

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ocean View Nursing Home
Centre ID:	OSV-0005406
Centre address:	Knockglassmore, Camp, Tralee, Kerry.
Telephone number:	066 713 0267
Email address:	oceanviewnh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Tralee Nursing Home Ltd
Provider Nominee:	John Minihan
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 October 2017 11:15	23 October 2017 18:15
24 October 2017 09:00	24 October 2017 16:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

During this inspection the inspector focused on the care of residents with a dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in September 2016 and to monitor progress on the actions required arising from that inspection. The inspector found that all the actions had been completed. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self-assessment questionnaire which were submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were nine of the 35 residents residing in the centre with a formal diagnosis of dementia. With three further residents suspected of having dementia. The inspector observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that many residents functioned at high levels of independence. Overall, the inspector found the person in charge, staff team and the provider were very committed to providing a high quality service for residents with dementia.

The inspector found that residents' overall healthcare needs were well met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. The post of a full time activity co-ordinator was new to the centre since the last inspection and was proving to be a great success. The activity co-ordinator ensured the social needs of residents were met and this included specific social activities for residents with dementia. The inspector observed a very varied and full programme of activities in the centre and residents confirmed their enjoyment and participation in same. The inspector found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding all aspects of life and care in the centre

The person in charge and provider had carried out on-going improvements to create an environment where residents with dementia could flourish. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Bedrooms were seen to be very personalised. The inspector found the residents were enabled to move around as they wished. Signs and pictures had been used in the centre to support residents to be orientated to where they were.

The person in charge had submitted a completed self-assessment tool on dementia care to the Authority with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self-assessment tool and the findings and judgments of inspectors generally concurred with the provider's judgments with the exception of health and social care needs which the inspector assessed as non-compliant moderate. The inspector also identified that medication management and the management of residents records

required review. These are discussed throughout the report and the Action Plan at the end of this report identifies areas where 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).

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 35 residents in the centre on the days of this inspection, 21 residents had assessed maximum and high dependency needs, six residents had medium dependency needs and eight residents had low dependency needs. Nine residents had a formal diagnosis of dementia and three residents had a level of cognitive impairment.

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 of two GP practices who provided medical services to the residents and visited weekly and more frequently as required. The inspector met the GP's in the centre during the inspection. Residents' medical records were viewed 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 and paid for privately if required and some residents had access to HSE physiotherapists. Dietician and speech and language services were provided by professionals from a nutritional company, who were also contactable by telephone for advice 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 services. There were visits from community mental health nurses and outpatient appointments were facilitated to see psychiatrists as required. The inspector saw that treatment plans were put in place for residents who displayed behavioural symptoms of dementia. There was evidence that these were followed through by the staff in the centre. Residents and relatives expressed satisfaction with the medical care provided.

The inspector focused on the experience of residents with dementia in the centre on this inspection and tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, social care and end of life care in relation to other residents. The inspector saw that there were suitable arrangements in place to

meet the health and nursing needs of residents with dementia. Each resident's needs were determined by a comprehensive assessment. 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. The inspector saw that since the last inspection comprehensive dementia specific care plans were developed based on residents identified needs. These care plans were seen to be very detailed, person centred and outlined the specific care and communication needs of the resident. However, these care plans were in addition to other care plans and assessments which were stored in a number of separate folders. This duplication of information could lead to errors if one care plan is updated in line with residents changing needs, others may not be and residents may not receive the updated prescribed care. The person in charge told the inspector that they were moving to a computerised system of assessment and care planning which she feels will prevent all the duplication of information. 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 with dementia. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs. The inspector 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 inspector observed residents moving freely around the corridors and in communal areas.

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. Staff had access to support from the tissue viability nurse if required and would care was provided in accordance with evidenced-based practice.

There was robust evidence that each resident's dietary requirements as well as likes and dislikes were well known by catering staff. The inspector saw that in the kitchen the chef had a spread sheet on the wall identifying Individual resident's preferences, dislikes, special diets, fluid requirements, where the resident liked to dine and any special requirements for dining. This was seen to be very personalised to each individual resident. The inspector observed that residents were provided with food and drink at times and in quantities adequate for their needs, they were offered choice and menus indicated there was variety. Residents that required specific diets and/or special consistencies of food were facilitated accordingly. The inspector viewed the modified diets and liquidised diets which were presented in a very attractive and appetising format.

The inspector saw that referrals were made to the dietician services for nutritional review and advice, and speech and language therapy if a resident had swallowing difficulties (dysphagia). There was evidence available in residents' records that allied healthcare recommendations were in place. There was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified including the commencement of food and fluid charts.

The inspector observed mealtimes in the dining and found that mealtimes were an

inviting and enjoyable time for residents. Residents were offered a varied, nutritious diet. The variety, quality and presentation of meals was of a good standard. Tables were set in an attractive manner with appropriate place settings. Plenty of drinks were available for residents throughout the day with tea/coffee rounds morning and afternoon and trays with drinks, fruit and snacks available in the day rooms.

Care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were at end of life stage. There were overnight facilities for family members to use if required and staff said families had stayed in the past.

There had been changes to the administration of medications since the previous inspection. There were now two medication trolleys and the centre was divided into two wings. This meant that each of the two nurses on duty took responsibility for the care of the residents in wing each including their medication administration. This system was working very well and ensured timely medication administration for residents. The medication trolleys were secured and the medication keys were held by the nurse in charge. The inspector observed nurses administering the morning and lunch time medications, and this was generally carried out in line with best practice. 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. Medications that required crushing were generally seen to be prescribed as such and signed by the GP. However the inspector saw that nurses were administering medications in a crushed format to a resident who did not have a prescription for same this was rectified during the inspection. As required medications (PRN) stated frequency of dose therefore ensuring there was a maximum dose in 24 hours that could not be exceeded. However on one residents chart there was a routine prescription for analgesia four times per day and there was also a PRN prescription for the same analgesia which if given would have exceeded the maximum dose in 24 hours. This prescription was also rectified during the inspection with the PRN medication discontinued.

Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. However the nurses were only undertaking the count from a separate count book and when the inspector did a count of controlled medications with the nurse from the DDA register this did not accorde with the documented records for one transdermal patch. There was evidence that the resident had received the prescribed patch but the system of checking and monitoring was not sufficiently robust or in line with professional guidelines. Medications errors were recorded and there was evidence of appropriate actions taken following same but further trending and oversight of medication management in the centre was required.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed by the inspector 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. The inspector saw that safeguarding training was on-going 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.

The centre was not a pension for any residents but they did maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents' finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked area in the administration office. Monies were stored in envelopes with the name of the resident. All lodgements and withdrawals were documented and were signed for by two staff members. This system could be further enhanced by the regular auditing of residents finances.

There was a policy on responsive behaviour and staff were provided with training in the centre on behaviours that challenge along with dementia specific training which was confirmed by staff and training records. 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. Care plans had been updated since the last inspection with specific very person-centred care plans for residents with dementia. The care plans reviewed fully reflected the positive behavioural strategies proposed. They included the actions to take to ensure the continuity of approach by all staff and person-centred de-escalation methods were outlined in residents' care plans. There was evidence that these were followed by staff and the person in charge reported a reduction in the episodes of responsive behaviours in the centre.

There was an up-to-date policy on restraint and there was evidence that the use of restraint was in line with the national policy and best practice guidelines. There was a comprehensive assessment form in place, which clearly identified what alternatives to bed rails had been tried to ensure bed rails were the least restrictive method in use. The inspector was assured by the practices in place and saw that alternative measures such

as low profiling beds and sensor beams were being used to reduce the use of bed rails in the centre over recent years and there had been a continued reduction in bed rail usage. Where bedrails were required for a resident, the inspector saw evidence that there was regular checking of residents, discussion with resident, family where appropriate and the GP.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector observed, and residents and relatives reported, that residents' religious and spiritual needs were well provided for. Mass took place in the centre on a regular basis. Prayers and the rosary were held at different times of the day and residents confirmed their enjoyment of these. Residents from other religious denominations were visited by their minister as required. Residents had chosen to convert a sitting room into a prayer multi-purpose room and confirmed their enjoyment and use of same. Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. The inspector 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. Inspectors observed that some residents were spending time in their own rooms, watching television, or taking a nap.

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 regularly and some residents told the inspector how they enjoyed availing of the service and saw it as a social outing.

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. They said that if they

any concerns they could identify them to the person in charge and were assured they would be resolved.

Residents had access to the daily newspaper and residents were observed enjoying the paper. Residents had access to radio, television, and information on local events. Systems for consultation with residents were in place. The inspector evidenced minutes of residents' meetings which depicted how residents were consulted on the centre was run. Feedback was regularly sought from residents and relatives. On inspection, it was evident that the centre was managed in a way that took into consideration residents' wishes and choices. The chef also attended residents meetings to discuss any issues with food and dining. There was evidence that residents' suggestions and requests were facilitated and they are undertaking a special day menu once a month. Residents informed the inspector that they are facilitated to choose the special day menu once a month from starter, main course, dessert, wine and speciality coffees. Different combinations were available and all requests were facilitated over a period of time and residents were very happy with this initiative. There was also a residents' representative committee set up that also met every two months with a relative representative for residents with dementia or cognitive impairment. Minutes of this meeting was also viewed by the inspector and valid issues were raised and acted upon. The centre had access to independent advocacy services and contact details were available on the residents notice board.

The post of a full time activity co-ordinator was new to the centre since the last inspection and was proving to be a great success. The activity co-ordinator ensured the social needs of residents were met and this included specific social activities for residents with dementia. The inspector spoke with the activities coordinator who outlined the varied activities programme in place, which reflected the diverse needs of the residents. Residents could participate in group activities and one to one sessions were also available to residents who preferred this. Activities included music, bingo, weekly exercise classes, card games, puzzles, reading and art therapy. Residents enjoyed other activities such as reminiscence therapy, therapy dogs, Sonas sessions and film evenings. Mindfulness and Yoga had also been introduced along with I pads which had also been purchased for residents use and enabled residents to have contact with family who lived away. The residents had recently participated in a bake off led by the chef assisted by the activity co-ordinator and staff. There had been numerous trips out and residents attended local shows. Residents told the inspector that they were very happy with the choice of activities on offer. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the afternoon. These observations took place in the communal room and in the conservatory. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents.

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 and twin bedrooms to protect the residents privacy.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy and procedure for making, investigating and handling complaints. The policy was updated during the inspection and was displayed in the main reception area and is also outlined in the statement of purpose and function and in the Residents' Guide. There was evidence that complaints are 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 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

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. Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff very well and engaged easily with them in personal conversations.

The inspector reviewed staffing rotas, staffing levels and skill mix and was satisfied that there were sufficient staff on duty to meet the needs of the current residents. The person in charge conducted annual staff performance appraisals as part of her staff supervision and to develop staff skills. Records of regular staff meetings were viewed by the inspector.

A variety of professional development training records were viewed, including mandatory training for staff. The staff training and education records viewed by the inspector showed that nursing and care staff had attended manual handling, fire and elder abuse training and responsive behaviours training. Many of the nursing and care staff had attended training on care of the older person, dementia specific training, end of life training, wound care, infection control, communication, care planning and documentation. The inspector was satisfied that the education and training available to staff enabled them to provide care that reflects contemporary evidence based practice.

The human resource policy was centre-specific and included details for the recruitment, selection and vetting of staff. A number of staff were interviewed regarding their recruitment, induction, and on-going professional development. A review of staff records showed that staff were recruited and inducted in accordance with best practice. A sample of staff files was reviewed and those examined were compliant with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for all nurses.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:

Ocean View Nursing Home is a single-storey building that provides continuing, convalescent and respite care for up to 35 residents. There are 21 single en suite bedrooms with en suites containing a wash-hand basin, assisted toilet and assisted shower. There are also seven twin bedrooms; six of which have en suites containing a wash-hand basin, assisted toilet and assisted shower. Additional to en suite facilities there is a communal toilet with wash-hand basin and also a communal bathroom with a bath, wash-hand basin and assisted toilet.

Communal space consists of two dining rooms, two sitting rooms, an activity room and a large sunroom. There was an enclosed outdoor area that was accessible from within the centre and it included seating and a planted garden. There was also a concrete path around the outside of the building that had a hand rail. Residents and relatives confirmed their enjoyment of the outdoor area and this had been upgraded since the last inspection with a decorative water feature, further plants with large planters for herbs, newly painted fences giving a homely relaxed area for residents to enjoy.

There had been a number of other improvements to the premises since the previous inspection to ensure the physical environment was designed in a way that was consistent with some of the design principles of dementia-specific care. Signage and cues were now available to assist residents with perceptual difficulties and to assist residents to locate facilities independently. Contrasting coloured toilet seats were seen in many toilets and large clocks and notice boards to also aid residents with perceptual difficulties. A comfortable seating area with a fire place and homely decorations was put into an area in the conservatory. The environment was found by the inspector to be homely, well decorated and in a style which was comfortable. There were numerous photographs on display of outings, activities and celebrations in the centre. The design of the premises is such that one side of the building overlooks the bay of Tralee and this provides pleasant views for residents as well as a lot of natural light and creates a bright atmosphere. The centre was warm, clean and tidy and residents and relatives confirmed that this was usual for the centre when talking to the inspector and were very complimentary about their lovely home from home.

There was adequate assistive equipment to meet the needs of residents, such as pressure-relieving cushions and mattresses, grab-rails, hoists and wheelchairs. A number of residents were observed using specialist seating and mobility aids to maintain their independence. Hoists, beds, wheelchairs and other equipment were all well maintained and service records viewed by inspectors were found to be up to date. However the inspector noted that arms on a chair in the lounge were torn and were in need of repair or replacement. Radiators were noted to be hot and further risk assessments of these were required to ensure they did not pose a burn risk to residents.

The kitchen was well equipped, clean, organised, with good food- hygiene practices in place. Kitchen staff had been trained in Hazard Analysis Critical Control Points (HACCP).

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ocean View Nursing Home
Centre ID:	OSV-0005406
Date of inspection:	23/10/2017 and 24/10/2017
Date of response:	14/11/2017

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

There were a number of assessments and care plans for residents which were stored in a number of separate folders. This duplication of information could lead to errors if one care plan is updated in line with residents changing needs, others may not be and residents may not receive the updated prescribed care.

1. Action Required:

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

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

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

All assessments and care plans will be filed in each individual resident's files.

Care plans designed for residents with dementia will be amalgamated to prevent duplication of information. We will continue to use these detailed dementia care plans, however these will now contain all the relevant changing needs of the resident.

Proposed Timescale: 15/12/2017

Theme:

Safe care and support

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

Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. However the nurses were only undertaking the count from a separate count book and when the inspector did a count of controlled medications with the nurse from the DDA register this did not accorde with the documented records for one transdermal patch. There was evidence that the resident had received the prescribed patch but the system of checking and monitoring was not sufficiently robust and not in accordance with professional guidelines. Further trending and oversight of medication management in the centre was required.

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:

A new controlled drugs register book has been purchased and the count for the DDA's is being conducted from this.

The nurses will continue to receive training on Medication Management annually or more frequently as required.

Medication audits will be carried out more frequently to include audits on; Medication Charts, Drug Errors, Medication Administration and Storage of Medication. Medication audits will also continue in conjunction with the pharmacist.

Proposed Timescale: 02/11/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The inspector noted that arms on a chair in the lounge were torn and were in need of repair or replacement. Radiators were noted to be hot and further risk assessments of these were required to ensure they did not pose a burn risk to residents.

3. Action Required:

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

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

The chair in the lounge has now been replaced.

The heating around the nursing home is thermostatically controlled; however we will conduct further risk assessments to ensure radiators are not too hot.

Proposed Timescale: 25/10/2017