

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maryborough Nursing Home
Centre ID:	OSV-0004451
Centre address:	Maryborough Hill, Douglas, Cork.
Telephone number:	021 489 1586
Email address:	office@maryboroughnh.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maryborough Nursing Home Limited
Provider Nominee:	Vivienne O'Gorman
Lead inspector:	Mairead Harrington
Support inspector(s):	Michelle O'Connor
Type of inspection	Unannounced
Number of residents on the date of inspection:	36
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.

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 National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 March 2016 07:45 To: 03 March 2016 18:15

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings an inspection to monitor compliance with the Regulations set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland.

Maryborough Nursing Home was located on the outskirts of Cork city. On the day of inspection there were 36 residents in the centre and one vacancy. During the inspection the inspectors met and spoke with residents and visitors as well as staff from all areas of service in the centre including administration, nursing, catering and household. The provider for the centre also fulfilled the role of person in charge. The inspection was unannounced and took place over one day. Documentation was reviewed by the inspectors on-site and included staff rosters and training records, residents' care plans, meeting minutes and policies and related protocols.

During the inspection there was evidence of good practice in relation to the delivery of care. Staffing levels were adequate and residents spoken with reported that they were well looked after and satisfied with the care they received. Issues identified on previous inspection in relation to premises had been addressed. On the day of inspection refurbishment works were seen to be in progress. The person in charge explained that these works had been planned and areas to be addressed included some of the issues as identified during the inspection which are outlined further in the body of the report. Areas for improvement identified on this inspection included processes around recording and documentation such as policy reviews, notification returns and medication records.

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:

The designated centre was a privately owned service in operation for over twenty years. Care was directed through the person in charge who was also the provider.

Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency, such as audit procedures. Assessment systems in relation to the investigation of risk were in place. Effective systems of communication and accountability operated with regular, minuted meetings taking place. Inspectors saw minutes of these meetings with action points identified which were subsequently reviewed for follow-up.

Staff spoken with were aware of the requirements in relation to the regulations and a copy of the national standards was available and accessible at the centre. Those staff spoken with were found to be committed to providing quality, person-centred care to their residents. Evidence of consultation with residents was available and the services of an independent advocate were in place with minutes of regular meetings with residents documented.

Senior management articulated an understanding of the value of, and the processes involved, in reviewing and monitoring the quality and safety of the care provided. A comprehensive schedule of audits was in place to analyse data in relation to the quality of care, for example falls, pressure sores, medication management and the use of anti-biotic. An annual review of the quality and safety of care had been undertaken. However, this review did not fully reflect the requirements of the regulations, particularly in relation to evidence of consultation with residents and their families in its development.

Judgment:

Substantially Compliant

<p>Outcome 04: Suitable Person in Charge <i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge was suitably qualified and experienced in keeping with statutory requirements. The person in charge also fulfilled the role of provider and held appropriate authority, accountability and responsibility for the provision of service. Throughout the course of the inspection the person in charge demonstrated a professional approach to the role that included a commitment to a culture of improvement along with a well developed understanding of the associated statutory responsibilities.</p>
<p>Judgment: Compliant</p>

<p>Outcome 05: Documentation to be kept at a designated centre <i>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.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: As identified in Outcome 7 the policies on safeguarding and safety and restraint required review in order to reflect current national guidance and policy. Any other areas of documentation assessed on this inspection are considered under their relevant Outcomes in the rest of this report.</p>
<p>Judgment: Substantially Compliant</p>

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):

No actions were required from the previous inspection.

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse dated May 2015. Records indicated that regular training on safeguarding and safety was provided. Staff members spoken with by inspectors had received training and understood how to recognise instances of abuse and were aware of the appropriate reporting systems in place. However, one member of staff had not received up-to-date training in safeguarding and safety. Also, the existing abuse policy required revision to adequately reflect the current national policy on safeguarding and safety. Residents spoken with stated they felt safe and well minded in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise.

There was a current policy and procedure in place on the management of resident's accounts and personal property dated January 2014. The administrative officer responsible for this process demonstrated the procedures and safeguards in place in relation to residents' finances. Processes to monitor systems that safeguard residents' personal finances included audit procedures. A sample of transactions were reviewed where documentation was in keeping with protocols and balances reconciled with records.

A current policy and procedure was also in place in relation to managing challenging behaviour dated February 2015. Through observation and review of care plans the inspectors were satisfied that staff were knowledgeable of their residents' needs and responded appropriately in circumstances where residents presented with responsive behaviours. Staff were seen to reassure residents and divert attention appropriately to reduce anxieties. A current restraint policy was in place. However, the definition of enablers in this document did not reference the necessity for a resident to be able to remove such an aid without assistance and required review to reflect national policy accordingly. Where restraints such as bed-rails were in use appropriate assessments had been undertaken and nursing notes reflected regular monitoring and review of restraints. However, records of the use of these restraints were not being included in the quarterly notification returns as per the statutory requirements.

Actions from this Outcome are also recorded against related Outcomes on Documentation and Notifications in this report.

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

Findings:
Appropriate policies and protocols were in place to address the risks identified in the regulations in relation to abuse, unauthorised absence, assault aggression and violence, self-harm and accidental injury to residents and visitors. A current risk management policy was also in place, though it did not specifically reference these items it was amended at time of inspection to reflect these requirements. The policy also included arrangements to identify record, investigate and learn from serious incidents. An accident and incident log was maintained electronically and there was evidence that outcomes were recorded and where learning was identified it was communicated to staff through meetings and revised protocols. Monitoring systems were in place such as a regular regime of audit including an environmental cleanliness assessment commenced in July 2015 and a hand hygiene audit in December 2015.

A comprehensive health and safety statement was in place dated June 2015 which included a well developed risk register around premises and environmental hazards. Oxygen was stored externally. Resident specific risks were managed through assessments as recorded on individual care plans. An infection control policy was in place dated September 2015. Work routines observed by inspectors were in keeping with good practice and included the appropriate use of personal protective equipment. Household staff were appropriately trained and were able to describe effective cleaning systems such as the use of colour coded cloths. Catering staff were trained in HACCP (Hazard Analysis & Critical Control Point) and understood food safety issues. Sanitising hand-gel was readily accessible and regular use by staff was evident. The premises overall was clean and well maintained. Access to sluice rooms was restricted. Hazardous substances were securely stored. However, on the day of inspection a number of wheelchairs were stored in an alcove that also housed fire equipment and evacuation information, potentially restricting access in an emergency. Also a sink in one bathroom was being used for hairdressing which was not in keeping with effective infection control standards.

Records indicated all staff had received up-to-date training in manual handling. However, fire training required review to ensure that, in keeping with statutory requirements, it was fit for purpose and delivered by an appropriately qualified

instructor. A site-specific emergency response plan was in place dated February 2016. Fire equipment had been checked in April 2015, fire detection and emergency lighting was serviced quarterly. A daily check of both the fire panel and fire escapes was recorded. On the day of inspection access to one exit was partially impeded by a storage locker outside a resident's room in the corridor; the person in charge explained that this was a result of furniture for one resident being replaced that day. Weekly checks were in place for fire equipment and emergency lighting. Fire alarm tests and regular fire drills were recorded that included partial evacuation and compartmentalisation. However, times for evacuation drills were not recorded to inform learning and evaluation. There was written confirmation by a competent person of compliance with all the requirements of the statutory fire authority.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A centre-specific policy was in place dated November 2015. This policy provided appropriate directions to staff in relation to procedures around the ordering, prescribing, storing and administration of medicines to residents. This included guidance on the handling and disposal of out-of-date medicine. The handling of controlled drugs was safe with systems for monitoring and recording administration and stock control in keeping with current guidelines and legislation. A fridge that was used for storing medications had temperatures monitored and readings recorded as required. A medication management review across each resident had been completed in January 2016. Regular medication management audits were in place as were systems for recording medication errors.

An inspector observed a medication round and noted that medication management procedures were generally in keeping with policy and guidelines on best practice. Where medication prescription sheets were maintained they were current and contained the necessary biographical information. Medication administration sheets contained the signature of the nurse administering the medication and identified the medications on the prescription sheet. A resident photograph was in place for reference. The medication trolley was appropriately stored and secured. However, in the case of one resident the administration of medication was being guided by a prescription faxed from the hospital at time of admission on 19 February 2016 and an original prescription was not available as required by the statutory regulations. In another instance whilst an appropriately signed prescription was in place there had been an amendment made to the dosage of

one medication which had not been signed off by the prescriber as required.
Judgment: Non Compliant - Moderate

Outcome 10: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe care and support
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: As identified in Outcome 7 of this report the use of bedrails was not being recorded in the quarterly returns to the Authority as required by the regulations. Additionally, as identified in Outcome 13 of this report, information that had been recorded as a complaint should have been notified to the Chief Inspector as an allegation of abuse in keeping with centre's policy on safeguarding and safety.
Judgment: Non Compliant - Moderate

Outcome 11: Health and Social Care Needs <i>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.</i>
Theme: Effective care and support
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: There were suitable arrangements in place to meet the health and nursing needs of residents. Comprehensive assessments were carried out on admission and care plans were developed in line with residents' changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents. Residents had access to allied healthcare professional services such as dietetics, speech and language therapy, physiotherapy and

occupational therapy. The centre also had access palliative care services. Residents also had the option of retaining the services of their own general practitioner (GP) on admission.

A number of care plans were reviewed and these were found to be person-centred and maintained in keeping with regulatory requirements. Care plans reviewed contained the necessary information to guide staff in their care of residents and were updated routinely on a four monthly basis or in keeping with the changing needs of the resident. The care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment and skin integrity. Care plans reviewed documented records of consultation with families. Relatives who met inspectors during the course of the inspection also confirmed that they were kept informed of their relative's care. Of the files reviewed correspondence relating to any hospital transfer arrangements was in place.

Effective systems of communication were in place to ensure staff were made aware of the needs, or changing needs, of residents including daily handover meetings. A record of residents who were on special diets such as diabetic and fortified diets or fluid thickeners was maintained. Measures to encourage the prevention of ill health were in place such as a system of hydration monitoring with nominated staff allocated to residents on a daily basis. Standard observations such as blood pressure, pulse and weight were recorded on a monthly basis and more frequently if a resident's needs changed. Catering staff spoken with by inspectors understood the dietary needs of residents and explained that systems were in place to ensure that they were made aware of any changes around diet and nutrition as necessary.

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):

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

Findings:

Maryborough nursing home was a purpose built, single storey over lower ground floor premises set back from the main road on landscaped gardens on the outskirts of Cork city. Ample parking facilities were available to the front of the premises. There was evidence that an ongoing maintenance programme was in place with work in progress

during the inspection. Areas for improvement in relation to the sluice facility had been addressed since the previous inspection and the provider outlined the proposed upgrading work and refurbishment.

The centre provided accommodation for up to 37 residents providing 35 single bedrooms and one twin. All but two bedrooms provided ensuite facilities and all bedrooms were equipped with wash-hand basins. Adequate bathroom and toilet facilities were available and appropriately located with separate facilities available for staff including an area for changing and storage. The premises overall were clean and well maintained with good natural light throughout. Furnishings were well maintained and comfortable. There were several communal areas available to residents including a large open plan sitting and dining area which was well laid out with direct access to a secure, paved, central courtyard with potted plants and shrubs. There was a separate room with a piano where residents could receive visitors in private as well as in their own rooms. Residents also had a choice of taking meals in their room. Residents' rooms were comfortable and seen to be personalised with individual possessions and memorabilia. The design and layout of the centre was in keeping with its statement of purpose and accommodation included adequate space for the storage of personal belongings and a secure locker.

Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was located in the lower ground floor and was suitable in design to meet its purpose with sufficient space and facilities to manage all laundering processes. Residents had access to assistive equipment as required and staff had received current training in manual handling. Equipment such as wheelchairs and beds were maintained in good working order and servicing records were in place.

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:
A written operational policy for the management of both verbal and written complaints was in place dated October 2015. The procedure for making a complaint, including the necessary details of a nominated complaints officer, was displayed at the entrance area of the centre. The procedure outlined an appeals process that directed the complainant to the person in charge in the first instance and also provided contact information for the wider appeals process including the office of the Ombudsman. A summary of this

information was also available in the guide for residents and statement of purpose.

A record of complaints was maintained which included details of actions, outcomes and whether or not the matter was resolved and the complainant satisfied with the resolution. Inspectors were satisfied that the system for dealing with complaints was in keeping with statutory requirements. However, the circumstances of an incident that had been recorded as a complaint was found on review to constitute an allegation of abuse which should have been notified in keeping with statutory requirements. Action in this regard is recorded against Outcome 10 on Notifications. Staff members spoken with could explain how complaints were reported and recorded and also how learning from complaints was communicated through regular staff and management meetings. The services of an independent advocate were available and records of one-to-one consultations with residents were recorded where issues were seen to be raised and referred for consideration and action by management.

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:
Policies were in place to support and empower residents including a policy on communication, personal property and possessions.
Arrangements were in place to facilitate residents' consultation and participation in the organisation of the centre including a residents' forum facilitated by an independent advocate and minutes of these meetings along with a record of attendance were available for reference. Documentation indicated that issues discussed at these meetings were relevant to the centre such as menu options. Records reviewed indicated that the independent advocate also attended the centre regularly for individual consultations with residents. Contact information for this advocate was clearly displayed in the reception area of the centre.

Inspectors noted that the atmosphere at the centre was homely and friendly; residents spoken with commented positively on the attitude and standard of care provided by staff and staff were seen to be person-centred in their care routine. Staff spoken with also understood and demonstrated appropriate techniques in managing communication

where residents had a cognitive impairment or other difficulties communicating. The person in charge and staff were seen to have a good knowledge and understanding of residents' backgrounds and interests. On the day of inspection a yoga class was in progress and a number of residents were seen to participate and enjoy the activity. A regular schedule of activities was in place and a record of residents attending and participating in these activities was maintained. The centre also arranged for resident outings in the local area.

A visitors' policy was in place and inspectors noted that there was a regular attendance of visitors on the day of inspection. Facilities were available for residents to receive visitors in private should they so wish. Residents had access to TV, radio, papers and a private phone. Documentation reviewed included satisfaction surveys with residents commenting on what they liked about the centre such as companionship, good food and the staff.

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):

No actions were required from the previous inspection.

Findings:

The planned and actual staff rota was reviewed and inspectors were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. The system of supervision was directed through the person in charge and included a schedule of performance assessments. An appraisal system was in place and staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. Appropriate supervision was in place on a daily basis with a qualified nurse on duty at all times. Supervision was also implemented through monitoring and control procedures such as audit and review.

Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Documentation was well maintained in relation to staffing records as per Schedule 2 of the Regulations. Where volunteers were engaged

at the centre appropriate supervision and documentation was in place.

Inspectors reviewed recruitment and training records and spoke with staff and management in relation to performance management systems. The provider confirmed that training was regularly delivered in mandatory areas such as safeguarding, manual handling and fire procedures and prevention. Management demonstrated a commitment to continuous and improved professional development and staff spoken with confirmed that they were appropriately supported in this regard with time allocated to attend training courses as required. Additional training available included medication management, nutrition, wound care and infection control. Copies of the Standards and Regulations were readily available and accessible by staff.

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:

Mairead Harrington
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:	Maryborough Nursing Home
Centre ID:	OSV-0004451
Date of inspection:	03/03/2016
Date of response:	04/04/2016

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:

The annual quality review did not fully reflect the requirements of the Regulations in relation to evidence of consultation with residents and their families in its development.

1. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

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

Our annual quality review going forward will include consultation with residents and their families.

Proposed Timescale: 04/04/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Policies on safeguarding and safety and the use of restraint required review to reflect current national guidance and policy.

2. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Our policies on safeguarding and safety and the use of restraint have been reviewed to reflect current national guidelines

Proposed Timescale: 04/04/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

One member of staff had not received up-to-date training in safeguarding and safety.

3. Action Required:

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

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

All staff have received up to date training on safeguarding and safety.

Proposed Timescale: 04/04/2016

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:

A sink in one bathroom was being used for hairdressing which was not in keeping with effective infection control standards.

4. Action Required:

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

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

A designated hairdressing room with a specific hairdressing sink will be in place by the end of April.

Proposed Timescale: 01/05/2016

Theme:

Safe care and support

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

On the day of inspection a number of wheelchairs were stored in an alcove that also housed fire equipment and evacuation information, potentially restricting access in an emergency.

5. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

The alcove where fire panels are located is now clear of all equipment and will remain so.

Proposed Timescale: 04/04/2016

Theme:

Safe care and support

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

Times for evacuation drills were not recorded to inform learning and evaluation reviews.

6. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Evacuation drills will be timed.

Proposed Timescale: 30/04/2016

Theme:

Safe care and support

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

Fire training required review to ensure that it was fit for purpose and delivered by an appropriately qualified instructor.

7. 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:

Fire training will be outsourced to a private accredited company to deliver fire safety and evacuation training.

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:

In the case of one resident an original prescription was not available as required by the statutory regulations.

8. 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:

In this case, the resident had recently been admitted. We were using a copy of the most up to date prescription until such time as the residents G.P comes to review the resident. This is our policy. We have documented evidence that we had informed the G.P and requested a visit.

This is an ongoing difficulty we have with some G.P's. We are aware of our regulatory requirement to have a current prescription record signed by the G.P.

Proposed Timescale: 04/04/2016

Theme:

Safe care and support

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

An amendment had been made to the dosage of a medication on one prescription which had not been signed off by the prescriber as required.

9. 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:

The amendment made to the dosage of a drug was a decrease in a prescribed psychotropic medication from 25mg's to 12.5mg's. We did this for the resident's safety as we felt the dose was too high, the resident was drowsy and at risk of falls. This was done in consultation with the residents G.P. As stated previously it can be very difficult to get G.P's to come to nursing home to sign a change on a prescription record.

Proposed Timescale: This is an ongoing issue.

Proposed Timescale:

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Incidents as set out in paragraphs 7 (1)(h) of Schedule 4 of the regulations shall be notified to the Chief Inspector within 3 working days of its occurrence.

10. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing

of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

The incident in question was investigated thoroughly. There was an oversight in not notifying the authority. We understand our obligation to do so.

Proposed Timescale: 04/04/2016

Theme:

Safe care and support

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

A record of the use of restraint, as set out in paragraphs 7 (1)(k) of Schedule 4 of the regulations, shall be notified to the Chief Inspector at the end of each quarter.

11. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

Quarterly notifications will include the use of bedrails.

Proposed Timescale: 04/04/2016