

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Oughterard Manor
Centre ID:	OSV-0000745
Centre address:	Camp Street, Oughterard, Galway.
Telephone number:	091 866 946
Email address:	ouughterardmanor@brindleyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Brindley Manor Federation of Nursing Homes Unlimited Company
Lead inspector:	Geraldine Jolley
Support inspector(s):	Brid McGoldrick
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	17

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
03 October 2017 18:00	03 October 2017 20:30
04 October 2017 08:30	04 October 2017 15:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Substantially Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management	Not applicable	Non Compliant - Moderate
Outcome 08: Governance and Management	Not applicable	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection that focused on dementia care. As part of the thematic inspection process, providers were invited to attend information seminars presented by HIQA on the dementia thematic process. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care. Prior to the inspection the provider and person in charge had completed a self- assessment document that enabled them compare the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National

Quality Standards for Residential Care Settings for Older People in Ireland. This had been submitted to HIQA with relevant documents that included policies for the admission of residents and for managing behaviours associated with dementia. The inspectors reviewed these documents prior to the inspection. The inspectors also reviewed documentation such as care plans, staff training records, medical records and the complaints record. An inspection of the layout of the building was also undertaken.

Oughterard Manor is a purpose-built two-storey premises that is located in the town of Oughterard. There are bedrooms and communal areas on both floors and there is a lift to facilitate access between floors. Residents have access to a secure garden at ground level. This area had a level surface but would benefit from further cultivation to make it more interesting and increase usability for residents with dementia. The premises met the needs of residents in relation to private and communal space. Residents' accommodation is provided in single and double rooms. Residents had adequate personal space and there was sitting areas on both floors that enabled residents to choose where they wished to spend their day. These areas were noted to be used well by residents at varied times of the day.

There were 24 residents accommodated in the centre during the inspection. The majority were identified with a dementia related condition either as their primary diagnosis or as an underlying condition. The person in charge had introduced a dementia specific model of care known as the Positive Approaches in Dementia Care Model- to support care practice. While some staff spoken with had good knowledge of this approach this was not consistent across the staff team.

The inspectors observed the delivery of care and staff/resident interactions using the validated observation tool, the quality of interactions schedule, (QUIS) to rate the quality of interactions between staff and residents. The observations took place in different communal areas and included the late evening on the first inspection day. The inspectors found that the provision of interesting and stimulating social care that engaged residents required development particularly during the evening as residents were observed by inspectors to be left for periods of 15-20 minutes without staff engagement. The inspectors found that staff knew residents well, were familiar with their care needs, routines and patterns of behavior.

Residents had access to the full range of primary care services and the provider employed an occupational therapist two days a week to support staff with assessments, social care programmes and treatment interventions. There was a menu prepared seasonally by the organization's catering manager. This was adjusted on site to meet residents' specific needs.

Staff spoken with confirmed that they had completed training in safeguarding and adult protection and they were aware of the provider's safeguarding policies and procedures. A safeguarding issue had been investigated by the person in charge and reported as required by legislation. There was evidence in staff files that the provider had ensured that staff were appropriately recruited in accordance with legislation.

The areas that were noted to require improvement, in addition to those outlined

above, included improvements to health and safety and risk management. A number of hazards including open cupboards with items that presented risk to vulnerable people, incomplete fire records and inadequate reviews of falls were found to require improvement.

The person in charge has a full time role and has responsibility for two designated centres. The inspectors found that aspects of the governance and management required review to ensure staff are adequately supervised and the service monitored effectively. The areas that require attention are discussed throughout this report and identified for attention in the action plan.

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: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that there were systems in place to assess the health and personal care needs of residents including residents with dementia. However, some care interventions related to a wound care problem, the use of equipment and incident prevention required improvement to ensure appropriate evidenced based care was delivered.

There were 24 residents accommodated when the inspection took place. The majority of residents had dementia either formally diagnosed or suspected by staff. Residents had access to medical and allied health care professionals and to specialist services that included consultant psychiatrists and community psychiatric nurses. The inspectors saw details of referrals made, assessments completed and recommendations made in residents' files. There was evidence that residents had their health care needs including their medications reviewed regularly. Pre-admission assessments were undertaken to ensure that the service could meet the needs of residents and the placement was appropriate.

Comprehensive assessments were carried out and the assessment process involved the use of validated tools to assess each resident for risk of malnutrition, falls, levels of cognitive impairment and skin integrity. Care plans were developed within 48 hours of admission based on the assessments completed. The inspectors found that while there were some good practices in place, there were improvements required to care records to support changes to the equipment in use and where a wound care problem was present.

Assessments for dementia care completed according to the Positive Approaches in Dementia Care Model in use provided useful information to guide staff practice. The extent of memory problems and orientation difficulties was described by the GEMs rating that applied and this was confirmed by other mental state assessments. (A GEMs rating was used to identify the ability residents' retained. As an example, a ruby rating indicated that significant support may be needed and a emerald indicated that residents retained many of their abilities). Care plans were noted to describe communication capacity, residents' day to day choices about how they spent their time and if they could

express their needs. For example the assessments of cognitive impairment were found to describe how dementia impacted on day to day life and the interventions to be undertaken by staff to help residents maintain the maximum level of independence. The activities that residents could do for themselves for example use their wheel chair independently or dress themselves were outlined to guide staff actions. Communication capacity was described well in records with information available that indicated that staff knew when residents could follow instructions and when capacity for understanding was limited. There was also information on the backgrounds and previous lifestyles of residents to inform and guide staff on the delivery of person centred care. There was evidence that residents and their families, where appropriate, were involved in the care planning process.

Assessments and care plans were updated regularly but the inspectors found that while each individual care plan was reviewed; there was no overall judgment on how particular problems impacted on residents' general health and well-being. For example, where a resident had wound care problems there were individual wound treatment plans in place that were reviewed by nurses; however there was no comprehensive review of the collective impact of these matters on the residents' health in their care plan. In one instance there was a lack of recorded information in relation to a wound site on their care plan. This was reviewed following the inspection and an update made available to inspectors indicated that no changes were necessary. Changes in residents' health and condition were discussed with relatives according to some records viewed.

There was equipment in use to protect residents where tissue viability was an identified risk however when equipment was changed there was no information to support why the change was instigated. For example post-surgery a resident had an air flow mattress for a four week period. The change in the specification of mattress required to meet the residents' needs was not described in the care record. Information supplied following the inspection conveyed that the residents' needs had been reviewed and this equipment was no longer needed and that a mattress appropriate to the revised needs of the resident was in place.

Residents that the inspectors talked to said that their care needs were being met and said they enjoyed living in the centre. There was information recorded that indicated residents and their families were involved in discussions about residents' care and the compilation of care plans. Staff provided end of life care to residents with the support of their general practitioner and the palliative care team when required. Residents were asked about their end of life wishes and where these had been established there was a care plan to direct their care. Care plans reviewed reflected resident's wishes in relation to medical interventions, the spiritual care they would like and who they wished to have with them at this time. Some information had been outlined by family members where residents had been unable to do this. Residents had access to clergy from different faiths and some attended services in local churches. When residents were transferred to or from hospital information was exchanged to ensure continuity of care. Copies of nursing and medical letters from acute hospitals to the centre conveyed the care and treatment provided during admissions.

Residents had a nutrition risk screen completed on admission and this was reviewed monthly. They were routinely weighed and had their body mass index calculated on a

frequent basis. Those with nutritional care needs had a nutritional care plan in place and those identified as at risk of malnutrition were referred to a dietician when nurses felt this input was required. Inspectors saw that residents' likes, dislikes and special diets were all recorded. These were known to nursing, care and catering staff. The menu provided a varied choice of meals for residents. It was compiled centrally at head office and modified locally to meet the needs of residents. Inspectors saw that residents were given the choice as to where they wished to eat their meals and their choice was respected and facilitated by staff. For example, if residents wished to eat in their rooms this choice was accommodated. Residents who required support at mealtimes were provided with assistance from staff. The inspectors saw that beverages were regularly offered between meals and there was a plentiful supply of juice and water available.

Medicines were stored and administered in accordance with good practice guidance. Residents' medication regimes were reviewed as required by doctors. Staff were knowledgeable about the medicines in use and how residents responded to particular psychotropic and sedative medicines. Nurses had developed good working relationship with other specialist services such as mental health and palliative care services.

Accidents and incidents were recorded as required by legislation.

Care plans described changes in residents' care needs and patterns of behaviour. Staff were deployed to provide varied levels of support to meet residents' presentations and levels of engagement.

There was a varied social programme available and staff were familiar with the activities that residents enjoyed and engaged them in a meaningful way. An inspector talked to the occupational therapist who was in the centre two days a week and to one of the social care facilitators who were available every day including weekends. The activity programme was noted to be varied and included group and individual activities that were interactive, sensory or passive as required by residents. Residents told an inspector that games, exercises and discussions about news and local events were scheduled regularly and they enjoyed these. There were books on gardening and places of local interest available and residents were observed to enjoy looking at these and talking to staff about the pictures. Sensory activity was scheduled daily to meet the needs of frail residents and residents who could not engage in a prolonged activity. The programme was updated and new activities added to maintain interest the inspector was told.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

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 in the centre were in place. There was a policy and procedures to guide staff in the prevention, detection and response to abuse. Two residents told an inspector that they felt safe and that staff were kind to them. There was one safeguarding incident reported since the last inspection which was conducted in December 2016. This was appropriately reported to HIQA and also reported to the Health Service Executive (HSE) local safeguarding team. The matter was fully investigated and a safeguarding plan put in place to ensure the safety of residents. The inspectors identified some areas for learning from this event not undertaken at the time of inspection. These included how reports and statements in relation to such incidents are completed and the way decisions are made in relation to supervision of residents.

The majority of staff were well informed on adult protection matters and could outline the type of actions and omissions that constituted abuse. However a staff member spoken with who had worked in the centre several weeks had not been provided with training on protection and safeguarding. Training on this topic was also highlighted for attention based on findings during the inspection completed in March 2016.

Residents with dementia who displayed behaviours associated with this condition had a care and support plan in place to guide staff when supporting residents. Fluctuating and changeable behaviours were recorded and the inspectors saw that staff were allocated to support residents during periods when they were restless. Referrals for specialist advice were made to allied health professionals including members of the team for old age psychiatry when staff required additional advice or support to ensure appropriate care was delivered. Training on dementia care and associated behaviour patterns had been completed by most staff but all staff had not attended training on these topics or on the dementia care model that underpinned care practice.

There were assessments and reviews of all restraint measures in use. The most used restraint was bed rails which were used for safety and to protect residents from falls. One resident had a wander alarm as they were assessed to be at risk if they went outdoors unaccompanied. The decision to use any restraint was made when other arrangement had failed to provide adequate protection. The inspectors saw documentation that outlined the decision making process and noted that all measures were reviewed regularly.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents including residents with dementia were consulted and were supported to actively participate in the organisation of the centre the inspectors were told.

Information available confirmed that residents had opportunity to convey their views however the system for eliciting residents views required improvement to be meaningful in the context of residents' care needs. Several completed surveys indicated that residents were unable to respond or there was no response recorded which indicated adequate consideration had not been given to people's levels of capacity or their communication needs. Alternative communication strategies that could enable residents relay their views were not in evidence. Care plans did convey some of the choices and decisions that residents had made in relation to their day to day life and routines. For example, information in one care plan indicated that the residents had good hearing and vision and could indicate their needs despite some speech difficulty. Another care plan conveyed that the resident could indicate their wishes when staff talked to him directly and communicated the options available clearly. Information on levels of orientation to surroundings and if residents recognised where they lived was also available.

Some staff conveyed good knowledge about the value of emotional support, sensory stimulation, validation of feelings and reminiscence when supporting people with dementia. The inspectors observed staff and resident interactions during both inspection days using the quality of interactions schedule, (QUIS). These observations took place during the evening on the first day and during the morning of the second day. The inspectors found that the quality of contacts were variable over the periods observed. During the evening there were periods of 15 to 20 minutes when no staff were present in the sitting room on the ground floor and the majority of contacts were task orientated and related to addressing residents' personal care needs.

The inspectors observed the quality of interactions were more person centred and meaningful during the observations conducted during the morning. Staff engaged residents in conversations, they talked about the news, how they were feeling and what was on television. The inspectors saw that staff checked with some residents to ensure the programme on television was one they liked to watch and positioned residents so they had a good view.

Staff were familiar with residents' day to day personal care needs, family backgrounds and interests. The inspectors noted that meaningful information to guide staff practice was recorded. There was information on what residents could do for themselves and this included for example if residents could to eat independently and also the support needed with personal care.

The observation exercises indicated that while interactions were mainly engaging and positive there were periods when some residents had no interactions and when they had these were aimed at addressing aspects of their care and were frequently rushed. Two residents on the upper floor were observed to have few meaningful activities during the evening and taking into account their high level care needs the arrangements for their care required review. Staff were observed to knock on doors before they entered bedrooms and were observed to treat residents' belongings respectfully but there were personal toiletries left in a shower area that were unnamed. Bedrooms had personal items and photographs on display.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
A complaints procedure was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and addressed. The complaints procedure was displayed and met regulatory requirements.

Residents the inspectors talked to described how they would make a complaint and said they felt staff would address any concerns or complaints they had.

The person in charge was designated to respond to complaints. The inspectors found from the records maintained that while the specific complaints were investigated they did not find evidence that issues raised were formally reviewed to ensure similar problems did not arise again. Some of the matters subject of the complaints included the supervision of residents and communication and these were also found to be issues identified as in need of attention by inspectors.

Judgment:
Substantially Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
There was a varied skill mix of staff on duty to meet the assessed health and social care needs of residents. There was evidence that a staff development programme was in place. However a number of staff had not had training in dementia care to enable them meet the diverse needs of residents most of whom had dementia care needs and to enable them to implement the Positive Approaches in Dementia Care model adopted by the Brindley Healthcare group. This model was the basis for the assessment of residents

and the delivery of care.

The inspectors reviewed the staff rota and the way staff were deployed over the two floors and across the varied business areas of the service. There was a varied skill mix of staff available throughout the day. There was a nurse on duty Monday to Friday in addition to the person in charge (who worked 20/22 hours a week) or her deputy (who had a full time role). At weekends there was one nurse on duty each day. There was also a social care facilitator (on duty seven days a week) and four care staff were on duty during mornings. From 14.00 hours there were three care staff on duty and this increased again to four at 17. 00 hours. At night there was a nurse and two carers on duty until 22.00 hours. After that the nurse and one carer were on duty for the remainder of the night. Cleaning, catering, laundry, administration and maintenance staff were also employed. An occupational therapist was employed two days a week to undertake assessments and social care interventions.

The inspectors found evidence that staff deployment required review during the day and evening to ensure residents were appropriately supervised and safe as most incidents took place when residents were up and about. A review of falls incidents for August conveyed that falls with the exception of two took place during the day time/evening period and the majority were unwitnessed. Throughout this inspection the inspectors found that staff required more supervision to guide their practice to ensure that safe care in accordance with residents' assessed needs was delivered. The number of unwitnessed falls, risk areas identified and the lack of social interventions during the evening were examples of areas that directly impacted on the quality of life of residents and indicated that staff deployment and supervision required review.

Training on the mandatory topics of moving and handling, fire safety and adult protection had been completed by most staff however some staff employed told inspectors that they had not had training on these required topics.

Staff the inspectors talked to were enthusiastic about their work and said they valued the role they played in helping residents remain independent and well. Staff who had attended dementia care training described it as helpful as it had provided them with better understanding of how to provide care where residents had memory problems, were disorientated or displayed behaviours associated with dementia.

The recruitment procedures were reviewed and were found to reflect good practice for the recruitment of staff that work with vulnerable people. The inspector reviewed the personnel records for three staff and found that the required Schedule 2 information including vetting disclosures was available.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The centre is a modern two storey building located in the town of Oughterard as short walk from the shops and business facilities. There are bedrooms and communal areas for residents on each floor. Residents have access to a secure outdoor garden space and to a relaxation/sensory room. The garden while flat and accessible had few features to engage residents in activity and would benefit from additional cultivation to provide interest for residents.

The centre was in generally good decorative condition and was visibly clean. The dining room located on the ground floor was used at all meal times. Sitting areas were used throughout the day by residents. The inspectors noted that there was some "dementia friendly" signage in place to help residents identify their bedrooms. This was designed to have personal meaning for residents the inspectors were told. Some rooms had pictures of cats where residents liked cats for example.

There was good personalisation of some bedrooms areas with photographs and personal items on display. Toilets and bathrooms were well located throughout and were accessible to communal rooms. There was a smoking area and this was equipped with a call bell and a fire blanket was readily accessible at the entrance. The ventilation in this area required attention as the room and the nearby hallway smelled strongly of smoke. Staff had access to supplies of personal protective equipment and were observed to use gloves and aprons when engaged in varied activities around the centre. There were also supplies of hand gels that were used regularly by staff.

The inspectors found there was a deficit in the way the facilities were monitored and this presented a range of risks to residents particularly people who were confused. For example the following areas were found to require attention:

- a shower area on the upper floor was used to store zimmer frames and a trolley which could present a trip hazard and created obstacles that residents had to navigate when using the area.
- there was a large unlocked cupboard here that had a supply of disposal bags, a box of trainers and a box of toiletries that were not labeled
- the shower chair required more effective cleaning as it was not in an appropriately clean condition for residents' use
- there was one grab rail by the toilet which did not provide adequate support for residents with mobility problems
- the hallway on the upper floor also had an unlocked cupboard that contained a large supply of toiletries including razor.

There were call bells available in bedrooms and communal areas to enable residents to call for help if needed. Outside the centre there was very poor lighting in the car park and at the front where visitors and residents entered the building. This outcome was assessed as substantially compliant in the self assessment but the inspectors judged

that it was moderately non compliant as the areas outlined above required attention.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors viewed the fire training records and found that fire safety training was provided but a staff member spoken with had not completed training. The fire safety and fire prevention measures required improvement and regular monitoring to ensure the systems put in place operated effectively. There were fire safety action signs on display throughout the building with route maps to indicate the nearest fire exit.

Fire drills and fire training exercises were completed but the scheduled weekly fire drills were not undertaken as planned according to records provided. The inspectors saw that the records did not indicate what was demonstrated during the fire drills and what actions were taken as a result of the exercises. The weekly fire door checks were also not consistently undertaken according to the information available. Fire records showed that fire safety and fire fighting equipment had been regularly serviced.

Accidents and incidents were recorded as required by legislation. There were falls risk assessments completed and care plans were in place to advise staff where residents were vulnerable to falls to minimise risk. An incident where a resident had sustained two fractures in the absence of a fall was reported to HIQA in June. There was no clear record of how this incident occurred and records reviewed did not indicate that this had been fully reviewed or investigated to inform staff practice and to ensure learning from serious events involving residents.

Judgment:

Non Compliant - Moderate

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspectors found that there were arrangements in place to oversee the operation of the service however aspects of the governance and management required review to ensure the health, safety and welfare of residents was protected and promoted on a continuous basis.

The inspectors found that aspects of care practice, incident reviews, staff supervision and essential training were not adequately monitored and concluded that the provider representative and person in charge needed to improve the systems for staff supervision and oversight of the service to ensure the safe effective delivery of care.

The training arrangements, safety systems, procedures and practices put in place by the provider representative and the person in charge were not adequately implemented, supervised and monitored to ensure that the service was delivered in accordance with the aims and objectives outlined in the statement of purpose.

The inspectors were told that the provider visited the centre regularly and that there were records of meetings held with persons in charge in head office. staff did not have training on dementia care to support their practice.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Geraldine Jolley
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:	Oughterard Manor
Centre ID:	OSV-0000745
Date of inspection:	03/10/2017
Date of response:	29/03/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

In some care plan was reviewed there was no overall judgment on how particular problems impacted on residents' general health and well being. For example, where residents had wound care problems and individual wound treatment regimes were in place and reviewed by nurses there was no comprehensive review of the collective impact of these matters on residents' health.

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

There was equipment in use to protect residents where tissue viability was an identified risk however when equipment was changed there was no information to support why the change was instigated. For example, post surgery a resident had an air flow mattress for a four week period. The change in the specification of mattress required to meet the residents' needs was not described in the available care record.

1. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Within our service and moreover our definition of a wound care plan of which is a road map for nursing personnel to adhere best practice to wound care issues, we have at no time in the past ever included a comprehensive review of a collective impact that this wound would have on a resident's health. In light of the inspector and the inspector manager's comments, we will introduce an additional comprehensive health matter wound review of which will be addressed by the PIC onsite.

Within our service, residents receive appropriate equipment based on evidence-based assessments. However, in light of the inspector and the inspector managers opinion, the nursing care record will further reiterate the justification for such change of any equipment in the best interest of our resident's care pathway.

Proposed Timescale: 29/03/2018

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

There were areas for learning evident from a safeguarding incident that required attention. These included how reports and statements in relation to such incidents are completed and the way decisions about supervision of residents are made.

2. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

Any and all safeguarding incidents within our service provide learning in all aspects of reports, statements and supervision of which further assist us to manage, respond in so far as possible in a manner that is not restrictive.

Proposed Timescale: 29/03/2018

Theme:

Safe care and support

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

All staff were not up to date with training in protection and safeguarding vulnerable people.

There was evidence that staff required refresher training on how to provide information following an incident of abuse to ensure information was factual and substantiated to appropriately protect residents.

3. Action Required:

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

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

Within our service, under Regulation 08(2) we ensure staff are trained in the detection, prevention of and responding to safeguarding vulnerable people.

Proposed Timescale: 29/03/2018

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The observation exercises indicated that while interactions were mainly engaging and positive there were periods when some residents had no interactions and when they had these were aimed at addressing aspects of their care and were frequently rushed. Residents who lived on the upper floor were observed to have few meaningful activities during the evening and taking into account their high level care needs the arrangements for their care required review.

4. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

A review of all communal areas, inclusive of our Evergreen suite, has taken place to promote a more meaningful and engaging environment being mindful of our residents' personal interests and capabilities.

Proposed Timescale: 29/03/2018

Theme:

Person-centred care and support

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

There was inadequate consideration given to people's levels of capacity and their communication needs. Several completed surveys indicated that residents were unable to respond or there was no response recorded. Alternative communication strategies that could enable residents convey their views were not in evidence.

5. Action Required:

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

Resident satisfaction surveys have been reconfigured with consideration of resident levels of capacity and their communication needs.

Proposed Timescale: 29/03/2018

Theme:

Person-centred care and support

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

There were toiletries that were unnamed which did not reflect a person centred approach to care.

6. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

Within our service, access to and control over personal toiletries has been reviewed and will continue to be monitored by the PIC.

Proposed Timescale: 29/03/2018

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

The complaints and records of complaints were not used to prompt a review of the aspects of the service subject of the complaints or to drive quality improvement initiatives.

7. Action Required:

Under Regulation 34(1)(h) you are required to: Put in place any measures required for improvement in response to a complaint.

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

Within our centre, any and all concerns are used to prompt a review and drive the quality of our service and should any measures be required, such will be implemented.

Proposed Timescale: 29/03/2018

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The deployment and supervision of staff required review as there were indicators that residents were not adequately supervised in accordance with their needs. The number of unwitnessed falls, risk areas identified and the lack of social interventions during the evening were examples of areas that directly impacted on the quality of life of residents and indicated that staff deployment and supervision required review.

8. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

All aspects of care practice, staff supervision and training have been reassessed and will be continually monitored to ensure a high standard of care delivery. Social interactions have been amended in consultation with residents. Staff and resident supervision has been reviewed to take into account identified risks.

Proposed Timescale: 29/03/2018

Theme:

Workforce

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

Training on the mandatory topics of moving and handling, fire safety and adult protection had not been completed by some staff employed.

9. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Within our service all staff have received training on all mandatory topics and refresher training will be made available where appropriate.

Proposed Timescale: 29/03/2018

Outcome 06: Safe and Suitable Premises**Theme:**

Effective care and support

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

Outside the centre there was very poor lighting in the car park and at the front where visitors and residents entered the building.

10. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

All outdoor lighting has been updated to appropriately illuminate relevant areas.

Proposed Timescale: 29/03/2018

Theme:

Effective care and support

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

There was a deficit in the way the facilities were monitored and this presented a range of risks to residents particularly people who were confused. For example the following areas were found to require attention:

- a shower area on the upper floor was used to store zimmer frames and a trolley which could present a trip hazard and created obstacles that residents had to navigate when using the area.
- there was a large unlocked cupboard here that had a supply of disposal bags, a box of trainers and a box of toiletries that were not labelled
- a shower chair required more effective cleaning as it was not in an appropriately clean condition for residents' use
- there was one grab rail by the toilet which did not provide adequate support for

residents with mobility problems

- the hallway on the upper floor also had an unlocked cupboard that contained a large supply of toiletries including razors

11. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Within our service all equipment is appropriately and safely stored. Storage in communal areas are securely locked. The shower chair referred to has been resprayed. An additional grab rail has been installed as identified by the inspectors.

Proposed Timescale: 29/03/2018

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

A serious incident reported to HIQA was recorded however the records available did not convey that this incident had been fully reviewed or investigated to inform staff practice and to ensure learning from serious events involving residents.

12. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

Within our service, any and all serious incidents will lead to arrangements for identification, recording, investigating and learning.

Proposed Timescale: 29/03/2018

Theme:

Safe care and support

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

There were deficits in the established system for recording fire safety training to ensure that all staff were trained and to ensure that fire drills were undertaken as planned.

13. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the

designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

All staff have received fire warden training. It has been identified that the fire drill co-ordinator had completed the drill, however omitted to complete the appropriate record on one occasion. Appropriate documentation procedures have been reiterated to the co-ordinator.

Proposed Timescale: 29/03/2018

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

The arrangements for the supervision and management of the service require review. The inspectors found that aspects of care practice, incident reviews, staff supervision and essential training were not adequately monitored and concluded that the provider representative and person in charge needed to improve the arrangements for staff supervision and the oversight of the service to ensure the service provided is safe, appropriate, consistent and effectively monitored.

14. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

At all times, management systems will ensure that our service provides a safe, appropriate, consistent and effective platform in our deliverance of a high standard of care and will be reviewed and amended where appropriate.

Proposed Timescale: 29/03/2018