

**Health Information and Quality Authority
Regulation Directorate**

**Inspection report
Designated centres for older people**



Centre name:	St. Eunan's Nursing and Convalescent Home
Centre ID:	0392
Centre address:	Rough Park Ramelton Road, Letterkenny, Co. Donegal
Telephone number:	074 910 3860
Email address:	steunansnh@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	St. Eunan's Nursing and Convalescent Home Ltd.
Person authorised to act on behalf of the provider:	Marie Fitzpatrick
Person in charge:	Marie Fitzpatrick
Date of inspection:	13 August 2013
Time inspection took place:	Start: 14:30 hrs Completion: 21:30 hrs
Lead inspector:	Nuala Rafferty
Support inspector:	n/a
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

This inspection report sets out the findings of a monitoring inspection to:

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

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input 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 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 type="checkbox"/>
Outcome 14: End of Life Care	<input 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 type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. The inspector met with residents, nominated person on behalf of the provider, person in charge and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records and staff files. A general inspection of the nursing home environment was also undertaken.

This was the seventh inspection of St Eunan's Nursing and Convalescent centre by the Health Information and Quality Authority's (the Authority) Regulation Directorate and was a one day follow up inspection.

The centre was first inspected on 28 September 2009 and a follow up took place on 25 February 2010 both inspection were announced. A registration inspection took place on 3 February 2011. Follow up or monitoring inspections were subsequently carried out on 22 February 2012 and 17 April 2013.

The inspector assessed the progress in relation to requirements identified to be addressed by the provider and person in charge in the previous follow-up inspection report of 17 April 2013.

There were eight actions to which improvements were required from the last inspection, of these two were satisfactorily addressed, four could not be determined as they remain within the timeframes agreed with the provider and two were partially addressed. Those actions not determined and those partially addressed are reflected again in this report.

The centre contained a good standard of private and communal space and facilities. The décor was bright, clean and well maintained. Residents reported that the centre offered a safe and comfortable environment. Resident's privacy and dignity was respected and interactions between staff and residents were found to be warm and considerate.

As a result of this unannounced inspection improvements were required in areas such as risk management and care planning and providing activities relevant to residents interests and abilities in order to comply 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* and are outlined in the Action Plan at the end of the report.

Outcomes covered on inspection

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

Improvements were found to be required in relation to the recording and documentation of care delivered. Although it was noted that care delivered was recorded in a timely manner, the reliability of records reviewed was questionable in some instances. Examples related to the repositioning of a resident identified as being repositioned on a regular basis. Although the record indicated that one resident had been repositioned onto the left side, the inspector in conjunction with a nurse had viewed the resident at the time the record indicated this position and found the residents was in an upright position watching TV.

Two separate types of records were maintained which documented the frequency of personal care delivery to residents. Healthcare assistants documented the form of personal hygiene care delivered to residents on a daily basis which indicated whether the resident received a wash, shower or bath. A sample number of five records were reviewed and in the case of three, it was found that two had received between three to four showers in an 11 week period, one received six showers in a 19 week period and one indicated that the resident had not received any shower in a 14 week period. Nurses also documented hygiene care delivery in a flow chart. However, the

inspector was told that the nurses did not reference the records maintained by the healthcare assistant and relied on the daily 'task' allocation sheet and verbal feedback from the care staff to maintain these records. A daily 'task' allocation sheet is used to identify those residents 'due' for a shower/bath each day. On the day of inspection eight residents were identified as requiring an offer of a shower/bath, of these documentation indicated six had received a shower, although the nursing team had believed all eight had received a shower.

Documentation of nutritional intake for those residents who required intake monitoring on a daily basis was in place for up to 14 residents. On review of this documentation it was found that staff were diligent in ensuring that each residents intake was documented in a timely manner following each meal or snack and this included any nutritional supplement. However, it was noted that although in some instances the detail was sufficiently specific to identify the quantity taken this was not the case for all. It was also noted that improvements in the identification of portion sizes to determine more exact levels of intake is required to assist staff with documenting this aspect of care.

The directory of residents was reviewed and not found to be maintained on an ongoing basis. All readmission dates following transfer to hospital were not entered in respect of three residents noted to have been transferred to hospital in 2012 and 2013.

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 7: Health and Safety and Risk Management

The centre was found to be warm and visually clean on this visit. The centre was free of clutter and all corridors, communal areas, fire exits and escape routes were clear and where necessary clearly signed. Aides such as grab rails and safe flooring to assist resident's safe mobility and movement in the centre were also available. Residents' bedrooms and communal areas were noted to be tidy.

However, improvements to systems in place to manage infection prevention and control and maintain high levels of cleanliness and hygiene to ensure the safety and well being of residents and staff were found to be required. The inspector, accompanied by a member of staff viewed the sluice area. The sluice was found to be generally untidy and presented a cross infection risk to residents and staff in that

a clinical waste bag awaiting collection was not appropriately sealed or tagged and was stored underneath the sink. Two slipper bedpans, a commode insert and a basin identified as one used for residents personal care were stacked on the floor beside the clinical waste bag and a number of vomit bowls and urinals were left in the sluice sink in a dish filled with water. Other urinals filled with water were also standing on the drainer beside the sink. A strong odour of urine was noted in the sluice room and neither the light nor the mechanical extractor fan linked to the light switch activated on the first several attempts. Although a sterilising washer unit is available in the centre a system to ensure the appropriate and timely cleansing of such equipment was not in place. It was found that all staff were expected to clean up as required and when assistive toileting or other types of equipment are used then staff are expected to rinse and place in the sterilising unit immediately. However, no member of staff on any shift has a particular responsibility to ensure the sluice area and assistive equipment are maintained to an appropriate standard of cleanliness.

The laundry room was also found to be untidy and cluttered with clothing in various stages of the laundering process. Two large laundry trolleys consisting of individual compartments for separation of residents clothing were blocking the sluice sink and wash-hand basin. Two baskets of washed and wet laundry were sitting on the floor waiting to be placed into the tumble dryers which were full. Several bags of soiled laundry were lying on the floor in front of the washing machine located beside the bench holding the iron press and approximately three feet from the washed laundry. There was a notable odour in the room and the staff member could not activate the mechanical extractor fan located in the ceiling.

Outcome 8: Medication Management

While reviewing nursing and medical documentation it was noted that medication was being withheld on the verbal order of the prescribing practitioner. The inspector was told that the medication was initially to be withheld for a seven day period. However, at the time of inspection the medication was still 'on hold', two weeks after the initial decision was made and the specific reason for withholding drugs was not documented on the administration record. No formal written record was documented in medical notes or on the prescription sheet by the prescriber to direct nursing staff to continue to withhold the medication and a medical re assessment further to withdrawal had not yet occurred.

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: Health and Care Needs

Residents had access to general practitioner (GP) services. Access to other specialist and allied healthcare services was reported as available and in place to meet the diverse care needs of residents. On review of a number of sample records, the inspector noted assessments and recommendations by the community psychiatric services and speech and language therapist. There was good transfer of information between the centre and acute hospital services. Access to physiotherapy and dietician were also reported as available.

Staff were observed interacting with residents in a courteous manner and addressing them by their preferred name. Residents were warmly and appropriately dressed, clothing was clean and neat with good general presentation.

Information in the form of a concern was received by the Authority in relation to the level of appropriate medical care received by residents' however the inspector was told that this concern had not been brought to the attention of the provider or any staff. Some issues raised in the concern were found to be upheld on this inspection visit. On review of the documentation in respect of six residents, it was noted that not all residents were medically reviewed on a regular basis as required by the Regulations. In the case of some residents it was noted that on return from periods of hospitalisation they were not reviewed again medically in the centre until in some instances up to one month following readmission.

It was further noted that there were instances where residents, some with complex needs had returned from hospital following surgery or had recently experienced several periods of acute hospitalisation who were not medically reviewed on return to the centre. This was discussed with the acting person in charge who stated that the provider and person in charge were aware of their responsibilities but that difficulties were sometimes experienced in this regard. Determination of the status of residents clinical condition could not therefore be made in respect of some residents as an up to date record of the residents medical condition was not available as a decision making basis.

Improvements were found to be required in the area of clinical governance. Although there was evidence that the nursing team were recognising and responding to signs of clinical deterioration such as increased signs of agitation, weight loss or infection, evidence that all residents were receiving a coordinated standard of healthcare services including primary, secondary and tertiary to promote and maintain their healthcare needs on an ongoing basis was not available.

The arrangements to meet residents' assessed needs were set out in individual care plans. A variety of assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example, vulnerability to falls, dependency levels, nutritional risk assessment, pressure related skin damage risk assessment and moving and handling assessments.

Some improvements were found to be required in relation to all care plans to ensure inclusion of residents and/or their relative's next of kin or advocates and to reflect the implementation of recommendations of allied health professionals. It was found

that care plans and risk assessments were not linked and did not always include the recommended interventions of allied health professionals. Significant areas for improvement were identified in the documentation of care given and there was a need to develop a system to ensure that care plans reflected the care delivered, were reviewed in response to changes in residents' health and that care plans were appropriately linked to give an a clear and accurate picture of residents' overall health. A care plan was not in place for every identified need, examples included care of plaster casts, anticoagulation therapy or falls management.

Although it was found that staff knew residents well and could describe all aspects of the care required by and given to residents, pre formatted care plans did not reflect residents specific needs, examples related to management of osteoporosis, fractures, changes to mood or behaviour further to anxiety. They were generic in nature were not person centred and did not always evidence residents or relatives involvement. It was noted however that nurses' daily communication records were detailed and gave excellent level of detail and insight into residents' personal preferences and clinical needs.

Outcome 12: Safe and Suitable Premises

As noted on previous inspection reports, the building and surrounds were well maintained. The centre provides a warm comfortable environment which was decorated and maintained to a good standard, although some maintenance improvements were found to be required specifically in relation to the lights and mechanical extractor fans in the laundry and sluice areas.

The premises in general meets the needs of residents in terms of design and layout as set out in the centre statement of purpose, with the exception of bedroom number five. The room as a four bed or twin room does not meet the spatial or privacy and dignity needs for four residents as set out in Regulations 10, 19 and Standard 25 and its use requires to be reviewed.

It was further noted on this occasion that the laundry facilities also required to be reviewed in order to meet the Regulations and the Authority's Standards as the facilities and space was noted to be limited. The review should include separate access and egress to ensure segregation of clean and soiled laundry, space to provide for segregation and zoning for clean and soiled laundry, upgrade of ceramic sinks to stainless steel double drainer sink and wash-hand basin, provision of suitable and sufficient racking sorting and improved storage facilities, limited space available for pressing/ironing clean laundry.

Guidance issued by the Authority to providers in relation to ensuring facilities meet the Regulations and the Authority's Standards by July 2015 should be referenced to ensure a detailed costed and time framed management plan is devised and enacted. The timeframe of the plan should be cognisant of the engagement of any contractors/works/equipment required and should include all health and safety measures to ensure minimisation of any negative impacts on residents during on site works. A copy of such management plan is required to be provided to the Authority prior to the commencement of any significant works.

Actions reviewed on inspection:

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

Action required from previous inspection:

The statement of purpose did not contain all of the information required to comply with legislation in that it did not state the type of nursing care to be provided, the experience of the provider, person in charge and key senior manager and also required clarifications on the admission criteria for the centre in particular the emergency admission criteria.

This action was partially addressed. A copy of the revised statement of purpose was forwarded to the Authority on the day after the inspection. It was noted that that the statement was revised and an improved level of detail was provided in relation to emergency admission criteria. However, the statement requires further revision in order to meet the full requirements of Schedule 2 of the Regulations, specifically in relation to clarifications on range of needs the centre intends to meet as the age range identified and the care needs identified are inconsistent, type of nursing care and the full conditions of registration with date of registration and expiry date are not included and the background information in the statement should reference the amended Regulations.

The contents list in the statement references four appendices but do not clarify what these are and there is only one attached.

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

Action required from previous inspection:

All policies and procedures had not been reviewed since 2010. Policies and procedures were not sufficiently specific to guide staff on practice particularly in relation to medication and emergency and health and safety.

The progress on this action could not be fully determined in that the provider remains within the timeframe for completion. The inspector was told that the person in charge was working on the revision of the policies but the drafts were not in the centre and progress could not be determined.

Outcome 7: Health and safety and risk management

Action required from previous inspection:

There were insufficient fire precautions to minimise the risk to residents in the event of fire and or smoke inhalation and to ensure the safe evacuation of residents in the event of an emergency.

This action was addressed. Additional fire precautions had been taken with improved levels of equipment and evacuation processes found. All beds were now fitted with a fire evacuation sheet to ensure an improved level of residents' safety in the event of an evacuation and training on the use of the new equipment was provided to staff. In conversation with staff they were found to be familiar with the changed evacuation process which they felt was a safer and more effective method for both residents and staff.

Outcome 8: Medication management

Action required from previous inspection:
All aspects of the medication management policies in place were not being implemented in respect of crushed medications.

The progress on this action could not be determined as the timeframe for revision of the policy in place on medication management had not expired at the time of this inspection

Theme: Effective care and support

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

Action required from previous inspection:
Although data to review the quality and safety of care and quality of life was being collated on several areas of practice, a process to determine the outcome, make or implement recommendations, or make a report available on findings is still not in place.

The progress on this action could not be determined as the timeframe for collating the data being collected into a report had not expired at the time of this inspection.

Outcome 11: Health and social care needs

Action required from previous inspection:
Opportunities for residents to participate in meaningful activities although planned were not provided.

This action had been partially addressed. On the day of inspection activities planned were found to be provided. A large number of residents with staff and visitors were found to be enjoying a variety of activities including singing, poetry reading, telling jokes and quiz games. However, it was noted that other residents with greater needs and reduced communication abilities were not involved in these activities and were in a separate sitting room where although the television was on, most residents were

not engaged in watching the programmes but appeared to be sleeping or merely sitting quietly without any form of suitable stimulation which suited their level of capacity.

Outcome 12: Safe and suitable premises

Action required from previous inspection:

The physical design and layout of bedroom 5 does not meet the needs of four residents in terms of the requirements for space privacy and dignity as outlined under the relevant criteria in the Regulations and the Authority's Standards.

Although the provider is aware of the requirement to address this action no progress had yet been made. However, the timeframe for the action to be addressed has not expired.

Theme: Workforce

Outcome 18: Suitable staffing

Action required from previous inspection:

Not all staff had completed mandatory training in moving and handling and Elder abuse.

Training required by the regulations in fire safety and evacuation techniques had not been completed by all staff in the past 12 months.

This action was addressed. Staff training documentation was reviewed and training was found to have been delivered on prevention of elder abuse on three occasions in 2013 and fire training including the use of new evacuation sheets was delivered on two occasions in May 2013. All staff with the exception of two healthcare assistant had attended fire training and all but three had attended training on prevention of elder abuse. Updated training on moving and handling was also provided in April 2013.

Report compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

20 August 2013

Provider's response to inspection report *

Centre Name:	St. Eunan's Nursing and Convalescent Home
Centre ID:	0392
Date of inspection:	13 August 2013
Date of response:	05/09/2013

Requirements

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

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The revised statement of purpose did not contain all of the information required to comply with legislation and requires further review to include; clarifications on range of needs the centre intends to meet as the age range identified and the care needs identified are inconsistent; type of nursing care and the full conditions of registration with date of registration and expiry date are not included and the background information in the statement should reference the amended Care and Welfare Regulations 2009.

The contents list in relation to the 4 appendices references to be clearly identified.

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

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).	
Action required:	
Keep the statement of purpose under review.	
Action required:	
Make a copy of the statement of purpose available to the Chief Inspector.	
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: The Statement of Purpose will be keep under review, and a reviewed copy will be forwarded to the Chief Inspector.	31/10/2013

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

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

All policies and procedures had not been reviewed since 2010. Policies and procedures were not sufficiently specific to guide staff on practice particularly in relation to medication and emergency and health and safety.

The reliability of information contained in care documentation was found to be questionable as recording of care was not always accurate, sufficiently specific or complete in respect of some care interventions.

The directory of residents was not maintained in a manner of completeness in that transfers or re admissions were not always entered where required.

All residents' medical clinical condition on re admission was not reviewed and recorded.

Action required:	
Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Regulations in a manner so to ensure completeness, accuracy and ease of retrieval.	
Action required:	
Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Regulations up-to-date and in good order and in a safe and secure place.	
Action required:	
Make the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Regulations available to the resident to whom the records refer and made available at all times for inspection and monitoring purposes under the Act.	
Action required:	
Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.	
Action required:	
Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.	
Action required:	
Maintain, in a safe and accessible place, a record of the medical, nursing and where appropriate, psychiatric condition in respect of each resident at the time of admission.	
Reference:	
Health Act, 2007 Regulation 22: Maintenance of Records Regulation 27: Operating Policies and Procedures Regulation 25: Medical Records Standard 32: Register and Residents' Records Standard 29: Management Systems Regulation	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Schedule 3 and Schedule 4 records will be reviewed.	31/11/2013

Outcome 7: Health and safety and risk management

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

Improvements to systems in place to manage infection prevention and control and maintain high levels of cleanliness and hygiene to ensure the safety and well being of residents and staff were found to be required where cross infection risks such as; clinical waste not appropriately sealed tagged or stored; assistive toileting and personal care equipment not appropriately segregated or effectively sterilised in a timely manner; soiled and clean laundry not appropriately segregated.

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, 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 including:

- infection prevention and control systems including products equipment and training
- assures staff training and competence in health and safety issues particularly infection prevention and control
- establish appropriate procedures and systems to underpin the risk management policies to ensure effective and efficient management and governance of infection prevention and control measures.

Action required:

Provide training for staff in infection prevention and control which ensures awareness of their responsibility in preventing and controlling infection and ensure practice reflects the training provided.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

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

Timescale:

Provider's response:	
Review Risk Assessment management in relation to infection controls. Provide training as required.	31/11/2013

Outcome 8: Medication management

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

Practices in place in relation to withholding medication were not in accordance with professional guidelines for nurses and midwives issued by An Bord Altranais agus Cnáimhseachais na hÉireann.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Action required:

Ensure staff practices reflect policies in place at all times.

Reference:

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

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

Timescale:

Provider's response:

Review the Medical Management Policy with particular regard to An Bord Altranais agus Cnaimhseachais na hEireann.
 Ensure all Staff are familiar with the policy.

31/11/2013

Theme: Effective care and support

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

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

Although data to review the quality and safety of care and quality of life was being collated on several areas of practice, a process to determine the outcome, make or implement recommendations, or make a report available on findings is still not in place.

Action required:	
Establish and maintain a system for reviewing the quality and safety of care and quality of life of residents and for improving the quality and safety of care and quality of life of residents and have available for inspection the reports produced from this information.	
Action required:	
Have a system in place to include consultation with residents and their representatives as part of this review.	
Action required:	
Utilise data collated to manage risk and improve resident care outcomes.	
Reference:	
Health Act, 2007 Regulation: Regulation 35: Review of Quality and Safety of Care and Quality of life 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: Data collected will be utilised in consultation with Residents/Representatives to manage risk and improve outcomes.	31/11/2013

Outcome 11: Health and social care needs

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Care plans and interventions were generalised and not specific to individual residents</p> <p>Care plans for every identified need was not in place for all residents.</p> <p>All care plans were not revised as required by residents changing needs.</p> <p>Care plans and risk assessments were not linked and were not consistent.</p> <p>It was not always evident if the resident was consulted with or kept informed about revisions made to their care plan.</p>

Action required:	
Set out each resident's needs in an individual care plan developed and agreed with the resident.	
Action required:	
Make each resident's care plan available to each resident.	
Action required:	
Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.	
Action required:	
Revise each resident's care plan, after consultation with him/her.	
Action required:	
Notify each resident of any review of his/her care plan.	
Reference:	
<ul style="list-style-type: none"> Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence 	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All care plan will be reviewed regularly in consultation with Resident, and/or Representative.	Ongoing

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

Evidence that all residents were receiving a coordinated standard of healthcare services including primary, secondary and tertiary to promote and maintain their healthcare needs on an ongoing basis was not available.

Action required:

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

Action required:

Provide appropriate medical care by a medical practitioner of the residents' choice or acceptable to the residents.

Action required:

Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

Reference:

Health Act, 2007
 Regulation 6: General Welfare and Protection
 Regulation 9: Health Care
 Standard 13: Healthcare
 Standard 18: Routines and Expectations
 Standard 15: Medication Monitoring and Review
 Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Each Resident has a choice of medical practitioner, this will be reaffirm with each resident, and the time lag between the request for a visit and the actual visit by the general practitioner will form part of the consultation in care planning. A record of request to GPs will be recorded on the communication sheet.</p>	<p>Ongoing 31/11/2013</p>

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

Opportunities for residents to participate in meaningful activities although planned were not provided.

Action required:

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

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The forms of activity available will be examined in relation to each resident's interest.	31/11/2013

Outcome 12: Safe and suitable premises

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The physical design and layout of bedroom five does not meet the needs of four residents in terms of the requirements for space privacy and dignity.</p> <p>A full review of the laundry is required as the facilities and space was noted to be limited. The review should include; separate access and egress to ensure segregation of clean and soiled laundry; space to provide for segregation and zoning for clean and soiled laundry; upgrade of ceramic sinks to stainless steel double drainer sink and wash-hand basin; provision of suitable and sufficient racking sorting and improved storage facilities; Limited space available for pressing/ironing clean laundry as outlined under the relevant criteria in the Regulations and the Authority's Standards.</p> <p>Some maintenance improvements were found to be required specifically in relation to the lights and mechanical extractor fans in the laundry and sluice areas.</p>
<p>Action required:</p> <p>Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.</p>
<p>Action required:</p> <p>Maintain the equipment for use by residents or people who work at the designated centre in good working order.</p>
<p>Action required:</p> <p>A management plan is required to ensure the premises meet the full requirements of the Health Act 2007, the Regulations and the Authority's Standards.</p>

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:
Provider's response: The Formulation of the plan in relation to the laundry and room five has already commenced, draft plan will be forwarded to the Chief Inspector for comment. The extractor fan and lighting have been service.	31/10/2013