

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Gallen Priory Nursing Home
<b>Centre ID:</b>	ORG-0000037
<b>Centre address:</b>	Main Street, Ferbane, Offaly.
<b>Telephone number:</b>	090 645 4742
<b>Email address:</b>	info@gallenpriory.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Gallen Priory Partnership
<b>Provider Nominee:</b>	James McCrystal
<b>Person in charge:</b>	Celestine Ward
<b>Lead inspector:</b>	Marian Delaney Hynes
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	44
<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 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:
30 October 2013 09:00	30 October 2013 18:30
31 October 2013 09:30	31 October 2013 19:00

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 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This inspection focussed mainly on the 17 required actions relating to 11 outcomes in the Action Plan from the previous inspection in August 2013. Seven actions were completed and the remaining actions were partly completed and ongoing.

Inspectors found non-compliances in areas such as risk management, healthcare, care planning documentation, notifications and premises.

There were improvements in areas such as fire safety, some aspects of the premises including floor covering in some areas, sluicing facilities and some aspects of required notifications to the Chief Inspector.

Areas of non compliance included falls management, restraint, wound care, care planning, risk management, aspects of the premises, medication management, provision of activity and staffing. As a result health care needs were not met in many areas. Also, the provider had not established a system for reviewing and improving the quality and safety of care and the quality of life for residents.

While the person in charge and staff demonstrated knowledge of residents' needs, likes, dislikes and preferences, inspectors were concerned that the provider and

person in charge did not demonstrate sufficient knowledge on this inspection of all of their particular responsibilities as set down in 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 is evidenced in the areas for improvements identified in the main body of this report.

**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 - Moderate

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

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

**Findings:**

The actions from the previous inspection had been partially completed.

The inspector reviewed the updated statement of purpose and found that it did not fully comply with the relevant Regulation and associated schedule. For example, the number of whole time equivalent (WTE) nurses documented in the statement of purpose did not reflect the current number of WTE nurses employed. The provider was requested to provide the Authority with an updated copy which had not been received at the time of writing this report.

**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:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was a registered general nurse. She worked full-time at the centre. However, she was also rostered at times by the provider to carry out nursing duties in the absence of adequate nursing cover on duty. She had the relevant length of experience required by the Regulations. The person in charge had continued to engage in some continuous professional development. She had attended all mandatory training and had recently completed a venepuncture and wound management course.

She demonstrated her commitment to meeting the requirements of the Regulations and the Authority's Standards. The Authority was satisfied that the person in charge is a fit person to do so. However, there were some weaknesses in her knowledge of her responsibilities under the Regulations on this inspection.

Inspectors were not satisfied that the provider had put appropriate governance arrangements in place. For example:

1. The person in charge was rostered for nursing shifts for some of her time on duty which meant that there was insufficient supervision and oversight of the day-to-day management of the centre and supervision of clinical issues particularly in view of the fact there has been such a high turnover of staff. On the second day of inspection the person in charge informed inspectors that a nurse had phoned in sick and that she had to engage in full-time clinical duties for the remainder of the shift.
2. The person in charge did not have complete autonomy regarding the duty roster. This issue had been raised by inspectors in the past. The duty roster continued to be mainly managed by the provider.
3. The person in charge was not always aware who had deputised in her absence without mandatory training and required documentation.

**Outcome 05: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

Since the previous inspection the Authority has received the required notification regarding the absence of the person in charge from the centre for a continuous period in excess of 28 days.

**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:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge had systems in place to address allegations of abuse.

There was a policy in place which provided guidance to staff on how to respond to suspicions of abuse and was in accordance with the Regulations.

Staff spoken with demonstrated a good knowledge of what constituted elder abuse and what they would do if they suspected abuse.

Inspectors did not review the management of residents personal finances on this inspection as they were deemed to be managed in a satisfactory manner at the previous inspection.

**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 - Major

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

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

**Findings:**

The provider had completed some of the required actions since the previous inspection but inspectors were concerned that some actions had not been addressed. Additional risks were also identified on this inspection that placed residents at potential risk especially in regard the operation of the passenger.

Since the last inspection, the provider and the person in charge had addressed specific immediate risk issues in regard to fire safety. Inspectors observed that bedroom doors were no longer wedged open, all doors had been fitted with self closing door guards. A full fire risk assessment had been completed and all beds had been fitted with evacuation sheets. Staff had received fire safety training and additional training had been arranged for newly recruited staff. Staff spoken to confirmed that they had received fire safety training and were knowledgeable on what to do in the event of a fire.

A staff member described the process of supervision that was in place for residents who used the smokers room. The floor covering on the first floor had been replaced which no longer posed a risk of falls to residents.

The following issues had not been addressed within the timeframes set by the provider in his response to the previous action plan:

- The review of the risk management policy had not commenced and been updated to reflect the current risk management arrangements in the centre.
- Precautions were not in place for specific risks identified in the Regulations including assaults, aggression and violence and self harm.
- Documentation of the identification, recording, investigation and learning from serious incidents had not commenced.
- There was no formal review of accidents/incidents to inform learning and prevent similar incidents from recurring.

Inspectors remained very concerned that the issues regarding the safe operation of the passenger lift had not been addressed. The provider was unable to assure inspectors that the lift was safe for use. The provider confirmed that due to a delay in the delivery of a vital part the work had not commenced. Staff and residents interviewed confirmed that there had been a number of incidents of entrapments in the lift lasting 3 to 5 minutes on average due to malfunction. Both the provider and the person in charge confirmed that a risk assessment for the use of the lift had not been completed and there was no documented evidence of the number of times that the lift had malfunctioned. The provider and person in charge told inspectors that the maintenance person was on call and lived nearby should an entrapment occur.

On this inspection, additional risks were observed that placed some residents at risk of harm. Inspectors noted that the front door was open at times when the reception area was unattended. The person in charge said that none of the residents were at risk of leaving the premises. However, a risk assessment had not been carried out.

Inspectors observed unsafe moving and handling practice on one occasion whereby a resident was being transferred from a wheelchair to a regular chair.

The provider and the person in charge did not demonstrate a satisfactory understanding of risk management within the centre. Inspectors found documentary evidence in the safety statement folder that environmental risk assessments were completed for areas such as the storage of chemicals and the smokers room. However, the person in charge was unable to readily provide this information on the first day of inspection. Both the provider and the person in charge informed inspectors that they had sourced training in this area which will be focused at appropriate levels for persons participating in management of the centre and staff which was due to commence in the near future.

### **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 - Moderate

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

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

**Findings:**

While there was evidence of some good practice regarding medication management inspectors found that there were some areas for improvement.

There were comprehensive medication management policies which provided guidance to staff. Inspectors observed the nurses on part of their medication rounds and found that medication was not administered in accordance with professional guidelines. For example:

- A nurse was observed signing for a drug that had not yet been administered.
- There were a number of gaps in the drug administration sheets and it couldn't be determined whether residents had received their medication or not.
- A resident with swallowing difficulties as diagnosed by speech and language therapy (SALT) did not have their medication prescribed or administered in a crushed format.
- On one occasion on the second day of inspection inspectors observed that a large quantity of medication was unattended on top of a trolley on a corridor during the medication administration round. This matter was brought to the immediate attention of the person in charge. Similar practice issues had been identified at the previous inspection.

Inspectors were concerned regarding an unexplained record on a medication administration sheet. Inspectors interviewed the person in charge and the provider regarding this issue and both stated that they could not explain the record documented. However, an investigation had been set up for the week following the inspection. The provider was given a letter by inspectors requesting him to provide a full account of the

issue, including the action that was taken following the event, the action that was taken to ensure that residents were safe. Following the inspection, an email was received by the Authority which stated that the matter was due for investigation and that no resident was harmed by the incident. The Authority awaits the outcome of this investigation. The Authority had been notified of this incident through the quarterly notifications.

### **Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

Practice in relation to notifications of incidents required improvement.

During the inspection process inspectors noted that a serious injury and an allegation of misconduct had not been notified to the Authority within the required timeframe. The person in charge said that she was aware of the requirement to notify the Authority of these incidents within the three days and would address this issue immediately following inspection. The Authority has since received the notifications.

### **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 remained concerned that limited progress had been made in most aspects of healthcare since the previous inspection.

**Care Planning**

Inspectors reviewed a sample of residents' care plans and were not satisfied that they had been sufficiently updated to guide practice. Assessments were being carried out to identify residents' health needs. However, some assessments including the dependency assessment, activities of daily living and moving and handling assessment were not up to date to reflect residents' current needs and repeated when there was a change in the condition of the resident. The person in charge cited staff shortages and staff turnover as the reason for this.

**Falls Management**

The person in charge had failed to put adequate systems in place to manage residents who were at risk of falls, for example, neurological observations were not routinely recorded following head injuries.

Some residents who were at risk of falls did not have a care plan to sufficiently manage the risk. Four falls at night time were recorded. The person in charge told inspectors that they had accessed two falls alarm mats. However, they were not compatible with their call bell system. When this was raised during the first day of the inspection with the person in charge, she told inspectors she planned to order an alarm that day.

When asked by inspectors how she was going to maintain this resident safe she confirmed that she had put an additional staff member on night duty.

In some cases, there was no post falls risk assessment in place and care plans were not updated to reflect the changing needs of the resident including supervision arrangements. Whilst there was an input from the physiotherapist, inspectors found that some residents were not re-assessed after a fall to reduce the risk of further falls.

Although GPs and out of hours doctors were informed of all falls, there was no documentary evidence that residents had been reviewed by their GPs post falls.

**Restraint**

Inspectors found that the provider and the person in charge had not ensured that adequate measures had been taken to ensure that the use of restraint was appropriately managed in the centre for example:

- the assessment process for the use of restraint did not include the alternative interventions tried
- there were no care plans in place for restraint in use
- risks such as entrapment had not been assessed. Some of the bedrails were very poorly fitted, which were brought to the attention of the person in charge who took immediate action to rectify these matters.

### Wound Care

While there was a low incidence of wounds in the centre inspectors found that wound assessments and charts had not been comprehensively completed. For example, inspectors read the wound care regime for one resident and noted that the wound required to be dressed every second day. Records indicated that this had not been completed on one occasion and the person in charge was unable to confirm whether or not this was an error of documentation or in fact the wound had not been dressed as required.

### Nutrition and Weight Loss

Inspectors found and residents confirmed that they received a varied and nutritious diet and good portion sizes. Residents had a choice to have their meals in the dining rooms or in their own rooms.

Records showed that residents were weighed on a regular basis and the GP and dietician were involved if there was significant variable in weight.

However, inspectors were concerned regarding some aspects of nutrition. For example, one resident who had a medical condition and swallowing difficulties was observed by inspectors to be eating food of an inappropriate consistency. The care plan had not been updated following a SALT assessment to ensure that the resident was receiving the appropriate diet.

The centre had sufficient GP cover, and GPs provided out-of-hours services. Residents were encouraged to retain their own GP, but where this was not possible the person in charge assisted them to transfer to a local GP service. Review of residents' medical notes showed that GPs visited the centre regularly and the person in charge informed inspectors that the GPs were available by phone any time to offer advice to staff.

Residents had access to a range of other health services, including dietetic, chiropody, ophthalmology, physiotherapy, dental services, speech and language therapy (SALT) and occupational therapy (OT) and psychiatry of later life services. However, inspectors found that a chair was inappropriate to changing needs. The person in charge told inspectors that a referral to an OT would be made forthwith.

Inspectors were concerned as on previous inspections that there was no improvement in the availability of suitable and sufficient activities for all residents particularly those with a cognitive impairment. The provider and person in charge told inspectors that they had recruited an activities person who was due to start work in the centre very shortly. In the meantime, the person in charge allocated a care assistant to carry out activities in the sitting room. However, this care assistant was also involved in providing personal care to residents and had no formal training in the provision of activities. Some residents commented that they enjoyed some of the activities, while others said that they were bored and had nothing to do that specifically suited their interests. There were no recent social care assessments completed to reflect the needs and capacity of residents including those with dementia therefore, their needs were not being met.

## 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:

Inspectors found some improvement since the previous inspection. However, additional issues were identified on this inspection. The premises was warm, spacious and odourless and there was evidence of decoration in process on the days of inspection. However, the carpets on the ground floor continued to be heavily stained in parts.

The bedpan washer had been repaired and staff confirmed that it was fully operational. The provider in his response in the previous report confirmed that he has plans to create a secure space to the front of the centre which would include walkways and be accessible to all residents. He gave a four month timescale for the completion of this work. Residents spoken to confirmed that they use the gardens to the front of the premises on fine days.

Additional issues identified on this inspection included:

- The cold tap on the bath on the ground floor was not working.
- There was an insufficient number of assisted showers as one of the showers on the first floor was not working. Staff confirmed that it had not been working for a period of time. Inspectors observed that the shower head was missing from this shower unit. The provider and person in charge said that they were unaware of this defective shower.
- The water temperature in some of the bedrooms was considerable less than the recommended temperature ranging from 27.6 degrees Celsius to 35.2 degrees Celsius. One resident told inspectors that she never had access to hot water and staff have to bring her hot water in a plastic basin. This issue had been raised previously with the provider.
- Inspectors noted that some of the bedrooms were not clean and observed debris under a bed and cobwebs in another room.

Inspectors were informed that there was a hole in an internal wall in one of the bedrooms. Inspectors observed that this had been repaired and plastered but had yet to be painted.

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that improvements were required regarding the management of complaints. The complaints policy included an independent appeals person. Inspectors reviewed the complaints log and saw that all complaints were logged. Each complaint was logged with the date, location, person who complained. Although there was evidence that complaints were responded to in some cases the complaints log did not sufficiently detail the level of satisfaction of the complainant.

Inspectors went through recently documented complaints with the person in charge and discussions with her indicated that the complainant was satisfied with the outcome.

Both the provider and person in charge had a positive attitude towards complaints and viewed complaints as a mechanism to improve the quality of the service provided.

Residents spoken to identified the person in charge and other staff members as people that they could speak to if they wished to voice a concern.

**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:**

Non Compliant - Moderate

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

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

**Findings:**

Inspectors found that the skill mix on day and night duty continued to be insufficient to ensure supervision of care given the size and layout of the designated centre. The person in charge gave several examples of having to remain on duty into the night to ensure that both floors had sufficient nurse cover to meet the assessed needs of frail and clinically unwell residents.

Although the provider had adequate recruitment procedures in place he had ensured that staff were appropriately selected and vetted in accordance with the Regulations and the Authority's Standards. Inspectors examined three staff files and found that they did not contain all of the requirements of the Regulations such as Garda Síochána vetting, three references and evidence of physical and mental health fitness.

The person in charge had good induction arrangements in place for newly employed staff members.

Inspectors saw evidence that systems of communication were in place to support staff to provide safe and appropriate care and there were twice daily handover meetings. The person in charge confirmed that there hadn't been any staff meetings since July 2013.

Records examined showed that staff had received training in moving and handling and elder abuse and this training had been arranged for newly recruited staff. Most health care assistants had attended Further Education and Training Awards Council, (FETAC) level five. Additional training that had taken place over the past 12 months included:

- wound management
- tools for safe practice
- Cardio Pulmonary Resuscitation (CPR and AED)
- venepuncture
- medication management
- continence promotion.

Inspectors reviewed information with regard to the professional registration status of nursing staff and found that all had up-to-date registration with their professional body for 2013. Records confirmed that there was a high turnover of staff in recent months and inspectors raised reported issues with the person in charge.

## 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:***

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

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Gallen Priory Nursing Home
<b>Centre ID:</b>	ORG-0000037
<b>Date of inspection:</b>	30/10/2013
<b>Date of response:</b>	14/11/2013

### 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:**

The statement of purpose did not fully meet the requirements of the Regulations.

**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:**

The number of whole time equivalent (WTE) nurses documented have been updated in the statement of purpose. We are currently reviewing our statement of purpose and intend to have this completed in four weeks.

**Proposed Timescale:** 14/01/2014

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

### Outcome 03: Suitable Person in Charge

**Theme:** Leadership, Governance and Management

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

The person in charge was not full-time in her role as defined by the Regulations.

**Action Required:**

Under Regulation 15 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

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

The person in charge has been working supernumerary over last number of weeks. We have started three new staff nurses, therefore the rota is not as difficult to cover. The ADON has been responsible for the duty roster since June 2013, working with the person in charge in regards to this.

**Proposed Timescale:** 31/01/2014

### 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:**

Staff and residents interviewed confirmed that there had been a number of incidents of entrapments in the lift lasting 3 to 5 minutes on average due to malfunction.

Inspectors noted that the front door was open at times when the reception area was unattended.

Inspectors observed unsafe moving and handling practice on one occasion.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

We have instructed our lift company to totally refurbish the lift and are currently awaiting delivery of parts, on the 27th November 2013, the lift company were on site, carrying out a requested risk assessment of same. Any incidents of entrapment are to be recorded. We hope work shall commence shortly.

Staff have been reminded that when the front reception area is unattended that the front door must remain locked. We have purchased a key pad for the front door, this is

to be installed by Friday 13th December 2013. Person in charge to monitor and review.

All staff have completed moving and handling training, Person in charge is currently reinforcing this training and encourage staff to use good practice techniques at all times.

**Proposed Timescale:** 05/02/2014

**Theme:** Safe Care and Support

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

The risk management policy had not been updated to reflect the current risk management arrangements in the centre.

Precautions were not in place for specific risks identified in the Regulations including assaults, aggression and violence and self harm.

Arrangements had not been documented for the identification, recording, investigation and learning from serious incidents.

There was no formal review of accidents/incidents to inform learning and prevent similar incidents from recurring.

**Action Required:**

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

The risk management policy for clinical practice has now been updated to reflect current risks in the centre.

The risk management policy has been updated to include specific risks as identified in the Regulations.

A monitoring System has been put in place for the identification, recording, investigation and learning from serious incidents.

A formal review document of accidents/incidents to inform learning and prevent similar incidents from recurring has now been put in place.

**Proposed Timescale:** 25/01/2014

## Outcome 08: Medication Management

**Theme:** Safe Care and Support

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

Medication was not administered in accordance with professional guidelines.

Medication had not been prescribed or administered in a crushed format as required.

Medication was left unattended during the medication administration round.

**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:**

Medication policy has been reinforced with all staff. Staff have been asked to read and sign an acknowledgement of same. Salt have been requested to review all residents regarding crushing of medication.

Person in charge is to carry out a medication competency assessment on all staff nurses. To be completed by January 2014.

It has been re-iterated that it is unacceptable for staff to leave medication unattended during the medication administration round.

**Proposed Timescale:** 30/01/2014

## Outcome 11: Health and Social Care Needs

**Theme:** Effective Care and Support

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

The management of falls, restraint, wound care and nutrition required improvement.

**Action Required:**

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

We have introduced a new Monitoring system for standards 11, 14, 15, 19 & 26. Control measures have been put in place to minimize the risk to the resident. Fall detection plans are in place, risk assessments have been carried out, activity of falls are logged, root cause analysed, trending of falls recorded and preventive measures as far as possible put in place. Where bedrails are used with family and residents' consent, restraint release documents are in place at each residents bedside, staff have been

informed to adhere to the Homes restraint policy and restraint release documents. Care plans for bedrails in use are included in residents files, risk assessments of restraint is carried out and an audit of resident log carried out. Staff have been advised to ensure that our clinical practice is in compliance with the ethical and legislative requirements and the national policy on restraint.

We have a wound care policy in place, staff have been advise to follow the national wound care policy guidelines as closely as possible.

Gp and Tissue viability are involved with the Home and an audit is to be carried out by the person in charge regarding wound care. Staff have been advised to ensure that the Strict monitoring of weights are checked monthly, nutritional assessments are carried out identifying risks using MNA tool, referrals to speech and language therapy (SALT) and dietetic if required. Treatment plans put in place and nutritional supplements administered as prescribed by GP.

Staff have been issued guidance notes regarding all of above.

**Proposed Timescale:** 28/02/2014

**Theme:** Effective Care and Support

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

There was limited availability of suitable and sufficient activities for all residents particularly those with a cognitive impairment.

**Action Required:**

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

We are currently trying to recruit the correct person for the job, we are having difficulty in recruiting someone with a genuine interest, training has been planned for activity staff, we then plan to introduce a new range of activities for all residents.

**Proposed Timescale:** 28/02/2014

**Theme:** Effective Care and Support

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

Improvements were required in the care plan documentation.

**Action Required:**

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

**Please state the actions you have taken or are planning to take:**  
introduced new guidance to staff regarding the assessment, implementation and monitoring of care. We are currently working towards updating and reviewing all residents care plans.

**Proposed Timescale:** 28/02/2014

### **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:**

Improvements in relation to the premises such as repairs of shower and bath and completion of decoration.

**Action Required:**

Under Regulation 19 (3) (j) part 4 you are required to: Provide sufficient numbers of baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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

We have put an improvement plan in place in relation to the premises such as repairs of shower and bath and completion of decoration. We have documented to date improvements made.

**Proposed Timescale:** 28/02/2014

**Theme:** Effective Care and Support

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

Some of the bedrooms were not cleaned to an appropriate standard.

**Action Required:**

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

We have reinforced good practice with the housekeeping staff and encouraged them to adhere to the existing cleaning schedule.

**Proposed Timescale:** 30/11/2013

### Outcome 13: Complaints procedures

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

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

The complaints log did not sufficiently detail the level of satisfaction of the complainant.

**Action Required:**

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

The complaints log has been updated to include the level of satisfaction.

**Proposed Timescale:** 30/11/2013

### Outcome 18: Suitable Staffing

**Theme:** Workforce

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

The skill mix on day and night duty continued to be insufficient to ensure supervision of care given the size and layout of the designated centre.

**Action Required:**

Under Regulation 16 (1) you are required to: 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.

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

We are currently reviewing our skill mix to ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents. We are currently in negotiations with a few agencies, who are assisting us in recruiting the right staff with the correct experience and qualifications, to improve our skill mix.

**Proposed Timescale:** 28/02/2014

**Theme:** Workforce

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

All staff files did not meet the requirements of the Regulations.

**Action Required:**

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in

Schedule 2 have been obtained in respect of each person.

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

All staff files are currently being updated and an audit will be carried out on same.

**Proposed Timescale:** 30/01/2014