

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Fionnan's Community Nursing Unit
Centre ID:	OSV-0000650
Centre address:	Achill Sound, Mayo.
Telephone number:	098 450 43
Email address:	carole.fabby@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Julie Silke-Daly
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	2

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 ongoing regulatory compliance. 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:
21 September 2016 14:30	21 September 2016 20:00
22 September 2016 08:30	22 September 2016 13:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This unannounced monitoring inspection was carried out as part of the Health Information and Quality Authority's (HIQA's) regulatory monitoring function to check progress on actions from the previous inspection and to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013. This was the tenth inspection of this centre by HIQA.

St Fionnan's Community Nursing Unit is a single storey building which is registered with HIQA to accommodate 31 residents. The centre is located in Achill Sound. The unit consists of 15 single, two twin and four triple bedrooms. There are shared en suite shower and sanitary facilities available in all shared rooms. Separate day and dining room facilities are available. A therapy room and a safe accessible courtyard garden is available for residents use. There is a conservatory off the dayroom where residents can meet in private with their visitors. A separate designated smoking area is available for residents who smoke.

During the course of this inspection, which was conducted over two days, the inspector met with a number of residents and staff members. The inspector observed practices and reviewed records such as accidents and incidents, complaints records, nursing care plans, medical records, policies and procedures. The inspector found that residents received care to a good standard. Staff members were seen to interact with residents in a courteous manner. Some staff knew the residents for many years when they attended for respite prior to admission or as locals in the community.

Even though care was provided to a good standard some improvements were required. For example, medication management was not administered in line with An Bord Altranais guidelines, review of the care planning process, review of the completion of pain monitoring charts and ensuring all residents had neurological observations recorded post a fall.

The inspector reviewed the eight actions from the previous inspection and found that six actions were complete and two required some further work to ensure full compliance with current legislation. Actions partially completed since the last inspection included evidence of learning from auditing and enactment of quality improvement plans, and ensuring that care plans are of sufficient detail to guide staff in the delivery of care. Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.

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):

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

Findings:

Lines of accountability and authority were evident in the centre. Staff were aware of who was in charge and what the reporting structure was. The person in charge told the inspector she met with the provider regularly and the provider was freely available by phone. Systems were in place to review the service delivered. For example the environment was clean and well maintained, staff had access to ongoing training and fire safety was found to be of a good standard. However, there was poor evidence available to show improvements were brought about as a result of auditing. For example, auditing of falls did not include whether they were witnessed or un-witnessed and whether neurological observations had been completed post all un-witnessed falls to rule out head injury. Falls were audited individually and there was no global oversight of incidents and accidents to inform learning, for example location of falls, times of falls. This was an action at the time of the last inspection. Individually where residents fell, a review was undertaken and assistive devices such as laser beams, low-low beds were used to mitigate the risk of a further fall.

Under regulation 23(d) the registered provider shall ensure that that an annual review of the quality and safety of care delivered to residents in the designated centre is carried out and this review must be carried out in consultation with residents and their families to ensure that such care was in accordance with relevant standards set by the Authority under Section 8 of the Health Act. A copy of this review is required to be made available to residents. No annual review of the quality and safety of care delivered to residents has been completed. Improvements are brought about as a result of the learning from the monitoring review. For example, where residents fell, a review was undertaken and assistive devices such as laser beams, lo-lo beds were used to mitigate the risk of a further fall.

Adequate resources were available to meet the needs of residents regarding facilities, staffing, staff training and sufficient assistive equipment to ensure appropriate care to residents in accordance with their needs.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge manages two centres. This is a temporary measure as the previous person in charge is on secondment to a sister centre since the 10 March 2016. The person in charge is a suitably qualified and experienced nurse and works in the centre two days per week. There is a full-time experienced clinical nurse manager in post in the centre. The person in charge attended the centre on the second day of inspection. She demonstrated that she had knowledge of the Regulations and Standards pertaining to designated centres.

The person in charge maintained confirmed that she had up to date safeguarding training and her mandatory training in manual handling and fire safety and her registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

A statutory notification to advise HIQA of a change to the person in charge had been received.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

The actions from the last inspection were partially completed. While some work had been completed in all areas identified further work was required.

At the time of the last inspection the inspector found that some of the entries in the register of accidents and incidents were not recorded in sufficient detail. This remained the case.

Documentation with regard to care planning had improved but still required further work to ensure care plans provided sufficient detail to guide staff in the delivery of care.

The documentation of bed rail and lap belt assessments had been reviewed since the last inspection and was in line with the centre's policy on restraint management.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. An experienced clinical nurse manager who has experience of working in elderly care and works full-time deputised in the absence of the person in charge. She is a registered general nurse having qualified in 1995. She has worked continuously in elderly care since 2001. She completed a diploma in gerontology in 2015. Courses completed since the last inspection include had hygiene, open disclosure training workshop, principles of using a syringe driver, safeguarding vulnerable person awareness programme, wound management. Manual handling,

venepuncture, male catheterisation, medication management, management of responsive behaviour. Her mandatory training and her registration with an Bord Altranais was up to date. She facilitated the inspection well and displayed a good knowledge of residents and was observed to relate well with staff and residents.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety

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

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. Staff had been provided with training in recognising and responding to elder abuse. All staff spoken with were clear on their role and responsibilities in relation to reporting abuse. All voiced the review that the care of the residents was paramount and they would report any suspicion or allegation of abuse to the most senior staff on duty at the time.

A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as laser beams, chair alarms and low- low beds were in place.

Evidence of alternatives considered or trialled was available. In discussion with the clinical nurse manager on the use of bedrails she described how most were used as an enabling function and were in place for the purpose of positioning or enhancing the residents' function. However care plans were not in place detailing the rationale for use of bed rails. Laps straps were in use mainly as a safety measure when moving residents in chairs. Records indicated that restraint was only used following a risk assessment and there was evidence of discussion with the resident and/or their representative. There was evidence of ongoing review of the need for restraint

There was a policy on the management of responsive behaviour. A small number of residents presented with responsive behaviour and records indicated the use of behaviour charts to support the identification of precipitating factors to enable staff recognise triggers and try and alleviate the underlying cause of the behaviour. The inspector found that clear concise behaviour management care plans were not in place to provide direction to staff as to how to manage responsive behaviour and the plans failed to identify what triggers had been identified in the completed ABC (assessment,

behaviour and consequences) charts. Although residents with responsive behaviour had been seen by specialist services there was poor evidence of their advice in the behaviour support plans.

Staff had attended training in management of behaviour and personnel from special mental health services were available to the unit.

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:
The action from the last inspection was completed. Fire evacuation notices were in place throughout the centre. The health and safety of residents, visitors and staff was promoted in this centre. There was a centre-specific emergency plan that took into account a variety of emergency situations. Clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments and however neurological observations were not consistently completed post un-witnessed falls to monitor neurological function.

There was an up-to-date safety statement. A risk management policy that included hazard identification and the assessment of risk was in place. The policy addressed the unexplained absence of a resident, accidental injury, aggression and violence, and self-harm.

Records were maintained of accidents and incidents which indicated the adequate response to incidents on an individual basis, however, as stated under Outcome 2, there was no overall review of accidents and incidents to identify trends as an opportunity for learning.

There was an emergency plan that identified what to do and who to contact in the event of an emergency such as fire, flooding, loss of water, power outage and disruption to gas supply. There was a comprehensive policy in place on infection prevention and control. Hand washing sinks were available in each bedroom and hand hygiene gel dispensers were located throughout the premises. Staff were seen to use them appropriately. There was adequate personal protective equipment such as aprons and gloves available for staff. The centre was clean and well maintained.

Review of the fire training records showed that all staff had undertaken training in fire safety. This was confirmed by staff. All staff spoken with knew what to do in the event of a fire. Fire drills were being completed regularly, however records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified. Fire records showed that fire equipment had been regularly serviced and the fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. At the time of inspection there were no residents who smoked. An external designated smoking area was available.

Contracts were in place for the regular servicing of all equipment. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up to date training in manual handling and in the use of the hoists.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:
Safe care and support

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

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

Findings:

The action from the previous inspection had been addressed. Timely procedures were in place for the return of unused/out-of-date medications to the pharmacy. Returns were recorded and securely stored pending return. Written policies and procedures were in place governing the management of medications however, aspects of medication management were found to require immediate attention.

On observation of a part of a medication administration round, the inspector found that medication was not administered in accordance with An Bord Altranais guidelines. Medication was available in original containers for each resident. the inspector observed that medication had been pre prepared for residents into medication dispensing pots and placed in the trolley in front of the area where the containers were stored for each individual resident. The administering nurse took the pot that had been pre prepared and administered the medication to the resident and repeated this for four residents while the inspector was observing. She failed to check the prescription chart prior to administering the medication. As medication was collectively prepared this increased the risk of error on administering the wrong medication to a resident. The medication administration record was then signed by the administering nurse. The inspector spoke

to two other nurses and asked them to describe how they administer medication. They described the procedure they adapt which was in compliance with An Bord Altranais guidelines.

The inspector informed the nurse that the practice observed was not in compliance with An Bord Altranais guidelines and immediately spoke with the clinical nurse manager and advised her regarding the practice observed. The inspector requested at the feedback meeting that the person in charge/clinical nurse manager supervise medication administration and complete competency assessments on staff to ensure safe administration of medication. Additionally, the person in charge was requested to submit a safety protocol to address the issues identified. This has been received by HIQA and includes a initial competency assessment of medication administration for all registered nurses and at quarterly intervals. The person in charge and clinical nurse manager are to complete unannounced observation of medication rounds twice weekly. The provider nominee has contributed to this protocol. Audit procedures require consideration to ensure that problems such as those identified above are monitored periodically and issues that are not compliant with contemporary evidence-based practice are addressed in a timely fashion to protect residents.

The inspector noted on one of the medication charts that a resident was prescribed eye drops that were due to be administered at 8 am and 12 mid-day on the first day of inspection. There was no record that these had been administered or no explanation recorded as to what they had not been administered. The resident was also prescribed these at 16:00hrs. The administering nurse failed to offer these to the resident on the afternoon/evening medication round. Medication that was prescribed for administration at 16:00 hrs and 18:00hrs was administered at 17:00 hrs. The nurse observed completing the medication management round had completed on line medication management training on the 4 June 2016. This was confirmed by the nurse and a certificate was available of her training.

The inspector reviewed a number of residents' medication administration charts. Photographic identification was available on the charts for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The clinical nurse manager informed the inspector that all nursing staff had completed an online medication management course. A dedicated fridge was used to maintain a cold chain and ensure those medications which required cold storage was stored appropriately. Temperatures were monitored and recorded. Medications that required strict control measures in the centre were checked by two nursing staff at the end of each shift and a signed record was maintained.

Controlled drugs were stored appropriately and records were available demonstrating they were counted at the end of each shift by two nurses.

Judgment:
Non Compliant - Major

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Prospective residents were assessed prior to admission by the person in charge to determine if the centre could meet their needs. Residents received a comprehensive assessment on admission and at regular intervals thereafter. Residents had access to the services of a general practitioner (GP), including out-of-hours, and there was evidence of regular review. Residents had access to allied health/specialist services such as speech and language therapy, dietetics, and physiotherapy and there was evidence of referral and review.

The inspector noted that the information collated as part of an assessment was not utilised to form the care plan, for example the risk of falls was not indicated or the risk of nutritional deficit. While assessments were generally completed at four monthly intervals care plans were not consistently revised in response to changing needs. Where an event occurred for example a fall, a reassessment was not always carried out, and where it was completed the care plan was not consistently updated to ensure that any additional control measures that may be required to mitigate the risk were documented.

In some care plans reviewed where a resident was seen by a specialist service the advice of the specialist was not incorporated into the care plan. In some care plans reviewed a narrative note was included under the intervention which showed a misunderstanding by staff of the care planning process. Some care plans were personalised and provided adequate guidance on the care to be delivered. For example, nutritional care plans detailed if the resident was on a fortified diet, their likes and dislikes regarding food and fluids frequency of weighing, whether any supplements were prescribed while others were generic in nature and did not provide sufficient information to deliver person centred care.

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

Judgment:

Substantially 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:

At the time of the last inspection the inspector found that some parts of the building were not designed and laid out to fully meet the needs of residents. The centre had been refurbished and was home like and clean.

Communal areas consisted of a dining room, a sitting room, with a conservatory attached and a therapy room. The dining room was sufficient in size to accommodate the number of residents living in the centre and most residents had their meals in the dining room. A functioning call-bell system was in place and call-bells were appropriately located throughout the centre. Outdoor space consisted of a pleasant enclosed garden. Ample parking was provided to the front of the building.

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):

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

Findings:

The action from the last action plan had been addressed. The policy and procedure regarding complaints management complies with current legislative requirements some residents spoken with were aware of the process which was on display in a prominent position in the main reception area. A nominated person to deal with complaints was

available and all complaints documented were investigated. There was evidence of good communication with the complaints initiator and their satisfaction with the outcome of the complaint was documented. A second person was nominated to hold a monitoring role to ensure that all complaints are appropriately responded to, and records are kept. An independent appeal process was available and this was documented in the in the process displayed for residents, relatives and visitors.

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:

Based on the observations of the inspector and a review of staff rosters there were adequate staff on duty to meet the needs of residents. There were registered nurses on duty at all times. Staff spoken with by inspectors were knowledgeable of residents needs and were seen to converse well with residents.

Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised at all times.

A staff training programme was on-going. All staff had up to date mandatory training in fire safety, safeguarding of vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control, hand hygiene, nutritional care behaviour that challenges and basic life support.

Staff files reviewed contained all the required documents as outlined in Schedule 2, which showed there was a comprehensive recruitment process. There was a record maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses.

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:

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:	St Fionnan's Community Nursing Unit
Centre ID:	OSV-0000650
Date of inspection:	21/09/2016
Date of response:	07/11/2016

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:

Auditing of falls did not include whether they were witnessed or un-witnessed and whether neurological observations had been completed post all un-witnessed falls to rule out head injury. Falls were audited individually and there was no global oversight of incidents and accidents to inform learning, for example location of falls, times of falls. This was an action at the time of the last inspection.

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:

The falls audit tool has been amended to include whether falls were witnessed or un-witnessed and neurological observations to be recorded on all un-witnessed falls. All falls audits to be compared to previous falls in the same year ie falls recorded from January to December. This will enable us to determine an oversight of all falls and to determine if a pattern is occurring.

Proposed Timescale: Completed and ongoing.

Proposed Timescale: 07/11/2016

Theme:

Governance, Leadership and Management

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

No annual review of the quality and safety of care delivered to residents has been completed.

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The annual review is in progress and will be completed on 30 November 2016.

Proposed Timescale: 30/11/2016

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:

At the time of the last inspection the inspector found that some of the entries in the register of accidents and incidents were not recorded in sufficient detail. This remained

the case.

Documentation with regard to care planning had improved but still required further work to ensure care plans provided sufficient detail to guide staff in the delivery of care.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All RNs have been asked to include specific details such as which family member was spoken to eg Son (John O'Brien). A good example of care planning by another RN has been discussed with nursing staff and they were asked to look at this care plan and to ensure care plans contained sufficient detail to guide staff in the delivery of care.

Proposed Timescale: 30 November 2016 & ongoing.

Proposed Timescale: 30/11/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Clear concise behaviour management care plans were not in place to provide direction to staff as to how to manage responsive behaviour and the plans failed to identify what triggers had been identified in the completed ABC (assessment, behaviour and consequences) charts. Although residents with responsive behaviour had been seen by specialist services there was poor evidence of their advice in the behaviour support plans.

4. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

A meeting was held with RNs and they were asked to ensure detailed behaviour management charts were in place for the residents who needed them. Triggers such as 'during personal care' and 'develops rapid breathing' or 'face becomes red' must be included as a guide to all staff. Specialist advice to be included in care plans.

Proposed Timescale: 30/11/2016

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:

Neurological observations were not consistently completed post un-witnessed falls to monitor neurological function.

5. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

All un-witnessed falls to follow with the recording of neurological observations.

Proposed Timescale: With immediate effect & ongoing.

Proposed Timescale: 07/11/2016

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:

Aspects of medication management were found to require immediate attention. On observation of a part of a medication administration round, the inspector found that the nurse was not administering medication in accordance with An Bord Altranais guidelines.

6. 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 nurse was asked to refrain from the administration of medication with immediate effect.
- A meeting took place between the CNM2, Interim DON & Provider,
- All certificates were reviewed to ensure each nurse had completed the HSEland medication management module.
- Competencies on medication administration have been recorded on each nurse and will be recorded quarterly.

- Spot-checks have been recorded on nurses during medication administration.
- Each nurse has been allocated time to read the medication administration policy and to sign that they have understood its contents.
- The HIQA draft report has been discussed at a meeting with nursing staff and the seriousness of the findings emphasized.

Proposed Timescale: 30 October 2016 & ongoing.

Proposed Timescale: 30/10/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

While assessments were generally completed at four monthly intervals care plans were not consistently revised in response to changing needs. Where an event occurred for example a fall, a reassessment was not always carried out, and where it was completed the care plan was not consistently updated to ensure that any additional control measures that may be required to mitigate the risk were documented.

In some care plans reviewed where a resident was seen by a specialist service the advice of the specialist was not incorporated into the care plan.

In some care plans reviewed a narrative note was included under the intervention which showed a misunderstanding by staff of the care planning process.

Some care plans were generic in nature and did not provide sufficient information to deliver person centred care.

7. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Nursing staff were asked to do a comprehensive review of all their care plans and the CNM2 is in the process of auditing this. An emphasis was placed on completeness of the residents record of care. Re-assessing residents post falls and following a visit from a specialist such as the dietician were discussed.

Proposed Timescale: 31 October 2016 & ongoing.

Proposed Timescale: 31/10/2016

