

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ailesbury Private Nursing Home
<b>Centre ID:</b>	0002
<b>Centre address:</b>	58 Park Avenue
	Sandymount
	Dublin 4
<b>Telephone number:</b>	01-2692289
<b>Email address:</b>	ailesbury@anh.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Ailesbury Private Nursing Home
<b>Person authorised to act on behalf of the provider:</b>	Robert Fagan
<b>Person in charge:</b>	Alison Woods
<b>Date of inspection:</b>	14 August 2013
<b>Time inspection took place:</b>	<b>Start:</b> 13:00 hrs <b>Completion:</b> 18:00 hrs
<b>Lead inspector:</b>	Angela Ring
<b>Support inspector(s):</b>	N/A
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	39 + 2 in hospital
<b>Number of vacancies on the date of inspection:</b>	5

## 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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of 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*.**

This inspection report sets out the findings of a monitoring inspection, in which 13 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

<b>Outcome 1: Statement of Purpose</b>	<input checked="" type="checkbox"/>
<b>Outcome 2: Contract for the Provision of Services</b>	<input checked="" type="checkbox"/>
<b>Outcome 3: Suitable Person in Charge</b>	<input checked="" type="checkbox"/>
<b>Outcome 4: Records and documentation to be kept at a designated centres</b>	<input type="checkbox"/>
<b>Outcome 5: Absence of the person in charge</b>	<input checked="" type="checkbox"/>
<b>Outcome 6: Safeguarding and Safety</b>	<input checked="" type="checkbox"/>
<b>Outcome 7: Health and Safety and Risk Management</b>	<input checked="" type="checkbox"/>
<b>Outcome 8: Medication Management</b>	<input checked="" type="checkbox"/>
<b>Outcome 9: Notification of Incidents</b>	<input checked="" type="checkbox"/>
<b>Outcome 10: Reviewing and improving the quality and safety of care</b>	<input type="checkbox"/>
<b>Outcome 11: Health and Social Care Needs</b>	<input checked="" type="checkbox"/>
<b>Outcome 12: Safe and Suitable Premises</b>	<input checked="" type="checkbox"/>
<b>Outcome 13: Complaints procedures</b>	<input type="checkbox"/>
<b>Outcome 14: End of Life Care</b>	<input checked="" type="checkbox"/>
<b>Outcome 15: Food and Nutrition</b>	<input checked="" type="checkbox"/>
<b>Outcome 16: Residents' Rights, Dignity and Consultation</b>	<input type="checkbox"/>
<b>Outcome 17: Residents' clothing and personal property and possessions</b>	<input type="checkbox"/>
<b>Outcome 18: Suitable Staffing</b>	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider met the requirements of 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*. There was evidence of ongoing and consistent improvements being made in all aspects of the operation of this centre

with a very committed management team and a strong governance structure in place. This is a family run centre with Robert Fagan as provider, his wife as administrator and his sister as person in charge.

The inspector found that the health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a good standard. The quality of residents' lives was enhanced by the provision of a choice of interesting activities and outings.

The provider and person in charge promoted the safety of residents. A risk management process was in place within the clinical governance structure. Robust fire procedures and an emergency plan were in place. Staff had received training and were knowledgeable about the prevention of elder abuse. Recruitment practices met the requirements of the Regulations. The majority of issues identified at the previous inspection in October 2012 were addressed.

A small number of actions were required from this inspection which are detailed in the report and included in the Action Plan at the end of the report. These include the use of restraint, medication management and the multi occupancy bedrooms.

**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*.**

**Theme: Leadership, Governance and Management**  
*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

**Outcome 1**  
*There is a written statement of purpose that accurately describes the service 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.*

**References:**  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

**Action(s) required from previous inspection:**  
  
No actions were required from the previous inspection.

## Inspection findings

The inspector found that the statement of purpose required updating to include the requirements of Schedule 1 of the Regulations, this was completed the day after the inspection and a satisfactory document was submitted to Health Information and Quality Authority (the Authority) Regulation Directorate.

### Outcome 3

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

#### References:

Regulation 15: Person in Charge

Standard 27: Operational Management

#### Action(s) required from previous inspection:

No actions were required from the previous inspection.

## Inspection findings

The person in charge was a registered nurse with the required experience in the area of nursing older people; she worked full-time between Ailesbury and Ashbury Nursing Homes. She demonstrated a good knowledge of the Regulations, Standards and her statutory responsibilities.

The inspector observed that she was well known to staff and residents. The person in charge had maintained her continuous professional development and had attended study days on issues related to care of older persons. Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care to residents. All documentation requested by the inspector was readily available.

### Outcome 5

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

#### References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

#### Action(s) required from previous inspection:

No actions were required from the previous inspection.

## Inspection findings

The provider notified the Authority of the recent absence of the person in charge thereby complying with the legal requirements as identified in the Regulations. The person in charge was supported in her role by an assistant director of nursing (ADON) and senior nurses who deputised in her absence.

### **Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

### **Outcome 6**

*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.*

#### **References:**

Regulation 6: General Welfare and Protection  
Standard 8: Protection  
Standard 9: The Resident's Finances

#### **Action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

## Inspection findings

The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. This had been addressed since the last inspection. The staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents' finances were reviewed at the last inspection in Oct 2012 and were found to be satisfactory; they will be reviewed again at the next inspection.

**Outcome 7**

*The health and safety of residents, visitors and staff is promoted and protected.*

**References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

**Action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents and had a robust system in place to manage risk. Some improvement was required in relation to auditing falls.

The inspector read the training records which confirmed that staff had attended fire training within the last year. Weekly fire drills were conducted including evacuation procedures. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire. The inspector was satisfied that thorough fire precautions were in place. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. The inspector noted that the fire exits, which had daily checks, were unobstructed.

There was a comprehensive health and safety statement dated 2012, the provider informed the inspector that it was currently being reviewed by a health and safety consultant. A risk management policy was in place and met the requirements of the Regulations. These included the risks associated with violence and aggression, assault, self-harm and accidental injuries to residents and staff and residents going missing. A new risk register had been developed which identified the risks, the control measures in place and the person responsible.

The inspector found that there was a procedure in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. However, the inspector found that there was no auditing of falls being carried out in the previous months to monitor and analyse the incidence of falls and identify possible trends. During the day of inspection, the person in charge collated information on the number of falls and found that there was a relatively low number with several related to one resident who was currently in hospital. There was a clinical governance structure set up and the provider explained the process whereby falls would be regularly reviewed in the future.

Risk assessments were completed on residents who smoked, a ramp had been constructed in the dining room between the split level floors and an additional potential hazard had been removed from the dining area, these were potential areas of risk identified at the last inspection which had been adequately addressed.

An emergency plan was in place which identified what to do in the event of an emergency. Staff had attended the mandatory training in moving and handling and good practice was observed, this was addressed since the last inspection.

The inspector found that there were measures in place to control and prevent infection. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre.

### **Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

#### **References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

#### **Action(s) required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

### **Inspection findings**

The inspector was satisfied that each resident was protected by the designated centres' policies and procedures for medication management, some improvements were required in relation to crushed medications.

A comprehensive policy was in place which guided practice. The inspector read completed prescription and administration records and saw that they were in line with professional guidelines with the exception of individual signatures for medication that required crushing. Written evidence was available that three monthly reviews were carried out. The inspector observed a staff nurse administering medication in line with professional guidelines, this had been addressed since the last inspection. Staff nurses involved in the administration of medications had undertaken a training course in medication management.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

**Outcome 9**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Practice in relation to notifications of incidents was satisfactory.

The person in charge and her deputy were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 11**

*Each resident's 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 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.*

**References:**

Regulation 6: General Welfare and Protection

Regulation 8: Assessment and Care Plan

Regulation 9: Health Care

Regulation 29: Temporary Absence and Discharge of Residents

Standard 3: Consent

Standard 10: Assessment

Standard 11: The Resident's Care Plan

Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Action(s) required from previous inspection:**

Provide a high standard of evidence-based nursing practice.

Set out each resident's needs in an individual care plan developed and agreed with the resident.

**Inspection findings**

The inspector was satisfied residents' healthcare needs were met to a good standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to GP services and a full range of other services was available on referral including physiotherapy and dietetic services. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were recorded in the residents' notes.

The inspector reviewed a sample of residents' files which were stored on a software package and noted that a nursing assessment and additional clinical risk assessments were carried out for residents. Daily records of the residents' condition were maintained. Some minor improvements were required in care planning but these were adequately addressed on the day of inspection.

There was no evidence of resident and relative involvement in the development and review of the care plans. This had been identified at the last inspection and it had not been adequately addressed, however, the inspector reviewed draft documentation to address this which was not yet implemented.

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and care plans were devised with specific individualised measures taken to prevent further falls while promoting and facilitating residents' independence. The centres policy on falls had been updated and reviewed since the last inspection.

The inspector noted that ongoing improvements were required in the management of restraint. The inspector found that although risk assessments were completed and updated, there was inadequate information to demonstrate that restraint was used as a last resort and after the consideration of alternatives. There was an evidence-based policy in place. This had been identified as an area for improvement at the last inspection and it had still not been adequately addressed.

The inspector read care plans of some residents who had wounds and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. A policy was in place and was used to guide practice. In addition the inspector saw where advice and support was provided from a tissue viability nurse on a regular basis.

Residents were seen enjoying various activities during the inspection. An activity coordinator was employed and there was a range of activities arranged each day in addition to outings which were facilitated with the use of the centres own wheelchair accessible bus. A programme of events was displayed and included religious ceremonies, music, movies, knitting, quizzes, reminiscence, ball games and many more. Several residents and relatives told the inspector that a variety of activities were available each day.

#### **Outcome 12**

*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.*

#### **References:**

Regulation 19: Premises  
Standard 25: Physical Environment

#### **Action(s) required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

### **Inspection findings**

The centre was clean, comfortable, welcoming and well maintained both internally and externally. The bedrooms were comfortable, personalised and well furnished. A call system with an accessible alarm facility was provided in each bedroom.

The sluice rooms and kitchen were inspected at the last inspection in Oct 2012 and both were found to be satisfactory.

There were five multi occupancy bedrooms which consisted of three four bedded rooms and two three bedded rooms. The inspector did not see any evidence of residents' privacy and dignity being compromised on the day of inspection. However, the provider was aware that these multi occupancy bedrooms will not meet the requirements of the Standards by 2015. The provider did not have a clear, costed plan in place on how to address these deficits.

The inspector did not see evidence of a lack of storage space for equipment during the inspection. Additional staff facilities were made available since the last inspection as the laundry service was carried out externally which allowed for additional space for staff.

**Theme: Person-centred care and support**

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

**Outcome 14**

*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.*

**References:**

Regulation 14: End of Life Care  
Standard 16: End of Life Care

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector was satisfied that there were adequate arrangements in place for caring for a resident at end-of-life.

This practice was informed by the centres' policy on end-of-life care. The person in charge told the inspector that the local palliative care and home care teams provided support and advice when required and there was evidence of this in residents' records. Care plans were developed for residents at end-of-life care.

**Outcome 15**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.*

**References:**

Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

**Action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

The inspector spent some time in the main dining room during lunch and found that the dining experience was pleasant and relaxed. The inspector noted that meals were well presented and menus were displayed. Residents all expressed satisfaction

with their meals. Staff were seen assisting residents discreetly and respectfully if required, this was improved since the last inspection. There was adequate staff supervision in the dining area during lunch which was also an issue addressed since the last inspection. The inspector was satisfied that residents received a nutritious and varied diet that offered choice. Residents who needed their food served in an altered consistency such as pureed had the same choice of menu options as others. The inspector saw residents being offered a variety of drinks throughout the day.

Weight records were reviewed which showed that residents' weights were checked monthly. Nutrition assessments were used to identify residents at risk. The inspector reviewed residents' records and saw where residents were reassessed if they had lost weight. Records also showed that some residents had been referred for and received a dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*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.*

**References:**

- Regulation 16: Staffing
- Regulation 17: Training and Staff Development
- Regulation 18: Recruitment
- Regulation 34: Volunteers
- Standard 22: Recruitment
- Standard 23: Staffing Levels and Qualifications
- Standard 24: Training and Supervision

**Action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

The inspector found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Staff agreed that there were adequate levels of staff on duty. The inspector found that there were procedures in

place for constant supervision of residents in communal areas. This was addressed since the last inspection.

Staff spoken with were knowledgeable of residents needs and all reported that there was a good communication system in place to ensure that staff were kept informed of residents needs. All staff spoken to reported that they found the management team supportive and accessible.

The inspector reviewed a sample of staff files and noted that all relevant documents were present, this was addressed since the last inspection. A checking system was in place to ensure that all documents required by the Regulations were in place.

The inspector reviewed a sample of files found that nursing staff had up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2013.

### **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider and the administrator to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

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

### ***Report compiled by:***

Angela Ring  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

19 August 2013

**Provider's response to inspection report \***

<b>Centre Name:</b>	Ailesbury Private Nursing Home
<b>Centre ID:</b>	0002
<b>Date of inspection:</b>	14 August 2013
<b>Date of response:</b>	2 September 2013

**Requirements**

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

**Theme: Safe care and support**

***Outcome 8: Medication management***

**The provider is failing to comply with a regulatory requirement in the following respect:**

Medication to be administered crushed was not individually prescribed.

**Action required:**

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.

**Reference:**

Health Act, 2007  
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

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

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>All residents who are receiving crushed medications now have a medication kardex with this highlighted for each crushed med, and same is signed by the GP.</p>	Completed

**Theme: Effective care and support**

***Outcome 11: Health and social care needs***

<p><b>The person in charge is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was no evidence that each resident's needs were set out an individual care plan developed and agreed with the resident.</p>
<p><b>Action required:</b></p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 8: Assessment and Care Plan  Standard 3: Consent  Standard 10: Assessment  Standard 11: The Resident's Care Plan  Standard 17: Autonomy and Independence</p>

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>As shown to the inspector on the day of the inspection we have documentation developed to address this issue. Copies of care plans are currently being sent to families, to be discussed with the residents and their next of kin, with opportunity for feedback enclosed.</p>	31/10/2013

***Outcome 11: Health and social care needs***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The use of restraint was not in line with evidence-based nursing practice.</p>
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<b>Action required:</b>	
Provide a high standard of evidence-based nursing practice.	
<b>Reference:</b>	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 21: Responding to Behaviour that is Challenging	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Over the past four years, we have made a conscious effort to reduce bedrails to a minimum, to introduce low low beds where they would be of benefit, crash mats, and sensor mats, and infra red bedroom sensors. We have evidence to prove that bedrail usage is down on previous years, however, we feel at present, that the current system we have for restraint review is effective, and furthermore, we have agreement from both residents and next of kins to maintain our current systems for a variety of reasons, but safety and resident sense of security being the forbearing factors.</p>	Ongoing

***Outcome 12: Safe and suitable premises***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>	
The multi-occupancy bedrooms will not meet the requirements in the Standards by 2015 and there was no costed plan in place to address this issue.	
<b>Action required:</b>	
Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.	
<b>Reference:</b>	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

<p>Provider's response:</p> <p>We are aware of the physical requirements required by the standards for 2015. We will be forwarding proposed plans to the Authority in due course.</p>	<p>31/12/2013</p>
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