Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St. Anne's Community Nursing Home
Centre ID:	ORG-0000632
Centre address:	Westport Road, Clifden, Galway.
Telephone number:	095 21189
Email address:	marian.hanrahan@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Cunningham
Person in charge:	Marian Hanrahan Cahuzak
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	0

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 judgements 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.

Compliance with 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, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
19 February 2014 09:00	19 February 2014 17:30

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

Summary of findings from this inspection

There was evidence of good practice in all areas. The centre was clean, warm, comfortable and well maintained. The person in charge and staff demonstrated a good knowledge of residents' needs, their likes, dislikes and preferences and the person in charge was committed to improving the quality of care to residents.

The provider and person in charge had taken robust measures to promote the safety of residents, staff and visitors to the centre and to protect residents from suffering abuse. However, there was a fire safety risk identified, in respect of which the provider was requested during the inspection to take immediate action.

While, on the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing, medical and healthcare needs were being met, some improvement to management of behaviours that challenged, care planning documentation, restraint assessment and medication management were required.

Some improvement to the management of incidents was also required.

There were sufficient staffing of varied skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm. However, some

improvement was required in recruitment documentation and staff training plan.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. Feedback from residents and relatives was one of satisfaction with the service and care provided.

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.

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:
Leadership, Governance and Management

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

Findings:
There was an up to date statement of purpose which was informative, in line with legal requirements and reflected the service being provided in the centre.

Judgement:
Compliant

Outcome 03: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people. The person in charge was qualified and experienced. She demonstrated good clinical knowledge and was knowledgeable regarding the Regulations, Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development and explained that she kept her knowledge up to date by sourcing and studying professional journals and publications. She had recently undertaken online training in dementia care and medication management and had also attended a dementia care conference.

Judgement:
Compliant

Outcome 05: 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:
Leadership, Governance and Management

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

Findings:
The person in charge was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge. There were suitable deputising arrangements in place whereby a clinical nurse manager (CNM) deputised for the person in charge in her absence.

Judgement:
Compliant

Outcome 06: 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.

Theme:
Safe Care and Support

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

Findings:
The person in charge had taken measures to protect residents from being harmed or suffering abuse. She had arranged training in detecting and reporting elder abuse for all staff in the form of a viewing of the HSE DVD on elder abuse. Staff confirmed that they had watched the DVD. Staff who spoke with the inspector were aware of their responsibilities, were clear on reporting procedures and were knowledgeable about recognising different types of abuse. The person in charge was clear about how she

would respond to allegations of abuse.

There was a policy on detecting and reporting elder abuse.

Judgement:
Compliant

Outcome 07: 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:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector was satisfied that the provider had taken measures to maintain the residents although there was a fire safety risk that required immediate action during the inspection. Staff stated that some bedroom doors were held open at night either at the request of residents, which presented a risk to the prompt implementation of fire safety measures in the event of a fire. There were no interim measures identified to control this risk.

There was a health and safety statement and an up-to-date risk management policy which explained risks, hazards and risk ratings, including the risks specified in the Regulations. The inspector viewed the risk management register which identified a range of risks throughout the building. Since the last inspection, measures had been introduced to address the risk of residents absconding and to monitor access to internal stairways. However, although a range of risks were identified, not all risks were identified in the risk register. For example, it did not include any measures to ensure and maintain the safety of residents whose bedroom doors were wedged open in the event of a fire.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The emergency plan included a contingency plan for the evacuation of residents from the building in the event of an emergency.

The inspector viewed the fire records which showed that all fire equipment had been regularly serviced. The fire extinguishers were serviced annually and the fire alarm system was serviced quarterly. All fire exits were clear and unobstructed and fire evacuation procedures were displayed in the building. Fire safety and evacuation training was carried out annually and all staff had attended this training in 2013. A small number of newly recruited staff were scheduled to receive external fire training in April 2014 and had received interim training from a staff member who was trained as a

fireman and had experience in fire safety. Regular fire drills, which included simulated evacuations, were carried out, the most recent of which was in February 2014. Staff who spoke with the inspector had received fire safety training and could explain the evacuation process. There were up to date records of fire extinguisher checks by a staff member.

Measures were in place to reduce accidents and promote residents' mobility, including safe floor coverings and hand rails provided on the ground floor corridors to promote independence. During the previous inspection, it was noted that parts of the building were not fitted with handrails. Since the last inspection new handrails have been fitted in the circulation area on the first floor to increase the safety of residents using this area, where the oratory and the treatment room are situated. Residents were observed safely moving about the building during the day. The person in charge had arranged for all staff to receive up to date training in moving and handling and this was confirmed by training records and by staff. Manual handling assessments had been carried out for all residents and there was a supply of hoists available. The inspector noted that safe manual handling techniques were used by staff during the inspection.

Judgement:
Non Compliant - Major

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

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

Findings:
The processes in place for the management of medication were generally safe, although improvements were required in the administration of crushed medication, discontinuation of medication and photographic identification of residents on medication administration charts.

The medication management policy was reviewed and found to be comprehensive and informative during the last inspection. As the person in charge confirmed that it had not been updated since then, it was not reviewed at this inspection.

The inspector reviewed the administration of medication. Residents' medications were individually stored in secure locked presses in each resident's bedroom. The nurses recorded and signed to confirm each medication administered.

The inspector read some of the medication administration charts and found that they were clear and legible. They included the required information such as the dose, route and time of medication administration. Original prescriptions were written and individually signed by the general practitioners (GPs). However, some discontinued medications had not been signed by the GP to verify this action and nurses discontinued medications based on these records. There were colour photographs of residents on several administration charts, which the nurse could check to verify identification if required. There were, however, no photographs on some of the charts which increased the risk of medication error.

Some of the residents required their medication crushed and there was a process in place for the identification of medications which were suitable for crushing, although this process was not being consistently implemented. In some prescription sheets the GP had individually identified the medication which was suitable for administering crushed, while on others there was a note stating that the resident's medication could be crushed, but it did not specify which medications were suitable for crushing. Nurses were, therefore, administering some crushed medication which had not been prescribed as such by the GP. This posed a risk that some medications could be crushed which were not suitable for this process.

The inspector reviewed the management of PRN medication and found that it was well managed, and the maximum permissible doses of these medicines were clearly recorded.

Medications requiring strict controls were appropriately stored and managed. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy. Secure refrigerated storage was provided for medication that required specific temperature control.

At the time of inspection none of the residents self administered their medications.

Judgement:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Care and Support

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

Findings:
The inspector reviewed the accident and incident records and practice in relation to notifications of incidents and found that some improvement was required.

Accidents and incidents were recorded in a ledger. While some of these events were well recorded, in some instances details were not suitably documented. Some of the entries viewed did not include sufficient information, such as details of the incidents or actions taken. Some of the entries were difficult to read with illegible handwriting and very faint ink. In addition, an allegation of abuse which had been notified to the Chief Inspector, had not been made within the three day defined time period.

Judgement:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each residents 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 residents 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:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre had sufficient GP cover and out-of-hours GP services were provided. A review of residents' medical notes and discussions with residents, relatives and staff indicated that GPs visited the centre regularly. Residents had good access to a range of other health services, including dietetic, chiropody and speech and language therapy. Occupational therapy, was available privately or through GP referral, although the person in charge said that there was a long waiting list for public referral. The person in charge had recently secured a regular physiotherapy service for residents which is included in the fee. A physiotherapist now comes to the centre two mornings each week and delivers both group and individual physiotherapy sessions to residents. She was in the process of assessing all residents with a view to developing an appropriate exercise plan for each one. The person in charge explained that the physiotherapist would provide guidance to the recreational therapist on delivering suitable physiotherapy exercises which could be incorporated into the activity schedule. Records of referrals and appointments were maintained.

The inspector reviewed a selection of residents' files and found that the quality of assessments and care plans were generally of a good standard, although there was some improvement required in assessments and the documentation of care interventions. Comprehensive assessments were undertaken and biographical information was gathered on admission. Additional risk assessments, including

assessments for falls prevention, mobility, nutrition, skin integrity, continence and dependency level had been completed. Information about residents' families, likes, dislikes, preferences and past lives was well recorded in most care plans, although there was limited or no information on interests and lifestyle, spirituality and end of life wishes on some files.

The care plans were reviewed and updated on a three-monthly basis. Care interventions were generally informative and provided guidance to staff to deliver appropriate care, although some had not been updated to reflect the changing needs of some residents. For example, some care plans did not incorporate all relevant nutritional guidance and had not been updated to reflect the recommendations of up to date speech and language therapist's and dietician's assessments. Information in relation to a resident's high falls risk were not being consistently updated and there had been no additional falls risk assessment or care plan update following a recent fall . Staff who spoke with the inspector were familiar with the residents' care needs but some care plans were not reflective of this knowledge. These issues were identified at the previous inspection and the provider, in her response, indicated that they had been addressed.

Measures were in place to manage residents' weights and nutritional issues. In a sample of files that the inspector viewed, nutritional assessments had been carried out for all residents and monthly monitoring of weights was being undertaken. Staff had responded to changes in weights by arranging referrals to the GP, speech and language therapist or to a dietician. Staff, including catering staff, were knowledgeable of residents' nutritional needs and special diets, likes, dislikes and preferences were catered for. Residents were offered a varied and nutritious diet and were offered choices at mealtimes.

The inspector reviewed the management of wounds and tissue viability. None of the residents had pressure ulcers, although all were of maximum dependency and many had limited mobility. The inspector found that wound care was generally well managed but the progress of healing was not recorded in a consistent and organised manner. For example, some wound updates were recorded in the wound progress chart, while others were recorded in the daily nursing notes. This inconsistent recording could impact on staff ability to track the progress of healing.

Several residents used bed rails while in bed, but there was minimal use of seat belts. The inspector reviewed the use and management of these restraints and found that there were improvements required in this area. Risk assessments investigating the risks associated with the use of bed rails for individual residents had usually been undertaken, although the inspector read one file where no such assessment had been carried out. In addition, no risk assessment had been undertaken prior to the introduction of a seat belt. Some of the assessments were not comprehensive and did not identify the reason for the use of bed rails. While, in most assessments, there were records that other options had been explored before implementing this practice, the reasons why they had been considered unsuccessful were not recorded. There were no records that alternatives had been considered in some files. Some restraint assessments had not been recently reviewed.

Some residents had behaviour that is challenging. The inspector reviewed a sample of these residents' files and found that there were inadequate care plans in place to address behaviour that is challenging, although staff could outline how they managed this issue. For example, a care plan viewed did not provide any guidance on specific techniques which could be used to calm a resident and a behavioural chart had not been completed to help identify triggers, although this was recommended in the care plan.

Residents had an interesting day with a choice of meaningful and appropriate activities, which were suited to all residents, capabilities including residents with dementia. Staff placed a strong emphasis on recreation for residents and worked together to encourage the involvement of all residents.

Judgement:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
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.

Theme:
Effective Care and Support

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

Findings:
The centre was warm, clean, bright, well furnished and comfortable and was well maintained both internally and externally. There were a variety of seating areas where residents could spend time on their own or with visitors including a sun room, seating alcoves in the corridors, smoking room and the oratory. There was also a spacious and comfortable board room on the first floor which was available to residents and their visitors as required.

All residential accommodation was located on the ground floor. The day room was large and comfortably furnished in domestic style. There were adequate toilet, shower and bath facilities for residents. There was a variety of bedroom types ranging from single to five-bedded occupancy. Single and two-bedded accommodation met residents' needs for privacy, leisure and comfort and the bedrooms were of a good size and were well laid out. Each resident had a functioning call bell, over bed light and screening curtains to provide privacy as required. Residents were encouraged to personalise their bedrooms and many had decorated their rooms with photographs and personal possessions. However, some bedroom accommodation did not meet the criteria of the Regulations and standards as required by July 2015. There was one four-bedded and one five-bedded room which, although well laid out and comfortable, will not meet with the occupancy requirements of the national standards. The person in charge indicated that

plans were being formulated which would address this deficit.

The first floor was mainly reserved for staff facilities, office accommodation and storage, although the oratory, treatment room and boardroom, which doubles as a visitors' room, were located in this area. A spacious room on the first floor had recently been converted to a treatment room. This room was well equipped, clean and hygienic but was not yet in use as some adjustments were being finalised.

Residents had access to a secure, well maintained garden which was accessible from the sun room beside the main day room, although the weather was bad at the time of inspection and none of the residents went outside.

Since the last inspection the lift serving the first floor had been repaired, allowing residents access to the first floor where the oratory and treatment room were situated. During the last inspection it was identified that some bedrooms and central areas had become defective and required repainting. Since then the entire ground floor area had been repainted and communal rooms, bedrooms corridors and stairs looked fresh and bright. The person in charge confirmed that there was a plan to continue with this maintenance programme and to repaint the first floor rooms in due course. A maintenance person was available as required.

Judgement:
Non Compliant - Minor

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.

Theme:
Workforce

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

Findings:
There was an adequate ratio of staff to residents on duty throughout the inspection. Some staff members were present and interacting with residents in the sitting room at all times. Residents' dependency levels were assessed using a validated tool and the person in charge used this to decide on appropriate staffing levels. There were two nurses and four care assistants on duty during the day and one nurse and two care assistants at night time. The person in charge and a clinical nurse manager (CNM) were also normally on duty five days a week. In addition, two catering staff, two housekeeping staff, one laundry person, an activity co-ordinator, and two administrative

workers were normally on duty.

The inspector reviewed a sample of staff files which contained most of the information required by the Regulations, such as photographic identification and Garda vetting confirmation. However, there was limited recruitment documentation available to review in respect of a recently recruited staff member. The person in charge explained that there was a central recruitment process and that all relevant documents were retained in the HSE office in Manorhamilton. She said that she had requested the documents and expected to receive them in due course.

Apart from mandatory training, limited training had been delivered to staff in 2013. A range of online training courses in healthcare issues had been made available to staff, although there was no planned schedule for staff to participate in this online training and generally staff undertook it in their own time. Staff told the inspector that they had undertaken some of the modules, such as dementia care and medication management and that they found the training useful.

Judgement:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	St. Anne's Community Nursing Home
Centre ID:	ORG-0000632
Date of inspection:	19/02/2014
Date of response:	13/03/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 07: 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 risk register did not identify and include control measures for all risks in the designated centre. For example, it did not include any interim measures to ensure and maintain the safety, in the event of a fire, of residents whose bedroom doors were wedged open.

Action Required:
Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

Please state the actions you have taken or are planning to take:
Initially we appointed a fire warden on each shift to remove any door wedges in the case of a fire and entered the risk in the fire register. The H&S representative is now updating the Risk register in his new role as QSR representative. New items on the risk register are discussed in the Centre's Quality, Safety & Risk meetings. The risk policy and risk register are regularly updated by QSR representative.

Assessment residents, completed
Interim control measure, implemented
Request fire alarm connection bedroom doors, completed – work will be completed by the end of July.
All bedroom doors concerned are fitted with a magnetic door closure device.

Proposed Timescale: 31/07/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some bedroom doors were held open at night at the request of residents, which presented a risk to the prompt implementation of fire safety measures in the event of a fire. There were no interim measures identified to control this risk.

Action Required:
Under Regulation 32 (1) (a) you are required to: Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

Please state the actions you have taken or are planning to take:
See answer above re control measures. Automatic door closures devices are installed to the bedroom doors that will comply with the Fire Cert requirements; connecting the devices will be completed by the end of July.

Proposed Timescale: 31/07/2014

Outcome 08: Medication Management

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the arrangements for the safe administration of medication were not being implemented consistently.

Some discontinued medications had not been signed by the GP to verify this action.

There were no photographs of some residents available for reference during medication administration which increased the risk of medication error.

Nurses were administering some crushed medication which had not been prescribed as such by the GP. This posed a risk that some medications could be crushed which were not suitable for this process.

Action Required:
Under Regulation 33 (1) you are required to: 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.

Please state the actions you have taken or are planning to take:
All prescription charts have a photograph of the resident; we have laminated the photographs so it can be used for future prescription charts of each resident. This action is completed.

Nurses informed the GPs concerned when they came to the unit to review residents' condition. There is a Pharmacist list of medications not to be crushed in the Nurses' Station. The GPs did amend the appropriate prescription to reflect the medication that is allowed to be crushed. The GPs corrected the charts to reflect discontinued medicines.

The DoN discussed with nurses their role and responsibility in alerting GPs in writing correct prescriptions, and signing-off when the GP discontinues a medication, as part of their responsibility to adhere to local policy, legislation and NMBI medication management guidance.

Proposed Timescale: 11/07/2014

Outcome 09: Notification of Incidents

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Details of some accidents and incidents were not well recorded and did not include sufficient information, such as details of the incidents or actions taken. Some of the entries were difficult to read with illegible handwriting and very faint ink.

Action Required:
Under Regulation 36 (1) you are required to: Maintain a record of all incidents occurring in the designated centre.

Please state the actions you have taken or are planning to take:
We will ensure that all relevant information and control measures are recorded; We are leaving all original pages in the adverse incident book (instead of carbon copy), whilst the Admin Officer takes the book, enters the details of each incident in the national data base, and returns the book forthwith to the Nurses Station. CNM or DoN checks the entries for completeness. Going forward, we will enter an additional report if/when additional information is required.

Proposed Timescale: 11/07/2014

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An allegation of abuse which had been notified to the Chief Inspector, had not been made within the three day defined time period.

Action Required:
Under Regulation 36 (2) (e) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation, suspected or confirmed abuse of any resident.

Please state the actions you have taken or are planning to take:
There was an intern investigation. A report of this investigation was sent to the Authority.
The notification regarding the alleged physical abuse was sent late and for this the person in charge apologised. It will not happen again. The person in charge discussed all 3-day notification with the nurses to alert them that a policy on notification is in place since 2013. Staff are working in pairs in each sections of the centre.

Proposed Timescale: 11/07/2014

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:
Some care plans had not been updated to reflect the changing needs of some residents. Some care plans did not incorporate all relevant nutritional guidance and had not been updated to reflect the recommendations of up to date the speech and language therapist's and dietician's assessments. Information in relation to a resident's high falls risk were not being consistently updated and there had been no additional falls risk assessment or care plan update following a recent fall.

Action Required:
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

Please state the actions you have taken or are planning to take:
The DoN audited one care plan of each nurse employed. The findings were discussed with the CNM and each nurse. Consequently, nurses are encouraged to avail of the relevant safe practice documentation workshop organised by the INMO and the HSE.

Nurses check periodically that residents have an up-to-date falls risk assessment in place. Nurses also do a new falls risk assessment after a fall. Bed monitors were placed on the beds of residents at high risk of falling, all beds are lowered to their maximum, and there is increased vigilance in place for monitoring high risk residents. The Physiotherapist has completed balance, gait and mobility assessments resulting in modified care plans.

Two healthcare assistants will attend a physiotherapy assistant course in either September or October 2014 depending on the date of the course to ensure continuity in enhancing the balance and gait of residents.

Proposed Timescale: 30/10/2014

Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was limited or no information on interests and lifestyle, spirituality and end of life wishes on some files.

Some care plans had not been updated to reflect the changing needs of some residents. The progress of wound healing was not recorded in a consistent and organised manner, which could impact on staff ability to track the progress of healing.

No risk assessments had been undertaken prior to the introduction of bed rails and a seat belt

Action Required:
Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:
All (re)assessments and care plans are updated and periodically checked by the CNM or DoN.
Wound care plans are in place when necessary. Wounds are photographed periodically. The following procedure is in place regarding a wound:
1. A formal wound assessment is completed at each dressing change and recorded.

2. To tie the wound/dressing information together with the other information on the resident, a narrative record in the twice daily notes highlights each time a dressing is done.
Bedrail (re)assessments are carried out periodically to help nurses in his/her clinical judgement.
We plan to organise education & training this year on site for our staff to minimise this difficulty using the "What matters to me" programme. End of life training dates: 21.05.14, 18.06.14 and 15.09.14.

Proposed Timescale: 15/09/2014

Outcome 12: Safe and Suitable Premises

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some bedroom accommodation did not meet the criteria of the Regulations and standards as required by July 2015.

Action Required:
Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Please state the actions you have taken or are planning to take:
Estates Department have entered a process where all CNU`s are checked for meeting regulation 19.3. All DoNs have been briefed and a plan is been drawn up by Estates Department in prioritising works required.

Proposed Timescale: 31/12/2014

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had not ensured that staff had sufficient access to education and training in relation to the care provided. There was no training plan for 2014.

Action Required:
Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

Please state the actions you have taken or are planning to take:
Staff Support & Supervision sessions, completed. We use these sessions to plan and address the staff training needs each year. A training and development policy is in place which includes an overview of confirmed and planned training sessions in 2014.

Proposed Timescale: 11/07/2014

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient evidence that the provider had obtained all of the documentation required by the Regulations to ensure that staff are suitable to work in the centre.

Action Required:
Under Regulation 18 (2) (a) and (b) you are required to: 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 have been obtained in respect of each person.

Please state the actions you have taken or are planning to take:
Follow-up with Occupational Health Department re copies of medicals for staff in question.

Proposed Timescale: 30/09/2014