursing Home is located in the village of Churchtown in North Cork. It is a purpose-built single-storey centre which was established in 2004. Residents' private accommodation comprised of 24 single and eight twin bedrooms. All rooms have en suite shower, toilet and wash basin facilities. Bedrooms were generally personalised and decorated with photographs of family members and residents' art work.

Residents' communal facilities include a dining room, oratory, library, quiet room and smoking room. The focal point of the building is the atrium where there is the main lounge/seating area. There was a large fish tank in the atrium with colourful fish. There also was a bird cage with a budgie. In addition there was a large television and a piano. The atrium had direct access to an enclosed outdoor garden. The library was another quiet room, domestic in character with a fireplace, carpeted flooring, sofa and decorative soft furnishing. This room is used for private meetings, as is the lounge which was equally domestic in character. The lounge is also used for exercise classes.

The kitchen was well laid out and well equipped. There was a serving hatch from the kitchen to the dining room. All current residents generally had their lunch in the dining room, facilitated by having two sittings. Tables were attractively set and the décor was domestic in character. There was a dresser containing crockery and there were colourful oil cloths on the tables. The oratory was a quiet, peaceful room with comfortable chairs, an attractive stained glass window and religious art work on the walls.

A designated smoking room was available to residents and although it was adequately ventilated the door to the smoking room was wedged open on the first day of the inspection and cigarette smoke was coming out into the corridor and could be smelt in other parts of the centre. Following the identification of this to the person in charge the door was closed and remained closed for the remainder of the two day inspection. There were fire extinguishers and fire blanket available, however inspectors saw there was no way to observe residents who smoked as there was no viewing panel in the door. During the second day of the inspection, inspectors saw that door stops were being fitted to all doors in the centre that automatically closed when the fire alarm went off.

The communal and bedroom areas were bright, homely and domestic in character however as identified on the last inspection the décor and maintenance throughout the nursing home was in need of attention including painting, woodwork, door saddles and flooring in en suites. On the last inspection it was also identified that a large wet room with shower and toilet facilities was used as a storage area for incontinence wear, trolley, bins and hoists; the hairdresser also used this room. The inspector requested that the purpose and function of this room be identified and refurbished accordingly. On this inspection there was some progress in that some en-suite bathrooms had new flooring and fittings and there was a plan to up-grade them all. Plans were in place for the fitting out of a dedicated hairdressing room but this was not completed to date. The decor continued to need much attention throughout the centre and so did the garden area. Fencing required repair and the garden was overgrown with weeds, it was a lovely outdoor space with tables and chairs for resident use, but at the time of the inspection it was not a secure space as the perimeter fencing was broken which could allow access out of the garden to the front of the building.

A good level of cleanliness was maintained. There was staff assigned specifically to household and laundry duties. They used colour coded mops and cleaning cloths for different areas. Plastic aprons and latex gloves were readily available as was alcohol hand gels throughout the premises and inspectors observed staff using them.

Inspectors reviewed records which confirmed the regular servicing of equipment such as electric beds, nebulisers and wheelchairs. Fire safety equipment was in place and records of servicing maintained.

Grab rails were provided along corridors. Personal, lockable storage cupboards were provided to residents in their bedrooms. In shared rooms, screening curtains were available; however as identified in outcome 3 they did not extend around the entire bed therefore compromising privacy. Also as some of the shared rooms were small in size there was only one small wardrobe which did not provide adequate hanging space for residents clothing. CCTV was also noted to be in communal areas and although signage was in place informing residents and relatives of the presence of same this required review to be in compliance with privacy guidelines as set out by the Data commission.

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:

Caroline Connelly
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:	Windmill House Nursing Home
Centre ID:	OSV-0000303
Date of inspection:	08/06/2016
Date of response:	13/07/2016

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:

There was no comprehensive assessment of residents activities of living completed to inform the care planning process.

1. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of

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

a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

I am putting in place a method of assessment that will include all the activities of daily caring using a recognised nursing tool for all new referrals and expand on our current residents.

In addition a computerised care package system (Epicare) will support & add to the process.

Epicare is currently in use in our other facilities.

Proposed Timescale: 30/08/2016

Theme:

Safe care and support

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

Core care plans were in place which were not personalised. Personal information to inform person-centred care was often not included and did not reflect the depth of knowledge demonstrated by staff. Inspectors found that the care plans were not directing care and the whole process of assessment and care planning required review.

2. Action Required:

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

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

In addition to using a nursing assessment tool I am following up with a detailed care plan and

Augmenting this through epicare system.

Proposed Timescale: 30/08/2016

Theme:

Safe care and support

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

For many residents arrangements were not in place to afford residents an opportunity to consider and communicate their end-of-life wishes and preferences and these were not documented in their care plans.

3. 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:

I am liaising with a Person in Charge of a sister nursing home to put in place a methodology for documenting and addressing end of life wishes. The Care Plan will reflect this practice.

Proposed Timescale: 30/08/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

The policies and procedures for safeguarding, restrictive practices and responsive behaviours did not contain implementation or review dates.

4. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

A system is now put in place following the inspection to insure policies are reviewed, signed and updated. Existing policies from the Windmill Group will be used to reflect this.

Proposed Timescale: 30/08/2016

Theme:

Safe care and support

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

Not all staff had training to ensure they had up to date knowledge and skills, appropriate to their role, to respond to and manage responsive behaviours.

5. 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 staff training plan has been devised and is being introduced. Infection control

training for all staff took place on 8th and 14th of June 2016. Elder abuse training took place 13th July 2016.

Challenging Behaviour took place in May of 2015 but will be put in place in the next four weeks for current and new employees. All other updates will be notified and recorded in the training matrix.

Proposed Timescale: 16/08/2016

Theme:

Safe care and support

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

There were two staff that had not received updated safeguarding training.

6. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Staff training in the detection and prevention of and responses to elder abuse will be carried out on the 13/07/2016. A refresher course is completed this week for current and new employees.

Proposed Timescale: 11/07/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Nursing staff numbers was adequate to meet the assessed needs of residents from Mondays to Thursdays with two nurses and the person in charge on duty each day. However, there was just one nurse on duty Friday, Saturday and Sundays to fulfil all the clinical duties, for example, assessment of all residents, medication rounds and wound care.

7. 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:

Windmill Nursing Group has been actively running a recruitment campaign over the past

year with a good deal of success. We have recruited pre-reg nurses from Portugal and Croatia who have now received their registration with NMBI. Our pre-reg campaign has now been taken up by Irish nursing students who. We have a Croatian pre-reg nurse due to commence employment in Windmill House Nursing Home in mid-August 2016 and it is envisaged that we will have 2 nurses as desired in Windmill.

Proposed Timescale: 01/09/2016

Theme:
Workforce

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

Inspectors found that there was not a robust recruitment process employed in the centre. The sample of staff files reviewed demonstrated that not all the requirements listed in Schedule 2 for each member of staff was in place. A relatively new member of staff had commenced duty without any references and the person in charge was not routinely checking references. There were also gaps in employment seen and Gardai vetting also missing for a staff member.

8. 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:

I have reviewed my recruitment policy in line with the Group recruitment policy. All new employees will not take up their position until I am satisfied that their references and Garda Vetting are in order.

Proposed Timescale: 11/07/2016

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:

There were a number of areas in the premises that did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

1. There was no way to observe residents who smoked in the smoking room.
2. The décor and maintenance throughout the nursing home was in need of attention including painting, woodwork, door saddles and flooring in en suites.
3. Fencing in the garden required repair and the garden was overgrown with weeds.
4. There was not adequate hanging space for clothing in some of the shared bedrooms.
5. In shared rooms, screening curtains were available; however they did extend around

the entire bed therefore compromising privacy.

6. Some shared bedrooms were noted to be small in size which did not allowed for privacy of residents.

7. There were limited visual cues for people to recognise their bedroom and there was limited appropriate signage and use of colours and lighting in line with best practice dementia care principles.

8. CCTV was present in communal rooms which required review.

9. 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. We are striving towards a smoke free Nursing Home; therefore the smoking room will be decommissioned. An alternative location will be sought for any smokers in house.

2. Programme of redecorating is in progress.

3. Garden fencing will be replaced and the grounds are to be maintained on a more regular basis.

4. Wardrobes will be purchased to provide more hanging space.

5. New screening curtains are being measured for the shared rooms.

6. We are currently reviewing the shared bedroom to optimise the bed space.

7. Visual cues for residents to recognise their own bedrooms are being designed at present.

8. The CCTV Company will review the cameras and adjust same.

Proposed Timescale: 15/12/2016