

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Moyne Nursing Home
Centre ID:	0256
Centre address:	The Moyne
	Enniscorthy
	Co. Wexford
Telephone number:	053-9235354
Email address:	info@moynenursinghome.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Moyne Nursing Home Ltd.
Person authorised to act on behalf of the provider:	Maree Whelan
Person in charge:	Maree Whelan
Date of inspection:	2 July 2013 and 3 July 2013
Time inspection took place:	Day 1 - Start: 13:00hrs Completion: 19:30hrs Day 2 - Start: 09:00hrs Completion: 17:20hrs
Lead inspector:	John Greaney
Support inspector(s):	N/A
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	23
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 judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

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

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

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

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

This monitoring inspection was unannounced and took place over two days. Since the last inspection the management structure had changed and the person in charge had taken on the role of nominated person to act on behalf of the provider.

As part of the monitoring inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Residents appeared to be generally well care for and based on their comments to inspectors, residents' personal care needs were met. However, the inspector

concluded that a number of improvements that were identified in the previous inspection had not been satisfactorily addressed. These included:

- statement of purpose
- fire safety
- risk management
- notification of incidents
- assessment and care planning
- referral to allied health and specialist services
- records of personal property
- personnel files.

Additional improvements to those outlined above were also identified during this inspection including:

- training on recognising and responding to abuse
- infection prevention and control
- segregation of duties
- medication management
- inadequate bath/shower facilities
- sluicing facilities
- cleaners room
- management of complaints
- end of life
- staffing levels.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Section 41(1)(c) of the Health Act 2007

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

Theme: Leadership, Governance and Management

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

Outcome 1

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

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Action required from previous inspection:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Inspection findings

An up-to-date written statement of purpose was not available in the centre on the day of the inspection.

Outcome 2

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.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Action required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The inspector viewed contracts of care and all were signed and dated by the resident or their representative within one month of admission. The contract included the weekly fees payable and also included fees for additional services such as hairdressing and chiropody.

Outcome 3

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge is a registered nurse and works full time in the centre. Evidence of current registration was not available on the first day of inspection but this was provided on the second day of inspection.

The inspector formed the view that the person in charge was a suitably experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme: Safe care and support

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

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

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

Outcome 6

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

References:

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

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a policy on the management of abuse dated 31 July 2011. Training records indicated that most, but not all, staff had received up-to-date training on the recognition and response to abuse. Staff members spoken with by the inspector were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse. Residents spoken with by the inspector stated that they felt safe in the centre.

There were adequate systems in place to safeguard residents' money. There were no records of incidents or allegations of abuse.

Outcome 7

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

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

Actions required from previous inspection:

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.

Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

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

Inspection findings

There was a safety statement dated 1 June 2011.

There was an emergency plan dated 1 November 2012 that addressed emergencies such as fire and loss of power. There were reasonable measures in place to prevent accidents such as safe floor covering, hand-rails on corridors and grab-rails in toilets. Most, but not all, staff had received up-to-date training in moving and handling.

There were inadequate systems in place for infection prevention and control. There was an infection control policy dated 31 July 2011, however, it was not comprehensive or fit-for-purpose and did not adequately address issues such as the management of residents with methicillin resistant staphylococcus aureus (MRSA) or norovirus.

There was no dedicated cleaner and cleaning duties were rotated among care staff. Based on the duty roster, on the day following the inspection, the staff member allocated to kitchen duties was also assigned to cleaning duties. The provider/person in charge was informed by the inspector that there should be adequate segregation of duties to prevent cross contamination and that it was not acceptable practice for catering staff to be assigned general cleaning duties. There were notices on display detailing a colour coded cleaning system, however, there was no evidence that it was adhered to in practice. Staff members assigned cleaning duties were not provided with adequate training in relation to cleaning practices, including the colour coded

cleaning system. There was no dedicated cleaning room and there was no cleaning cart. Mops and buckets used for cleaning were stored outside the premises in unhygienic conditions.

There was a risk management policy; however, it did not adequately address the identification and management of risk or the measures in place to control risks, including resident absent without leave; assault; accidental injury; aggression and violence; and self harm. There was no evidence of a process of learning from incidents or feedback to staff.

The inspector viewed the fire safety register that showed most, but not all, staff had received annual training in fire safety, most recently in August 2012. Based on records viewed by the inspector the most recent fire drill took place in August 2011. Staff members spoken with by inspectors were knowledgeable of what to do in the event of a fire. Records demonstrated that fire safety equipment was serviced annually and the fire alarm was serviced quarterly. There were records of daily checks of means of escape, however, during the inspection process two emergency exits were obstructed by chairs, but these were removed by staff immediately following discovery. Records were not available showing when emergency lighting received annual maintenance. There was no evidence that the fire alarm was sounded weekly.

Outcome 8

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

References:

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

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a medication management policy for ordering, prescribing, storing and administration of medicines. The inspector viewed a sample of residents' prescriptions and all contained appropriate information including a recent photograph of the resident; the name, dosage and route of administration for all medicines; and the maximum dosage for *pro re nata* (PRN) medications. Residents' prescriptions were reviewed regularly and at least at three-monthly intervals.

There was evidence of attendance at medication management training by nursing staff. The inspector observed medication administration practices and discussed the administration of medicines with nursing staff and was satisfied that it was not in compliance with professional guidance. There was a valid prescription sheet, which was signed and dated by a general practitioner (GP), however, medication

administration was guided by the medication administration record (MAR) which was transcribed by the pharmacist but not signed by a GP.

The inspector was not satisfied that there was an adequate system in place for the return of unused or out-of-date medicines. There was a small amount of "stock" medicines stored in the centre, however, there was no record maintained and there was no system to ensure they had not passed their expiry date.

Medications that require special control measures were stored securely, however, they were only counted once daily rather than at each change of shift as specified in professional guidance.

Outcome 9

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Actions required from previous inspection:

Give notice to the Chief Inspector of the occurrence in the designated centre of any and all matters as prescribed in the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Inspection findings

Records were maintained of incidents occurring in the centre; however, not all notifiable incidents were notified to the Authority within the specified timeframe. For example, a small number of residents had sustained minor injuries following falls and one resident had a pressure sore, but these were not notified to the Authority. This was also a finding from the most recent inspection by the Authority in June 2012.

Theme: Effective care and support

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

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Actions required from previous inspection:

Nursing assessments were not carried out on each resident on admission and were not updated at three-monthly intervals.

Facilitate referral to specialist services where appropriate in order to ensure the provision of evidence-based nursing care.

Inspection findings

The inspector viewed a sample of residents' care plans and found that residents were regularly reviewed by their GP. There was also evidence of access to out-of-hours GP services. However, there was not always evidence of referral to allied health and specialist services for review and advice. For example, there was no evidence of referral or review by a tissue viability clinic for residents with wounds. Additionally, residents' care plans specify that all residents with wounds should be reviewed by a dietician; however, there was no evidence of referral or review of a resident with a wound.

Residents had a nursing assessment completed on admission, however, based on a sample of records reviewed this was incomplete for a number of residents. Care plans were developed based on the outcome of the assessment and these were reviewed regularly. However, care plans were not always developed for all relevant issues. For example, there was no care plan in place for residents with diabetes and there were not always care plans in place for residents assessed at being at risk of

falls. There was a policy on the management of nutrition that specified that all residents should have a nutritional assessment on admission, however, not all residents had these completed.

A number of residents had bedrails in place and there was evidence of discussion and consent by residents. Records were maintained of the type of restraint, the time it was in place and safety checks when it was in place.

An activities coordinator worked in the centre for five days each week and facilitated a range of activities. Activities were predominantly done in groups but the coordinator also spent one-to-one time with the more dependant residents.

Physiotherapy based activities were facilitated by an external provider and musicians also visited the centre as part of the activities programme.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Action required from previous inspection:

Provide suitable sluicing facilities.

Inspection findings

Moyne Nursing Home is a single-storey building set in large, well-maintained gardens. The main entrance leads directly into the conservatory through which the entrance hallway and the main sitting room can be accessed. The nurses' office, the dining rooms and the kitchen are located just off the entrance hallway. The centre was recently redecorated and appeared to be clean throughout.

There is resident accommodation for 27 residents comprising 11 single bedrooms and eight twin-bedded rooms. Two of the single bedrooms and one of the twin bedrooms have ensuite facilities with a toilet and wash-hand basin in each. There are four additional toilets, three of which are assisted toilets with wash-hand basins. There are two bathrooms, both of which contain standard baths; however, there is also an assisted shower in one of the bathrooms. The inspector was satisfied that there were inadequate bath/shower facilities to meet the needs of the residents.

Communal accommodation comprised a conservatory, two adjoining dining rooms and two sitting rooms, one of which was used primarily as a visitors' room.

There was a sluice room that was secured from unauthorised access through a keypad controlled lock. There was a large aluminium sink, a wash-hand basin and a bedpan washer. The sluice room did not contain a sluice sink. There was no separate cleaning room for storing cleaning chemicals and equipment.

There was an external shed that was used for storing various items such as incontinence pads, cleaning equipment and a generator. There was also a clinical waste bin in the shed that was difficult to access as it was partially obstructed by packs of incontinent wear. The provider/person in charge was informed that the location of the clinical waste bin constituted poor infection prevention and control practice and posed a risk for cross contamination.

There was evidence of the regular maintenance of equipment such as hoists, beds, mattresses and the generator. There was a staff toilet with wash-hand basin, shower, and changing room. There were no separate changing facilities for catering staff.

Theme: Person-centred care and support

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

Outcome 13

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a complaints policy dated July 2011. The complaints policy available to the inspector on the day of the inspection did not specify the person responsible for managing complaints or who was responsible for the independent appeals process. The complaints process was not on prominent display in the centre.

There was no complaints log. The provider/person in charge stated that they received very few complaints. The inspector saw one written complaint record, however, there was no evidence that the complaint was adequately investigated, what actions were taken or whether the complainant was satisfied with the outcome of the complaint.

Outcome 14

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

References:

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

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Improvements were required in relation to the management of end-of-life. Based on a sample of records reviewed residents' end-of-life wishes and preferences were not always discussed and established. The end-of-life policy did not adequately address residents' choice in relation to place of death, including the provision of a single room. The policy did not adequately address the actions to be taken and by whom in relation to the verification of death, and based on the inspector's observations, not all staff were knowledgeable of what to do when death had taken place.

Outcome 17

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Action required from previous inspection:

Maintain an up-to-date record of each resident's personal property that is signed by the resident.

Inspection findings

There was a policy for the management of residents' personal property and possessions. An inventory of residents' property was created on admission; however, this was not done for all residents. Where a record of personal property was in place, this was not always updated to reflect additional property brought to the centre by or on behalf of the residents.

Residents had adequate storage, including lockable storage, for personal property and possessions.

Theme: Workforce

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

Outcome 18

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

References:

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

Actions required from previous inspection:

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.

Inspection findings

The inspector reviewed the staff roster and observed practice. There was one staff nurse, three healthcare assistants and one catering assistant on duty each day from 08:00hrs to 14:00hrs, however, as stated in Outcome 7, there was no dedicated cleaner and the person assigned to cleaning duties was also included on the roster as either a healthcare assistant or in the kitchen. From 14:00hrs care staff consisted of one staff nurse and one healthcare assistant. Based on the size and layout of the centre and residents' dependency levels, the inspector was not satisfied that the staffing levels and skill mix were adequate to meet the needs of the residents.

The inspector was not satisfied that the scope of the training provided to staff reflected the needs of residents and did not facilitate staff to develop the skills and competencies necessary. This is reflected in the findings of this inspection, particularly in relation to falls prevention and infection control.

The inspector viewed a sample of staff files and not all contained full and satisfactory information and documents specified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Not all files contained three written references or a full employment history including a satisfactory history of any gaps in employment. Current registration was not available for all nursing staff, including the person in charge, on the first day of inspection but evidence of registration was provided prior to completion of the inspection.

Closing the visit

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

Acknowledgements

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

Report compiled by:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

16 July 2013

Action Plan

Provider's response to inspection report *

Centre Name:	Moyne Nursing Home
Centre ID:	0256
Date of inspection:	2 July 2013 and 3 July 2013
Date of response:	30 August 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

An up-to-date written statement of purpose was not available in the centre on the day of the inspection.

Action required:

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). and make a copy available on request to residents.

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

Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Statement of purpose is now updated and available.	10 July 2013

Theme: Safe care and support

Outcome 6: Safeguarding and safety

The provider is failing to comply with a regulatory requirement in the following respect: Not all staff had received up-to-date training on the recognition and response to abuse.	
Action required: 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.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We are sourcing companies to provide elder abuse training for staff. It is our intention to have a staff member trained as a trainer for the other staff members. We have identified a staff member to train and we are organising training for her.	31 December 2013

Outcome 7: Health and safety and risk management

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

The risk management policy did not adequately address the identification and management of risk or the measures in place to control risks, including resident absent without leave; assault; accidental injury; aggression and violence; and self harm.

There was no evidence of a process of learning from incidents or feedback to staff.

The infection control policy was not centre-specific and did not adequately provide detailed guidance on infection prevention and control practice in the centre.

Staff members on cleaning duties spoken with by the inspector had not received hygiene training were not knowledgeable of the colour coded cleaning system.

Not all staff members had received up-to-date annual training in fire safety.

The most recent fire drill took place in August 2011.

Records were not available showing when emergency lighting received annual maintenance and there was no evidence that the fire alarm was sounded weekly.

Action required:

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

Action required:

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.

Action required:

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Action required:

Put in place suitable written operational policies and procedures in relation to infection prevention and control.

Action required:

Put in place suitable practices in relation to the management of hygiene in the

centre.	
Action required:	
Provide suitable training for staff in fire prevention.	
Action required:	
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.	
Action required:	
Make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.	
Reference:	
<ul style="list-style-type: none"> Health Act, 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety Standard 29: Management Systems 	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A company has been sourced to review our risk assessment policy based on this report and advise us on its implementation.</p> <p>We have requested that our updated risk management policy needs to cover all elements covered under actions two and three.</p> <p>Our risk assessment policy will cover policies and procedures relating to infection prevention and control.</p> <p>A new dedicated cleaner has been appointed and trained by the company that provides us with cleaning products.</p> <p>Suitable training for staff in fire prevention has been organised for October 2013.</p> <p>The required actions pertaining to fire drills and fire practises will be dealt with during training in October.</p> <p>The required actions pertaining to reviewing fire precautions and</p>	30 November 2013

testing fire equipment will be dealt with during training in October.	
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Outcome 8: Medication management

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Medication administration was guided by the medication administration record (MAR) and not a valid prescription.</p> <p>There was a small amount of “stock” medicines stored in the centre, however there was no record maintained and there was no system to ensure they had not passed their expiry date.</p> <p>Medications that require special control measures were stored securely, however they were only counted once daily rather than at each change of shift as specified by professional guidance.</p>	
<p>Action required:</p> <p>Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider’s response:</p> <p>Medication management is now in place. Senior pharmacist from our pharmacy supplier will help staff with implementation. We are awaiting a visit from the pharmacist.</p>	<p>16 August 2013</p>

Outcome 9: Notification of incidents

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Not all notifiable incidents were notified to the Authority within the specified timeframe.</p>
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Action required:	
Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.	
Action required:	
Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any accident.	
Reference:	
Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Going forward all reportable incidents will be reported as requested.	1 August 2013

Theme: Effective care and support

Outcome 11: Health and social care needs

The provider/person in charge is failing to comply with a regulatory requirement in the following respect:
There was not always evidence of referral to allied health and specialist services. Nursing assessments, including nutritional assessments, were incomplete for a number of residents and care plans were not always developed for all relevant issues.
Action required:
Facilitate each resident's access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.
Action required:
Set out each resident's needs in an individual care plan developed and agreed with the resident.
Reference:
Health Act, 2007 Regulation 6: General Welfare and Protection

Regulation 8: Assessment and Care Plan Regulation 9: Health Care Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Referrals to allied and specialist services will be recorded for each individual resident. A review of our resident assessments is being carried out with the company that provide our resident assessment/care plan package. We have engaged a company to provide nutritional products to us. They have agreed to provide our staff with any training they require to promote good nutritional practices.	31 October 2013

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect: There were inadequate bath/shower facilities to meet the needs of the residents. The sluice room did not contain a sluice sink. There was no separate cleaning room for storing cleaning chemicals and equipment. Cleaning equipment was stored in unhygienic conditions. The location of the clinical waste bin posed a risk for cross contamination and was not good infection control practice.
Action required: Provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.
Action required: Provide necessary sluicing facilities.

Action required:	
Ensure suitable provision for storage of equipment, including cleaning equipment, in the designated centre.	
Action required:	
Put in place adequate arrangements for the proper disposal of clinical waste.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Assisted baths and showers will be provided as required from inspection. We expect to complete installation by 31 January 2014.</p> <p>A suitable location for a sluice has been identified. It is expected that installation will be completed by 31 January 2014.</p> <p>It is intended to source an outside storage facility for all equipment. Expected completion date for this will be 31 January 2014.</p> <p>A dedicated area is now in use for all cleaning products and equipment.</p> <p>Clinical waste is now stored separate from all other waste and stores. We have reviewed and updated our contract for the collection and disposal of all clinical waste.</p>	31 January 2014

Theme: Person-centred care and support

Outcome 13: Complaints procedures

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The complaints policy available to the inspector on the day of the inspection did not specify the person responsible for managing complaints or who was responsible for the independent appeals process.</p> <p>The complaints process was not on prominent display in the centre.</p>

The inspector saw one written complaint record, however there was no evidence that the complaint was adequately investigated, what actions were taken or whether the complainant was satisfied with the outcome of the complaint.

Action required:

Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre and ensure that it contains an independent appeals process.

Action required:

Display the complaints procedure in a prominent position in the designated centre.

Action required:

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

Reference:

Health Act, 2007
 Regulation 39: Complaints Procedures
 Standard 6: Complaints

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

Timescale:

Provider's response:

The complaints procedure is on display in the conservatory as you enter the building in a prominent place and is also available on our website and in our statement of purpose.

A complaints log has been provided and all complaints will be dealt with as required under Health Act 2007 Regulation 39.

10 July 2013

Outcome 14: End of life care

The provider/person in charge is failing to comply with a regulatory requirement in the following respect:

The policy did not adequately address the actions to be taken and by whom in relation to the verification of death, and based on the inspector's observations, not all staff were knowledgeable of what to do when death had taken place.

Action required:	
Put in place written operational policies and protocols for end of life care.	
Reference: Health Act, 2007 Regulation 14: End of Life Care Standard 16: End of Life Care	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our end of life policy is being reviewed and will be updated to satisfy the requirements of the Health act 2007 Regulation 14.	31 October 2013

Outcome 17: Residents' clothing and personal property and possessions

The provider/person in charge is failing to comply with a regulatory requirement in the following respect:	
An inventory of residents' property was not created for all residents and was not always updated to reflect additional property brought to the centre by or on behalf of the residents.	
Action required:	
Maintain an up to date record of each resident's personal property that is signed by the resident.	
Reference: Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Regulation 13: Clothing Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We will create and maintain a record of all residents personal property.	30 September 2013

Outcome 18: Suitable staffing

The provider/person in charge is failing to comply with a regulatory requirement in the following respect:

Based on the size and layout of the centre and residents' dependency levels, the inspector was not satisfied that the staffing levels and skill mix were adequate to meet the needs of the residents.

There was inadequate segregation of duties, which did not constitute good infection prevention and control practice and posed a risk for cross contamination.

Action required:

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

Action required:

Ensure there are adequate segregation of duties.

Reference:

- Health Act 2007
- Regulation 16: Staffing
- Regulation 17: Training and Staff Development
- Regulation 18: Recruitment
- Regulation 34: Volunteers
- Standards 22: Recruitment
- Standard 24: Training and Supervision
- Standard 23: Staffing Levels and Qualifications

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

Timescale:

Provider's response:

A designated cleaner has been employed and trained.

Our staffing levels are constantly under review to take into consideration the level of dependency and care needs of our residents.

22 July 2013