

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mill Race Nursing Home	
Centre ID:	0361	
Centre address:	Bridge Street	
	Ballinasloe, Co. Galway	
Telephone number:	0909-646120	
Email address:	millracenh@yahoo.com	
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public	
Registered provider:	Mill Race Nursing Home Ltd	
Person authorised to act on behalf of the provider:	Kieran Wallace on behalf of KPMG	
Person in charge:	Rita English	
Date of inspection:	18 September 2013	
Time inspection took place:	Start: 07:20 hrs	Completion: 19:20 hrs
Lead inspector:	Nan Savage	
Support inspector(s):	Marian Delaney Hynes	
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced	
Number of residents on the date of inspection:	46 + 1 in hospital	
Number of vacancies on the date of inspection:	13	

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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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, in which 12 of the 18 outcomes were inspected against. The purpose of the inspection was:

- ☐ to inform a registration decision
- ☐ to inform a registration renewal decision
- ☒ to monitor ongoing compliance with Regulations and Standards
- ☐ following an application to vary registration conditions
- ☐ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☒ following information received

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This follow up inspection was unannounced and took place over one day. As part of this inspection inspectors also reviewed unsolicited information received since the previous inspection. This information which related to staffing, some aspects of clinical care, health, safety and well being of residents was taken into consideration on inspection.

The inspectors met with residents, relatives and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, incident logs, policies, procedures and staff files.

Due to the concerns regarding the insufficient progress made by the provider following the previous inspection, the provider and person in charge were requested to attend a meeting with the Authority to discuss the non-compliances with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) arising from this inspection.

There were 46 residents living in the centre. Residents' current dependency levels were not readily available to the inspectors on the day of inspection. An inspector had also experienced difficulty obtaining the most up-to-date dependency levels of residents on the day of the previous inspection. This raised concerns that the method used in determining appropriate staffing levels and skill mix was not based on the current assessed needs of residents.

Inspectors were concerned that the current governance arrangements were not sufficient for the following reasons:

- The provider had not put sufficient support structures in place for the person in charge to fulfil her role.
- Adequate systems were not in place to safeguard residents from abuse and safeguard their personal belongings.
- While progress had been made in obtaining required information pertaining to staff, recruitment procedures were not robust and some staff had not been appropriately recruited and vetted as identified as a requirement in previous action plans.
- The person in charge did not have responsibility for the staff roster as required by the Regulations. This was developed instead by the general manager.
- The person in charge had left an unregistered nurse in charge of the centre during part of the inspection. A registration PIN was not available for this nurse.
- While a number of new staff had been recently recruited and plans were in place to increase nursing staff at night, the skill mix was found at times during the inspection to be insufficient in meeting the needs of the residents having regard to the varying needs of the residents.
- There was insufficient supervision and oversight of some areas of the day-to-day management of the centre.
- The provider had not implemented a robust training programme to support new staff. The inspector found that some of these staff were not familiar with residents' needs and some documentation such as care plans did not contain up to date and sufficient information to guide practice.
- The person in charge had not kept her knowledge up to date in an area of resident care inspectors also noted that the person in charge and staff had difficulty in locating some requested documentation and there was uncertainty regarding the completion of procedures and records relating to areas of medication, aspects of care planning and risk management.

Furthermore, the provider and the person in charge had not made sufficient progress in the completion of the previous action plan. There were 17 required actions and the provider had completed one action. Three actions were not due for completion until the end of September 2013 and were in the process of being completed. While

efforts had been made to address required actions, 13 of the required actions had not been fully completed by the provider and the person in charge within the timeframes agreed with the Authority.

Inspectors found that there was a reduction in the use of restraint and that improvements noted on the previous inspection regarding the management of the use of restraint had been sustained. While aspects of falls management had improved, care planning documentation did not reflect all residents' current needs. Some written care interventions had not been implemented in practice.

In addition, significant improvements were required to areas of clinical care including catheter care and the management of epilepsy. Further improvements were also required to the management of behaviours that challenge and some areas of medication management.

Social care was not available to residents during the inspection and many residents were left sitting in day rooms with minimum stimulation. The inspectors also found that some residents' personal hygiene needs were not adequately promoted and systems in place did not sufficiently promote residents' dignity at all times.

On this inspection, significant risks were identified in areas of risk management and fire safety which placed some residents at potential harm. These risks were addressed during the inspection. The standard of operational hygiene in parts of centre was unsatisfactory and unpleasant odours lingered in some areas.

Subsequent to the inspection and prior to the completion of the report, the person in charge and the manager submitted information which demonstrated that a number of failings identified on this and the previous inspection were in the process of being addressed. For example, an updated staff roster was submitted to the Authority on 26 September which indicated that staffing arrangements had improved.

Section 41(1)(c) of the Health Act 2007
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Outcomes covered on inspection

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

On this inspection, inspectors were not satisfied that sufficient support structures were in place for the person in charge to fulfil her role. Inspectors were also concerned that the person in charge did not fulfil some of her legal responsibilities set down in the Regulations. For example, she did not manage the staff roster and had not ensured that all required notifications had been submitted to the Authority as detailed further in Outcome 6.

While the person had completed continuous professional development in areas such as diabetic care and behaviours that challenge, she had not kept her knowledge up to date in the area of epilepsy to ensure that appropriate care was delivered in this aspect of care.

Inspectors were concerned that the arrangements in place for the management of the centre in the absence of the person in charge were not adequate. Inspectors found that the person in charge had left an unregistered nurse in charge of the centre during part of the inspection when she had to attend a planned meeting. The person in charge reported to the inspector that she was not aware that this nurse was currently unregistered as she did not have responsibility for the roster. There was no registration PIN available for this nurse and she is not listed on the An Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland) register. The person in charge confirmed that this staff member was not administering medications. The person in charge had also appointed a different nurse in charge that did not have sufficient knowledge of residents' current needs. Inspectors noted that this nurse was working in the centre approximately five weeks and was the longest serving nurse on the staff roster because there were a number of recently employed nurses. The issue of cover arrangements had been raised on the previous inspection.

Inspectors were informed by the person in charge that if she was on longer-term leave that a senior staff nurse would provide cover in the absence of the person in charge. This arrangement had been put in place in response to the previous inspection findings.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 9

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

While the specific outstanding notification identified on the previous inspection had been submitted shortly after that inspection, the person in charge continued to fail in ensuring that the Chief Inspector was notified of certain occurrences in the centre. Inspectors found on this inspection that the Chief Inspector was not notified of an allegation of abuse within the required time period.

There was a system in place for recording incidents and accidents. However, inspectors noted on this inspection that there was no incident form available for a fall that resulted in a possible head injury. This fall was referred to in the resident's medical notes. Also, inspectors noted that nursing staff did not have access to appropriate equipment to assist in the completion of neurological monitoring.

Inspectors viewed a sample of incidents that had occurred and found that relevant details including the immediate action taken were recorded. There was evidence that the person in charge had reviewed incidents and accidents and that following incidents and accidents additional interventions had been identified to reduce the likelihood of recurrence. However, as detailed in Outcome 11 the associated care plan was not been consistently updated with these interventions to reflect the current needs of the resident and ensure continuity of care.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

While some areas of the centre were maintained in a clean condition, the standard of operational hygiene in other parts of the centre had not been maintained to an acceptable standard.

Inspectors noted that some armchairs that were in use in the main day room were stained. Unpleasant odours lingered around some chairs and also appeared to emanate from some carpets and spillages were noted in some areas of the centre. Since the last inspection just one housekeeper had been rostered on some shifts instead of two which had been the norm on previous inspections. Inspectors spoke with staff and the person in charge to ascertain what level of cleaning was completed on days when there was only one cleaner on duty. Staff reported that they prioritised spillages and the ground floor area, specifically the main toilets and entrance area. When asked what level of cleaning was completed in other areas including residents' bedrooms, an inspector was informed that these areas were checked but that there was only time to clean the basics. The person in charge and manager confirmed that a member of the housekeeping team had left the service since the last inspection. After the inspection, the person in charge and manager submitted to the Authority an updated staff roster for week commencing 23 September 2013. This roster showed that two housekeeping staff were on duty each day.

Some cleaning equipment was not in working order during the inspection. Inspectors were informed that there were two carpet cleaners but one was broken for approximately one month. After the inspection, the person in charge confirmed that a new carpet cleaner was purchased and a carpet washer had been ordered.

Inspectors also noted that a drier in the laundry was not operational during part of the inspection. The person in charge confirmed that the drier was fixed during the inspection. After the inspection, the person in charge confirmed that a new carpet cleaner was purchased and a carpet washer had been ordered.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 16

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Residents' privacy and dignity was reviewed on this inspection and inspectors saw examples where some residents' privacy and dignity was not sufficiently supported.

For example, inspectors noted that some residents' clothing was stained and their personal hygiene needs were not adequately maintained. Terminology used by some staff was inappropriate such as referring to giving assistance to some residents at mealtimes as "the feeds". Inspectors also noted during mealtime that some staff stood over residents while assisting them with their meals. At one stage a resident was rushed by a staff member while eating part of their meal. Inspectors found that there was no nurse present to adequately supervise and direct care staff when assisting residents at mealtimes.

Outcome 17

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

Inspectors were not satisfied that the provider and person in charge had sufficient measures in place to protect residents' personal property and possessions by ensuring the safe return of residents' clothes.

Adequate arrangements were not in place for regular laundering. Since the last inspection, the designated laundry person had left the service. Inspectors were informed by the person in charge and staff that two care staff were appointed daily with key responsibility for the laundry. Inspectors observed that this was in addition to their existing care duties.

Sufficient care had not been taken with residents' clothing to ensure the safe return of clothes to residents. Inspectors found that some residents' clothes were stored in a disorganised and untidy manner. Clothes had piled up in the laundry and during part of the morning a trolley of residents' clothing was left unattended on a corridor. Some residents and relatives spoken with raised issues regarding the management of residents' clothing.

Inspectors visited some residents' bedrooms and found that appropriate storage was available for residents' personal belongings including lockable storage space.

The updated staff roster for week commencing 23 September 2013 confirmed that a staff member had now been appointed to manage the laundry.

Actions reviewed on inspection:

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Action(s) required from previous inspection:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

Compile a statement of purpose that describes the facilities and services which are provided for residents.

Inspection findings

Progress had been made in the completion of the required actions from the previous inspection. Additional issues were also noted on this inspection.

Since the previous inspection, the Authority received a revised statement of purpose that had addressed the specific issues identified on the last inspection that related to the Directorship of Mill Race Nursing Home Limited and had been updated with the current number of whole time equivalent (WTE) nurses. However, inspectors found that while a number of nursing staff had been recruited the number of whole time equivalent (WTE) staff were still not sufficient to meet the needs of residents.

A further revised copy of the statement of purpose was submitted to the Authority on 19 September 2013 which showed an increase in the number of WTE nursing staff employed. These nurse levels were now sufficient to meet the current needs of residents.

Some additional issues with the statement of purpose were noted on this inspection.

- Inspectors found that aspects of the service described in the statement of purpose relating to fire safety precautions during the morning and activity provision were not evidence in practice. This is discussed further under Outcomes 7 and 11.
- On the day of inspection the current version of the statement of purpose was not maintained in the centre and was not made available to inspectors and therefore, was not available to residents or their relatives.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Action(s) required from previous inspection:

Maintain a record of all incidences where a resident is harmed or suffers abuse.

Take appropriate action where a resident is harmed or suffers abuse.

Inspection findings

The provider and person in charge had addressed the specific issues that related to an incident of alleged abuse identified on the previous inspection. However, a similar issue was identified on this inspection which indicated there had been limited learning from the previous incident and systems were insufficiently robust to protect residents.

On the previous inspection, improvements were required in the recording of actions taken when allegations of abuse were brought to the attention of the provider and person in charge. The inspector found that an incident was not managed as an allegation of abuse and therefore the centres policy was not followed. On this inspection, inspectors found that the provider and person in charge had investigated and followed up to this allegation of abuse. However, there was no evidence that the resident's file had been updated with the current arrangements that had been put in place to ensure continuity of safe care by all staff.

On this inspection, inspectors read that a different allegation of abuse had been incorrectly recorded as a complaint. While this allegation had been investigated it had not been managed as an allegation of abuse and therefore the centre's policy was not sufficiently followed in investigating this incident. Also as detailed under Outcome 9, the Chief inspector had not been notified as required of this allegation.

Inspectors found that the finances of some residents continued to be managed by an external agency. Since the previous inspection further communications had taken place with this agency and arrangements remained in place for the management of these residents' monies. However, some of the residents continued not to have easy and immediate access to their financial details.

Inspectors noted that plans were in place to provide further staff training on the prevention, detection and response to elderly abuse and this was scheduled to be completed within the timeframe agreed with the Authority.

Outcome 7

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

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Inspection findings

The provider had not addressed the actions required from the previous inspection even though the provider indicated in the previous action plan response that these actions would be completed by the end of August 2013. Additional risks were also noted on this inspection that placed some residents at potential harm. These risks were addressed during the inspection.

Inspectors found that formal precautions were not in place for assault and there were no formal arrangements for the identification, recording, investigation and learning from serious incidents.

On this inspection significant risks were identified in some areas of risk management and fire safety that placed residents at potential harm. During the early part of the inspection the following risks were identified by inspectors:

- Inspectors noted that a fire exit which leads to the car park and nearby road was left open from 7am. Residents' bedrooms were located in the vicinity of this exit.
- An electric power drill was left in an unsecure area which posed a hazard to some residents.
- A fire exit was partially blocked with armchairs and a trolley containing residents' clothing was stored in the immediate vicinity.
- A number of bedroom fire doors were left open and this posed a risk to the prompt performance of these doors in the event of a fire.
- Inspectors noted that staff had signed off a fire safety check for the same day which indicated that all exits were safe and clear from obstructions.

Inspectors brought these risks to the immediate attention of the staff on duty and the person in charge who addressed the risks during the inspection.

Some infection control issues were also noted on this inspection. In the absence of a designated laundry person inspectors noted that care assistants working in the laundry wore the same uniform as when attending residents during the inspection. Inspectors also noted that a resident who had a possible infectious condition did not have a care plan in place to inform staff practice and prevent cross infection.

While staff spoken with indicated that staff had received up-to-date training in moving and handling, on occasions some staff were observed using inappropriate practices to assist residents to mobilise.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Inspection findings

The actions from the previous inspection had been partially completed even though the provider had indicated in the previous action plan response that these actions would be completed by the end of August 2013. On this inspection, some additional issues were also noted.

Two issues identified previously that related to residents' medication records and a medication audit had not been addressed. An inspector had noted that some practices relating to prescribing and administration of medications did not meet the requirements of the Regulations. On this inspection, the times of administration were not adequately recorded. The practice of administration of medication by nurses did not fully adhere to professional guidelines in that nurses continued to administer medications from prescriptions sheets that did not consistently record the route of administration.

Inspectors found that there was no evidence that the results from an audit completed on 14 May 2013 had been used to inform staff learning. Competency assessments of nursing staff that administered medications, which had been started prior to the previous inspection had not been continued.

Some additional medication management issues were noted on this inspection.

An inspector noted that some residents self administered their medications. While there were procedures in place to guide practice these procedures had not been adequately implemented. Risk assessments had not been completed to ensure the appropriateness of this practice and residents' safety. Also there were poor systems in place to monitor the storage and administration of these residents' medications. A medication audit was completed in August 2013 and inspectors found that findings relating to self administration did not accurately reflect practice noted by inspectors.

This audit indicated that practices in relation to self administration were compliant and stated that risk assessments had been carried out for residents who self medicated and that methods for monitoring self administration were adequate which was not the case in practice.

An inspector read that medications to be administered as and when required, the maximum doses were not consistently recorded.

Photographic identification was not available on some residents' medication records.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at 3-monthly intervals.

Inspection findings

While some progress had been made in the completion of these actions from the previous action plan the progress was not sufficient in areas relating to aspects of care planning, management of falls and behaviour that challenges. Additional issues were also found on this inspection regarding the management of epilepsy, catheter care, behaviour that challenges and supervision arrangements at times during the inspection. The inspector had requested the dependency levels of the current residents; however, this information was not readily available. This issue was highlighted on previous inspection. As a number of staff nurses in the centre were newly recruited and the inspectors identified issues regarding the accuracy and relevance of some of the care plans, the inspectors were significantly concerned that staff did not have full and accurate information by which to provide suitable and sufficient care. Examples of the deficits in care and documentation are detailed below.

Care Planning

Inspectors found that some care plans had not been reviewed when required to reflect the resident's current care needs even though the provider had stated in the previous action plan response that care plans were reviewed on a quarterly basis or sooner if the assessed needs or circumstances of the resident change.

On this inspection, inspectors found that the method in which some information on residents was recorded and stored had become fragmented and could impact on the continuity of care. This did not allow for ease of access by staff to some of the most up-to-date information which is critical especially with new staff on duty, who are not fully familiar with the needs of the residents.

Falls Management

While improvements had been made in falls prevention strategies for specific residents assessed as at high risk of falling, some issues were identified in the management of falls for other residents. Some residents that had experienced recurrent falls had been formally reviewed and additional measures were implemented since the last inspection with the result that there was a reduction in falls for these residents. Inspectors noted that there had been an overall reduction in falls since the last inspection.

However, inspectors found that adequate measures were not in place for a different resident identified as at high risk of falls. Inspectors found that post fall, this resident's care plan had not been updated with additional interventions regarding care and supervision needs that had been identified to reduce the recurrence of falls. As a result, new staff were not familiar with the resident's current falls prevention strategy and this increased the risk of potential harm to the resident. Inspectors also

noted that a fall prevention intervention that related to the supervision needs of one resident had not been adequately implemented in practice.

Some staff spoken with reported that the alarm mats in use as a falls preventative measure for some residents, had occasionally not worked due to the battery failure. The person in charge and staff were not aware of the location of spare batteries in the event of a replacement being required.

Behaviour that Challenges

Sufficient measures had not been taken to ensure potential behaviours that challenge were adequately managed in the centre. Issues that had been identified on a previous inspection had recurred on this inspection. There was a policy on the management of behaviours that challenge but as identified on the last inspection the policy had not been adequately implemented in practice. On that inspection, the inspector found that there was no specific care plan in place for one of the residents with potential to exhibit behaviour that challenged. On this inspection while there was information documented on incidents of behaviour that challenged, care interventions did not provide sufficient information to guide staff on how to manage and prevent the escalation of this behaviour.

While inspectors noted that some good care plans were in place for other residents that may present with behaviour that challenged aspects of the associated documentation had not been maintained up to date to reflect residents' current needs and sufficiently guide practice. Inspectors also noted that some behavioural management documentation had not been consistently completed in order to inform practice.

Since the previous inspection there had been a number of new staff appointed. Inspectors found that some staff had not received appropriate training on this specialised area of care. While some staff were observed using appropriate techniques which residents responded to positively, other staff did not respond appropriately to residents' needs. At times during the inspection, the main day room was noisy and this impacted on the residents' comfort and appeared to trigger some verbal outbursts by residents. One resident commented that the day room was noisy and that one resident was shouting all the time. The general manager informed inspectors that in-house training was planned on 25 September and 1 October 2013.

Wound Care Management

Aspects of wound care documentation did not promote continuity of care and ensure residents' needs were met. While good practices continued to be noted in areas of pressure ulcer prevention and wound care management, improvements were required. For example, a wound assessment had not been completed for one resident and this resident's wound care plan was not sufficiently detailed to guide practice and had not been updated to reflect the current status of the wound. Some issues relating to wound care management were identified on the previous inspection. The person in charge informed inspectors that she was scheduled to complete wound care training on 19 September 2013.

Social Engagement

As documented in the previous action plan, the activities programme did not provide sufficient opportunities for engagement for some residents with communication and other sensory difficulties. During this inspection, there were no planned activities and inspectors noted on different occasions that a number of residents of varying degrees of ability were left sitting on their own with minimum meaningful interaction. The person in charge and staff confirmed that the activities coordinator was on annual leave for three weeks. Inspectors noted that alternative arrangements had not been put in place to facilitate meaningful activities and stimulation for residents. Inspectors also noted that the activity board displayed in the day room had not been updated since 2 September 2013.

The provider stated in the previous action plan response that the activity coordinator was in the process of ensuring all residents were assessed with regard to meaningful activities and level of participation which is appropriate to their dependency and assessed needs and that documentation was in place to reflect this. From the sample of files reviewed there was limited evidence that this had been implemented.

Restraint Management

Although there were a number of residents using bedrails, there was evidence that the person in charge and staff had continued to promote the reduction in the use of restraint since the last inspection. Documentary evidence was now available to demonstrate that alternatives had been considered or used prior to the implementation of restraint.

On this inspection, additional issues were noted in the following areas.

Epilepsy Care

There was no policy in place to guide staff practice on epilepsy. The person in charge had stated that there was a policy but this could not be located on inspection. Shortly after the inspection the person in charge and manager confirmed that a new policy on epilepsy policy had been developed.

An inspector found that a plan of care relating to epilepsy care was poor. The care plan did not provide adequate guidance to staff in relation to the management of a resident during and after seizures, in responding to any potential complications or recording of epileptic activity to guide future interventions. Inspectors were also concerned that medication had not been prescribed for an emergency situation and that the person in charge and staff did not demonstrate adequate knowledge regarding the management of epilepsy and had not received up-to-date evidenced based training in this area.

Catheter Care

Adequate measures were not in place for catheter care. While there was a policy available on catheters this policy was not evidenced based and did not provide sufficient guidance for staff. An inspector noted that fluid intake and output charts were poorly completed and a resident's care plan on catheter care did not provide adequate instruction to staff.

Supervision Arrangements

Inspectors noted that at times some dependant residents did not have sufficient supervision and support. The person in charge responded to a specific issues raised by inspectors during the inspection regarding a resident's personal care needs and a different resident who had been calling out to staff. Inspectors observed that overall the care provided was very task orientated. As detailed in Outcomes 3 and 18, adequate staffing levels and skill mix had not been consistently rostered to meet the needs of all residents.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

Investigate all complaints promptly.

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Inspection findings

The actions from the previous inspection had been partially completed even though the provider had stated in the previous action plan response that all complaints will be investigated in accordance with the complaints policy, detailing the outcome and level of satisfaction of residents and a record will be kept.

On the last inspection some complaints had not been investigated and the satisfaction level of the complainant had not been consistently recorded. On this inspection, inspectors were not satisfied that the arrangements in place for responding to complaints were appropriate. There continued to be an inconsistent approach to complaints management and all residents were not given sufficient support to raise issues.

Inspectors viewed a sample of complaints maintained in the complaints register. While some complaints had been addressed others had not been fully investigated and the satisfaction level of the complainant had not been consistently recorded.

Also the provider and person were not sufficiently using the information received in complaints to improve and develop the service.

In addition, inspectors found that all complaints were not being recorded. Inspectors became aware from speaking with some residents and staff of some complaints during the inspection that had not been documented in the complaints register.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

Staffing levels and skill mix at times were not sufficient to meet the needs of all residents.

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2 of the Regulations.

Inspection findings

While progress had been made in the completion of these required actions, inspectors were not satisfied that staffing levels and skill mix consistently met the needs of all residents and that all staff had been recruited in line with best practice. On this inspection, improvement was also required in the provision of specific training.

On the previous inspection staffing levels and skill mix were not sufficient at all times to meet the needs of residents. Inspectors noted on this inspection that the provider had actively recruited nursing staff since the last inspection which took place on 1 and 2 July 2013. The person in charge and the manager who is also a registered nurse had completed a number of nursing shifts to ensure adequate nurses were on duty during the day and staff rosters had been submitted after the last inspection to confirm this.

As noted in Outcome 3, the person in charge had not fulfilled her legal responsibility to ensure the numbers and skill mix of staff were appropriate to the assessed needs of residents, and the size and layout of the centre. The person in charge informed inspectors that she did not have the responsibility for the roster of staff as required by the Regulations. Concerns were expressed to inspectors during the inspection regarding staffing arrangements. Since the previous inspection the number of residents had reduced from 50 residents to 46. However, inspectors were concerned that during part of this inspection the manager had rostered an inappropriate skill mix of nursing staff and care staff to meet the needs of all residents. Inspectors also found that one nurse and three care staff continued to be rostered on duty from 9pm to 8am to attend to the needs of 46 residents. The nurse during this time was still responsible for attending to residents' nursing needs when required, administration of medications to some residents and staff supervision. Inspectors were subsequently informed that two nurses were now rostered on night duty from 23 September 2013.

As discussed in Outcomes 12 and 17, inspectors also noted on this inspection that during some shifts since the previous inspection there had been insufficient housekeeping staff rostered and that adequate staffing arrangements were not in place to manage the laundry.

Inspectors were not satisfied that adequate training had been provided to support new staff. On this inspection, inspectors found that five nurses had been recently recruited. One nurse had approximately five weeks experience working in the centre, three of these nurses had approximately one week experience, one nurse had two days experience and the fifth nurse was also recently appointed. The person in charge and the manager informed inspectors that there was a plan in place to discuss policies and procedures with nursing staffing at a staff nurse meeting on 3 October 2013. The manager stated that both he and the person in charge planned to work alongside these nurses and provide additional support. On the day of the inspection, both the person in charge and the manager was absent for a period during the day thus leaving new nursing staff unsupervised. The manager's hours had not been recorded on the staff roster for September 2013 so it was difficult to confirm the level of support that would be provided.

While good progress had been made in obtaining information required by the Regulations, inspectors remained concerned that some staff had not been recruited, selected and vetted in accordance with best recruitment practice. Inspectors reviewed a sample of staff files and were concerned that the provider had employed one staff member as a nurse from 23 July 2013 but this staff member had not yet been registered. Up to date registration numbers were not available for some other recently employed nurses that were working in the centre. An inspector confirmed after the inspection that these nurses were actively registered.

In response to the previous inspection required information that was outstanding including three written references had been obtained and that a system had also been implemented for reviewing the authenticity of references. Sufficient evidence of some employee's mental and physical fitness had been obtained for most staff, except one recently employed staff member. An inspector noted that the provider was within the timeframe agreed with the Authority to ensure that sufficient evidence of mental and physical Fitness is obtained for all staff.

Inspectors noted that training was planned in specific areas including fire safety and the prevention, detection and response to abuse. However, relevant staff had not received up to date education and training on epilepsy care and catheter care even though there were residents living in the centre with these care needs.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge and general manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents and staff during the inspection.

Report compiled by:

Nan Savage
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

19 September 2013
Updated 30 September 2013

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report *

Centre Name:	Mill Race Nursing Home
Centre ID:	0361
Date of inspection:	18 September 2013
Date of response:	4 October 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose did not comply with all the requirements of the Regulations.

Action required:

Compile a statement of purpose that describes the facilities and services which are provided for residents.

Action required:

Make a copy of the statement of purpose available to the Chief Inspector.

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

Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The statement of purpose has been reviewed and updated to describe and reflect the facilities and services which are provided for residents and meet the requirements of the regulations. An updated copy has been sent to the inspectorate for the attention of the Chief Inspector. Copies of the updated statement of purpose have been placed in communal areas within the nursing home for residents and visitors to access. It will also be included in our new residents information pack. The manager will continue to keep the document updated as necessary.	Completed

Theme: Safe care and support

Outcome 6: Safeguarding and safety

The provider is failing to comply with a regulatory requirement in the following respect: The provider and person in charge did not record an incident as an allegation of abuse. There was insufficient documentary evidence to demonstrate that the provider and person in charge had taken sufficient measures to protect all residents from being harmed after an incident had occurred in the centre. Some of the residents did not to have easy and immediate access to their financial details.
Action required: Maintain a record of all incidences where a resident is harmed or suffers abuse.
Action required: Take appropriate action where a resident is harmed or suffers abuse.

<p>representative to have easy and immediate access to their financial details.</p> <p>Contact has been made by written correspondence and by a follow up meeting in August 2013 with the appropriate individuals with regard to residents under the mental health team whose accounts are with the Patients Private Property Accounts (PPPA). We are waiting a decision on same.</p> <p>Assessments will be carried out by the mental Health Team to determine the residents' suitability to manage their own financial affairs.</p>	<p>30 November 2013 ongoing</p> <p>30 November 2013</p>
---	---

Outcome 7: Health and safety and risk management

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

Formal precautions were not in place for assault.

Arrangements were not in place for the investigation and learning from serious incidents.

Some practices used by staff to assist residents to mobilise were inappropriate.

Some staff practice did not sufficiently control the potential spread of infection.

Action required:

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Action required:

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

<p>practice is maintained.</p> <p>Infection control audits will be carried out by the manager as part of the yearly audit schedule. The results will be shared with the team and action plans developed for any areas for improvement.</p> <p>The PIC and senior members of staff will monitor staff practices through working alongside staff, ensuring effective supervision.</p>	Ongoing.
---	----------

Outcome 8: Medication management

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

Some practices relating to prescribing and administration of medications did not meet the requirements of the Regulations. Areas of improvement that had been identified during a medication audit had not been used to inform practice and some findings in a recent medication audit did not accurately reflect practice.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Reference:

Health Act, 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

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

Timescale:

Provider's response:

Written operational policies relating to the ordering, prescribing, storing and administration of medication have been reviewed and are in place. All RGN's have refamiliarised themselves with the policies.

The PIC will work with all RGN's and assess their competence regarding medication management. This will include ensuring they have full understanding of the policies and procedures as well as legislative and professional guidelines. This will be included in the induction process for new RGN's commencing work within the nursing home.

Medication management training has been organised for the 18th

Completed

31 October 2013

31 December

<p>October and will be facilitated by Biodose. It will be available for the new RGN's and also existing staff who wish to refresh their knowledge. It will include the use of medication audits as a learning tool to improve practice.</p> <p>A recent medication audit will be shared with staff and the PIC will ensure actions for improvement implemented.</p> <p>Regular medication audits will be included in the audit schedule. Results will be shared with the RGN's and any areas of concern discussed at RGN meetings. Follow up to ensure improvement will be carried out by the PIC.</p>	2013
--	------

Theme: Effective care and support

Outcome 11: Health and social care needs

The provider has failed to comply with a regulatory requirement in the following respect:

Some deficits were identified within care provision in the following areas:

- management of epilepsy
- catheter care
- aspects of falls management
- behaviour that challenges.

Some clinical policies such as the policy on behaviour that challenges had not been fully implemented while other policies including the catheter care did not provide adequate guidance to inform staff practice. There was no policy on epilepsy management.

Residents including those with communication and other sensory difficulties did not have sufficient opportunity for meaningful activities.

Action required:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Action required:

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection

Standard 13: Healthcare
Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A policy relating to the care of a resident with epilepsy has been developed.</p> <p>Care regarding the resident with epilepsy has been discussed with their GP and appropriate emergency medication has been prescribed.</p> <p>A care plan to ensure the safe management of epilepsy has been developed inline with best practice guidelines and the individual needs of the resident.</p> <p>Educational information has been obtained from Epilepsy Ireland. Staff will be educated on Epilepsy and Seizure management on the 30th October and 14th November and a resource folder to include 'seizure management guidelines' will be formulated to guide all staff.</p> <p>A full review of policies on catheter care management will be undertaken. The national policy on the management of catheter associated infections has been made available to staff, to assist in guiding staff. The procedures for the management of catheter associated infections have been put on display as a quick reference guide for staff in line with best practice.</p> <p>Training relating to catheter management has been arranged for the 30th October & 14th November 2013.</p> <p>Care plans have been implemented for residents whom have urinary catheters in line with best practice guidelines.</p> <p>A copy of the Royal Marsden Hospital Manual of Clinical Nursing Procedures and DML Integrated Minimum Data Set HSE DML Services for Older people is available for staff as a reference guide.</p> <p>The PIC will monitor and report on the number of falls to the manager on a monthly basis, who will carry out a month my month comparison. Trends will be identified and appropriate actions taken as necessary to prevent further falls occurring. The number of falls will be reported quarterly to HIQA as per the requirements.</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>15 November 2013</p> <p>30 November 2013</p> <p>15 November 2013</p> <p>Completed</p> <p>30 November 2013</p>

<p>The process for the management of falls is being reviewed to ensure that moving forwards there is a proactive, multi-professional approach to their management and follow up.</p>	30 November 2013
<p>Education and training relating to falls management will be carried out throughout the months of November and December.</p>	31 December 2013
<p>Challenging behaviour management plans will be implemented for required residents. Further training and updates relating to dementia and the management of challenging behaviour will be carried out for throughout December.</p>	31 December 2013
<p>A policy and procedure has been developed in relation to neurological assessment and management of neurological impairment. The PIC will ensure the RGN team are competent in carrying out neurological observations and recognising signs and symptoms of neurological deterioration. The Royal Marsden Hospital Manual of Clinical Nursing Procedures DML integrated Minimum Data Set is available as a resource to help and guide staff.</p>	Completed
<p>Each resident will be assessed and a plan will be put in place to ensure that each resident will have the opportunity to engage in meaningful activities based on each resident's likes, interests and right to choice. All staff will take some responsibility for ensuring residents have opportunities throughout the day to engage in meaningful activities.</p>	31 October 2013

The person in charge is failing to comply with a regulatory requirement in the following respect:

Some care planning documentation did not sufficiently reflect the care provided or current needs of residents.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Action required:

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances and no less frequent than at 3-monthly intervals.

Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Care plans will be reviewed no less than 3 monthly intervals and as necessary to reflect changing health needs by the named RGN responsible for the resident's care. The PIC will carry out audits to monitor and ensure compliance.	31 October 2013

Theme: Person-centred care and support

Outcome 13: Complaints procedures

The provider has failed to comply with a regulatory requirement in the following respect: Some complaints had not been properly investigated and the satisfaction level of the complainant with the outcome of the investigation had not been consistently recorded. All complaints had not been recorded and therefore investigated in accordance with the centre policy on complaints management.
Action required: Investigate all complaints promptly.
Action required: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.
Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The complaints policy and procedure has been reviewed. The complaints register is in place. Complaints will be monitored by the manager on a monthly basis and any trends identified which may require further action and/or follow up. All staff have been made aware of the correct procedure to follow in the event of a complaint. Staff roles have been clearly explained to them in relation to complaints investigation. The PIC will ensure they are visible on a daily basis to facilitate residents and visitors to raise any concerns with her at the time. Feedback forms are available in communal areas and there is a suggestion box in reception.</p>	Completed

Outcome 11: Residents' rights, dignity and consultation

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Some aspects of residents' dignity and privacy were compromised.</p>	
<p>Action required:</p> <p>Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity.</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All staff have been made aware that residents privacy and dignity must be maintained at all times in line with Standard 4.</p> <p>Training has been provided on the 19th September and 26th September 2013 on resident centred care and further training will be available on the 20th and 23rd November 2013.</p> <p>The PIC and senior nurses will monitor throughout each day by</p>	Completed

working alongside staff, ensuring effective supervision.	
--	--

Theme: Workforce

Outcome 18: Suitable staffing

The person in charge is failing to comply with a regulatory requirement in the following respect:

Staffing levels and skill mix at times were not sufficient to meet the needs of all residents.

Appropriate arrangements had not been in place for the management of the centre in absence of the person in charge.

Action required:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Action required:

Ensure that an appropriately qualified registered nurse is on duty and in charge of the designated centre at all times, and maintain a record to this effect.

Reference:

Health Act 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The PIC and manager will ensure the roster is organised to ensure there is appropriate numbers of RGN's and HCA's on duty to meet the needs of the residents and ensure safe and effective care. Active recruitment has taken place and RGN's successfully recruited and commenced employment.	Completed
A senior nurse is identified on the duty roster and designated to act as "in Charge" when the PIC is off duty.	Completed

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

The provider appointed a nurse that had not been registered. Up to date registration

<p>numbers were not available in the centre for some other recently employed nurses that were working in the centre.</p> <p>Sufficient evidence of mental and physical fitness had not been obtained for a recently appointed staff member.</p> <p>There was evidence that a process was underway to verify staff references but this had not been fully implemented.</p>	
<p>Action required:</p> <p>Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they have the skills and experience necessary for such work.</p>	
<p>Action required:</p> <p>Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.</p>	
<p>Action required:</p> <p>Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2 of the Regulations.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	
<p>Provider's response:</p> <p>The 'unregistered' nurse who had been appointed had recently successfully completed her nurse training and was awaiting her ABA registration number. She had been working in the nursing home for the past two years and was already seen to be a valuable member of the care team, who had built a good relationship with residents, family members and staff. Because of this we felt even though she was awaiting her registration number it would be appropriate for her to work with us in the role of a Healthcare Assistant and be of help and support to the new staff who had recently joined the nursing home. We acknowledge she should not have been shown on the duty roster as a RGN and this was an oversight on our part. We can give assurance that she was not carrying out any duties within the</p>	<p>Completed</p> <p>Completed</p>

<p>remit of a registered nurse, for example, medication management.</p> <p>We can now confirm this nurse has received her registration number from An bord Altranais.</p> <p>All new and existing Staff Nurses Registration numbers are available and are active on the live register.</p> <p>A robust recruitment procedure has been put in place and all staff will have the required documentation in place to meet the Standard 22.</p> <p>Personnel files will be audited as part of the audit schedule by the manager, to ensure compliance is maintained.</p>	31 December 2013
--	------------------

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Relevant staff including the person in charge had not received up to date education and training on specific areas of clinical care relevant to the needs of some residents' living in the centre.</p> <p>There was insufficient supervision of some staff and care practices during parts of the inspection.</p>	
<p>Action required:</p> <p>Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.</p>	
<p>Action required:</p> <p>Supervise all staff members on an appropriate basis pertinent to their role.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A further Training Needs Analysis will be carried out in the designated centre. Findings will be identified and a plan put in place to address the areas where training needs are required.</p>	30 November 2013

<p>Staff will be supervised pertinent to their role, by the PIC and RGN's.</p> <p>Staff appraisals will be carried out with all staff and opportunities/needs for professional development identified and agreed.</p>	<p>28 February 2014</p>
---	-------------------------