

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	New Houghton Hospital
Centre ID:	OSV-0000603
Centre address:	Hospital Road, New Ross, Wexford.
Telephone number:	051 400 200
Email address:	
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 November 2017 09:15 To: 22 November 2017 17:10

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The findings from this inspection will inform the renewal of registration decision. The inspector also followed up on matters arising from a monitoring inspection carried out on 11 November 2016. There was one action plan from that inspection which the inspector found had been addressed.

The inspector found that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose and staff of various grades who spoke with the inspector understood the ethos and principles of person centred care.

Residents provided feedback on the service during conversations with the inspector. The inspector found that residents could exercise choice in a meaningful way. Residents described how they got up and went to bed when they wished and how

they spent their day. They also said that they were encouraged to go out on trips and keep in contact with their local communities. Residents told the inspector that being able to do this contributed greatly to their wellbeing. Staff could describe residents' daily routines, the activities they preferred and their likes and dislikes. Residents told the inspector that staff were accessible and attended to their needs promptly. They also said that any concerns or worries they had were addressed by staff when brought to their attention.

The inspector found staff were committed to providing a high standard of care to residents. They were observed to be respectful, cheerful and engaged with residents throughout the day. Staff were up to date with training on the required topics of adult protection, fire safety and moving and handling. The inspector was satisfied that residents received an appropriate standard of care that reflected evidence based practice. There were arrangements for residents to receive primary care services and access to allied health professionals for the most part was sourced in a timely way when required. The inspector found that there was an appropriate allocation of staff with relevant skills and experience to meet the needs of residents on the day of inspection.

The findings are discussed in the body of the report and seven actions required are included in the action plan at the end for response.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is 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.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations. The Statement of Purpose was kept up to date and was revised in October 2017. There was a defined management structure in place with which staff were familiar.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. Appropriate resources were allocated to meet residents' needs. These included appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses. There was an organisational structure in place to support the person in charge which included a clinical nurse manager on each floor.

Systems were described and in place to review and monitor aspects of the quality of care. A schedule was in place to inform frequency of auditing and quality and safety review in various key areas. The inspector saw that the quality and safety of a number of key areas were monitored and audits completed in these areas were comprehensively analysed and identified learning.

However, action plans were not consistently developed to address all improvements in a small number of areas monitored. This did not effectively inform satisfactory completion of improvement identified by means of analysis of audit findings.

There was evident of regular meetings of the management team and meetings with the staff. Quality and safety meetings were also held on a bimonthly basis. Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place for 2016.

The inspector observed that the action plan for quality improvement initiatives for 2017 as outlined in the annual review had been completed. Resident satisfaction surveys, food surveys and sleep surveys had just been completed during 2017, the results of which indicated satisfaction with the service provided.

Judgment:
Substantially Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge had changed since the last inspection. She is a registered nurse with the required experience in the area of nursing older people who works full-time in the centre. She is supported in her role by clinical nurse managers.

The person in charge demonstrated that she had appropriate knowledge of the regulations and standards that govern designated centres and the care and welfare of residents. Her training on the mandatory topics required by the regulations was up to date.

Judgment:
Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Only the component of staff files was considered as part of this outcome. A sample of staff files were examined by the inspector and were found to contain most of the necessary information required by Schedule 2 of the regulations. The person in charge confirmed that all staff were Garda vetted. However, staff files viewed by the inspector including the files of staff employed since April 2016, did not contain the relevant Garda vetting disclosures. These disclosures were not received within the agreed timeframe between the Health Service Executive (HSE) and HIQA.

Judgment:

Non Compliant - Major

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge demonstrated she was aware of the responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.

The clinical nurse manager has worked in this designated centre for eight years and has experience of deputising when the person in charge was on leave.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with Health Service Executive (HSE) procedures which incorporated the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (2014). All staff had received training in HSE national policy of safeguarding vulnerable persons at risk of abuse. Staff who spoke with the inspector demonstrated a good understanding of elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. Residents spoken with stated that they felt safe in the centre. There was a visitors log in place.

The centres' policy on restraint was based on the national policy on promoting a restraint free environment. The person in charge said that the staff had actively sought to reduce restraint use in the centre. Some residents had requested the use of bedrails. There was a risk assessment completed prior to the use of the restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative. There was input from the general practitioner into the decision making process. In a sample of assessments completed the enabling function was clearly recorded.

The centre had a policy to guide staff on the management of behaviours associated with dementia. Staff spoken with were familiar with resident's behaviours and could describe how they responded to instances where behaviours occurred. A log of all incidents was maintained which described the incident and what might have prompted the incident. Care plans were developed which described the specific triggers that might cause an escalation in behaviours and inspectors saw that there was clear guidance to staff in the plan developed to help them to prevent an escalation from occurring. Support from the community mental health team was available and noted to have been facilitated for residents in the records reviewed. The training records reviewed by inspectors confirmed

that staff attended training on the management of behaviours and symptoms associated with dementia.

There were systems in place to safeguard residents' finances. Small sums of money held on behalf of residents were stored securely. Individual records were held for residents, with every transaction signed by two staff and the resident where possible. The inspector checked a sample of records and these were found to be correct. The registered provider confirmed that in relation to being a pension agent for nine residents; the centre was in compliance with the requirements of the department of social protection guidelines.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that the health and safety of residents, visitors and staff was promoted in this centre. The centre had policies and procedures relating to health and safety. A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property. The centre was clean and well maintained. Suitable furniture, fittings and equipment were available to staff and residents. Procedures and arrangements were in place to prevention and control of healthcare associated infections.

The inspector examined the fire safety register with detailed services and fire safety tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment were serviced regularly. Each resident had a personal emergency evacuation plan (PEEP) in place. Staff spoken with were aware of the evacuation procedures and confirmed they had received fire safety training and participated in a fire evacuation drill. Staff training records confirmed that most staff had completed annual fire training which included a fire evacuation drill. Further training to include a fire drill was scheduled for December to complete this mandatory training for staff for 2017.

However, the record of the most recent fire evacuation drill completed in August 2017 was not adequate for the following reasons:

the fire drill record did not record any identified issues or problems encountered during the fire evacuation drill, therefore there was no record of any learning from the drill or improvements required as a result.

The inspector saw that fire drills did not reflect all possible fire scenarios which would include simulated night time working conditions.

Each resident's moving and handling needs were identified and outlined in an assessment. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects. Measures had been put in place to facilitate the mobility of residents and to prevent accidents. These included the provision of handrails in circulation areas, grab-rails in assisted toilets and safe flooring in toilets and bathrooms.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
The inspector found that there were safe systems in place for the management of medication.

Medicines were stored securely in the centre in medicine trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis

There was a policy and procedures for prescribing, administering, recording, storing and disposing of medication. A sample of medication prescription sheets were reviewed and the inspector found that medicines were administered in line with the prescription and the recording sheet was signed by nurses.

Photographic identification was available on the drugs chart for each resident. The prescription sheets reviewed were legible. Medication being crushed was signed individually by the GP. The maximum amounts of PRN (as required medication) to be given in a 24 hour period were outlined. The inspector saw that where residents were on complex medicine regimes or on psychotropic medication there were regular reviews

of residents' progress and response to treatment.

Medicine management audits were completed by the person in charge. Staff told the inspector that a pharmacist did not routinely come to the centre but was always available by phone. Therefore the pharmacist was not facilitated to meet their statutory obligations to residents including availability to discuss their medicines with them. There was a checking system in place for medicines supplied to the centre by the local hospital and this was undertaken by nursing staff.

Medicines that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled medicines and the stock balance was checked by two nurses at each shift change.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that timely access to health care services was facilitated for all residents. There was one general practitioner (GP) dedicated to attending to the needs of the residents and an "out of hours" GP service was available if required. The records reviewed confirmed that residents were assisted to achieve and maintain the best possible health through medication reviews, blood profiling and other diagnostics when required. There was good supervision of residents in communal areas and good staffing levels to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was readily available and shared between providers and services.

Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had on going access to allied healthcare professionals including dietetics, speech and language therapy, diabetic clinics,

chiropractic and physiotherapy. However, the inspector saw and was told by staff that there was not timely access to occupational therapy (OT) services. The inspector saw that three priority one referrals for seating assessments were still waiting to be assessed since August 2017. The inspector saw that residents had easy access to other community care based services such as dentists and opticians.

Recognised assessment tools were used to identify residents care needs, evaluate progress and assess risk factors such as vulnerability to falls, dependency levels, compromised nutritional status, risk of developing pressure sores and moving and handling needs.

Staff conveyed that they knew residents personally and they had good knowledge and understanding of each resident's background and lifestyle prior to admission. There was evidence in the record that communication with families had a high priority. Residents' preferences and dislikes were outlined and these were established with family members if residents had memory or communication problems.

Daily progress notes were completed and were generally linked to care plans. There was regular review of care plans and there was evidence of concurrent consultation with residents and/or their next of kin to ensure the care and support provided reflected the assessed needs and wishes of residents.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy and procedure in place for the management of complaints. A copy of the complaints' process was clearly displayed at reception, which outlined the various stages for making, investigating and resolving a complaint. In keeping with statutory requirements the procedure for making a complaint included the necessary contact details of a nominated complaints officer.

There was a nominated person to deal with complaints, and a second person to ensure that all complaints were appropriately recorded and responded to. A complaints' log was maintained in the centre. However, improvements were required to ensure that there was evidence that the outcome and satisfaction of the complainant was recorded in all complaints as the inspector noted that there were inconsistencies in the sample viewed.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

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

Findings:

The inspector observed that residents received care in a dignified way that respected their privacy during the days of inspection. Staff were observed knocking on residents' bedroom doors and closing doors to bedrooms and toilets during personal care activities. However, the inspector saw that the privacy screens used in all shared rooms was inadequate. The screening was mobile and clinical in appearance and it left gaps around each residents' personal bed space as observed by the inspector. The person in charge told the inspector that quotations were being sought to install curtains.

The inspector also observed that all staff interactions with residents were respectful, courteous and supportive. Staff addressed residents by their preferred name and it was evident staff and residents knew each other well. A resident forum meeting was held regularly in the centre. Minutes reviewed discussed suggestions and feedback on meals, activities, outings and other day to day matters relating to living in the centre. Notes were made on each attending resident's contribution, and an action plan was composed from the minutes.

There was an activity coordinator and three activities assistants from the community employment programme who provided activities over six days. There was an activities programme in place and this was displayed on each floor. The programme included both group and individual activity sessions.

It was found to reflect the interests of residents and it included arts and crafts, bingo, and knitting, music and movie afternoons. The inspector observed that dementia relevant activities were included in the programme such as imagination gym and sonas (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation). The inspector spoke with the activities coordinator found that she was enthusiastic and dedicated to improving quality of life for residents.

One to one time was scheduled for residents with more severe dementia or cognitive

impairment or who would not participate in the group activities. Residents told the inspector that they enjoyed music and outings. Many residents from the centre attended the day care centre which was on site also. Residents told the inspector that they enjoyed meeting residents from the local community there.

The activities coordinator had completed advocacy training with SAGE and she was also a dementia champion. Advocacy services were available to residents and the inspector saw that some referrals had been made to advocacy services for residents.

Residents were facilitated to meet their religious/spiritual needs. A communication policy was available to inform staff on management of residents with communication difficulties. The communication of needs of residents was addressed in their care plans. Residents were encouraged to personalise their bedroom space. The inspector saw that some residents had decorated their bedroom space with family photographs, ornaments and plants.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. Residents spoken with confirmed that staffing levels were good stating they never had to wait long for their call bell to be answered or their requested needs to be met. A staff rota was maintained with all staff that worked in the centre identified. Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place.

Staff were seen to respond to residents' needs including call-bells, sensor alarms and requests for assistance in a timely way. Staff received an annual appraisal which was completed with them by the person in charge. The inspector reviewed the staff training

records and found that training was facilitated and most staff had attended mandatory training or were scheduled to complete it before the end of 2017.

Staff demonstrated to the inspector their knowledge in a number of areas for example, infection control, fire safety, adult protection and caring for residents with dementia or responsive behaviours. Staff who spoke with the inspector confirmed that they were well supported to carry out their work by the person in charge and nurse managers.

Staff recruitment procedures were in place and included vetting of staff. Evidence of current professional registration for nurses was available for all nursing staff. A sample of staff files were examined by the inspector and were found to contain most of the necessary information required by Schedule 2 of the regulations. The person in charge confirmed that all staff were Garda vetted. However, staff files viewed by the inspector did not contain the relevant Garda vetting disclosures. These disclosures were not received within the agreed timeframe between the Health Service Executive (HSE) and HIQA. This is actioned under Outcome 5: Documentation. There were no volunteers working in the centre.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	New Houghton Hospital
Centre ID:	OSV-0000603
Date of inspection:	22/11/2017
Date of response:	12/12/2017

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Action plans were not consistently developed to address all improvements in a small number of areas monitored. This did not effectively inform satisfactory completion of improvement identified by means of analysis of audit findings.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

A process of evaluation is being implemented to ensure that improvements from audits are been implemented appropriately on monthly basis.

Proposed Timescale: 08/12/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Staff files viewed by the inspector including the files of staff employed after April 2016, did not contain the relevant Garda vetting disclosures. These disclosures were not received within the agreed timeframe between the Health Service Executive (HSE) and HIQA.

2. 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:

The registered provider is updating Garda vetting for staff that have not got the appropriate Garda clearances on their file.

Proposed Timescale: 31/12/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The fire drill record did not include issues or problems encountered during the fire evacuation drill, therefore there was no record of any learning from the drill or improvements required as a result. The inspector saw that fire drills did not reflect all possible fire scenarios which would include simulated night time working conditions

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the

designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire training took place on 7 December 2017 which included fire drills and regular drills will be carried out by the person in charge.

Proposed Timescale: 12/12/2017

Outcome 09: Medication Management

Theme:

Safe care and support

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

Staff told the inspector that a pharmacist did not routinely come to the centre therefore the pharmacist was not facilitated to meet their statutory obligations to residents including availability to discuss their medicines with them.

4. Action Required:

Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

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

The registered provider is in the process of recruiting a pharmacist to provide service for the older person residential services in the area.

Proposed Timescale: 31/01/2018

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

The inspector saw that three priority one referrals for seating assessments by an occupational therapist were still waiting to be assessed since August 2017.

5. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Occupational therapist service are available for residents on a referral basis.

Proposed Timescale: 11/12/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

Improvements were required to ensure that there was evidence that the outcome and satisfaction of the complainant was recorded in all complaints as the inspector noted that there were inconsistencies in the sample viewed.

6. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

A process has been implemented to ensure that all complaints have been documented correctly.

Proposed Timescale: 04/12/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The inspector saw that the privacy screens used in all shared rooms was inadequate. The screening was mobile and clinical in appearance and it left gaps around each residents' personal space which impinged on residents' privacy and dignity.

7. Action Required:

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

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

Progress is to commence to change the mobile screens to curtains screens in each area.

Proposed Timescale: 28/02/2018