

**Health Information and Quality Authority  
Regulation Directorate**

**Inspection report  
Designated centres for older people**



<b>Centre name:</b>	Gallen Priory Nursing Home
<b>Centre ID:</b>	0037
<b>Centre address:</b>	Main Street Ferbane, Co Offaly
<b>Telephone number:</b>	090-6454742
<b>Email address:</b>	info@gallenpriory.com
<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>	Gallen Priory Partnership
<b>Person authorised to act on behalf of the provider:</b>	James McCrystal
<b>Person in charge:</b>	Celestine Ward
<b>Date of inspection:</b>	8 and 9 August 2013
<b>Time inspection took place:</b>	<b>Day-1 Start:</b> 07:50 hrs <b>Completion:</b> 17:55 hrs <b>Day-2 Start:</b> 08:30 hrs <b>Completion:</b> 17:55 hrs
<b>Lead inspector:</b>	Marian Delaney Hynes
<b>Support inspector:</b>	Gary Kiernan
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Number of residents on the date of inspection:</b>	41 + 3 in hospital
<b>Number of vacancies on the date of inspection:</b>	7

## **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.

**Summary of 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 to:

- follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- address a specific issue based on information received.

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

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

This unannounced follow up inspection took place over two days and focused on the issues arising from the inspection to inform registration renewal carried out in April 2013. As part of this inspection, inspectors met with residents and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures.

Significant non-compliances were identified during the previous inspection in April 2013. Following that inspection the provider was requested to attend a meeting with the Health Information and Quality Authority (the Authority) Regulation Directorate to discuss the significant non-compliances with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

At this follow-up inspection inspectors were concerned with the poor governance and overall management of the centre. Specifically they were concerned with the fitness of the provider as they found that there was an overall failure of the provider to adhere to the requirements of the Regulations. He had failed to address a number of the non-compliances from the previous inspection and was unaware of other significant risks in the centre such the issues regarding the safety of the lift. Inspectors were also concerned that actions deemed to be completed by the provider had not been completed within the agreed timeframes.

This inspection focussed mainly on the 17 required actions from the previous inspection relating to 13 Outcomes and other areas where improvements were required.

At this inspection it was noted that only four of the actions were completed including:

- the residents' guide
- complaints management
- notifications specifically relating to wounds.
- wound management.

Other areas that were work in progress and required further improvement included:

- aspects of health and safety
- risk management (additional risks were also identified during the inspection)
- fire safety
- care plans
- reviewing and improving quality and safety of care.

Actions not addressed included:

- skill mix of staff on night duty
- restraint management
- aspects of falls management
- activities specifically for people with dementia
- medication management
- some aspects of care planning documentation
- statement of purpose.

Additional areas identified for improvement at this inspection included, a failure on the part of the provider to notify the Authority of the absence of the person in charge for a period of 28 days. Other areas included aspects of the premises, medication management and equipment.

These items are discussed in the body of the report and are included in the Action Plan at the end of this report.

## **Actions reviewed on inspection:**

### **Theme: Governance, Leadership and Management**

#### ***Outcome 1: Statement of purpose and quality management***

##### **Action required from previous inspection:**

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).

The statement of purpose did not meet with the requirements of the Regulations as it did not accurately reflect the service provision. For example information provided on the service was not correct and not implemented in the following areas:

- arrangements for residents with cognitive impairment to engage in social activities, hobbies and leisure interests
- fire precautions
- the total staffing complement in whole time equivalents was inaccurate.
- the post of the activities coordinator was vacant.

These issues are further discussed under Outcomes 7, 11 and 18.

#### ***Outcome 4: Records and documentation to be kept at a designated centre***

##### **Action required from previous inspection:**

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

These actions were partially completed.

Inspectors reviewed the residents' guide and found that it had been updated and met with the requirements of the Regulations. The provider made a copy available to each resident.

Although the risk management policy was available for inspection it still did not meet with the requirements of the Regulations, this is further discussed under Outcome 7.

### ***Outcome 5: Absence of the person in charge***

#### **Action required from previous inspection:**

There were no actions required from the previous inspection.

This outcome was reviewed as a result of information received by the Authority regarding the absence of the person in charge from the designated centre for a continuous period in excess of 28 days. Inspectors reviewed the duty rosters for May, June and July 2013 which confirmed the absence of the person in charge for a continuous period in excess of 28 days. The Chief Inspector had not been notified of this absence or of the return to duty of the person in charge. When asked by inspectors about this issue at the inspection, the provider stated that the person in charge had not been absent for a period of 28 days. However, as well as the rosters confirming the absence, the person in charge also told the inspectors that she had been absent from duty for a continuous period in excess of 28 days. The provider was again requested to review this issue and again he stated that the person in charge was not absent despite the documented evidence confirming that she had indeed been absent.

The provider was presented with the evidence confirming the person in charge's absence and was again requested by inspectors to submit the required notification. However, at the time of issuing this report the provider had failed to submit the notification as required.

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

### ***Outcome 6: Safeguarding and safety***

#### **Action required from previous inspection:**

There were no actions required from the previous inspection.

Inspectors reviewed the process for managing residents' personal finances and found that they were adequate.

### ***Outcome 7: Health and safety and risk management***

#### **Action required from previous inspection:**

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Take adequate precautions against the risk of fire.

Although there was work in progress regarding fire safety, none of the actions identified at the previous inspection had been fully addressed. Inspectors also identified additional risks during this inspection.

On the first day of inspection, inspectors noted that some bedroom doors were wedged open which could pose a risk to residents in the event of fire. This was an issue identified at the previous inspection in April 2012 and was not addressed. The provider had stated in the action plan from the previous inspection that door guards had been purchased to facilitate automatic closure of all doors when the fire alarm was activated. This was not correct as the provider had only installed automatic door closures for most of the downstairs bedroom doors and had not provided all of the doors in the centre with these closures as had been indicated in his action plan response. This was brought to the attention of the provider on the first day however it was still not addressed on the second day of inspection as this issue was again identified by inspectors. This issue had also been brought to the attention of the provider by a visiting fire officer in December 2012 and again in July 2013. In an email received from the provider on 16 August 2013 to the Authority he stated that the remaining door closures were expected by the end of August.

The fire officers' reports also identified that appropriate fire safety evacuation systems were required to be put in place to ensure the safe evacuation of dependent residents from the first floor of the centre. Inspectors found that some progress had been made in this area. The provider told the inspector that he had purchased a sufficient number of ski evacuation sheets following the last inspection. However, due to their poor quality they were returned and he had since purchased 10 evacuation sheets which were deemed by the fire officer to be suitable. However, only one ski sheet had been fitted to a bed on the ground floor. The provider told inspectors that he was in the process of purchasing additional ski sheets for all residents who required them. The person in charge had received training in the use of the evacuation sheet and she had a plan in place to train other staff. She told inspectors that this training would be provided immediately following the inspection. In an email received from the provider on 16 August 2013 he stated that evacuation sheets had been purchased for every bed and in a phone call to the person in charge on 20 August 2013 she confirmed to the Authority that evacuation sheets would be fitted to all 51 beds by the evening of 20 August 2013.

Fire safety training records reviewed showed that all staff members had received up-to-date training in fire safety. Staff spoken to confirmed that they had received training and were knowledgeable regarding fire safety.

Inspectors found that the risk management policy was inadequate and did not meet with the requirements of the Regulations. In the response to the action plan from the previous report the provider stated that a comprehensive written risk management policy was available and that the policy was implemented throughout the nursing home, which inspectors found on this inspection had not been developed or implemented as stated. The risk management policy did not contain information and

guidelines on the identification and assessment of risks throughout the centre as required by regulation, for example, resident absence without leave and precautions in place to control the risks identified such as, assault, aggression and violence and self-harm. The policy did not include arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events.

Risk assessments had been completed for moving and handling, slips, trips and falls, storage of chemicals, the laundry and smokers room in the past six months.

Inspectors reviewed two reports regarding the lift and were concerned that the provider was unable to assure them that the lift was safe for use. A safety assessment undertaken on the lift dated May 2012 indicated a number of high risk areas. There was no evidence that the risks identified had been addressed and when questioned the provider told inspectors that he had not seen this assessment before. A staff member confirmed that there had been a recent incident where a staff member had been entrapped in the lift due to malfunction. The provider showed inspectors a costed but undated report from the servicing company outlining the work that was required to be completed. Another report dated 22 July 2013 confirmed that the lift was serviced and that the recommendations for refurbishment were required to be followed up. The provider was requested by inspectors to ensure that the lift was safe to use by residents and staff and to provide the Authority with this assurance in writing. On the 16 August the Authority received an email from the provider stating that an engineer was in the centre on Monday 12 August 2013 and on leaving the premises he advised that he left the lift in "a satisfactory, safe and serviced condition." The inspector subsequently phoned the centre and requested a copy of the engineer's report, which had not been received up to 25 September 2013.

Inspectors found that the floor covering on part of the corridor on the first floor was poorly fitted and could pose a trip hazard. The provider indicated that he was also unaware of this issue.

### ***Outcome 8: Medication management***

#### **Action required from previous inspection:**

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.

This action had not been completed and referred to recording the date of opening of refrigerated medications. The inspector reviewed refrigerated medications and found that all but one medication had the opening date recorded on the labels. In his response to the previous action plan the provider stated that an enquiry had been made with the pharmacy regarding the labelling of refrigerated medication.

Over the two days inspectors were concerned that staff did not adhere to procedures for the safe administration of medication. For example, on four occasions inspectors observed the medication trolley unsecured on a corridor for brief periods of time during the medication administration round. This matter was brought to the attention of the provider and the person in charge during feedback at the end of the inspection and the person in charge told inspectors that the matter would be addressed.

***Outcome 9: Notification of incidents***

**Action required from previous inspection:**

Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation, suspected or confirmed abuse of any resident.

These actions were completed.

Inspectors reviewed the accident and incident book and were satisfied that a record of all incidents occurring in the designated centre was maintained together with actions taken and where required notified to the Authority.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Since the previous inspection and to the knowledge of the inspector all relevant incidents and allegations of abuse had been notified to the Chief Inspector by the person in charge.

**Theme: Effective care and support**

***Outcome 10: Reviewing and improving the quality and safety of care***

**Action required from previous inspection:**

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

This action was work in progress.

The provider had recently appointed a quality control manager who had completed audits in clinical and non clinical aspects of the service. The findings of the audits and required actions had been presented to the provider on the day before the inspection. The provider confirmed that he had received this information and stated he would review the findings.

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

### **Action required from previous inspection:**

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Provide a high standard of evidence-based nursing practice.

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.

There was limited progress on all of these actions.

The inspectors were significantly concerned that only one of the actions relating to wound care had been addressed since the previous inspection, while all other actions had not been fully addressed.

Whilst improvements were still required in some aspects of care planning, management of restraint and activities for people with dementia inspectors found that residents' health care needs were generally met.

There was a low incidence of wounds at the centre, inspectors reviewed the file of one resident who had a wound and found that there was a wound assessment and care plan in place to manage the wound.

Inspectors found that the management of restraint and the use of bedrails continued to require improvement. A high number of residents were using bedrails and inspectors found that assessments were not carried out in accordance with the national guidelines *Towards a Restraint Free Environment in Nursing Homes*. For example, a small number of low-low beds were in use but alternatives had not been considered for most residents. Inspectors found that some nursing staff were not familiar with the assessment tool in use in the centre and had not received training on the assessment and hazards associated with the use of restraint. The policy on restraint required improvement in order to bring it in line with the national guidelines. This had been highlighted on all of the previous inspections.

Inspectors found that improvements were required in falls management. Although there was a low incidence of falls the management of residents with suspected head injury following a fall was not consistent as neurological observations were not

always carried out and recorded as per the centres falls management policy. In the files reviewed by inspectors, residents had a falls risk assessment. However, assessments were not routinely updated where indicated following a fall or on a three-monthly basis when required. Inspectors did observe good practice in the management and prevention of falls such as ensuring appropriate assistance and good supervision however care plans did not sufficiently guide practice.

Inspectors found that while there were some activities available to residents there was no specific programme of activities available to residents with cognitive impairment and dementia. This issue had been raised on a number of previous inspections and the inspector was significantly concerned that the provider had not made sufficient progress to address this issue. The provider and person in charge told inspectors that they had recently advertised for an activities coordinator. In the meantime the care assistants were endeavouring to provide a range of activities to meet the needs of all residents. Although none of the care assistants had any specific training in the provision of activity to older people, residents said that there was a variety of activities available to them every day. Files reviewed by inspectors found that there was no recent social care assessments completed to reflect the needs and capacity of residents with dementia. Therefore, it was unclear how their needs were being adequately met.

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

#### **Action required from previous inspection:**

There were no specific issues identified at the previous inspection.

Although the building was spacious and bright and the furnishings complimented and gave it a homely feel inspectors found that there were a number of areas for improvement including:

- a secure garden was generally inaccessible to residents due to distance and the condition of the pathway
- there were inadequate sluicing arrangements in place. While there were two sluice rooms in the building one of them was old and required refurbishment and the second sluice room was not in use as the bedpan washer was out of order. The provider told inspectors that he had informed the supplier and expected the bedpan washer to be repaired shortly
- inspectors also found that part of the carpet on the ground floor was badly stained.

There was an unpleasant lingering odour in parts of the premises over the two days. The person in charge told inspectors that she had identified the issue and had corrected it, which inspectors found did address the issue and the odour was no longer present.

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

### ***Outcome 13: Complaints procedures***

#### **Action required from previous inspection:**

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

This action had been addressed

Inspectors found that there was a complaint's policy in place which met with the requirements of the Regulations. The complaints policy was on display throughout the centre. The person in charge had recently introduced a comprehensive complaints log which contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome.

## **Theme: Workforce**

### ***Outcome 18: Suitable staffing***

#### **Action required from previous inspection:**

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

This action had not been completed. Additional improvements required were also identified on this inspection.

Since the previous inspection two nurses had left employment and a third nurse was due to leave shortly, these vacancies had only been partially filled through the employment of a new nurse and part time nurses working additional hours. These interim arrangements were adequate and met the assessed needs of residents during the day time.

The skill mix on night duty remained insufficient to ensure supervision of care given the size and layout of the designated centre. There was only one nurse rostered on night duty to administer medications, supervise care for residents and assume full responsibility for the service. The provider confirmed that they had advertised to fill the nursing posts and were in the process of recruiting an additional full-time nurse the following week.

## **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider and the person in charge, to report on the inspectors' findings, which highlighted where insufficient progress had been made and additional improvements were required.

### **Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, provider, person in charge and staff during the inspection.

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

Marian Delaney Hynes  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

13 August 2013

Updated: 25 September 2013

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre Name:</b>	Gallen Priory Nursing Home
<b>Centre ID:</b>	0037
<b>Date of inspection:</b>	8 and 9 August 2013
<b>Date of response:</b>	09 October 2013

### Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, 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: Governance, Leadership and Management

#### ***Outcome 1: Statement of purpose and quality management***

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

The statement of purpose did not accurately reflect the service provided as outlined in Outcome 1.

**Action required:**

Compile a statement of purpose that describes the facilities and services which are provided for residents.

**Action required:**

Keep the statement of purpose under review.

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

<b>Reference:</b> Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The statement of purpose has been updated. We shall continue to review the statement of purpose when required and submit any updated versions to the Chief Inspector.	Ongoing

***Outcome 5: Absence of the person in charge***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>	
The provider had not notified the Chief Inspector of the absence of the person in charge for a continuous period in excess of 28 days or the return to duty of the person in charge.	
<b>Action required:</b>	
Provide notice in writing to the Chief Inspector where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more.	
<b>Action required:</b>	
Notify the Chief Inspector of the return to duty of the person in charge not later than three working days after the date of his/her return.	
<b>Reference:</b> Health Act, 2007 Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre Standard 27: Operational Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Notification has been sent to the Chief Inspector.	11 October 2013

**Theme: Safe care and support**

**Outcome 7: Health and safety and risk management**

<p><b>The provider failing to comply with a regulatory requirement in the following respect:</b></p> <p>The risk management policy did not provide guidance on all aspects of risk including precautions in place to control the risks identified such as, assault, aggression and violence and self-harm.</p> <p>There were no arrangements in place for the recording, investigating and learning from serious or untoward incidents.</p> <p>The provider was unable to provide evidence to confirm that the lift was safe for use.</p> <p>Floor covering on the first floor corridor was poorly fitted and posed a risk of falls.</p>	
<p><b>Action required:</b></p> <p>Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.</p>	
<p><b>Action required:</b></p> <p>Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.</p>	
<p><b>Action required:</b></p> <p>Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</p>	
<p><b>Action required:</b></p> <p>Provide safe floor covering.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 31: Risk Management Procedures  Standard 26: Health and Safety  Standard 29: Management Systems</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p> <p>Provider's response:</p> <p>We have employed the services of a Healthcare risk</p>	<p><b>Timescale:</b></p>

<p>management consultant. We are currently working towards achieving this outcome and developing new policies and training the staff in risk identification and precautions.</p> <p>Risk Management Policy and Procedure is currently being updated. To be completed by 6th November 2013. This will be followed by risk awareness training for all staff.</p> <p>We are currently awaiting delivery from Spain for the parts required to refurbish the lift, we have been advised that work should commence on 24th October 2013 by the lift company. Completion work will take approximately four weeks.</p> <p>We have ordered new floor covering, it has been delivered to site and expect fitting to be completed by 28th October 2013.</p>	<p>4 months</p> <p>6 November 2013</p> <p>28 October 2013</p>
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**The provider is failing to comply with a regulatory requirement in the following respect:**

A number of bedroom doors were wedged open which posed a risk of injury to residents in the event of fire.

The provider had not ensured adequate means of escape in the event of fire.

**Action required:**

Make adequate arrangements for detecting, containing and extinguishing fires.

**Action required:**

Provide adequate means of escape in the event of fire.

**Reference:**

Health Act, 2007  
 Regulation 32: Fire Precautions and Records  
 Standard 26: Health and Safety

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

**Timescale:**

Provider's response:

We have purchased and fitted fire evacuation sheets for all residents' beds, and staff have been trained on how to use these to ensure adequate means of escape.

To ensure that residents have the choice, if they want to have their bedroom doors opened. We have purchased self-contained

30 October 2013

<p>devices, which will safely hold the fire doors open and when a fire alarm sounds they will release the device allowing the fire doors to close. These have been purchased for all bedroom doors and installation is currently being carried out, with the ground floor completed. All staff and residents have been informed to keep all doors closed until all door guards are fitted. Completion date 30th October 2013.</p> <p>The Fire risk assessment has been completed by a Fire Risk Management company. All fire equipment is serviced and regular checks documented.</p>	<p>Completed</p>
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***Outcome 8: Medication management***

<p><b>The person in charge is failing to comply with a regulatory requirement in the following respect:</b></p>	
<p>Practices relating to the safe administration and storage of medications required improvement as outlined under Outcome 8 in the report.</p>	
<p><b>Action required:</b></p>	
<p>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.</p>	
<p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>Health Act, 2007</li> <li>Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines</li> <li>Standard 14: Medication Management</li> </ul>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>The person in charge has clinical supervision in place. The clinical management team are monitoring the practice. The person in charge shall carry out a medication management competency assessment of all staff nurses within two weeks. Staff have been asked to refresh their knowledge regarding the safe administration and storage of medication. All nurses have been reminded of their responsibility, and that they should not leave medication unattended, if required to leave the trolley, the trolley should be locked and all medications contained within the trolley. The Medication management policy has been reviewed and updated to improve the administration and storage of medications.</p>	

**Theme: Effective care and support**

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

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

Improvements were required in the areas of:

- restraint management
- falls management
- provision of activities for residents with cognitive impairment.

**Action required:**

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

**Action required:**

Provide a high standard of evidence-based nursing practice.

**Action required:**

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

**Reference:**

Health Act, 2007  
Regulation 6: General Welfare and Protection  
Standard 13: Healthcare  
Standard 18: Routines and Expectations

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

**Timescale:**

Provider's response:

We are following the national guidelines on restraint. We have placed a restraint release chart in every individual's room. The staff are aware that documentation of restraint release is very necessary. Auditing of this documentation takes place regularly by the person in charge. We also have procedures in place for staff to follow in the event of a resident sustaining a fall within the Home.

We have recently appointed new staff and intend to review our existing activities, staff are to commence training in November 2013 to update their knowledge, so that all residents can be involved.

November 2013

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

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Some parts of the centre were not maintained to a good standard of decoration.</p> <p>The secure garden was inaccessible to most residents.</p> <p>There were inadequate sluicing facilities.</p>	
<p><b>Action required:</b></p> <p>Keep all parts of the designated centre clean and suitably decorated.</p>	
<p><b>Action required:</b></p> <p>Provide and maintain external grounds which are suitable for, and safe for use by residents.</p>	
<p><b>Action required:</b></p> <p>Provide necessary sluicing facilities.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 19: Premises  Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>The cleaning issues have been addressed and we have a cleaning schedule in place. We intend to repaint the majority of the interior of the Home and we have commenced our redecoration plan on the 1st floor.</p> <p>We have the bed pan washer repaired and it is now fully functional again. We are redecorating the sluice work to be completed 25th October 2013.</p> <p>We have plans to enhance our current outside space. We have planned to create a secure space at the front of the home which will include walk ways this will take approximately four months to complete and will be accessible to all residents.</p>	<p>25 October 2013</p> <p>4 Months</p>

**Theme: Workforce**

***Outcome 18: Suitable staffing***

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

The skill mix of staff on night duty was not appropriate for the supervision of care given the size and layout of the designated centre.

**Action required:**

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

**Reference:**

Health Act, 2007  
Regulation 16: Staffing  
Standard 23: Staffing Levels and Qualifications

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

**Timescale:**

Provider's response:

We have recruited new staff and once induction is completed we intend to review our staffing levels for night duty. In six weeks time all three nurse shall have their induction complete and shall be working on the floor, with one nurse starting next week. The other two nurses are working their notice with their current employer.

Ongoing/complete