

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Haven Bay Care Centre
Centre ID:	OSV-0000235
Centre address:	Ballinacubby, Kinsale, Cork.
Telephone number:	021 477 7328
Email address:	
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Haven Bay Care Centre Limited
Provider Nominee:	Helen O'Regan
Lead inspector:	Caroline Connelly
Support inspector(s):	Noel Sheehan
Type of inspection	Announced
Number of residents on the date of inspection:	78
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
22 November 2016 10:30	22 November 2016 18:20
23 November 2016 09:20	23 November 2016 17:30

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	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
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	Compliant
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. The provider had applied to renew their registration which is due to expire on 31 March 2017. As part of the inspection inspectors met with the residents, the person in charge, the provider, the operations manager, relatives, a General Practitioner (GP), the Clinical Nurse Manager (CNM), the human resources manager, the priest providing religious services to the centre 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. The provider, person in charge and the staff 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.

There was a clearly defined management structure in place. The management team were proactive in response to the actions required from the previous inspection and the inspectors viewed a number of improvements throughout the centre which are discussed throughout the report. There was evidence of the centres staff and residents being involved in a number of projects and pilot studies which promoted innovative practices and ensured improved practices and care for the residents.

A large number of quality questionnaires were received from residents and relatives and inspectors spoke to many residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. Family involvement was encouraged with relatives and residents stating they are welcomed at any time. Inspectors saw numerous visitors in and out of the centre during the two day inspection. There was an active residents committee who ensured the residents' voice was heard and residents were also involved in other committee's such as a nutrition committee and infection control committee. Residents told inspectors they felt empowered by their involvement in these committee's and felt the staff took their suggestions and recommendations seriously and acted upon them.

The inspectors found the premises; fittings and equipment were very clean and well maintained and that there was a good standard of décor throughout. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Resident's health and social care needs were met. Residents had comprehensive access to (GP) services, to a range of other health services, and the nursing care provided was found to be evidence-based. Residents could exercise choice in their daily life and were consulted on an ongoing basis. Residents could practice their religious beliefs. In summary, inspectors were satisfied that the centre was generally operating in compliance with the current conditions of registration granted to the centre.

Inspectors identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection. These are discussed under the outcome statements. The related actions are set out in the Action Plan under the relevant outcome which included issues with the provision of mandatory staff training and further enhancement of the fire drill process.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

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, and 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.

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. There was evidence that the statement of purpose was kept under review and readily available for residents and staff to read. The statement of purpose 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):

No actions were required from the previous inspection.

Findings:

Inspectors found that there was a clearly defined management structure in the centre that outlined the lines of authority and accountability. The provider was in the centre on a daily basis and was involved in the overall governance and management of the centre and in the introduction and implementation of special projects. There was an operations manager who reported directly to the provider and was responsible for the overall operational management of the centre. The housekeeping, administrative, maintenance and catering staff report to her. The person in charge has responsibility for all clinical care and the nursing, care staff and activities staff report to her and she in turn reports to the operations manager. The person in charge is supported in her role by two clinical nurse managers. There had been a recent restructuring of the nursing team to ensure greater supervision of care particularly in the evenings and weekends, by the appointment of senior staff nurses and the pending appointment of a dementia champion nurse which will further add to the management team. A human resource manager had also been appointed during 2016 and is responsible for all aspects of recruitment and retention of staff in the centre. She also provides training to staff and coordinates staff training.

The provider, operations manager, person in charge and the staff 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. There was evidence of the centres involvement in innovative practices and pilot schemes which resulted in enhanced outcomes for residents care.

The management team and staff demonstrated a commitment to continual improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the services. There was an across-the-board system of audit in place, capturing all departments, to review and monitor the quality and safety of care and the quality of life of residents. There was evidence that resources were allocated to activities that promoted quality and safety and residents and relatives were very complimentary re same.

There was evidence of good consultation with residents and relatives. Satisfaction surveys were carried out on a regular basis. Residents and relatives' questionnaires reflected a high level of satisfaction with care received in the centre. There was evidence that residents' meetings were convened on a regular basis. Minutes reflected that a broad range of topics were tabled and discussed. To further enhance quality of life residents recently have been represented on an infection control and nutrition committee and families have attended resident and relative committee meetings.

Other reviews of clinical quality indicators included pressure ulcers, falls, the use of psychotropic medications, bed rails, medication management and administration, the assessment of risk and health and safety. There was evidence that audit findings were communicated to staff in the staff meetings. Policies have been updated and on-going daily training sessions were provided to staff on the roll out of the policies.

Following a recent outbreak of norovirus (winter vomiting) a full review of all infection control practices was undertaken and further control measures were put in place. There was evidence of the generation of a report, inclusive of findings and an action plan being implemented.

The management team had completed an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2015. The annual review outlined service developments, results and feedback from a relative survey. It outlined the improvements made in 2015 and outlined the quality improvement plan for 2016. There was evidence that the findings from the annual review were presented to residents and relatives. Inspectors were satisfied that the quality of care is monitored and developed on an ongoing basis and that the action taken in response to findings or trends identified generally resulted 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 the inspectors. Inspectors found that contracts had been signed by the residents/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):
No actions were required from the previous inspection.

Findings:
The person in charge 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.

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 she was a registered nurse, was suitably qualified and had a minimum of three years experience in nursing of the older person within the previous six years, as required by the regulations. She had a commitment to her own continued professional development and she had regularly attended relevant education and training sessions which was confirmed by training records. There was evidence that she had attended a comprehensive range of post graduate training to Masters level and provided in-house training to staff on, for example; dementia, advanced care directives and the prevention of elder abuse.

Staff, residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was approachable and that she always made herself available to them whenever they needed to discuss anything with her.

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.

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. There was evidence that there was on-going training to staff on policies and procedures and staff were signing off on these once they had received the training.

Inspectors viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

The human resource manager informed inspectors that they had really tightened up on their recruitment process and no staff commenced employment until satisfactory Gardaí vetting, references and all the requirements of schedule 2 of the regulations had been attained. Inspectors reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

The inspector was 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):

No actions were required from the previous inspection.

Findings:

There had been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the person in charge was aware of the responsibility to notify HIQA of any absence or proposed absence.

Suitable deputising arrangements were in place to cover for the person in charge when she was on leave. The CNM who is in the post of CNM for a number of years was in charge when the person in charge is on leave. Inspectors met and interviewed the CNM during the inspection and she demonstrated an awareness of the legislative requirements and her responsibilities and 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):

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

Findings:

Inspectors found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed by inspectors demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. Inspectors saw that safeguarding training was on-going on a very regular basis in-house and training records confirmed that staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. There was evidence that allegations of abuse had been recorded, investigated, appropriate action taken and reported to HIQA and other agencies as required.

The centre maintained day to day expenses for a number of residents and inspectors saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents' finances and valuables which included a review of a sample of records of monies and valuables handed in for safekeeping. Money and valuables were kept in a locked area in the reception area. Residents' monies and valuables were stored in individual plastic envelopes with the name of the resident.

All lodgements and withdrawals were documented and were signed for by two staff members. Inspectors were satisfied that the system in place was sufficiently robust.

There was a policy on responsive behaviour and staff were provided with training in the centre on responsive behaviours along with dementia specific training which was on-going. However training records showed that not all staff had received up-to-date training in this area at the time of the inspection. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for full review and follow up as required. The inspector saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours and staff spoke about the actions they took. Records of behaviours were recorded with included the triggers to these behaviours and what facilitated the resident following the behaviour. Care plans reviewed by inspectors for residents exhibiting responsive behaviours were seen to reflect the positive behavioural strategies proposed. These were clearly outlined in residents' care plans and therefore ensured continuity of approach by all staff using person-centred de-escalation methods.

There was a policy on restraint which was updated since the last inspection. There was evidence that the use of restraint was in line with national policy. Inspectors saw that there was a comprehensive assessment form was in place for the use of bedrails, which clearly identified what alternatives to bed rails had been tried to ensure bed rails were the least restrictive method in use. Inspectors were assured by the practices in place and saw that alternative measures such as low profiling beds, alarm mats and sensor beams were being used to reduce the use of bed rails in the centre over recent times and there had been a continued reduction in bed rail usage. There were 14 residents using bedrails on the days of the inspection which had been reduced from 21 using bedrails in June 2016. Where bedrails were required for a resident, inspectors saw evidence that there was regular checking of residents, discussion with the resident's family and the GP. The centre is a pilot site for research into assessing and managing responsive behaviours, in particular the use of anti psychotic medication.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
The fire policies and procedures were centre-specific. The fire safety plan was viewed by inspectors and found to be comprehensive. There were notices for residents and staff on

“what to do in the case of a fire” appropriately placed throughout the building. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. Inspectors saw that although fire training was provided to staff on a number of dates in 2016 and 2015 not all staff had up to date fire training and this was a requirement of legislation. The person in charge told inspectors and records showed that fire drills were undertaken twice per year. However the actions taken and outcome of the fire drill was not documented, therefore there was no record of learning from the drill and improvements required as a result. Due to the size and layout of the building over three floors regular fire drills at different times of the day in each floor would be recommended. The person in charge acknowledged that drills needed to be undertaken more frequently. Inspectors examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment had been tested in January 2016 and the fire alarm was last tested in September 2016.

Accidents and incidents were recorded on incident forms and were submitted to the person in charge and there was evidence of action in response to individual incidents. Root cause analysis had been undertaken following a number of incidents and a post fall review was also undertaken. There were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on corridors and safe walkways were seen in the garden areas.

There was a centre-specific emergency plan that took into account all emergency situations and where residents could be relocated to in the event of being unable to return to the centre. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency, assessments for malnutrition and assessments for pressure ulcer formation. 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.

The environment was observed to be very clean and personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. Hand hygiene training was on-going and staff demonstrated good hand hygiene practice as observed by the inspector. Arrangements for the disposal of domestic and clinical waste management were appropriate. As discussed in outcome two, audits of infection control were on-going particularly following the recent outbreak of the winter vomiting infection. Infection control training is on going and provided to staff on a regular basis. An infection control committee is in place with representatives from all sectors of the service and all issues and surveillance is discussed and actioned here. Cleaning staff were knowledgeable in regard to procedures on cleaning residents’ bedrooms and en suites. A colour coded cleaning system was in use. Inspectors noted that the levels of cleanliness and housekeeping, décor and furnishings were of a high standard. Ample supplies of wall mounted graduated dispensers for cleaning products were available. Schedules of cleaning were available and were regularly updated. Deep cleaning schedules ran in tandem with the daily cleaning.

The health and safety of residents, visitors and staff were promoted and protected. The health and safety statement seen by the inspector was centre-specific dated 2016. The risk management policy dated September 2016 as set out in Schedule 5 did include all the requirements of Regulation 26(1) The policy did cover, the identification and assessment of risks and the precautions in place to control the risks identified. It included the measures and actions in place to control the following specified risks, 1) Abuse, 2) the unexplained absence of a resident, 3) accidental injury to residents or staff, 4) aggression and violence, and 5) self-harm and therefore was found to meet the requirements of legislation. The risk register was up to date and it identified and outlined the management of clinical and environmental risks.

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 who follows up with staff to ensure safe moving and handling practices are consistently used. Hoists were serviced on a regular basis as required by legislation and records of same were seen by the inspectors. Inspectors observed staff assisting residents using the hoists which was completed in a safe manner following best practice guidelines.

The provider said that since the last inspector the centre had become a smoke free centre. A visitor's sign in/out book was readily accessible at the front door. There was evidence that persons entering and leaving the centre signed the book.

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):

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

Findings:

Inspectors noted that there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were up-to-date. Staff wore red tabards indicating that they were not to be disturbed while administering medications. Staff were observed adhering to appropriate medication management practices. Medication trolleys were secured and the medication keys were held by the nurse in charge of the floor. The inspector observed a nurse administering the lunch time medications, and this was carried out in line with best practice. Medications were generally administered and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Controlled drugs were stored in accordance to best practice

guidelines and nurses were checking the quantity of medications at the start of 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. Residents individual care plans for medication management were attached to the prescription and administration records this identified the way residents liked to take their medications and the best approach to use.

There was a system in place for reviewing medications on a three monthly basis by the GP and pharmacist and this was documented in residents' notes. Inspectors saw that for residents that required their medications in an altered format such as crushed medications this was written on a separate sheet to the prescription sheet saying resident could have their medications in this format. However 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. As required medications stated frequency of dose therefore ensuring there was a maximum dose in 24 hours that could not be exceeded.

A comprehensive system of ongoing audit and analysis was in place for reviewing and monitoring safe medication management practices. A clinical nurse manager was assigned this role. Medication errors were recorded and there was evidence that appropriate action was taken as a result of same. Nursing staff undertook regular updates in medication management training as evidenced by training records.

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 of unused and out of date medicines and the documenting of same. A pharmacy returns book was located on the ground floor. Fridges containing medications were located in secure clinical rooms. There was evidence that the temperature of the fridge was monitored daily and that the fridges contained medication only.

Residents could be responsible for their own medication following an appropriate comprehensive assessment. There was one resident currently self administered medication in the centre at the time of the inspection. Inspectors saw that the resident had secure storage in her bedroom including her own medication fridge the temperature of which was recorded daily. There was a comprehensive assessment demonstrating the residents ability to self medicate. The resident told the inspector she felt empowered to be able to have control of her own medications and she signed her own administration chart daily and gave to the nursing staff at the end of the week.

Judgment:
Substantially Compliant

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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:
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 have been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents and incidents 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:
There was evidence that residents could keep the service of their own general practitioner (GP) but the majority of the residents were under the care two GP practices who provided medical services to the residents and visited weekly, twice weekly and more frequently as required. Inspectors met and spoke to a GP who was doing a routine visit and review of his residents during the inspection he confirmed that his practice visited twice weekly for a number of hours and more frequently as required. Residents'

medical records were inspected 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. Dietician and speech and language services were available as required. 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 residents with mental health needs and residents who displayed behavioural symptoms of dementia. Treatment plans were put in place which were followed through by the staff in the centre. Follow-up to consultations were 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. Pain charts in use reflected appropriate pain management procedures. The centre was in the process of changing to a computerised system and some assessments were kept electronically and some in a paper based format. There were a lot of separate folders and information for residents was kept in a variety of areas. Consideration to streamlining the documentation is required to ensure records are maintained in a way to ensure ease and accessibility of information. Inspectors saw that each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents' changing needs. There was evidence that residents and their family, where appropriate participated in care plan reviews. There was documentary evidence that the care plan had been discussed with the resident or relative as required and this discussion of care plans was confirmed by residents and relatives. Consent to treatment was documented. Nursing notes were completed on a daily basis.

Inspectors found that the care plans guided care and were very person centred and individualised. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. There was one resident with a pressure ulcer at the time of the inspection and there was evidence of scientific assessment and measurements of the wound, care plans in place. Nursing staff advised the inspector that Staff had access to support from the tissue viability nurse as required.

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 enjoying the activities going on throughout the centre.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Haven Bay Care Centre is a three-storey building that commenced operating in 2007 and provides continuing, convalescent and respite care for up to 79 residents.

The centre currently provides accommodation for residents on the three floors with lift and stair access between floors. Spread across the three floors there are 69 single bedrooms and five twin bedrooms with en suites and all en suites contain a wash-hand basin, assisted toilet and assisted shower. Additional to en suite facilities there are communal assisted toilets in close proximity to communal areas. Residents' bedrooms were discreetly but highly personalized with memorabilia and residents had good access to televisions, radios, papers, magazines and a well stocked in-house library. Access to and from the centre was secure.

Communal accommodation included numerous day and dining rooms, an oratory, a hairdressing room, a therapy room and quiet rooms. Residents had access to a number of gardens inclusive of walkways, water features, raised gardens and seating/tables. Since the last inspection the garden area in the lower ground floor had been renovated to provide a sensory garden with raised flower beds, a safe walkway with hand rails and new garden furniture. The premises and grounds were seen to be well-maintained. Appropriate lighting and ventilation were provided. Inspectors noted that the premises and grounds were free from significant hazards.

The centre was warm and comfortable and suitably decorated. An under-floor heating system was in operation. Housekeeping was of a high standard. The size and layout of the bedrooms occupied by the residents were suitable to meet the needs of residents. A sufficient number of toilets, bathrooms and showers and an assisted bathroom were provided.

Residents had access to appropriate equipment which promoted their independence and

comfort. Specialised assistive equipment or furniture that residents may require, were provided. For example, assisted hoists with designated slings, wheelchairs, alarm mats and cushions, specialist beds and mattresses, respiratory equipment and a computer. Service records were seen and servicing for equipment was found to be up-to-date. A functioning call bell system was in place and call bells were appropriately located throughout the centre.

The centre had a separate main kitchen complete with cooking facilities, equipment, dry stores, cold rooms and shelving. Catering staff had designated changing and toilet facilities. Appropriate personal protective equipment (PPE) was available to staff in the annex prior to entering the main kitchen. Catering staff distributed meals by means of a serving hatch from the main kitchen to the main dining room on the ground floor. Staff served the meals to residents. Meals for the Armada suite and the first floor were transported via hot trolleys.

Judgment:
Compliant

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 in the main reception area and was also outlined in the statement of purpose and function and in the Residents' Guide. There was evidence that complaints were discussed at staff meetings and informed changes to practice.

Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspector viewed a comprehensive complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.

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:

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre and had access to ministers from a range of religious denominations. Inspectors spoke to the priest who attended the centre once or twice weekly. He said mass in the centre and also administered the sacrament of the sick monthly to residents. He knew all the residents well and they very much enjoyed his visits. There was an oratory in the centre and this was available for reflection. The priest told the inspectors he was holding a joint service with the church of Ireland minister in remembrance of all the residents who died in the centre in the next week. Family of deceased residents were invited to come to the service.

Inspectors reviewed the centre's policy on end-of-life care which was seen to be comprehensive to guide staff in providing holistic care at the end of life stage. The person in charge told inspectors that the centre was one of a group of centres which were part of a pilot programme for the implementation of advanced care directives for residents and these were now at an advanced stage of implementation throughout the centre. Inspectors reviewed a sample of residents' care plans with regards to end-of-life care and noted that they comprehensively recorded residents' preferences at this time. All information was accessible to staff and staff indicated that relevant information was shared at report handover time. Residents with whom the inspector spoke were positive about the care available in the centre. Most residents stated that in the event that their needs changed in the future they would prefer to be cared for in the centre. They expressed confidence in the care given by the GP (general practitioner) and were aware of the advanced care planning process with one resident stating she was delighted she took part in the discussion as she felt her wishes were now well known and it made it easier for her family. Relatives with whom the inspectors spoke were welcoming of the advanced care planning and said that this was sensitively approached by the person in charge and her team.

Staff training records indicated that staff had attended training on palliative care issues including spiritual care, psychological support, pain management and communicating with the bereaved relatives. Training was facilitated internally and externally. The GP who spoke to the inspectors confirmed that end of life care was facilitated and provided to a good standard in the centre including palliative care. GPs had developed care procedures that would prevent unnecessary hospital admissions. Inspectors saw that discussion and planning for the end stage of life had prevented unnecessary transfers of residents to the acute hospital and allowed them to die with dignity in the centre.

Families that spoke to the inspector were very complimentary in relation to this care and wanted their relatives to stay in the centre, Staff, with whom the inspector spoke, had received training on the use of a syringe driver (a mechanical pump used to administer medications) and were knowledgeable in the administration of subcutaneous fluids, if these were required. The person in charge stated that the centre was well supported by the specialist team from the local hospice. Records which the inspector viewed indicated that the palliative team were responsive to the GP and the staff in providing specialist advice in pain relief and symptom management.

The centre used a recognised end-of-life care symbol to support the administration of dignified and respectful care for the dying person. The person in charge stated that upon the death of a resident, his/her family or representatives were offered information, both verbally and in leaflet form, on what to do following the death of their relative. Staff were supported and residents could attend the services and removal if they wished. Staff and relatives confirmed this with the inspector stating that they would form a 'guard of honour' at the door of the centre for the removal.

Families were facilitated to be with residents at end of life and facilities were provided to ensure their comfort. Overall the inspectors found that 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.

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):

No actions were required from the previous inspection.

Findings:

The centre had a comprehensive policy for the monitoring and documentation of nutritional intake which was seen to be implemented in practice. A record of staff training seen by the inspectors indicated that staff had attended a broad range of training and that internal education sessions were on going.

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was

observed. There was good access to dietetic services and the services of the speech and language therapist. Files reviewed by the inspectors confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and speech and language therapist

Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. All special diets were catered for and meals were presented in an attractive and appetising manner.

There were three dining rooms in the centre which were bright and spacious. The furniture was homely and included lamps and bookshelves. Inspectors observed mealtimes including lunch, afternoon tea and tea time. Residents informed the inspector that they had the option of having their breakfast served in bed, in the dining rooms or at their bedside at a time of their choosing. The inspector sat with residents at dinner which commenced at 12.30 and noted that staff levels were adequate to meet the needs of the residents during mealtimes. There was a dessert trolley which provided choice of desserts and home baked cakes were on offer with tea after lunch. Mealtimes in the dining rooms were observed by inspectors to be a social occasion. Staff sat with residents that required assistance providing encouragement or assistance with their meal.

Plenty of drinks were available for residents and a trolley offering light snacks was available throughout the day. Water dispensers were seen in the centre and other drinks and juices were readily available. Inspectors saw that residents who were not able to access drinks independently were being assisted by staff members.

Inspectors reviewed records of resident meetings and any issues residents raised in relation to food had been addressed and overall residents were generally complimentary of the food on offer in the centre. As previously outlined in the report the centre had also set up a nutrition committee with representation from all grades of staff and resident representation. Inspectors viewed minutes of meetings which indicated that menus, food choices and preferences, weight loss/gain were discussed and residents had input into the menu of offer. All aspects of meals, menus nutrition were discussed at the meetings.

The dining experience was audited and improvements were made following same. The menu was adapted on a seasonal basis and the inspector was shown the choice form which is filled in with the residents for each mealtime. There was also a menu rotation and the daily choices were on display prominently in the centre.

Relatives with whom the inspector spoke said that the food was very good and that they were informed of any changes in the nutritional status of their relative.

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:

Residents were facilitated to exercise their civil, political and religious rights. Inspectors were told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. Inspectors observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents told the inspectors how important this was to them.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and that there were plenty areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to the person in charge CNM or staff and were assured they would be resolved.

Residents had access to the daily newspaper and several residents were observed enjoying the paper both mornings of inspection. Residents had access to radio, television, and information on local events.

There was an active residents' committee which met regularly. Minutes from these

meetings demonstrated that there was good attendances at the meetings and a variety of topics were discussed. A number of residents spoke of her involvement in the committee to the inspectors and said it was a useful forum to have their say in the running of the centre. There was evidence that residents with dementia were consulted with and were represented in the committee. There was evidence that all issues identified by residents were followed up and actioned and feedback on same given to the residents.

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, cookery. An activities coordinator organised concurrent activities on all floors over the week. Inspectors saw a variety of activities taking place throughout the two days of the inspection. Residents and relatives were very complimentary about the activity programme and the activity staff. They said they were innovative always introducing new ideas and topics. There was a cheese tasting evening on in the centre during the inspection which the residents reported they really enjoyed giving them the opportunities to try something new.

Judgment:
Compliant

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 and in the sample of residents' records that were reviewed by inspectors and there were records in place of individual resident's clothing and personal items.

Laundry facilities were on-site, 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 centre have now identified one person with the primary responsibility for laundry and this has greatly assisted in the prevention of loss or misplacement of residents clothing. An inspector spoke to the laundry staff member, who was 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 bedrooms were personalised and residents were facilitated to have their own items, such as furniture and pictures. Each resident had plenty of furniture in their bedrooms to store clothing and personal items in their own bedside cabinets and wardrobes. Locked storage was provided and a further safe was available if required.

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 and relatives 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 and found staff to have excellent knowledge of residents' needs as well as their likes and dislikes.

An actual and planned roster was maintained in the centre. Inspectors reviewed staff rosters which showed that the person in charge was on duty Monday to Friday and there were also a supernumerary CNM. Nurses were on duty and allocated on all three floors day and night. Inspectors observed practices and conducted interviews with a number of staff. Staff, residents and relatives reported to the inspector that there had been a high turnover of care staff. Inspectors met with the human resources manager during the inspection who acknowledged the difficulties with the recruitment and retention of staff. She outlined to inspectors a number of recruitment and retention strategies they had adopted recently and felt this would go a long way to address some of the issues outlined. Staff told inspectors staffing levels had increased particularly on the lower ground floor in response to increasing dependency levels of residents.

There had been a recent restructuring of the nursing team to ensure greater supervision of care particularly in the evenings and weekends, by the appointment of senior staff nurses and the pending appointment of a dementia champion nurse which will further add to the management team. 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 there was a high level of training provided in the centre with numerous training dates scheduled for 2017. Staff told the inspectors they were encouraged to undertake training by the person in charge. Mandatory training was on-going and although staff had attended a number of trainings not all staff had completed mandatory training in areas such as fire training and responsive behaviour and behavioural and psychological symptoms of dementia which were discussed and actioned under Outcome 7 and 8. Mandatory training in manual handling and safeguarding was found to be up to date. Staff also attended training in areas such as the prevention of falls, infection control and medication management. The person in charge discussed staff issues with inspectors and proper protocols and records were seen to be in place where concerns had been identified.

Inspectors reviewed a sample of staff files which included the information required under Schedule 2 of the Regulations. Registration details with An Bord Altranais for 2016 for nursing staff were seen by inspectors.

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
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Haven Bay Care Centre
Centre ID:	OSV-0000235
Date of inspection:	22/11/2016
Date of response:	16/12/2016

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:

Training records showed that not all staff had received up-to-date training in the management of responsive behaviours at the time of the inspection.

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

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

that is challenging.

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

Regular training sessions continue to be scheduled and are underway for all staff. We aim to have all staff trained in the management of responsive behaviours by 31st January 2017. Weekly responsive behaviour meetings take place which also informs learning. New staff will undertake responsive behaviour training as part of their induction programme.

Proposed Timescale: 31/01/2017

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:

Not all staff had up-to-date fire training.

2. 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 now undertaken appropriate fire training. Refresher training programmes had been devised and will be rolled out to all staff on a regular basis

Proposed Timescale: 31/12/2016

Theme:

Safe care and support

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

The frequency of fire drills required review to ensure that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

The actions taken and outcome of the fire drill was not documented, therefore there was no record of learning from the drill and improvements required as a result

3. Action Required:

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

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

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

Fire evacuation drills will be undertaken more frequently and where possible residents will be involved. Learnings from each evacuation will be recorded and actioned.

Proposed Timescale: 31/12/2016

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:

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.

4. 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:

Drug charts have now been amended to include a section where each medication that needs to be crushed can be signed individually by residents GP.

Proposed Timescale: 16/12/2016