Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Elm Green Nursing Home
Centre ID:	ORG-0000133
Centre address:	New Dunsink Lane, Castleknock, Dublin 15.
Telephone number:	01 811 3900
Email address:	info@elmgreen.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	MNMS Developments T/A Elm Green Nursing Home
Provider Nominee:	Martin O'Dowd
Person in charge:	Martina Brennan
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	N/A
Type of inspection	Unannounced
Number of residents on the date of inspection:	92
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
22 November 2013 12:30	22 November 2013 18:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents and staff members. The Inspector observed the delivery of care and reviewed documentation that included care plans, medical records, medication records, policies and procedures and staff files.

This inspection carried out by the Health Information and Quality Authority (the Authority) also reviewed progress with completion of the action plan developed following the last inspection by the Authority on 25 and 26 June 2013. Not all actions required in this Action Plan were completed and have been repeated in the Action Plan at the end of this report. The findings of the inspection are set out under 10 Outcome Statements. These outcomes outline what is expected from a designated centre and are based on the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector found that the centre was managed by a well organised team who demonstrated their commitment to ensuring that the care and quality of life of residents was in keeping with their choices. There was evidence that residents were

supported to remain independent and the centre had access to transport that enabled residents to go out to appointments or visit places of interest. There was also support from an in house occupational therapist who undertook individual assessments with residents and advised staff on equipment and actions to take to support residents to maintain their activity levels.

The person in charge and the care team had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

The statement of purpose document required review to reflect the service provided. Resident contracts required clarity to include costs of fees for additional services outside the agreed nursing home fee and statement of the personal contribution to be paid by the resident towards their overall nursing home fee. Overall, residents' health, social and safety needs were met. However, completion of mandatory staff training was required for a number of staff in fire safety, moving and handling and elder abuse recognition in accordance with Regulation 6: General Welfare and Protection, 31: Risk Management Procedures and 32: Fire Precautions and Records.

The findings and required actions are outlined in the Action Plan at the end of this report. Findings from all inspections and the capacity to implement requirements will be considered and will influence judgments regarding the overall fitness of those involved in carrying on the business of the designated centre and the renewal of the registration.

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:
No actions were required from the previous inspection.

Findings:
The findings during inspection of the current service provided in the centre were reviewed against the most recent version of the Statement of Purpose submitted to the Authority on 26 June 2013. The inspector found that the document did not accurately describe the service in line with all the requirements of Schedule 1 of the Regulations in the following areas:

- Staffing numbers stated in the statement of purpose did not accurately reflect staff numbers on the duty rota for example 23.5 staff nurses were recorded as total staff nurses working in the centre while twenty three staff nurses were recorded as working in the centre on the duty rota given to the inspector for review by the person in charge. In addition the numbers of carers, recreational staff, catering, housekeeping and staff listed under 'general' to include the painter requires review
- access to the visitors' room and Oratory in the centre was not included in the information on arrangements for residents to maintain contact with visitors and to attend religious services of their choices.
- The contact address of the registered provider was not included
- No reference is made to the 'person in charge' position. While the Authority have been informed that the Director of Care is the person in charge of the centre, this position is not clear in the statement of purpose
-The contact address of the person in charge and the name and position, professional registration, relevant qualifications and experience of the clinical nurse managers Grade 1
- The range of needs that the centre is intended to meet does not reference the levels of health and social care needs/dependencies
- The fire precautions do not reference associated emergency procedures in the centre
- The information on privacy and dignity does not reference arrangements in shared bedrooms or control over personal belongings and finances

- Independent complaint appeals referral is advised as 'HIQA' and 'Office of the Ombudsman' which is incorrect.

Outcome 02: Contract for the Provision of Services
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Minor

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

Findings:
Nine residents' contracts of care were reviewed by the Authority. All contracts were signed and dated by either the resident or their next of kin. While the full fee to be charged was documented in all contracts, the personal contribution to be funded by the resident was not stated in three of the contracts reviewed. Although the provider ensured that residents enjoyed a number of services included in the fee for example, occupational therapy, and a wide range of recreational activities, the cost of chiropody, physiotherapy and hairdressing services was not notified to the resident to allow them choice.

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

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
The person in charge of the centre was present on the day of inspection and is employed on a full-time basis. She demonstrated that she was involved in the governance, operational management and administration of the centre and had authority, accountability and responsibility for the service. The person in charge was supported in her role by two Clinical Nurse Managers grade two level who deputised in

her absence, an accounts manager, catering manager, housekeeping manager, staff nurses, carers, catering, household, administration, activity co-ordinators and maintenance staff. She had a detailed knowledge of the residents and their clinical and social care needs. Residents knew the person in charge and were observed to consult with her in relation to their care and therapies on a number of occasions during the inspection.

Outcome 04: Records and documentation to be kept at a designated centre
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Minor

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

Findings:
Daily progress nursing notes were not consistently reflective of care given or documented in some residents' care plans. Some progress notes were completed during the night that did not evaluate the care given or the residents' wellbeing for that period.

Outcome 06: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:

The inspector observed positive interaction between staff and residents, staff were respectful, courteous and very supportive of residents' needs throughout the day of inspection. Residents spoken with confirmed that they felt safe and complimented staff as 'caring and gentle' in their approach and concern for them. The inspector reviewed the policy informing elder abuse management procedures. The policy was last reviewed in October 2013. While there were measures in place to safeguard and protect residents from abuse, some improvements were required in documentation used to inform practice in this area. It advised referral details for the senior case worker with responsibility for protection of older persons. The policy did not advise on immediate and short-term actions that staff should take in response to the various forms of abuse for example, physical assault versus sexual assault. An alleged incident of verbal abuse by a staff member towards a resident was reported on the 28 September 2013 to the person in charge and reported to the Authority on the 01 October 2013 to the Authority as required. The documented record of the investigation was reviewed by the inspector, protective actions taken to protect all vulnerable residents in response and the discussion with the person in charge confirmed that the investigation was comprehensive. Staff training records were reviewed by the inspector. The training records given to the inspector did not record completion of this training for 27 out of 112 staff employed by the centre within a two year period as required.

The inspector was satisfied that there were adequate systems in place to safeguard residents' money. Policies and procedures informing this area of practice were reflective of current centre practices in the centre. The centre acted as an agent for four residents' pensions at the time of the last inspection by the Authority on 25 and 26 June 2013 and the system in place did not adequately protect residents. This was the subject of an action plan developed following that inspection. The inspector found on this inspection that pensions were currently paid into bank accounts set up on behalf of two of the four residents' concerned. The centre continues to act as agent for the remaining two residents with their expressed and documented consent. Residents were issued with monthly statements.

Staff had not completed mandatory moving and handling training and not all staff had attended elder abuse recognition and prevention training to ensure evidence-based practice was followed at all times. This finding presented a risk of injury to residents and is discussed further in outcome 7 of this report.

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

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

implemented.

Findings:
Although the inspector found areas requiring improvement, overall, there were a large number of procedures in place to promote and protect the health and safety of residents, staff and visitors in the centre. The inspector reviewed the risk register which was in draft format as it was in the process of a comprehensive review by the provider and person in charge. However, patient equipment was stored to the side of the lobby areas at the top and bottom of stairs which were part of the designated fire escape route from the first floor to final fire escape exit doors on the ground floor. This finding had the potential to hinder the primary purpose of the stairs as a route of emergency exit and was not recorded as a risk in the risk register.

The staff training records did not reference fire safety training attendance by ten staff for 2013. The person in charge told the inspector that there were two new staff of the ten staff who had not attended fire safety and prevention training scheduled for same however, there was no evidence provided of scheduling of training for the remaining eight staff, two of which had last attended this
training in 2011. The risk associated with staff working in the centre who had not attended mandatory training was discussed
with the person in charge at the last inspection on the 25 and 26 of June 2013; this non-completion of training was not recorded as a risk in the risk register.

The risk management policies and procedures were also being updated to include the requirements of the Regulations with regard to aggression and violence and assault. The non-compliances identified with regard to the contents of the risk register, the risk management policies and procedures and fire safety and prevention training were the subject of an action plan developed by the Authority following the last inspection on 25 and 26 June 2013 and have been restated as an action requiring completion following this inspection.

There were adequate precautions against fire in place. A member of staff was nominated as fire warden for the centre and was trained by Dublin Fire Brigade on the responsibilities of this role. The records confirmed that the fire warden completed a weekly fire alarm test with associated instruction and evacuation drill with staff on duty. However, there were insufficient commentary records of the response by staff and confirmation that all staff had participated in a practice evacuation drill was not clear. The person in charge confirmed that these drills were done at random times to ensure there were no deficits in the procedure however practice evacuation drills were carried out to the nearest final fire exit and not to the designated fire assembly area.

Moving and handling practices witnessed by the inspector were in line with best practice procedures. However, 45 (40%) of staff did not have attendance at mandatory training required every three years by the centre recorded on the staff training records given to the inspector. There were eleven incidents of 'unexplained injuries' recorded to date for 2013. These injuries constituted 'skin peel' skin tears and skin excoriation. While there was evidence to support comprehensive investigation of these findings to exclude injury caused by moving and handling procedures, residents were at risk due to the large number of staff who did not have up to date training in this area of practice.

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

Theme:
Safe Care and Support

Judgement:
Non Compliant - Minor

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

Findings:
This outcome was not satisfactorily met. The medication policy in relation to advice regarding transcription of medication procedures by nurses and prescribing practices in relation to stating maximum dose of 'as required' (PRN) and crushing of medications were subjects of an action plan developed by the Authority following the last inspection on 25 and 26 June 2013. The inspector reviewed the medication management policy and residents' medication prescription documentation. Current practice was reflected by the policy information which included two nurses signatures documented on residents' prescriptions reviewed. These signatory referenced the transcribing nurse and a 'checking' nurse. The inspector was told that medications were not administered until the prescription was checked and signed by the residents' GPs and there was a GP's signature for each medication documented including discontinued medications on residents' prescriptions reviewed.

However, maximum dose of 'as required' PRN medications was not clearly stated and was referenced as 'OD/PRN', 'BD/PRN' or TDS/PRN' which has potential for misinterpretation and risk of error to residents. The prescription of two residents receiving 'crushed' medications was also reviewed on this inspection. While one prescription recorded an instruction to crush against the selected medication, the second prescription had a 'crush' instruction on the top of the prescription which failed to indicate the specific medication preparations that were to be crushed. There was a general note in the medical notes referencing the GPs instruction to 'crush' the resident's medications. This finding was not in line with evidenced based prescribing practice or as per An Bord Altranais agus Cnáimhseachais na hÉireann guidelines.

There was evidence that residents' medications were reviewed every three months.

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:
Compliant

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

Findings:
This outcome was satisfactorily met. The inspector was satisfied from documentation reviewed and discussion with the person in charge that required notifications had been forwarded to the Authority.

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 - Minor

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

Findings:
Overall, the inspector was satisfied that residents' healthcare needs were met to a satisfactory standard. An action plan developed from findings during the last inspection in the centre on 25 and 26 June 2013 referenced three actions required. While four of the five actions were satisfactorily completed, one action was found to be partially completed on this inspection. This action was in relation to involvement of residents in review of their care plans.

Residents' care plan documentation was in computerised format which was password protected. The same care planning format was now used throughout the centre for all residents. The inspector reviewed the care plans of a number of residents and found that evidence-based assessment tools were completed and informed care plans. As discussed in outcome 4 daily progress notes were not consistently reflective of care

given or documented in some residents care plans. Some progress notes were completed during the night that did not evaluate the care given or the residents' wellbeing for that period.

The inspector noted that there was evidence of three-monthly care plan review. However, the contribution of residents and/or family members to the review and care plan was not consistently recorded. In addition, it was not clear what parts of the care plan were revised on each occasion. Review of some residents' documentation provided satisfactory evidence that residents had access to specialist services such as physiotherapy, dietetics and occupational therapy. An occupational therapist was employed and worked on a full time basis in the centre. Many residents had their seating requirements assessed and were provided with new assistive chairs.

Not all residents' end-of-life preferences were documented in their care plans however, the person in charge told the inspector that this information was gathered during the term of each resident's time living in the centre and was an area approached by staff when residents got to know them well and settled into living in the centre. One resident was in receipt of end-of-life care and her plans for the end of her life were documented.

The inspector observed residents engaged in a variety of meaningful activities during the day of inspection, some residents sat outside on the seating provided, while others left to go out for the day. On the afternoon of the inspection, a carer employed in the centre facilitated a music and song session in the dining room to accommodate the crowd of residents and their visitors. The residents were observed to be engaged and enjoying the music and many sang along, while others danced. An alcoholic beverage was offered to residents who wished to have it. Residents spoken with said they enjoyed the music sessions, which were a regular occurrence and they looked forward to them.

A seasonal influenza campaign was in progress. All residents had been offered influenza vaccine which had been administered to all but three residents who had declined receipt of the vaccine. This decision was documented and the resident's choice was respected. Arrangements were in place for staff seasonal influenza vaccination and a log of vaccinated staff was maintained to inform staffing deployment in the event of an outbreak occurring. Improvements were required in some areas of the management of incidents of communicable infection in the centre. The inspector reviewed the management of a resident with a potentially communicable infection. All required care was provided for this resident to support their healthcare needs during this period of illness and staff were observed to carry out adequate infection control and prevention procedures. The centre's infection control and prevention policy documentation referencing the infection concerned in place to advise staff on best practice procedures did not advise on disposal of infected body fluid, specific cleaning procedures or management of visitors' visiting times. The influenza management policy did not reference advice on the contact details of the local public health services including out of hours arrangements.

The person in charge was monitoring each resident's weight as standard, on a monthly basis. Weights were recorded in resident's care plan documentation. The person in charge had developed a colour coded matrix style document which included a record of each resident's monthly weight since July 2013, evaluation comments such as 'weight

loss now improving', improving', and 'observe, has a wound' and a record of multidisciplinary team input including referral to dietician, GP review and whether a care plan is in place. There was evidence that dietetic reviews had taken place and dietary instructions were followed. Intake and output monitoring was in place for some residents assessed as at risk and were completed.

During the day of the inspection a resident suffered a loss of consciousness; staff were observed to respond to this emergency situation in a timely, responsive and competent way. Emergency equipment was available in a pre packed holdall which was transported to the resident's bedside. Staff had designated roles for responding to an emergency event which they assumed on notification of this incident. The training records referenced that most staff in the centre had completed cardiopulmonary resusitation (CPR) training.

A record of resident wounds in the centre was reviewed by the inspector. There were eleven incidents of wounds referenced as 'unexplained injuries'. The person in charge discussed the procedures followed when an incident of 'unexplained injury' to a resident was found. The procedure carried out involved root cause analysis to ensure that safeguarding and protection procedures in place were not compromised. Incident auditing was also in place with trending to identify areas where improvement could be made or where mitigating procedures could be strengthened.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Workforce

Judgement:
Compliant

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

Findings:
The inspector was satisfied that there was an adequate skill mix and numbers of staff to meet the assessed and complex needs of residents. The inspector reviewed the staff duty rota which reflected staff working in the centre on the day of inspection. The person in charge worked Monday to Friday each week and was supported by five Clinical Nurse Managers who also deputised when she was not on duty or in her absence. The staff duty rota allocated specific staff to work in the various areas of the centre; these arrangements could were changed as appropriate on the actual duty rota in response to changing levels of resident dependency. The inspector visited both Laurel and Oak units

on the day of inspection and observed staff and resident interaction and care delivery. The inspector was satisfied that staff responded appropriately to residents' needs throughout this observation. There were a number of examples of care observed to be delivered in a patient and meaningful way. Staff were observed to take time to communicate with residents who had difficulties expressing themselves or hearing what was being said.

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Recruitment practices with particular reference to documentation maintained in relation to staff as required by Schedule 2 of the Regulations. This outcome was the subject of an action plan developed by the Authority from findings during the last inspection of the centre on the 25 and 26 June 2013. The contents of ten staff files, two of which were employed within the previous six months, were reviewed on this inspection. The inspector found that all required documentation was present including three references and evidence of physical and mental fitness signed by a medical practitioner. Staff training records were maintained and easily accessible on a completed excel file. Training was planned in response to resident profile and dependency levels. A training record of all training completed was in place and readily accessible. While training had been facilitated on a variety of relevant topics including venepuncture, nutrition and dementia, infection control, wound care and challenging behaviour, not all mandatory training including fire safety, elder abuse recognition and prevention and moving and handling training was attended by all staff as required by the Regulations.

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:

Catherine Rose Connolly Gargan
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[1]

Centre name:	Elm Green Nursing Home
Centre ID:	ORG-0000133
Date of inspection:	22/11/2013
Date of response:	10/02/2014

Requirements

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

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not include details of all matters listed in Schedule 1 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 Statement of Purpose has been reviewed and amend as required, please see attachment.

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

Proposed Timescale: 06/02/2014

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The personal contribution to be funded by the resident was not stated in three of the contracts reviewed and the fees for services that incurred a cost were not clearly stated for example, the cost of physiotherapy, chiropody and hairdressing services.

Action Required:
Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Please state the actions you have taken or are planning to take:
All contracts of Care have been reviewed and amended to include details of the services to be provided to the resident and the fees to be charged.

Proposed Timescale: 06/02/2014

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

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Daily progress notes were not consistently reflective of care given or documented in some residents' care plans. Some progress notes were completed during the night that did not evaluate the care given or the residents' wellbeing for that period.

Action Required:
Under Regulation 25 (1) (b) you are required to: Complete, and maintain in a safe and accessible place, an adequate nursing record of each residents health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

Please state the actions you have taken or are planning to take:
This requirement has been discussed with all nursing staff and the necessary information is now documented in each residents care plan. Progress notes are routinely audited to monitor compliance.

Proposed Timescale: 06/02/2014

Outcome 06: Safeguarding and Safety
Theme: Safe Care and Support **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** There were 11 incidents recorded of wounds referenced as 'unexplained injuries'. There was no evidence to confirm that each of these incidents were investigated to ensure that safeguarding and protection procedures in place to ensure residents welfare were not compromised. **Action Required:** Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse. **Please state the actions you have taken or are planning to take:** A documented review of all incidents such as falls or unexplained injuries takes place with the reporting staff and CNM on duty, in order to identify the root cause of the incident. Where a root cause is identified, the appropriate response is put in place to prevent further re-occurrence.
Proposed Timescale: 06/02/2014
Theme: Safe Care and Support **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The policy on elder abuse management did not advise on immediate and short-term actions that staff should take in response to the various forms of abuse for example, physical assault versus sexual assault. **Action Required:** Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse. **Please state the actions you have taken or are planning to take:** The Policy on Prevention, Detection and Response to Elder Abuse has been revised to include the immediate and short term actions that staff should take in response to the various forms of abuse.
Proposed Timescale: 06/02/2014
Theme: Safe Care and Support **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** The training records did not record completion of elder abuse recognition and

prevention training for 27 out of 112 staff within a two year period as required.

Action Required:
Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Please state the actions you have taken or are planning to take:
All training records have been reviewed and all staff will have completed the mandatory training on elder abuse recognition and prevention by 28/02/14.

Proposed Timescale: 28/02/2014

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:
The risk register which was in draft format and did not identify all hazards in the centre with associated controls.

Action Required:
Under Regulation 31 (2) (a) and (b) you are required to: 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.

Please state the actions you have taken or are planning to take:
The risk register has been reviewed and now identifies all hazards in the centre and all precautions in place to control the risks.

Proposed Timescale: 06/02/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policies and procedures were not fully completed to include the requirements of the Regulations with regard to aggression and violence and assault.

Action Required:
Under Regulation 31 (2) (c) you are required to: 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.

Please state the actions you have taken or are planning to take:
Having reviewed the risk management policy, it now covers the precautions in place to control all specified risks.

Proposed Timescale: 06/02/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
45 (40%) of staff did not have attendance at mandatory moving and handling training required every three years by the centre recorded on the staff training records given to the inspector.

Action Required:
Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

Please state the actions you have taken or are planning to take:
Having reviewed the training the entire staff will have completed the mandatory moving and handling training by 28/03/14.

Proposed Timescale: 28/03/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The staff training records did not reference fire training attendance by ten staff for 2013, two of which had last attended this training in 2011.

Action Required:
Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

Please state the actions you have taken or are planning to take:
As of 06/12/13, all staff have received the required mandatory training in Fire training.

Proposed Timescale: 06/02/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient records of the response by staff and whether all staff had participated in a practice evacuation drill and practice evacuation drills were carried out

to the nearest final fire exit and not to the designated fire assembly area.

Action Required:
Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Please state the actions you have taken or are planning to take:
Since our inspection all documentation relating to evacuation drills, practice evacuations and responses are now available in our fire book. All staff have had 3 monthly evacuation practice and fire alarm response practice for 2013.

Proposed Timescale: 06/02/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient records of practice drills undertaken, the response by staff and whether all staff had participated in a practice evacuation drill.

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

Please state the actions you have taken or are planning to take:
All records pertaining to practice drills, responses by staff and practice evacuations are now available in our fire book. They had previously been with the fire marshal but the records of same are available in the fire book. These records show all staff have been involved in the required practice drills.

Proposed Timescale: 06/02/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Maximum dose of 'as required' PRN medications were not clearly stated and were referenced as 'OD/PRN', 'BD/PRN' or TDS/PRN' which has potential for misinterpretation and risk of error to residents. Management of 'crushed' medications was not consistently in line with evidence based prescribing or administration practice.

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:
The above practice has now been addressed and the policy on medication management now reflects the change in line with best practice.

Proposed Timescale: 06/02/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The contribution of residents and/or family members to the review of care plan was not consistently recorded. In addition, the parts of the care plan revised were not clear on each occasion.

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

Please state the actions you have taken or are planning to take:
All care plans are reviewed 3 monthly or as required if residents needs change or where input from the multi-disciplinary team advise. Where review or change take place, it is now documented that resident and/or family input has taken place. Completed, and will be under constant monitoring.

Proposed Timescale: 06/02/2014