

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Greenpark Nursing Home
Centre ID:	OSV-0000344
Centre address:	Tullinadaly Road, Tuam, Galway.
Telephone number:	093 244 10
Email address:	greenparknh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Green Park Nursing Home Limited
Provider Nominee:	Cora McNamara
Lead inspector:	Mary McCann
Support inspector(s):	Shane Grogan
Type of inspection	Unannounced
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make 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.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 February 2016 10:00 To: 02 February 2016 17:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 14: End of Life Care	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused primarily on End-of-Life Care and Food and Nutrition. Inspectors also followed up on the progress of three actions from the previous inspection in September 2015. With regard to the actions from the previous inspection, one action was found to be complete, one partially complete and one with regard to care plans had not been addressed. Inspectors met residents, a relative and staff and observed practice on inspection. Documents reviewed included training records, care plans, medication management charts, complaints log, minutes of residents' meetings and relevant policies.

In preparation for this thematic inspection the persons participating in the management, on behalf of the provider had of the centre, had completed a provider self-assessment in relation to both outcomes. Inspectors reviewed the policy on end-of-life care and the self-assessment tools relating to End-of-Life Care and Food and Nutrition submitted pre-inspection. The persons participating in the management of the centre who completed the self-assessment tools had judged that the centre demonstrated compliance in both outcomes. Inspectors found that many residents did not have end- of- life care plans and nutritional care plans were not person-

centred, were not up to date in some instances, and failed to provide sufficient detail to staff as to how the care was to be delivered to meet the assessed needs of the residents.

Inspectors noted a warm and calm atmosphere throughout the centre. The centre was clean and well maintained. There was an enclosed courtyard garden which provided good natural light. Residents spoken with voiced how happy they were in the centre and were complimentary of the food.

Overall, the inspectors judged the centre to be in moderate non-compliance in both outcomes with regard to the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland. Other outcomes which were inspected are documented below in the report and their level of compliance is recorded. One major non- compliance is documented under Governance and Management and moderate non- compliances are documented under outcomes relating to Medication Management, Health and Social care, Complaints procedures, End-of-life care, Food and Nutrition, Residents' Rights, Dignity and Consultation, and Suitable Staffing. Improvements required are included in the Action Plan at the end of this report.

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 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 there was a clearly defined management structure that identified the lines of authority and accountability. The provider/person in charge is a joint post (referred to as the provider representative throughout this report). While the provider representative, assistant director of nursing and a full-time clinical nurse manager were on duty, several non-compliances were identified on the day of inspection. Inspectors were informed that the person in charge took a lead on auditing, however, there was poor evidence available that the results of the auditing process had been utilised to identify possible trends with the aim of improving the overall quality of service and safety of residents. For example, care plans remained inadequate even though they had been audited and non-compliances have been detailed in previous reports. Aspects of non-compliance with staffing which relate to governance are discussed under Outcome 18 – Staffing.

Judgment:

Non Compliant - Major

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:

A medication policy was in place. One of the inspectors reviewed a sample of medication records and found that they contained the required information with regard to the residents' identity and were clear and legible.

The procedure was that nurses transcribed medications and entries were checked and individually signed by the General Practitioner (GP), however there were some medications not signed by the GP. For example, one medication was transcribed by a nurse on the 16 January 2015 but had not been signed by a medical practitioner.

Judgment:

Non Compliant - Moderate

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:

Person-centred care and support

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

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

Findings:

One action from the previous inspection was not completed and one was completed. Both related to care planning and monitoring of weights and are discussed under Outcome 15.

There was one resident with a pressure wound on the day of inspection. One of the inspectors reviewed the wound care documentation. A wound care assessment with photographs of the condition of the wound was available. These supported that the wound was improving. The wound care plan indicated that the resident was to be turned two-hourly during the day and four-hourly at night. On reviewing the care records, there was poor evidence available that this was occurring. The Assistant Director of Nursing stated that it was occurring, but it was not recorded.

Judgment:

Substantially 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):

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

Findings:

There was an issue with regard to accessibility of the appeals process with a previous complaint. The provider representative had arranged for this complaint to be reviewed by an independent appeals person and a copy of the findings of the independent appeals person had been sent to the complaints initiator. The complaints procedure was displayed in the entrance area. This detailed an appeals procedure that was out of date. The complaints policy was reviewed by one of the inspectors. Complaints are initially dealt with by the provider representative and the administrator was identified in the policy to ensure complaints were appropriately responded to and records maintained thereof. Complaints were detailed in the complaints log on the centre's computer system however no other information was documented. The Assistant Director of Nursing stated that these complaints were verbal complaints and were resolved immediately. The inspector reviewed the most recent recorded complaints with the Assistant Director of Nursing. The initial facts relating to complaints had been documented. No detail of the investigative process was recorded. Under regulation 34(1) (d) the registered provider must investigate all complaints promptly. Additionally, there was no evidence available that the complaint had been appropriately responded to, to include details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied. Under regulation 34 (1) (g) the registered provider shall inform the complainant promptly of the outcome of their complaint and details of the appeals procedure. There was no evidence available in the complaints log of any communication between the provider representative and the person who complained. Due to the poor recording of complaints, it was difficult to see whether any practice had changed as a result of the complaint or how complaints could be audited. The Assistant Director of Nursing stated he had spoken with the complaints initiator about her complaint but there was no record of this.

Judgment:

Non Compliant - Moderate

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:

There was an end-of-life policy in place and Palliative care services were easily accessible. Relatives/friends were welcomed and facilitated to remain with their relative with refreshments available. However, robust arrangements were not in place for eliciting residents' end-of-life preferences and efforts were not made to afford residents an opportunity to consider and communicate their wishes and preferences. No resident was receiving end-of-life care on the day of inspection.

Staff were trained in the administration of sub-cutaneous fluids to provide comfort care when residents were unable to consume adequate oral fluids. The Assistant Director of Nursing explained that he took a lead on End-of-Life Care and had commenced completion of end-of-life care assessment, but stated that due to the shortage of staff, he had not been able to progress them. In order to ensure that spiritual, religious and cultural practices and any wishes the residents have are adhered to, end-of-life care plans are required. There was no evidence available on care documentation reviewed that pain assessment and monitoring charts were in place to ensure the effectiveness of the analgesia was monitored. On one care file reviewed of a resident who had passed away in the centre, there was good evidence available of input from palliative care services. Mass was celebrated weekly. There was an oratory for residents for reflective personal time.

Four nurses and six care staff had attended training on end- of- life care throughout 2014/15. The Provider Representative had assessed the centre compliant regarding end-of-life care, however, the inspectors judged this to be a moderate non-compliance.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors reviewed the menu and discussed options available to residents. The chefs confirmed that the menu had been reviewed by the dietician (this was an action from

the last inspection). At the time of the last inspection a robust system was not in place to monitor residents' weights and ensure that if a resident had unintentional weight loss measures would be put in place to mitigate the risk this posed to the resident. This had been addressed. A weights spread sheet was available which charted each resident's weight and their previous three month's weight. The Assistant Director of Nursing told the inspector that all residents were weighed monthly. Residents had access to the general practitioner (GP,) speech and language therapy services and dietetic services.

Residents' nutritional needs were assessed but some of the nutritional assessments were poorly completed. At the time of the last inspection, nutritional care plans required review to ensure that they reflected the current needs of the resident and provided guidance to staff and directed person-centred care and reflected any specialist advice obtained. This had not been addressed. Care plans continued to require review to ensure they were person-centred and reflected the overall actions to ensure that the nutritional needs of residents was met, for example, frequency of weighing, whether food was fortified and in some cases if supplements were prescribed, linkage to the assessment, that they were up to date and reflected specialist advice from the dietician.

Policies on management of hydration and fluid maintenance and nutritional intake were available. Some residents had food and fluid intake and output charts in place. However, these did not provide sufficient detail to be of therapeutic value and did not provide a reliable tool to assess early warning signs to identify when residents were at risk of dehydration and nutritional deficit. In most cases, the 24-hour intake/output was not totalled, again diminishing their usefulness. There was no evidence available that these were monitored by senior clinical staff to ensure they were complete and that the recording was accurate and provided adequate intake for residents.

Nutritious snacks were available between meals. Staff had access to the kitchen to prepare snacks for residents during the night. Drinks, including water and juices were readily available. Some staff had completed training in nutritional care. Two care staff members had undertaken a nutritional care module as part of the FETAC Level 5 course in 2013, one nurse and one care staff member had completed a one day course on prevention of malnutrition in May 2015, three nurses and two care staff had completed a course which included a nutritional component in 2012/13.

The self assessment document identified under further area for improvement 'would like to see further training in this area' under further area for improvement, but no plan was in place with regard to any planned training in nutritional care.

Inspectors observed lunch and afternoon snack. Residents were offered a choice of food and individual preferences were readily accommodated. Food was nutritious, varied and residents told the inspectors that it was provided in sufficient quantities. Meals were hot with appropriate portion sizes served. Water and drinks were freely available or easily accessible to residents. The menu choices were clearly displayed. Food, including food that was pureed, was attractively presented and in accordance with the menu of the day. The dining room was bright and could accommodate all residents if they wished to be accommodated at any one time. A small number of residents chose to take their meals in their bedroom. There was adequate staff available to assist at mealtimes.

There were two chefs on duty on the day of inspection. There is always one chef on duty and catering staff to assist. Inspectors spoke with the chefs who were knowledgeable with regard to residents' dietary requirements and described the system that was in place to ensure that residents receive specialised or modified consistency diets as prescribed. Special diets at the time of inspection included diabetic, coeliac, calogen, soft diet or minced diet, low fat or fortified. Eleven residents were charted for a fortified diet. These residents were also prescribed protein supplements to enhance their nutritional intake. The nursing staff communicated specific dietary needs to the chef as soon as a resident was admitted or their dietary needs changed. One of the chefs met with every resident on admission to discuss their nutritional care. Catering staff displayed a very positive attitude to ensure that the residents enjoyed their food.

Judgment:

Non Compliant - Moderate

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:

Closed Circuit television (CCTV) was in use in the centre. There was no policy in place with regard to the use of CCTV. CCTV was in place in all areas of the centre with the exception of the residents' private bedrooms, bathrooms and toilets. Consequently CCTV was in use in the sitting rooms and dining rooms. This did not protect residents' choice or their privacy and dignity as it did not facilitate residents to undertake personal activities in private, such as eating, drinking, activities or relaxing etc. The provider representative stated at feedback that they would address this immediately.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an

appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:

The Assistant Director of Nursing stated that, due to the shortage of qualified nursing staff, he and the Clinical Nurse Manager had worked on the floor a lot recently. Consequently, he did not have sufficient time to complete and review the care plans. The Provider Representative stated that she had now recruited three new staff nurses who would be in post in the next six weeks which would give the centre their full complement of staff and she and her deputies would have sufficient time to engage in the governance and management of the centre.

Inspectors reviewed the staff rosters for the week pre inspection and the week of the inspection. The roster for the week post the inspection was not completed at the time of inspection. While the management staff informed the inspectors that there were two staff nurses on duty (one on each floor) at all times, the staffing roster did not reflect this; from 18:00hrs to 20:00hrs there was one nurse on duty. The Provider Representative and Assistant Director of Nursing stated that they always ensured that there was two staff nurses on duty and that they stayed in the centre when two nurses were not rostered, but did not document this on the roster. The rota also detailed that the provider representative was on duty from 10:00hrs, but when the inspectors arrived at 10:00hrs she was not available. Additionally, for example one staff member on the rota for the day of inspection as on duty from 10:00hrs to 18:00hrs however, this staff member was not present on the day of inspection. The roster did not detail the hours of work for all staff, for example, "5:30" was recorded. On discussing this with the Assistant Director of Nursing, he confirmed that this was where a staff member was on duty from 08:00hrs to 17:30hrs. One staff member had her Christian name only recorded.

At the time of this inspection there were 51 residents living in the centre, 19 of whom were assessed as maximum dependency, 13 as high dependency, 8 as medium dependency and 11 as low dependency. Residents had a mixture of age-related physical/medical conditions and/or dementia/cognitive impairment. The numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection but staff working on the floor included the Provider Representative, the Assistant Director of Nursing and the Clinical Nurse Manager who was scheduled to work night duty. Due to the level of non-compliance identified, staff require protected time to complete their management and governance role. Inspectors spoke with the Provider Representative at feedback and informed her that staffing levels need to be kept continually under review depending on the assessed

needs of residents and staff need to have access to appropriate training. The registered provider needs to ensure that a high standard of evidence-based nursing care is delivered to residents due to the non-compliances identified in this inspection report.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary McCann
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:	Greenpark Nursing Home
Centre ID:	OSV-0000344
Date of inspection:	02/02/2016
Date of response:	25/03/2016

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 02: Governance and Management

Theme:
Governance, Leadership and Management

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

There was poor evidence available that the results of the auditing process had been utilised to identify possible trends with the aim of improving the overall quality of service and safety of residents. For example, care plans remained inadequate even though they had been audited and non-compliance have been detailed in previous reports.

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

1. Action Required:

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

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

We have commenced (pre inspection) a recruitment drive to fill our vacant nursing positions, which came about as a result of the recent HSE and private hospital recruitment drive. We have 1 new nurse already on the floor. Two more nurses have started training within the Nursing Home and are expected to be working on the floor, subject to NMBI registration, by mid April.

Time has been set aside to train all nursing staff in care plan writing and the use of electronic system.

From a governance spectrum, management have changed monthly meetings to weekly, in order to discuss management issues. Tasks such as care plans, drug chart auditing and quality management systems are discussed at these meetings. As discussed with the inspector, we also have MDT/Social care meetings weekly to discuss residents.

In December, we employed the services of an external auditing company. This quality management system focuses heavily on auditing and corrective action procedures which can further improve and upgrade the overall quality of service and safety of the residents.

Proposed Timescale: 30/04/2016

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:

There were some medications not signed by the GP.

2. 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:

All drug charts have been checked and some re written and all drugs are signed and up to date. Charts are being audited on a regular basis. Nurses have been reminded of the importance of adherence to the medication management policy which clearly states that the drug sheet must be signed by medical practitioner within 72 hours of order being given.

Proposed Timescale: 19/02/2016

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

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

The wound care plan for a resident with a pressure wound indicated that the resident was to be turned two hourly during the day and four hourly at night. On reviewing the care records there was poor evidence available that this was occurring.

3. Action Required:

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

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

This issue has been discussed with care staff and the importance of documentation has been reiterated to all staff. The charge nurses are now inspecting 3 sets of residents' notes daily before lunch time handover to ensure the continual updating of documentation.

Proposed Timescale: 08/02/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complaints procedure displayed in the entrance area detailed an appeals procedure that was out of date.

4. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The complaints procedure was updated immediately.

Proposed Timescale: 02/02/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Robust arrangements were not in place for eliciting residents' end-of-life preferences and efforts were not made to afford residents an opportunity to consider and communicate their wishes and preferences.

There was no evidence available on care documentation reviewed that pain assessment and monitoring charts were in place to ensure the effectiveness of the analgesia was monitored.

5. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

We have embarked on a process of obtaining from all residents their wishes for end of life. However this is a delicate issue to discuss and some of our residents are very sensitive. The appropriate time must be sought to discuss same. Some of our residents have no issues with discussing these matters and others find it very uncomfortable. We do however expect to have completed End of Life care plans for all residents by April 30th.

We use the Numerical pain scale for residents suffering from pain. We then use this scale to re assess the intervention following the application of prescribed PRN analgesia which is recorded in Epicare. When a resident is approaching end of life and unable to verbalise their pain, our nurses have always used their expertise to gauge the pain levels. We have however identified the Abbey pain scale to assist nurses in documenting the pain levels of residents who can no longer verbalise this, and this scale is now in operation along side the numerical pain scale. All nurses have been made aware of this scale and how to use it.

Proposed Timescale: 30/04/2016

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Residents' nutritional needs were assessed but some of the assessments were poorly completed.

6. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

We are now using a revised MUST screening tool which is more user friendly and more comprehensive than the previous format. Training has already commenced on this new tool and assessments are being updated.

Proposed Timescale: 30/04/2016

Theme:

Person-centred care and support

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

Some residents had food and fluid intake and output charts in place that did not provide sufficient detail to be of therapeutic value and did not provide a reliable tool to assess early warning signs to identify when residents were at risk of dehydration and nutritional deficit.

7. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

We have introduced a new system for this. The night nurse, at the end of shift now goes through all fluid and food intake and output charts. The totals are documented and appropriate action taken where applicable.

Proposed Timescale: 25/02/2016

Theme:

Person-centred care and support

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

Care plans continued to require review to ensure they were person centred and reflected the overall actions to ensure that the nutritional needs of residents was met, for example, frequency of weighing, whether food was fortified and in some case if supplements were prescribed, linkage to the assessment and to reflect specialist advice from the dietician and that they were up to date.

8. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Nutritional Care plans are being reviewed at present and will all be update by ADON & CNM, and additional training will be provided to all nursing staff to ensure they have the appropriate understanding and skill set to write appropriate care plans in all aspects of care. All care plans will be completed no later than April 30th.

Proposed Timescale: 30/04/2016

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:

CCTV was in use in the sitting rooms and dining rooms. This did not protect resident's choice or their privacy and dignity as it did not facilitate residents to undertake personal activities in private, such as eating, drinking, activities or relaxing etc.

9. 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:

CCTV is used in the Nursing Home for the safety and security of our residents and our staff. Areas such as the dining room and activities room will now be coded and not available to view other than by management.

Proposed Timescale: 05/03/2016

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

The assistant director of nursing did not have sufficient time to complete and review the care plans.

10. Action Required:

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

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

All members of the management team have had to provide unprecedented hours of cover on the floor to provide optimum resident care. While recognising the importance of administrative duties, the management must prioritise the one to one physical, psychological and social care which we provide.

We have commenced (pre inspection) a recruitment drive to fill our vacant nursing positions, which came about as a result of the recent HSE and private hospital recruitment drive. We have 1 new nurse already on the floor. Two more nurses have started training within the Nursing Home and are expected to be working on the floor, subject to NMBI registration, by mid April.

Time has been set aside to train all nursing staff in care plan writing and the use of electronic system.

Proposed Timescale: 30/04/2016

Theme:

Workforce

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

The staff roster did not accurately reflect the numbers staff on duty on all times or the quantity of hours worked by all staff.

11. Action Required:

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

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

The duty roster now reflects more accurately the additional hours carried out by the Management team, in particular all the hours worked by the Director of Nursing.

Proposed Timescale: 29/02/2016