Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Stella Maris Nursing Home
Centre ID:	ORG-0000105
Centre address:	Baylough, Athlone, Westmeath.
Telephone number:	090 64 92162
Email address:	stellamaris1@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Clare McNally
Provider Nominee:	Clare McNally
Person in charge:	Clare McNally
Lead inspector:	Jillian Connolly
Support inspector(s):	Sonia McCague
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	3

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 judgements 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 1 day(s).

The inspection took place over the following dates and times

From:	To:
05 March 2014 10:30	05 March 2014 16:30

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Stella Maris Nursing Home is situated in Baylough, Athlone, Co. Westmeath. It was registered as a designated centre under the Health Act 2007 in November 2011. The designated centre is currently registered to provide accommodation for 27 residents. On the day of inspection there were 24 residents residing in the nursing home. Twenty one were present, as two residents were in hospital and one resident was on holiday.

There were five residents assessed as needing maximum support to meet their needs, five high support, six medium support and seven low support. One resident was documented as being self caring. Nine residents had a diagnosis of Alzheimer's or dementia and four residents were under the age of sixty five.

The purpose of this inspection was to monitor ongoing compliance. The Authority had also received information prior to the inspection regarding the end of life care provided to residents. As evidenced in Outcome 14, inspectors found that there was insufficient documentation regarding end of life care, therefore it was not possible to identify the actual practices in place.

From the previous inspection, the nursing home had actions in relation to Reviewing

and Improving the quality and safety of care, the Health and Social Care Needs of residents and the Premises. Inspectors did not address the review and improvement of the quality and safety of care on this inspection, however informed the provider that this would be comprehensively reviewed in the upcoming inspection to assist in making a decision regarding the renewal of registration of the designated centre by November 2014. As stated in Outcome 11, there was evidence that efforts had been made to address the review of care plans at three monthly intervals and consultation with residents and/or their representative. However improvements were still required in this area. The provider had not submitted plans related to the altering of the premises to the Authority to ensure compliance by July 2015 to the Authority as stated in the previous action plan.

On this inspection, inspectors reviewed documentation, observed practice and met with residents and staff. Residents reported that they were satisfied with the service they receive and felt safe. Staff demonstrated knowledge of the residents and their needs, and approached residents in a dignified and respectful manner. Inspectors were not satisfied that the systems in place to ensure that documentation was maintained in a comprehensive manner and in a way which it was easy to retrieve were effective.

The Action Plan at the end of this report identifies mandatory improvements that must be made to meet the requirements of Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Minor

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

Findings:
Inspectors requested the most recent statement of purpose on the day of inspection. The statement of purpose accurately reflects the services and facilities provided by the designated centre. However inspectors observed that some of the information as required in Schedule 1of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) was not included. The conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Act were not present.

Outcome 03: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
The person in charge was off duty on the day of inspection but came to the nursing home approximately one hour after the inspectors arrived. The assistant director of nursing was on duty as the registered nurse. The assistant director of nursing also

deputises in the absence of the person in charge. The person in charge is also the provider nominee. A condition of registration is that the person in charge must be employed on a full time basis and work a minimum of thirty five hours per week. Inspectors confirmed, by reviewing a sample of rosters, that this occurs. The person in charge works 36 hours over four days and is a registered nurse. The assistant director of nursing and the person in charge informed inspectors of the systems in place to ensure that the needs of the residents are met at all times. Inspectors observed throughout the day that this occurs. The person in charge demonstrated knowledge of both their statutory responsibilities and both the clinical and social needs of residents. Due to the dual role of provider nominee and person in charge, it is the responsibility of the person in charge to be involved in all aspects of the governance and operational management of the centre. Inspectors met with the person in charge and they demonstrated that they are aware of all aspects of the operations of the designated centre.

Outcome 04: Records and documentation to be kept at a designated centre
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Moderate

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

Findings:
Inspectors did not formally inspect against Outcome 4 on this inspection. However, throughout the inspection, there was evidence that records and documentation was not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Examples which have been mentioned in this report are staff not signing and dating documentation. Allied Health Professionals also did not sign and date documentation. Inspectors were not satisfied that documentation reflected practice in relation to the assessment of restraint, actions to be taken as a result of an incident i.e. medication error. Although policies and procedures were in place they were not reviewed within the time frame stated by the provider. There was no evidence that policies such as end of life care were reflected in practice.

As stated in Outcome 12, due to the location of the designated centre, there are limitations to the freedom of movement of some residents. This was not documented.

Outcome 06: 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.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Minor

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

Findings:
Inspectors reviewed two policies relating to protecting residents from abuse and responding to allegations of abuse. Both policies were dated November 2012 and due for review in November 2013. However, each policy did contain the relevant information necessary to both identify the different forms of elder abuse and the structures in place to both safeguard residents from abuse and the systems in place to respond to an allegation or suspicion of abuse. There have been no allegations or suspicions of abuse reported since the last inspection. Inspectors spoke with both staff and residents. Staff demonstrated knowledge of the different forms of elder abuse and the reporting mechanisms. Residents reported that they felt safe in the designated centre. Inspectors reviewed training records and confirmed that staff attended training regarding the prevention, detection and response to abuse which is facilitated by the person in charge.

There is a policy in place regarding residents' finances. It outlines the systems in place to protect residents' money. The provider nominee/person in charge is currently responsible for the finances of one resident and is acting as an agent for the individual. Inspectors reviewed the systems in place and were satisfied that all money received or spent on behalf of the individual were appropriately documented. However, as the person in charge is also the provider nominee of the designated centre, inspectors identified that without an external person reviewing the system, a risk was present. The person in charge stated that they had made efforts to identify an external person, however there was no documented evidence of this.

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
There are policies in place regarding health and safety and risk management. The Safety Statement was dated September 2012. There is a centre specific risk register in place which was last reviewed in December 2013. The statutory risks as stated in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were present. Inspectors noted that there were snib locks on some bathroom doors which they identified as a risk, as staff would not be in a position to access a resident if they needed assistance. Another area identified as a significant risk is the location of the centre. The nursing home is located on a busy junction in the town with the front door leading directly onto the main pedestrian footpath. Inspectors observed a high volume of traffic in the area. However this was recorded in the risk register and the person in charge had contacted the local council to address the signage outside the nursing home as a control measure.

The centre has policies in place pertaining to infection control. Inspectors observed adequate number of facilities to ensure good hand hygiene. Inspectors were not satisfied that there was an adequate supply of warm water in one of the bathrooms, therefore not being adequate to facilitate effective hand washing. There was appropriate personal protective equipment to safeguard residents and staff, There is a sluice room on the ground floor which is locked by a key. On entering inspectors found an unpleasant odour. The assistance director of nursing stated that this was as a result of a leak which had been rectified. However inspectors were not satisfied that there was adequate ventilation in the room. There was a non-mechanical vent and a door leading outside, but no windows. There was evidence that staff had attended infection control training in 2012, which was provided by an external contractor.

Inspectors reviewed the fire evacuation procedure. Each resident had an individual fire plan which identifies the equipment needed to assist them in the event of a fire and the number of staff required. Staff spoken with demonstrated knowledge of the actions to be taken in the event of an emergency. Inspectors reviewed the records of the maintenance of fire equipment and confirmed that they were maintained at appropriate intervals. Fire drills take place at regular intervals and staff informed inspectors of the actions taken as a result of the drills, however documentation was inconsistent in this area. In two of the quarterly notifications, submitted to the Authority since the last inspection, residents had experienced skin tears as a result of being assisted to transfer. Inspectors observed manual handling on the day of inspection and were satisfied that appropriate techniques were utilised. Of the care plans reviewed, each resident had an individual manual handling assessment completed. There was also a colour coded system, which indicated the need of the resident in relation to manual handling, in place, which was evident in residents' rooms.

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Minor

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

Findings:
The centre has written operational policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. Inspectors observed medication being administered to residents and were satisfied that safe practices exist. The Authority were notified of a medication error which had occurred in the designated centre. Inspectors were satisfied of the actions taken to ensure the wellbeing of the resident involved. The person in charge also informed inspectors of the actions taken following the event. However, documentation did not support the learning or improvements made as a result of the incident. Inspectors found that the processes in place for handling medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation.

The medication administration record did not contain a comments section. There was a collective record in the event of a resident not ingesting their medication which was utilised as part of the auditing section, however, this was not clear in the resident's personal records. There was evidence in the daily narratives however inspectors were not satisfied that the information was easily retrievable to improve the quality of care provided to the resident.

There is a system in place for reviewing and monitoring medication, however, inspectors were not satisfied of the effectiveness of the system based on the record keeping. There was a record of the pharmacist, general practitioner (GP) and nurse reviewing medication however, there was no signature or date present so therefore it was unclear of the process.

Outcome 11: Health and Social Care Needs
Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:
Non Compliant - Moderate

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

Findings:
Inspectors reviewed a sample of residents' files on the day of inspection. An action arising from the previous inspection was that care plans be kept under formal review. There was evidence of both the health and social needs of residents being met. Inspectors identified that appropriate assessments took place on admission to the nursing home, and were reviewed at appropriate intervals thereafter. There was evidence of care plans being developed as a result of the assessments and this was in turn reflected in the daily nursing notes. There was a flow chart in place as a record of the residents activities of daily living being met . Care plans were personalised and reflected the needs of the individual. There was evidence of referral to Allied Health Professionals and documentation stating the input of the relevant professional.

The care plans indicated that the resident and/or their representative were consulted in the process, which was an action arising from the previous inspection. However, there were inconsistencies in the consultation process. At times the resident was documented as being consulted and in other instances there was evidence that the relative was consulted. However, when a relative was consulted, there was no evidence to suggest that the individual was not in a position to make decisions regarding their own care.

There was evidence that care plans were developed or reviewed following an adverse incident or event. In the event of restrictive practice such as bed rails being utilised there were risk assessments completed and documentation thereafter to monitor the use of the restraint. However inspectors were not satisfied that all alternative measures had been reviewed with the resident prior to a restraint being implemented.

Each individual also had a life story in their personal file and an assessment of their social needs. There was an activity care plan in place and specific daily documentation regarding the social activities that the resident engaged in. Inspectors reviewed the activity schedule which was prominently displayed in the dining area. There is one health care assistant nominated as the activity co-ordinator. On each day one member of staff is assigned the duty of implementing the daily schedule. There are two external resources utilised in relation to exercise and art on a weekly basis.

One area of concern identified through reviewing the files, was the inconsistency in staff signatures throughout individuals personal files. In one instance, there was a listed inventory of the residents' personal possessions on admission, however it was not evident who the member of staff involved was. Inspectors also identified an error in the monitoring of a residents weight, however there was no signature of the staff member who recorded the data. Inspectors discussed with the person in charge, the risk associated with staff not being accountable for their actions.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
An action arising from the previous inspection was that the provider was asked to submit a plan to the Authority regarding the proposed adaptations to the building to ensure that it be compliant by July 2015. The provider responded, at the time, that the plan would be submitted by December 2013. However, the plan had not been submitted by the time of this inspection. Inspectors discussed this with the person in charge who stated the reason was that there had been delays meeting with the engineers. The current registration of the designated centre is to provide services for 27 residents. The current accommodation consists of seven double occupancy rooms, seven single occupancy rooms and two triple occupancy rooms.

There is also two sitting rooms, one dining area and one visitors room for residents to access. The person in charge informed inspectors that the current plan is to apply for a variation in conditions and to reduce the number of residents accommodated at the designated centre to 25. This will enable alterations to be made to the building to ensure compliance.

Inspectors found the designated centre to be clean however were not satisfied with the ventilation in the sluice room as stated in Outcome 7. The smoking room is located next to one of the day rooms, and inspectors observed a strong smell of smoke in the day room. Inspectors addressed this with the person in charge on the day of inspection.

Each bedroom had at minimum a hand basin for residents. Inspectors observed the rooms to be personalised and residents informed inspectors that they were happy with their personal area. There is a call bell system in place, inspectors noted that one was not operational on the day of inspection and addressed this with the provider.

As stated in Outcome 7, the designated centre is located on a junction in Baylough, Athlone. The front doors are located on the main pedestrian footpath. There is decking at the rear of the nursing home for residents to access in good weather, however due to the location inspectors found that there was limitations to the freedom of movement for

some residents, as discussed in Outcome 4 this was not documented.

Inspectors reviewed the maintenance records for the servicing of hoists and found that the centre was compliant. There was one hoist non – operational on the day of inspection, however there was evidence that this was being addressed.

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Moderate

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

Findings:
Prior to the inspection, the Authority received information that the designated centre were non compliant as regards end of life care. However, the person in charge had not received any complaints regarding the care provided to residents at the end of their life. The designated centre has a policy in place regarding end of life care. The policy states that all residents will receive a comprehensive assessment on admission to the nursing home which will address their wishes for end of life care. However, of the sample of residents' personal files reviewed there was no evidence of assessments being undertaken. There was some evidence of residents expressing certain wishes, however, inspectors were not satisfied that the information was transparent or easily retrievable in the event of the death of a resident. Inspectors also reviewed a sample of care plans for residents who had died in the previous six months in the designated centre. Inspectors identified that the records demonstrated the clinical needs of individuals being met, with appropriate referrals and communication with Allied Health Professionals such a physiotherapy and a palliative care team. The policy also specifies that actions to be taken following the death of a resident. However, there was not sufficient evidence documented in the files to inform inspectors of the practice which actually occurs following the death of a resident. Inspectors were informed that external training in relation to end of life care had been identified and four staff were due to attend in March 2014.

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.

Theme:
Workforce

Judgement:
Compliant

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

Findings:
The statement of purpose of the organisation states the staffing complement as required in Schedule 1of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Inspectors reviewed a sample of rosters and observed the staffing level on the day of inspection and found that staffing reflects that which is stated within the statement of purpose. Inspectors observed staff interacting in a respectful and dignified manner with residents. The person in charge also informed inspectors of the system utilised which determines staffing levels based on the assessed needs of the residents. Inspectors were informed of the systems in place to ensure that staffing levels can be altered as a result of a change in residents' needs. The roster reflected that there is one registered nurse on duty at all times within the designated centre. Inspectors reviewed training records of staff in relation to fire prevention, infection control, manual handling and prevention, detection and response to abuse. As stated in Outcome 14, management had identified a need for training in relation to end of life care and this was also in the process of being organised.

As previously reported, there was considerable evidence that staff were not signing and dating documentation. Inspectors identified this as a risk in supervision of staff. It was not always clear the staff member involved in a task therefore limiting the accountability of staff.

Inspectors did not review staff files on this inspection.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Regulation Directorate
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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Stella Maris Nursing Home
Centre ID:	ORG-0000105
Date of inspection:	05/03/2014
Date of response:	04/04/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all items listed in Schedule 1 of the Regulations were included in the statement of purpose.

Action Required:
Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Please state the actions you have taken or are planning to take:
• Statement of Purpose has been updated to include the conditions of registration
• This update has been submitted to the Authority.

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

Proposed Timescale: 03/04/2014

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Numerous documents did not have staff signatures or were not dated. Information relating to residents ingestion of medication was not maintained in an easy retrievable manner. There was no record of any limitations to the freedom of movement of residents.

Action Required:
Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

Please state the actions you have taken or are planning to take:
• All files have been reviewed to ensure staff signatures are on files
• Ingestion of medication is now charted in a clearer manner on the individual charts
• Risk register has been updated to include limitations to the freedom of movement

Proposed Timescale: 03/04/2014

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although there was no evidence of financial abuse on the date of inspection. Inspectors were not satisfied that all necessary measures were taken to safeguard residents' finances which were being managed by the designated centre.

Action Required:
Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

Please state the actions you have taken or are planning to take:
Addition measures have been implemented to further safeguard residents from all forms of abuse.
• An advocate has been sourced and contact has been made.
• A new co-sign chart has been introduced to ensure that it is documented finances are correct.

Proposed Timescale: 03/04/2014

Outcome 07: 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:
Although fire drills were carried out on a regular basis there were inconsistencies in the documentation of actions resulting from the drill.

Action Required:
Under Regulation 32 (2) (a) you are required to: Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.

Please state the actions you have taken or are planning to take:
• Going forward, detailed accounts of fire drills will be documented. This will also include details of any actions required and outcomes of same

Proposed Timescale: 03/04/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The practices relating to the documentation of residents' medication were not in line with the organisational policy.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
• Our medication policy has been updated to include documenting ingestion of medication on the individual charts
• All nursing staff have been made aware of this update
• All nursing staff have signed off on the update

Proposed Timescale: 03/04/2014

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:
Residents' care plans are comprehensive and kept under review. However, it is not clear when relatives have been consulted as opposed to residents the rationale for this.

Action Required:
Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

Please state the actions you have taken or are planning to take:
• All residents who need family input with care plans now have a care plan in place which details rationale for this
• Going forward, all residents who require this input will have a care plan detailing the rationale
• All staff are aware of this

Proposed Timescale: 03/04/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Due to the location of the sluice room there is not adequate ventilation available. There was a smell of smoke from the smoking room in one of the day rooms.

Action Required:
Under Regulation 19 (3) (p) you are required to: Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.

Please state the actions you have taken or are planning to take:
• Brush seals have been added to the smoking room door to ensure that smoke does not escape into the day room
• The ventilation to the sluice room has been reviewed and a mechanical vent has been installed to ensure there is adequate ventilation at all times

Proposed Timescale: 03/04/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No plan had been submitted by December 2013 to the Authority stating the actions to

be taken to reduce the triple occupancy rooms by July 2015.

Action Required:
Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

Please state the actions you have taken or are planning to take:
• A meeting has been held with the engineers
• Renovation plans have been agreed and costed
• Same has been submitted to the Authority 04/04/14

Proposed Timescale: 04/04/2014

Outcome 14: End of Life Care

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no evidence that individual's choices had been sought or addressed.

Action Required:
Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

Please state the actions you have taken or are planning to take:
• Full review of end of life are plans has commenced
• Care plans will include details that individuals choices have been sought or addressed
• Training for nursing staff and care assistants continues to equip them for this process

Proposed Timescale: 31/05/2014

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no evidence to demonstrate what occurs following the death of a resident.

Action Required:
Under Regulation 14 (4) you are required to: Put in place arrangements to ensure respect for the remains of deceased residents and make arrangements, in consultation with the deceased residents family, for the removal of remains.

Please state the actions you have taken or are planning to take:
• Our end of life policy has been updated to include that staff must document all details of what happens to a resident after death

• All nursing staff have been informed of this update • All nursing staff have signed off on the policy update
Proposed Timescale: 03/04/2014