

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cramers Court Nursing Home
Centre ID:	OSV-0000218
Centre address:	Ballindeenisk, Belgooly, Cork.
Telephone number:	021 477 0721
Email address:	info@cramerscourt.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Inis Ban Limited
Provider Nominee:	Edward Plunkett
Lead inspector:	Caroline Connelly
Support inspector(s):	Anna Delany
Type of inspection	Announced
Number of residents on the date of inspection:	53
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 November 2016 09:30	28 November 2016 18:00
30 November 2016 09:50	30 November 2016 18:20

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. This was the eleventh inspection of the centre by HIQA. The provider had applied to renew their registration which is due to expire on the 12 April 2017. As part of the inspection, inspectors met with the residents, the person in charge, the provider, the assistant director of nursing, relatives, the Clinical Nurse Manager (CNM), and numerous staff members. Inspectors observed practices, the physical environment

and reviewed all governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform this application.

Since the previous inspection, there have been a number of changes to the management team and the structure of the team. A new person in charge with the required managerial and experience of nursing older people had joined the management team in September 2016. He is supported in his role by an experienced assistant director of nursing, a CNM and the staff team. Interviews were conducted with the new person in charge and the management team during the inspection, who displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred care for the residents. Inspectors found that there was now a clearly defined management structure in the centre that outlined the lines of authority and accountability. They were generally proactive in response to the actions required from previous inspections and inspectors viewed a number of improvements throughout the centre which are outlined in the report. However, there were also a number of actions particularly in relation to the premises that remained unchanged. The provider was in the centre on a regular basis and attended management meetings.

A large number of quality questionnaires were received from residents and relatives and inspectors spoke with many residents and some relatives throughout the inspection. The collective feedback from residents and relatives was one of general satisfaction with the service and care provided. Family involvement was encouraged with relatives and residents stating they are welcomed at any time. There was a resident advocate who visited the centre on a regular basis who the inspectors met during the inspection. A comprehensive survey had been undertaken in March 2016 with residents and relatives who gave a lot of feedback, and there was evidence that a number of these issues had been acted upon. The new person in charge met with the residents in November 2016 and outlined his background and his plans for the care in the centre. He encouraged residents to bring forward any issues or suggestions and planned a further meeting with them in December 2016.

There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Residents' health and social care needs were met. Residents had good access to general practitioner (GP) services, to a range of other health services, and the nursing care provided was found to be evidence-based. However there were improvements required in personalising some of the residents' care plans. Residents could practice their religious beliefs.

Inspectors identified aspects of the service that continued to require improvement on this inspection. This was particularly in relation to the premises. Inspectors found there was a malodorous smell throughout the premises on both days of inspection. These were issues identified in the provision of adequate toilets in close proximity to residents' bedrooms, access to bedrooms due to steps and slopes which are discussed under the outcome statements. Privacy and dignity in shared rooms required improvement and aspects of health and safety in relation to fire prevention and drills required improvement. A fire door was seen to be wedged open with a

chair during the inspection. The related actions are set out in the action plan under the relevant outcome.

These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The provider was required to complete an action plan to address these areas.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose and function was viewed by the inspectors, it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. A few minor changes were required to the statement of purpose which were made following the first day of inspection and an updated statement of purpose was given to inspectors on the second day.

The statement of purpose included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration, under Section 50 of the Health Act 2007, and was found to meet the requirements of legislation.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection, inspectors were not satisfied that there was an adequate governance and management structure in place to enable the delivery of safe and effective care. This was supported by the findings on the inspection that identified the absence of a system to monitor the safety of care and the quality of life of residents. There was no overall review of incidents to identify trends as an opportunity for learning and quality improvement. Additionally, there was no annual review of the quality and safety of care as required by the regulations. Records were not available demonstrating ongoing consultation and review with residents and or their representatives.

Since the previous inspection, there have been a number of changes to the management team and the structure of the team. On the previous inspection, a new person in charge had been appointed approximately three weeks prior to the inspection. However, even though the new person in charge had significant clinical and managerial experience, based on a review of his curriculum vitae, he did not meet the requirement of three years experience of nursing the older person in the previous six years, as specified in the regulations. He is currently working in the role of assistant director of nursing and a new clinical nurse manager had also commenced the week following the previous inspection. A new person in charge with the required managerial and experience of nursing older people had joined the management team in September 2016. Inspectors found that there was now a clearly defined management structure in the centre that outlined the lines of authority and accountability. The management team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents. They were proactive in response to the actions required from previous inspections and inspectors viewed a number of improvements throughout the centre. However, there were also a number of actions required, particularly in relation to the premises, that remained unchanged. The provider was in the centre on a regular basis and attended management meetings.

A quality management system had been implemented since the last inspection, and this was further enhanced by the new person in charge who introduced regular management meetings, monthly audits, monthly data collection, monthly clinical governance meetings, and regular non-clinical governance meetings. Information in relation to the system was outlined to staff in staff meetings and in their involvement in clinical and non-clinical governance meetings and in data collection. Inspectors saw evidence of the collection of key clinical quality indicators including pressure ulcers, falls, the use of psychotropic medications, bed rails, medication management and administration, the assessment of risk and health and safety. Inspectors also saw that monthly audits had commenced on key areas of care including medication management, residents' choices, residents' privacy and dignity, incidents and accidents among other areas of clinical care.

There was evidence of consultation with residents and a comprehensive survey had been undertaken in March 2016 with residents and relatives who gave a lot of feedback. There was evidence that any issues had been acted upon. Inspectors saw minutes of meetings between residents and the resident advocate. These were generally occurring on a one-to-one basis. The new person in charge met with the residents in November 2016 and outlined his background and his plans for the care in the centre. He

encouraged residents to bring forward any issues or suggestions and planned a further meeting with them in December 2016.

Inspectors saw that all data was gathered for the completion of the annual review for 2016 which will be completed by members of the management team using a comprehensive system which inspectors saw had been commenced. Inspectors were satisfied that the quality of care will be monitored and developed on an ongoing basis and that the action taken in response to findings or trends identified will result in enhanced outcomes for residents in areas audited.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:

A sample of residents' contracts of care were viewed by inspectors. Inspectors found that contracts had been signed by the residents and relatives, and found that the contract was clear, user-friendly and outlined all of the services and responsibilities of the provider to the resident and the fees to be paid. The contracts also detailed what was included and not included in the fee and were found to meet the requirements of legislation.

A residents' guide was also available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

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

Theme:
Governance, Leadership and Management

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

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

Findings:

On the previous inspection, the person in charge was found not to meet the requirement of three years experience of nursing the older person in the previous six years, as specified in the regulations. Since the last inspection a new person in charge commenced working in the centre in September 2016. He had been person in charge in another centre prior to taking on this role. The inspectors conducted an interview with him and he displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

The inspectors interacted with the person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis. Inspectors were satisfied that he was a registered nurse, was suitably qualified and had a minimum of three years experience in nursing the older person within the previous six years, as required by the regulations. He had a commitment to his own continued professional development and had completed a master's degree in psychiatry and a higher diploma in gerontology, and regularly attended relevant education and training sessions which was confirmed by training records.

Staff, residents and relatives all identified him as the person who had responsibility and accountability for the service and said that although he was new to the centre, he was very approachable. Staff were confident that all issues raised would be managed effectively. They confirmed he made himself available to them whenever they needed to discuss anything with him.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Residents' records were reviewed by inspectors who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to inspectors.

The centre had recently introduced a new suite of policy documents. Inspectors reviewed the centre's operating policies and procedures and noted that the centre had policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and these were reviewed and updated at intervals not exceeding three years as required by Regulation 4. The centre-specific policies reflected the care given in the centre and informed staff with regard to up-to-date evidenced-best practice or guidelines.

Inspectors viewed the insurance policy and saw that the centre was insured against risks to residents' possessions.

A few minor additions were required to the information contained in staff files. These additions were made following the first day of inspection and updated staff files were shown to inspectors on the second day. The updated staff files contained all of the information required under Schedule 2 of the Regulations.

Inspectors were satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall, records were seen to be maintained and stored in line with best practice and legislative requirements.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

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

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

Findings:

As stated previously there was a new person in charge since the last inspection and appropriate notification was sent to HIQA.

Inspectors saw that suitable deputising arrangements were in place to cover for the person in charge when he was on leave. The assistant director of nursing (ADON) was in charge when the person in charge is on leave. The inspector met and interviewed the ADON during the inspection and he demonstrated an awareness of the legislative requirements and his responsibilities. He was found to be a suitably qualified and experienced registered nurse.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

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

Findings:

There was a new policy on the prevention, detection and response to abuse that was implemented in November 2016. Staff members spoken with were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse. There was evidence that allegations of abuse had been recorded, investigated, appropriate action taken and reported to HIQA and other agencies as required. The person in charge stated that he monitored resident safeguarding through a process of staff supervision and interacting with residents on a daily basis. On the previous inspection, not all staff members had up-to-date training in recognising and responding to abuse but on this inspection staff had received the training.

There were systems in place to manage residents' finances; however, the inspectors did not find them sufficiently robust to protect residents or staff. The provider was a pension agent for a large number of residents and a sample of records viewed indicated adequate records of financial transactions. However, residents did not have personal bank accounts and inspectors saw that large sums of money were being held in individual accounts within the nursing home account for a number of residents. This system did not facilitate residents to accumulate interest on their savings and their finances were not fully protected. Residents were invoiced for chiropody and hairdressing. A list of residents was given for payment, but there were no individual invoices issued nor was there sign off on the list by the nursing staff to confirm they had received the service. The centre held money for some residents for day-to-day

spending, although all the monies generally accorded in the records checked by inspectors. A more robust and transparent system was required for the storage and recording of monies and valuables handed in for safekeeping. The person in charge confirmed on the second day of the inspection that all the above issues were being addressed and a more robust record system was being put in place

There was a policy on the management of responsive behaviour that was also implemented in November 2016. A small number of residents presented with responsive behaviour and records indicated the use of behaviour charts to support the identification of precipitating factors to enable staff alleviate the underlying causes of the behaviour. On the last inspection, not all staff members had up-to-date training in positive behaviour support and this remained non-compliant on this inspection.

There was a policy in place governing the use of restraint. The only form of restraint in place was in the form of bedrails and electronic bracelets that were connected to an alarm system to alert staff if a resident at risk of absconding attempted to exit the premises. Records indicated that restraint was only used following a risk assessment and there was evidence of discussion with the resident and or their representative. There was evidence of ongoing review of the need for restraint and the use of less restrictive measures such as low-low beds with crash mats, bed and chair alarms, and sensor floor mats. The use of restraint had reduced since the previous inspection and staff said they were trying to ensure there were further reductions in the near future.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

While many aspect of the health and safety of residents, visitors and staff were promoted and protected, some major issues remained. The health and safety statement seen by inspectors was centre-specific and dated 2016. The risk management policy had been updated since the last inspection and was dated October 2016. It now included all the requirements of Regulation 26(1) as was required from the previous inspection.

The fire safety policy was centre-specific. There were fire safety notices throughout the building for residents and staff, including signs on doors and evacuation plans on the walls. Inspectors observed fire blankets at the smoking area and signs on walls to

remind residents, staff and relatives of the fire safety requirements with regard to lighters. Inspectors saw records that fire training was provided to staff on an annual basis and these records indicated that all staff had up-to-date fire training as required by legislation on the day of the inspection. All fire door exits observed were unobstructed. Fire fighting and safety equipment had been tested in January 2016 and the fire alarm was last tested in September 2016. There was evidence that the recommendations arising out of a fire safety inspection had been actioned. However, inspectors saw that a fire door was wedged open by a chair during the inspection which prevented it closing in the event of a fire.

The provider told inspectors and records showed that a fire drill had taken place in 2016. However, the actions taken and outcome of the fire drill which had occurred in 2016 were not documented; therefore there was no record of learning from the drill and improvements required as a result.

There was generally evidence of good practice with regard to infection prevention and control. An up-to-date infection control policy was in place. Alcohol hand rub was readily available throughout the centre and there were notices with regard to hand washing at sinks. Laundry which was being cleaned in-house was separated in line with best practice. Records indicated that all staff had been trained in infection control and hand hygiene, and inspectors observed staff using opportunities to use the hand sanitizers throughout the inspection. However, inspectors noticed that the centre was malodorous throughout on both days of the inspection, which indicated that there were deficiencies in cleaning. Following the inspection, the person in charge assured that immediate action was taken and the issue with malodour is greatly improved. In addition, deficiencies in the physical environment, including damaged flooring and chipped paint on walls, meant that areas within the centre could not be effectively cleaned. Cleaning trolleys with cleaning chemicals on them were seen on two occasions to be left on corridors out of the observation of staff which could lead to accidents or injury if a resident took the chemicals.

The risk register was up to date and it identified and outlined the management of clinical and environmental risks. Clinical risk assessments were undertaken, including assessments for dependency and monitoring of weight. A risk assessment with regard to the premises was also in place and included items such as risk associated with stairs and uneven surfaces. These assessments included measures to mitigate the risks, including hand rails and coloured nosing strips on steps. A new risk management system was also being introduced and implemented by the person in charge.

Records viewed by the inspectors indicated that staff had received up-to-date moving and handling training. The training is provided in-house by a trained moving and handling instructor. Hoists were serviced on a regular basis as required by legislation and records of same were seen by the inspectors.

A visitors' sign-in sign-out book was readily accessible at the front door. There was evidence that persons entering and leaving the centre signed the book.

A new accidents and incidents reporting system was introduced since September 2016 but is not yet in use as the majority of staff felt that the existing system is more user

friendly. There were a number of accidents and incidents recorded on existing incident forms and dealt with in the clinical governance meetings. The forms included provision for recording the steps taken to mitigate future accidents or incidents and recording of communication of learning to relevant staff.

There was a centre-specific emergency plan that took into account a number of potential emergency situations and where residents could be relocated to in the event of being unable to return to the centre. The provider has contracts in place for the regular servicing of all equipment and inspectors viewed records of equipment serviced which were all up to date.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe care and support

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

Findings:
There were written policies and procedures in place governing the management of medications in the centre. Each resident or their representative had signed a consent form indicating they agreed to the provision of services by a named pharmacy. Inspectors observed medication administration practices and were satisfied that they were in compliance with relevant professional guidance. Controlled drugs were stored appropriately and records were available demonstrating they were counted at the end of each shift by a nurse from each shift. The inspector did a count of controlled medications with the nurse which accorded with the documented records.

Inspectors reviewed a number of medication prescription charts and noted that all included the resident's photo, date of birth, general practitioner (GP) and details of any allergy. Prescription and administration records contained appropriate identifying information and were clear and legible. However, medications that required crushing were not prescribed as such for each individual medication that required crushing. Therefore, nursing staff were administering medication to residents in crushed format although it had not been specifically indicated on the prescription sheet and there was no list available of medications that cannot be crushed maintained. As required medications stated the frequency of dose, therefore ensuring there was a maximum dose in 24 hours that could not be exceeded.

Nurses transcribed prescriptions and this practice was generally in compliance with relevant guidance. However, inspectors saw there were occasions where transcribed

medications were not signed by the transcribing nurse. The person in charge said he planned to implement a new system where the nurses no longer transcribed medications. There were adequate procedures in place for the return of unused or out-of-date medications to the pharmacy. There was evidence of ongoing review of residents prescribed psychotropic medications and of how the combined approach of the GP and the nursing staff resulted in residents' medications being decreased or discontinued.

There were appropriate procedures for the handling and disposal for unused and out-of-date medicines and the documenting of same. Medication audits were ongoing by staff and the pharmacist.

Judgment:

Non Compliant - Moderate

Outcome 10: 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(s):

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

Findings:

On the previous inspection, HIQA was not always notified where residents were admitted with or developed pressure sores as required by regulations and not all injuries requiring immediate medical or hospital treatment were notified.

On this inspection, inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents as required.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Prospective residents were assessed prior to admission by the person in charge to determine if the centre can meet the needs of the resident. Residents received a comprehensive assessment on admission and at regular intervals thereafter. Residents had access to the services of a general practitioner (GP), including out-of-hours, and there was evidence of regular review. Residents' medical records were seen and these were current with regular reviews including medication reviews, referrals, blood and swab results, and therapy notes. Residents' additional healthcare needs were met. Physiotherapy services were available in house and all residents were assessed on admission for mobility and falls prevention. Dietitian services were provided by professionals from a nutritional company, who were also contactable by telephone for advice as required. Speech and language services were provided by the Health Service Executive (HSE). All supplements were appropriately prescribed by a doctor. Optical assessments were undertaken on residents in house by an optician from an optical company.

Residents in the centre also had access to the specialist mental health of later life services. Community mental health nurses attended the centre to review and follow up with residents who have mental health needs and who display behavioural symptoms of dementia. Treatment plans were put in place which were followed through by the staff in the centre. Follow up to consultations was completed by psychiatrists as required. Residents and relatives expressed satisfaction with the medical care provided.

Inspectors saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Care plans were developed for residents based on issues identified on assessment and records indicated they were reviewed and updated on an on-going basis. There were inconsistencies in the care plans viewed by the inspectors. Some older care plans were seen to be personalised and provided adequate guidance on the care to be delivered. However, the centre had introduced generic care plans during the year, which were found not to be personalised and did not fully direct care and these required a full review.

Inspectors observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met. Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely around the corridors and in communal areas and in the garden area.

Judgment:

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:

Cramers Court Nursing Home is a three-storey building with bedroom accommodation for residents on all three floors. The upper floors are accessible via stairs and elevator, except for the part of the centre containing the four-bedded room and offices, which can only be accessed by stairs. All residents accommodated in this bedroom were independently mobile. The centre is located close to the village of Belgooly on extensive mature grounds. It was originally a large period house that was converted to a nursing home and later extended. The centre is currently registered to accommodate 57 residents.

Bedroom accommodation comprised:

- 16 single en-suite rooms
- 14 twin-bedded rooms, five of which had en-suite facilities
- three three-bedded rooms,
- one four-bedded room, with en-suite facilities

All en suites contained a wash-hand basin, assisted toilet and assisted shower. All other bedrooms contained a wash-hand basin within the room.

On the ground floor, in addition to en-suite facilities, sanitary facilities comprised a male bathroom area and a female bathroom area. The male bathroom contained two toilet cubicles with a wash-hand basin in each and an assisted shower room that also contained a toilet and wash-hand basin. The female bathroom area contained two toilet cubicles and an assisted shower room that also contained a toilet and wash-hand basin. The entrance doorway to these bathrooms were quite narrow making it difficult for them to be accessed by residents in speciality chairs.

On the first floor, in addition to en-suite facilities, there was one communal shower room that included an assisted shower, toilet and wash-hand basin. This toilet and shower room was the only one available to residents in rooms 15, 16, 18, 19, 21 and 22 which

could be a total of 16 residents. Residents in these rooms need to be mobile due to the step and slope down to the toilet. There were two sluice rooms, one on the ground floor and one on the first floor.

All bedrooms on the second floor have en-suite facilities.

Communal areas for residents were on the ground floor and consisted of a dining room, a sitting room, with a conservatory attached and one other conservatory used as an activities room. The dining room was insufficient in size to accommodate the number of residents living in the centre and most residents had their meals in the sitting room and conservatories. Since the last inspection, tables were added in the living room and conservatory which made for a more pleasant dining experience for the residents, but dining space remained limited. A functioning call-bell system was in place and call-bells were appropriately located throughout the centre.

Outdoor space consisted of an enclosed patio and garden, raised garden beds, large mature gardens and lawns that were not enclosed. Ample parking was provided to the front of the building. There was a small car parking area to the side of the centre.

There are different levels on both the first and second floors and it is necessary to use either steps or ramps to navigate from the original house to the newer part of the centre. Even though there is an elevator to the first floor, the three-bedded rooms on this floor are not on the same level as the elevator and residents must climb five steps to access the bedrooms. The provider nominee stated that only residents that are fully ambulant are accommodated in these bedrooms.

Some other improvements were required in the centre such as:

- some carpets were worn and torn in places
- there was only one chair in some of the twin bedrooms and these were standard dining room type chairs which would not be comfortable to sit in for an extended period
- televisions in some of the bedrooms were not located so as to be viewable from all beds in the rooms

there was not enough dining space for all of the residents

- there was a port cabin housing a sluice room outside a bedroom window preventing any view out from the window
- there was an electric socket coming off the wall in a resident's bedroom.

Residents had access to appropriate equipment. Specialised assistive equipment that residents may require was provided. For example, assisted hoists with designated slings, wheelchairs, specialist bed and mattresses and respiratory equipment. There was evidence that the equipment was serviced on a regular basis by a suitably qualified person.

The centre had a separate main kitchen with sufficient cooking facilities and equipment. A hair salon was available for the residents' use.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy and procedure for making, investigating and handling complaints. The policy was displayed next to the front door and was also outlined in the statement of purpose and contracts with residents.

Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspector viewed a comprehensive complaints log book which has been in place since September 2016. Two complaints were detailed in the book. In addition, actions taken, outcomes, communication of learning from the complaint and feedback to the complainant were documented in accordance with best practice.

There was an independent appeals person nominated and the policy noted that complainant may also refer to the Ombudsman if they felt their complaint was not appropriately dealt with.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors observed, and residents and relatives reported, that residents' religious and spiritual needs were well provided for. Mass took place in the main sitting room on a regular basis and the rosary was held at different times of the day and residents confirmed their enjoyment of these. Residents from other religious denominations were

visited by their minister as required.

Care practices and facilities in place were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were at end-of-life stage. However, it was noted that the limited space in some of the multi-occupancy rooms prevented privacy and dignity for the resident, relatives and other residents at end of life. This is discussed under Outcome 16.

Links were maintained with the community palliative care team who visited as required.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

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

Findings:

There was a policy in place governing the monitoring of residents' nutritional status. Inspectors viewed the menu that demonstrated the provision of a varied and nutritious diet. Inspectors observed, and records indicated, that specific diets, incorporating therapeutic and modified consistency foods, were facilitated and served in an attractive manner. Hot and cold drinks and snacks were readily available. Residents spoken with by the inspectors stated that they were happy with the choice of food and alternatives were available on request. Inspectors met with the chef who demonstrated the system in place to ensure that residents were facilitated with their choice of food and prescribed diets.

Residents were weighed regularly and an evidence-based assessment tool was used to monitor the risk of malnutrition. Where a risk of malnutrition was identified there was evidence of referral and review for advice to allied health services.

The inspectors noted that meals were presented in an appetising manner and observed staff assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Specialist cutlery and delph were available to residents. The daily menu was displayed. Inspectors were informed and records indicated that residents had access to dietetic services and speech and language therapy services.

On the previous inspection, inspectors observed that most residents ate their meals in the sitting room and conservatories where they remained throughout the day. Inspectors were not satisfied that the dining experience was a pleasurable and sociable occasion for most residents, which was predominantly due to inadequate dining facilities for the number of residents living in the centre. On this inspection, some improvements were seen in the dining experience in that dining tables were introduced into the living room and conservatory. Residents were facilitated to move from their chair to sit at an appropriately set dining table to enjoy their meals. However, as already stated under Outcome 12, there remained insufficient space in the dining rooms to accommodate all residents living in the centre. This action is addressed under Outcome 12.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Inspectors saw minutes of the last residents' committee meeting held with the new person in charge where he discussed residents' rights with them and all aspects of care. There was a resident advocate who meets with the residents on a one-to-one basis. This also offered residents the opportunity to participate and engage in the running of the centre; residents made detailed suggestions about the mealtimes, activities and religious practices. Residents spoken with were complimentary about the residents' committee and felt that their issues and suggestions were taken seriously by the person in charge and by staff.

Plenty of newspapers and magazines were seen throughout the communal areas and residents told inspectors that they listened regularly to the news on the radio and on television. The open visiting policy was confirmed by relatives. Residents commended staff on how welcoming they were to all visitors. Many visitors said they visited in the dining room or lounge if they did not wish to use the resident's bedroom. It was identified that a private visiting area would be very welcomed as there was not one available at the moment.

There was a dedicated activity co-ordinator who had been in post just over a year. It was evident to the inspectors that residents had opportunities to participate in activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities. A large range of activities were facilitated, for example, newspapers, prayers, mass, live music sessions, exercises, Sonas activities, hairdressing, movies, crosswords, outings, arts and crafts, and cookery. Inspectors met with the activities coordinator who outlined all the ongoing activities. Photographs of residents' attendance at the local show were on display as well as residents arts and crafts. Inspectors saw a variety of activities taking place throughout the two days of the inspection. The centre had won a prize in a recent competition for a ginger bread house that was made by the kitchen staff and decorated by the residents and staff; demonstrating the participation of all. Residents and relatives were very complimentary about the activity programme and the activity co-ordinator who was always introducing new ideas and topics.

The manner in which residents were addressed by staff was seen by inspectors to be appropriate and respectful. The inspector observed the residents' privacy and dignity being respected and promoted by staff in the provision of personal care and screening was used in shared rooms. However, inspectors noted that, in a number of shared bedrooms, curtains did not fully encircle the bed-space and therefore did not protect the privacy and dignity of the residents. Inspectors also noted that a number of beds in shared rooms were too close together and that there was not adequate space in the four-bedded room to accommodate four residents. This was due to the layout of the room and position of the door which meant two beds were very close to each other and the fourth bed space only facilitated a bed and did not allow for any furniture or person possessions in the immediate bed area. The provider confirmed that generally only three residents were accommodated in this room. All the items identified above did not protect the privacy or dignity rights of the residents and required review.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a centre-specific policy on residents' personal property and possessions. In the sample of residents' records that were reviewed by inspectors, there were inventories in place of individual resident's clothing and personal items.

Laundry facilities were onsite, they were maintained in good order and appropriate arrangements were in place for the regular laundering of linen and clothing, and procedures were in place for the safe return of residents' personal clothing items. The inspector spoke to the laundry staff who were found to be knowledgeable about appropriate procedures in regard to infection control. Residents and their relatives informed inspectors that clothing was well looked after.

The inspectors noted that a number of bedrooms were personalised and residents were facilitated to have their own items, such as furniture and pictures. Other multi-occupancy rooms did not appear to have much personalisation. Each resident had plenty of furniture in their bedrooms to store clothing and personal items in their own bedside cabinets and wardrobes.

Judgment:
Compliant

Outcome 18: Suitable Staffing

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

Theme:
Workforce

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

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

Findings:

Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents. Inspectors observed positive interactions between staff and residents over the course of the inspection.

An actual and planned roster was maintained in the centre. Inspectors reviewed staff rosters which showed that the person in charge and the assistant director of nursing (ADON) were supernumerary and another clinical nurse manager (CNM) was supernumerary one day per week. Nurses were on duty at all times and healthcare assistants were allocated on all three floors. Inspectors observed practices and conducted interviews with a number of staff.

Staff appeared to be supervised appropriate to their role and responsibilities and this was enabled through the person in charge, CNMs, senior nurses and senior carers.

Records viewed by inspectors confirmed that training was provided in the centre, with some training already planned for 2017. Records indicated that all staff had received training in manual handling, infection control, hand hygiene, fire safety and abuse awareness. Not all staff had completed training in responsive behaviour which is discussed and actioned under Outcome 7.

Staff were made aware of the regulations and standards. There was evidence that a meeting was held with a large number of staff in November 2016 in which the National Standards for Residential Care Settings for Older People in Ireland which came into effect in July 2016 and the policies and procedures required under Schedule 5 which were in place in the centre were discussed.

Inspectors reviewed a sample of staff files which included the information required under Schedule 2 of the Regulations.

The files for all current volunteers included evidence of vetting and inspectors were informed that no volunteers or staff commenced work without completed vetting.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Cramers Court Nursing Home
Centre ID:	OSV-0000218
Date of inspection:	28/11/2016
Date of response:	21/12/2016

Requirements

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

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

Outcome 07: 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:

Not all staff had up-to-date training in responsive behaviours

1. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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:

All staff will have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. All due staff members are expected to complete their training in responsive behaviour by the 25/01/2017. Evidence for training booked for outstanding staffs were shown to the inspector during the inspection.

Proposed Timescale: 25/01/2017

Theme:

Safe care and support

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

The system in place to manage residents' finances was not sufficiently robust.

2. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

1. A new improved resident finance register and sufficiently robust facility put in place on during the inspection process (29/11/16)

2. Requests placed in bank to open personal bank account system (Person in care account) for residents who may need one. A final decision will be made in consultation with residents, next of kin and bank officials.

3. Chiropodist and hair dresser are advised to provide individual invoices and will be signed off by the nursing staff to confirm that they have received the service as advised by the inspector.

Proposed Timescale: 30/01/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Cleaning trollies with cleaning chemicals on them were seen on two occasions to be left on corridors out of the observation of staff which could lead to accidents or injury if a resident took the chemicals.

3. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout

the designated centre.

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

All housekeeping staffs are advised about the health and safety implications for leaving the cleaning trolleys unattended on corridors. Our on-going supervision, training and Quality Management System would ensure the compliance of safe practices. Information pack on 'Your steps to chemical safety-A guide for small business' by Health and Safety Authority was printed out and given to all housekeeping staff for further reference.

Proposed Timescale: Completed and on-going

Proposed Timescale: 21/12/2016

Theme:

Safe care and support

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

Inspectors noticed that the centre was malodourous throughout, on both days of the inspection, which indicated that there were deficiencies in cleaning. In addition, deficiencies in the physical environment, including damaged flooring and chipped paint on walls, meant that areas within the centre could not be effectively cleaned.

4. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

1. Malodour:

During our investigation of malodour, maintenance engineer discovered the extractor system was shut down. This meant that there was no air circulation in the building. The fault was traced to faulty switches (Variable speed switches) Both units replaced and system now working perfect.

2. Deficiencies in cleaning:

A full review of all cleaning products and full review of cleaning procedure was conducted. We are currently trialling few advanced cleaning products to ensure adequate cleanliness of the centre.

3. Damaged flooring:

Floor replacement programme now in place commencing with the removal of all carpets from the centre. This program will be conducted one floor at a time so as to not to upset the day to day running of the centre (Completion: March 31st 2017)

4. Chipped paint on walls:

Painting / maintenance is conducted on an on-going basis with two in-house maintenance personnel.

Proposed Timescale: 31/03/2017

Theme:

Safe care and support

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

Fire drills had taken place however, the actions taken and outcome of the fire drill which had occurred in 2016 were not documented; therefore there was no record of learning from the drill and improvements required as a result.

5. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

We will ensure Fire precautions are in place to reflect current best practice in as much as is possible. Following a fire drill a report on the success and the problems will be generated by the Fire Marshall conducting the drill/evacuation The review which will take place at the QIM and will have information available such as

- Actions taken
- Learning from the drill
- Improvements required as a result.
- Outcomes from training and drills conducted,
- Changes to the centre,
- Changes to the profile of residents within the centre
- Any adverse events that may have occurred.

Proposed Timescale: 30/01/17 & on going

Proposed Timescale: 30/01/2017

Theme:

Safe care and support

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

A fire door was seen to be wedged open by a chair during the inspection.

6. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

The fire door was wedged open by a cognitively impaired resident in that particular room. We are getting quotes for new electromagnetic door closers for allowing residents to keep their bedroom doors open safely.

All staffs have been made aware about the consequences of keeping a fire door wedged open. Our management and supervisory team will ensure 'zero tolerance' to these kinds of risky practices. There is a day and night checking system in place to ensure the compliance of this.

Proposed Timescale: 28/02/2017

Outcome 09: Medication Management

Theme:

Safe care and support

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

Medications that required crushing were not seen to be prescribed as such for each individual medication that required crushing, therefore nursing staff were administering medication to residents in crushed format although it had not been specifically indicated on the prescription sheet and there was no list available of medications that cannot be crushed maintained.

Nurses transcribed prescriptions and this practice was in generally compliance with relevant guidance, however inspectors saw there were occasions where transcribed meds were not signed by the transcribing nurse.

7. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

An audit was conducted on crushed medications on 06/10/2016 and the result of this audit was discussed at the medication review meeting conducted on 25/10/2016. This was attended by our Asst. PIC, G.P and Chief Pharmacist.

PIC would ensure that following in consultation with our GP, Pharmacist and Nursing team;

- Medications that required crushing would be prescribed as such for each individual medication that required crushing.
- A list of categories of medications that cannot be crushed would be maintained and made available to the nursing staffs who administer the medications.
- Pharmacy service agreed to generate Cardexes for us in compliance with the regulations from January 2017, this can minimise transcribing of prescription by nurse to a greater extent.
- In occasions where transcribing is unavoidable, it would be made sure that it is signed by the transcribing nurse.

Proposed Timescale: 31/01/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

A number of residents care plans were generic and were not personalised to the resident and did not fully reflect the assessments undertaken and did not direct the care required by the resident.

8. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

We will continue to make efforts to make all care plans more personalised to the resident and fully reflects the assessment undertaken to direct the care required by the resident

Proposed Timescale: 21/12/2016

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:

There was one communal shower room that included an assisted shower, toilet and wash-hand basin on the first floor. This toilet and shower room was the only one available to residents in rooms 15, 16, 18,19, 21 and 22 which could be a total of 16 residents. Residents in these rooms need to be mobile due to the step and slope down to the toilet.

There are different levels on both the first and second floors and it is necessary to use either steps or ramps to navigate from the original house to the newer part of the centre. Even though there is an elevator to the first floor, the three bedded rooms on this floor are not on the same level as the elevator and residents must climb five steps to access the bedrooms.

Other Improvements were required in the centre such as:

- some carpets were worn and torn in places
 - there was only one chair in some of the twin bedrooms and these were standard dining room type chairs which would not be comfortable to sit in for an extended period
 - televisions in some of the bedrooms were not located so as to be viewable from all beds in the rooms
- there was not enough dining space for all of the residents
- there was a port cabin housing a sluice room outside a bedroom window preventing

any view out from the window

- there was an electric socket coming off the wall in a residents bedroom

9. Action Required:

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

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

1. A number a toilets and shower facility will be made available in convenient locations in the proposed building extension and reconfiguration plan 2017-18
2. Steps, stairs and uneven surfaces will be minimised to greater extend in the proposed building extension and reconfiguration plan 2017-18
3. All worn and torn carpets will be replaced by new flooring (March 2017)
4. Adequate number of comfortable chairs will be provided in all bedrooms
5. Televisions in all the bedrooms will be relocated so as to be viewable from all beds in the rooms (Bed room 1 TV position was fixed on the day of inspection)
6. Enough dining space for all of the residents is one of the priority in the proposed building extension and reconfiguration plan 2017-18
7. The port cabin housing a sluice room outside a bedroom will be removed as a part of the proposed building extension and reconfiguration plan 2017-18
8. The electric socket came off the wall (caused by the movement of high profile electric bed) in a residents bedroom was immediately fixed

Proposed Timescale: Building extension and reconfiguration expected to be completed by year 2018

Proposed Timescale: 31/12/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Inspectors noted that in a number of shared bedrooms curtains did not fully encircle the bed-space and therefore did not protect the privacy and dignity of the residents. Inspectors also noted that a number of beds in shared rooms were too close together and that there was not adequate space in the four bedded room to accommodate four residents due to the layout of the room, these issues did not meet the residents right to privacy and dignity

10. Action Required:

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

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

- All shared bedrooms curtains will be extended to fully encircle the bed-space to protect the privacy and dignity of the residents. (31st March 2017)
- Beds in all shared rooms will be rearranged to provide adequate space to meet the resident's right to privacy and dignity. (31st January 2017)
- The current four bedded room will no longer be a part of residents accommodation in the proposed building extension and reconfiguration plan 2017-18

Proposed Timescale:

- All actions except building extension and reconfiguration 31/03/2017
- Building extension and reconfiguration expected to be completed by year 2018

Proposed Timescale: 31/12/2018