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:	Good Counsel Nursing Home
Centre ID:	ORG-0000416
Centre address:	Kilmallock Road, Limerick, Limerick.
Telephone number:	061 416288
Email address:	emmetbeston@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Good Counsel Nursing Home Limited
Provider Nominee:	Eileen Beston
Person in charge:	Eileen Beston
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
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 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 November 2013 10:30	19 November 2013 18:30
20 November 2013 08:00	20 November 2013 17:30

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 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was a registration inspection to inform a registration renewal decision and it took place over two days. The inspector met with residents, visitors, staff and management. The inspector observed work practices and reviewed documentation such as care plans, medical records, medication records, accident and incident logs, complaints logs and policies and procedures. Issues which were identified in the previous monitoring inspection requiring remedial action were partially met and these will be discussed throughout the report.

While the inspector found that residents appeared to be well cared for and residents and visitors gave positive feedback to the inspector in relation to all aspects of life in the centre, there were many areas of non-compliance. These included:

1) Incomplete Statement of Purpose.
2) Policy and procedures for maintaining residents' finances.
3) Infection prevention and control.
4) Aspects of medication management.
5) Care plan documentation.
6) Aspects of the premises.
7) Complaints' policy.
8) Staff files and staff training.
9) Fire safety.

The action plan at the end of the report identifies improvements necessary to ensure 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.

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 - Minor

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

Findings:
The statement of purpose described a service which aimed at providing individual care for all residents. The inspector observed that care was provided in a relaxed homely manner that reflected the individuality of each resident, which was in line with their statement of purpose. Services and facilities are described accurately and the statement of purpose was reviewed annually, with the last review in September 2013. While most items listed in Schedule 1 of the Regulations were detailed in the statement of purpose, four were absent:

1) The total staff complement in whole time equivalents for the designated centre with management and nursing complements given by grade.
2) The organisation structure of the designated centre.
3) The arrangements made for dealing with reviews of resident's plan referred to in article 8 (1).
4) The arrangements made for respecting the privacy and dignity of residents.

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:
Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:
Contracts of care were examined and those reviewed were signed within a month of admission of a resident. Contracts set out the services to be provided and the fees to be charged and items not included in the fees were listed also. Those contracts reviewed were signed by the resident or their next of kin in line with best practice.

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 (PIC) is a registered nurse and works full time in the centre. She is suitably experienced nurse and is also the nominated provider. The PIC was supported in her role by a key senior manager (KSM), who was also a registered nurse with significant experience in the area of nursing older people. In the absence of the PIC, the KSM assumed her responsibilities. During this inspection the inspector noted, that the PIC demonstrated a positive approach towards meeting regulatory requirements as well as adequate knowledge of the Regulations and the Authority's Standards. The PIC/Provider was further supported by a family member whose roles and responsibilities were that of administrator.

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 - Moderate

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

Findings:
The records listed in Part 6 of the Regulations should be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. These records include Schedule 2 (staffing records), Schedule 3 (residents' records), Schedule 4 (general records), Regulation 25 (medical records), Regulation 21 (provision of information to residents), Schedule 5 (operating policies and procedures). While some of these policies and procedures were complete and accurate, others were incomplete. Items missing included:

1) Evidence of Garda Síochána vetting for all staff.
2) A full employment history, together with a satisfactory history of any gaps in employment.
3) Three written references including a reference for a person's most recent employer (if any) in a format specified by the Chief Inspector.
4) A record of the medical, nursing and psychiatric (where appropriate) condition of the person at the time of admission and their medications at the time of admission were not included for all residents.

Outcome 05: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
The provider was aware of her responsibility regarding notification to the Chief Inspector of any absence of longer than 28 days of the person in charge. Appropriate deputising protocols were in place for any absence of the PIC.

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 - Minor

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

Findings:
Staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if care was untoward. The inspector spoke with many residents and their feedback was positive and described the care, friendliness and respect shown to them by staff. All residents' spoken with, concurred, that they could bring any worry or issue to the person in charge. The inspector observed care practices which respected the individuality and dignity of each resident. While all staff had viewed the DVD on adult protection and minutes from staff meetings demonstrated that adult protection was discussed frequently, staff had not completed formal training in prevention, detection and responding to abuse.

A policy and procedures were in place for the prevention, detection and response to abuse and staff were aware of the policy contents. Procedures in place to safeguard residents' finances required attention. The transaction logs for residents' finances were examined and most transactions had just one signature of a staff. This was highlighted to management to mitigate risk to residents and staff.

Photographic identification is used by the provider for each resident as part of safe medication management as well as unexplained absence of a resident and other legislation. Consent for photographs was not obtained.

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

Findings:
The risk management policy contained comprehensive details on the identification and prevention of risks in conjunction with the recording, investigation and learning from

serious or untoward incidents or adverse events. In the previous inspection, it was identified that the policy did not include self-harm and assault; this was now remedied.

There was a current policy in place for infection prevention and control. Advisory signage for best practice hand washing was displayed over hand wash sinks. While there were hand hygiene gel dispensers available in the centre, they were empty on both days of inspection. Hand hygiene gel was available at the main entrance. Associated advisory signage for best practice use of hand hygiene gels was not displayed and the inspector observed that many opportunities for hand hygiene were not taken by staff. This was highlighted to management. Staff, including cleaning staff, had not completed training in infection prevention and control.

Daily, weekly and monthly checks were not completed to ensure fire safety precautions. A designated fire safety register was not in place. This was remedied by day two of the inspection. All staff had completed their mandatory fire training, moving and handling of residents. Fire drills were completed six-monthly and this was evidenced by fire records reviewed. Cardio-pulmonary resuscitation (CPR) training was not completed by all relevant staff. The fire officer completed an inspection in November 2012 and this report made several recommendations to ensure compliance with fire safety regulations. While some of these recommendations were actioned, not all were. This was highlighted and discussed during the inspection.

A record was maintained of incidents and accidents' and these records were reviewed by the inspector. However, these records were not comprehensive as the designated accident and incident log book was not applicable to the healthcare setting. For example, It did not contain the facility to record if the GP, next of kin and person in charge were informed of the adverse event and further interventions which may be put in place to prevent such events and learnings from adverse events.

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

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
A current medication management policy was in place for the ordering, prescribing, storing, administration, self-administration and disposal of unused or out-of-date medicines. Photographic identification was in place for all residents as part of their medication management. The inspector accompanied a nurse on a drug round and this

was completed in line with best practice. A nurse and pharmacist sign the designated 'drugs return book' upon return of medications. There are three pharmacists supplying medications to the centre. Two of whom attend the centre bi-annually to review each resident's medication and discuss with staff medication actions and interactions, which staff said they found very informative.

Handling of controlled medications was not in compliance with An Bord Altranais Guidance to Nurses and Midwives on Medication Management 2007. While two nurses complete the controlled drug count when a controlled drug is administered, the controlled drug count was not completed at the end of each work shift as described by An Bord Altranais Guidance. The inspector reviewed prescriptions and drug recording documentation of residents. While the general practitioner (GP) had signed for prescriptions, the maximum dosage for pro re nata (PRN: as required) medications was not included for all medications.

While there was a centre-specific policy for transcribing medications, this was not adhered with. The policy stipulates that nurses completing transcription should sign the prescription sheet, however, this was not done as the prescription sheet did not have this facility included in the document. A nurse sign sheet, containing signatures of all nurses, was not in place as part of medication management. While many prescriptions documented the name of the resident's doctor, not all prescriptions had this detail recorded.

The inspector noted that some medicines were not administered to residents but the rationale for withholding medications was not documented. This was highlighted to the person in charge and remedied before completion of the inspection, whereby, reasons for non-administration of medicines were included in the 'comment' section of the drug administration sheet.

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:
No actions were required from the previous inspection.

Findings:
A record was maintained of incidents occurring in the centre. Notifiable incidents were submitted to the Authority. Quarterly returns were submitted to the Authority as required.

Outcome 10: Reviewing and improving the quality and safety of care
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
Residents were consulted on a daily basis and their input into the daily running of the centre was encouraged. This was evidenced during both days of inspection where a culture of openness and transparency was observed in a relaxed atmosphere. Relatives spoken with also gave positive feedback regarding communication and involvement with their relative's care and welfare and the ease of access to staff to discuss matters.

There was evidence that previously there was a system in place for the review and monitoring the quality and safety of services with audits. However, this practice had not occurred in some time and some of the audits viewed were incomplete. This was highlighted to management as an integral part of a quality improvement strategy.

Outcome 11: Health and Social Care Needs
Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
Residents had timely access to regular GP services and allied healthcare services

including physiotherapy, occupational therapy, dietician, speech and language therapy, optician and chiropodist services. The inspector viewed a sample of care plans and risk assessments of residents. Risk assessment tools for pressure and skin integrity, smoking, restraint, nutritional needs were evidenced and while these were completed on admission, many of them were not reviewed on a three-monthly basis in line with the Regulations. Other assessments such as falls risks and manual handling needs had not been completed on residents with diminished mobility. While each resident had a plan of care, they did not reflect the in-depth knowledge that staff demonstrated of individuals in their care. Weights and blood pressure were recorded monthly and more often if the clinical condition warranted.

A risk assessment tool was in place to determine risk in relation to smoking with a risk matrix to determine if the resident was indeed at risk. All residents who smoke were risk assessed and interventions put in place to mitigate risk.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. The inspector observed that bedrails and their use followed an appropriate assessment. The inspector noted that signed consent in relation to the use of restraint had been obtained from residents, were possible.

Residents' social care needs were supported in a number of ways. There was an open visiting policy and the inspector observed visitors assisting some residents with their meals. There was space for visiting in private in a number of areas outside individual residents' bedrooms, including a second sitting room and a seating area which overlooked the enclosed garden. Choice in daily routines was evident and activities available which included reminiscence therapy, music, bingo, art, and exercises.

While staff demonstrated knowledge of individualised care with residents with challenging behaviour, staff had not received training in effective management of residents with behaviour that is challenging.

Outcome 12: Safe and Suitable Premises

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

Theme:
Effective Care and Support

Judgement:
Non Compliant - Minor

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

Findings:
The design and layout of the centre fitted with the aims and objectives of the statement of purpose and the centre's resident profile. It promoted residents' dignity, independence and well-being. Storage facilities were adequate. There was a functioning call-bell system in place. There was suitable storage for residents' belongings.

The centre maintained a safe environment for resident mobility with handrails in circulation areas and corridors were wide and unobstructed. There was appropriate lighting and signage. The decoration throughout was good but relatives feedback suggested a change in the colour scheme in residents' bedrooms. Adequate space was available for privacy such as a visitor's room and single occupancy rooms. There was a variety of communal space available. Heating and ventilation was suitable. Water was at a suitable temperature, however, many of the hand wash sinks in residents' bedrooms were unclean. Pipe work and radiators were safe to touch.

Residents had access to a safe secure garden that was well-maintained and free from significant hazards which could cause injury.

The room dimensions met the requirements of the Authority's Standards for existing centres and the size and layout of bedrooms were suitable to meet the needs of residents. Each bedroom had a wash-hand basin. While many beds were suitable with health and safety features, many were not as their height was not adjustable. There were a sufficient number of toilets, bathrooms and showers to meet the needs of residents. However, commode frames, toilet and shower accessories were unclean. Sluicing facilities were provided and while this was not locked, it did not contain or store hazardous materials. Equipment was maintained and current service records were available.

The kitchen was inspected. Advisory signage indicating designated areas for preparation of different foods was not in place to ensure safe food preparation practices. While there was colour-coded advisory signage regarding chopping boards to be used, the chopping boards available were not congruent with best practice guidelines displayed. One kitchen staff was unaware of their function.

Inappropriate items were stored on the floor of the laundry room, boiler room and the administrator's office making effective cleaning impossible. The flooring around piping of the radiator in the nurses' office was badly stained and eroded.

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Minor

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

Findings:
The inspector noted that guidelines for staff in relation to the management of complaints were available. Residents said that they had easy access to the PIC, who was identified as the named complaints officer to whom they could openly report any concerns. The PIC stated that she monitored complaints or any issues raised by monitoring the complaints log, being readily available and regularly speaking to residents, visitors and staff. However, the contact details of the independent appeals person in relation to making a complaint was not included in the complaints' policy. The inspector reviewed the complaint log which recorded any complaint that had been made. The inspector noted that the log contained details of the nature of the complaint and the action taken. The outcome of whether or not the complainant was satisfied was recorded.

Outcome 14: End of Life Care
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.

Theme:
Person-centred care and support

Judgement:
Compliant

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

Findings:
While there was no one in the centre receiving end-of-life care during the inspection, care practices observed and the layout of the centre would ensure residents received end-of-life care in a way that met their individual needs, wishes and preferences with respect for individual's autonomy. Divergent spiritual needs were facilitated and residents have access to palliative care services nearby.

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Judgement:
Compliant

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

Findings:
There was a policy in place for risk assessment, monitoring and documentation of nutritional status. Residents' weights were documented on a monthly basis or more often if their clinical condition warranted. Residents had access to fresh water and other fluids and feedback from residents spoken with concurred that meals and meal time was a positive experience. Choice of fluids, meals, snacks was provided. Residents were assisted in an appropriate manner, respectful of their dignity.

Outcome 16: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:
Person-centred care and support

Judgement:
Compliant

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

Findings:
Residents were enabled to make choices reflective of their individuality. For example, some residents preferred a late breakfast and were observed going to the dining room throughout the morning. Another resident said she likes a 'cuppa' during the night and staff will 'always bring it'.

Residents' religious preferences are facilitated through regular visits by clergy to the centre with mass held once a week, administration of sacrament of the sick and visitation from local groups such as the Legion of Mary.

The Residents' Guide describes that residents are encourage to personalise their rooms with mementoes and furniture from home and this was evidenced in some bedrooms where residents chose to decorate their bedrooms.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed communicating appropriated with residents who were cognitively impaired as well as those who did not have a cognitive impairment.

There were no restrictions on visiting and visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative.

Residents had access to the daily newspaper and several residents were observed enjoying the paper both mornings of inspection. Residents had access to radio, television and information on local events.

Outcome 17: Residents clothing and personal property and possessions
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.

Theme:
Person-centred care and support

Judgement:
Compliant

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

Findings:
A policy on residents' personal property and possessions was in place with appropriate records maintained. Each resident had appropriate storage space for their clothes and personal belongings. There was a system in place to enable residents' clothes be returned to them. There were two care assistants with responsibility for residents' laundry and the person in charge reported that since responsibility was assigned to designated staff, there were very few laundry issues. Alginate bags are used for soiled or infected linen when necessary.

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Workforce

Judgement:
Non Compliant - Minor

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

Findings:
The numbers of staff and skill mix of staff was adequate to meet the needs of residents. An actual and planned rota of staff was in place. Staff were supervised appropriate to their role and responsibilities, by the nurse in charge. It was reported to the inspector that each staff had a copy of the Regulations and the Authority's Standards. Minutes of staff meetings demonstrated that topics such as 'end of life care', 'elder abuse awareness' and 'restraint policy' were discussed in conjunction with the regulation and standards pertaining to the topic discussed.

The sample of staff files examined demonstrated that mandatory training was undertaken. The person in charge and the KSM had completed a two-day refresher course in care of the older person and topics covered included medication management, elder abuse awareness, wound management, care planning and pressure care. However, continuing professional development was inadequate. For example, infection prevention and control and challenging behaviour were not undertaken by any staff to ensure the care and welfare of residents.

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:

Breeda Desmond
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:	Good Counsel Nursing Home
Centre ID:	ORG-0000416
Date of inspection:	19/11/2013
Date of response:	10/12/2013

Requirements

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

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While most items listed in Schedule 1 of the Regulations were detailed in the statement of purpose, four were absent:

1) The total staff complement in whole time equivalents for the designated centre with management and nursing complements given by grade.
2) The organisation structure of the designated centre.
3) The arrangements made for dealing with reviews of resident's plan referred to in article 8 (1).
4) The arrangements made for respecting the privacy and dignity of residents.

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

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

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 to incorporate the four missing items and is currently being printed for distribution to all residents.

Proposed Timescale: 16/12/2013

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:
Staff files were incomplete. Items missing included three written references, Garda Síochána vetting and complete employment histories.

Two signatures were not in place for financial transactions.

Action Required:
Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

Please state the actions you have taken or are planning to take:
A second signature has been recorded on all financial transactions since the issue was raised.

All staff files have been reviewed. Any staff member with an incomplete file has been written to requesting the information required for satisfactory completion of their file by 31st December 2013.

Proposed Timescale: 31/12/2013

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A record of the medical, nursing and psychiatric (where appropriate) condition of the person at the time of admission and their medications at the time of admission were not included for all residents.

Action Required:
Under Regulation 25 (1) (a) you are required to: 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.

Please state the actions you have taken or are planning to take:
We are currently devising a new admission form and standard operating policy to ensure past medical history and medications are detailed upon admission.

Proposed Timescale: 17/01/2014

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not completed formal training in prevention, detection and responding to abuse.

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:
While management had completed staff training in prevention, detection and responding to abuse on a regular basis we are hiring external training consultants to complete and certify elder abuse training for all staff.

Proposed Timescale: 31/01/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Procedures in place to safeguard residents' finances were not in line with best practice.

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 second signature is now being recorded on all financial transactions. Also a new receipt book is in place which itemises all payments made by residents or their representatives.

Proposed Timescale: 10/12/2013

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Consent for photographs is necessary and this was not always obtained.

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:
While verbal consent was always obtained from residents for their photographs, same will be documented for future photographs.

Proposed Timescale: 10/12/2013

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:
While there were hand hygiene gel dispensers available in the centre, they were empty on both days of inspection.

Associated advisory signage for best practice use of hand hygiene gels was not displayed and the inspector observed that many opportunities for hand hygiene were not taken by staff.

Staff, including cleaning staff, had not completed training in infection prevention and control.

Action Required:
Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

Please state the actions you have taken or are planning to take:
While wall mounted hand hygiene gel dispensers were empty the reasoning for same was explained. Portable hand hygiene gels were in place. A new hand hygiene system is to be installed by 20th December 2013.

Advisory signage for hand hygiene gels is now displayed in the centre.

External training consultants are being hired to complete and certify infection prevention and control training for all staff by 31st January 2014.

Proposed Timescale: 31/01/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The accident and incident log did not contain the facility to record if the GP, next of kin and person in charge were informed of the adverse event, or further interventions which may be put in place to prevent such events and learnings from adverse events.

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

Please state the actions you have taken or are planning to take:
A new accident and incident log is now in place.

Proposed Timescale: 10/12/2013

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire officer completed an inspection in November 2012 and this report made several recommendations to ensure compliance with fire safety regulations. While some of these recommendations were actioned, not all were.

Action Required:
Under Regulation 32 (1) (c) you are required to: 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.

Please state the actions you have taken or are planning to take:
The issues identified during inspection have been actioned.

Proposed Timescale: 10/12/2013

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 dosage of PRN medications was not included in residents' prescriptions for all PRN medications.

The controlled drug count was not completed at the end of each work shift as described by An Bord Altranais Guidance to Nurses and Midwives on Medication Management 2007.

A nurse sign sheet, containing all nurses was not in place as part of medication management.

Transcription of medications did not comply with either their policy on medication management or best practice professional guidelines.

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:
Maximum dosage is now stated in residents' prescriptions for PRN medication.

The controlled drug count is now completed at the end of every shift.

A nurse sign sheet is now in place.

A new regular prescription sheet is currently being devised to allow transcription of medications to be in line with best practice. A staff meeting has been held with all nurses to ensure Good Counsel Nursing Homes policy and best practice is adhered to when transcribing medications.

Proposed Timescale: 17/01/2014

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

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Audits to review the quality and safety of the service provided were not undertaken.

Action Required:
Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Please state the actions you have taken or are planning to take:
A new auditing system is currently being implemented.

Proposed Timescale: 31/01/2014

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:
Staff had not received training in effective management of residents with behaviour that is challenging.

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:
External training consultants are being hired to complete and certify challenging behaviour training for all staff by 31st January 2014.

Proposed Timescale: 31/01/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Many risk assessments were not reviewed on a three-monthly basis in line with the Regulations. Other assessments such as falls risks and manual handling needs had not been completed on residents with diminished mobility.

While each resident had a plan of care, they did not reflect the in-depth knowledge that staff demonstrated of individuals in their care.

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

Please state the actions you have taken or are planning to take:
We are currently devising a new care plan system including risk assessments and plan to implement same for all residents.

Proposed Timescale: 22/01/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
Many of the hand-wash sinks in residents' bedrooms were unclean. Commode frames, toilet and shower accessories were unclean.

Action Required:
Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

Please state the actions you have taken or are planning to take:
A revised cleaning audit system has been implemented combined with revised cleaning checklists to ensure best practice is followed.

Proposed Timescale: 10/12/2013

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While there was colour-coded advisory signage regarding chopping boards to be used, the chopping boards available were not congruent with best practice guidelines displayed. One kitchen staff was unaware of their function.

Action Required:
Under Regulation 19 (6) (a) you are required to: Put in place a separate kitchen with suitable and sufficient cooking facilities, kitchen equipment and tableware.

Please state the actions you have taken or are planning to take:
Staff training and chopping boards have been reviewed to ensure best practice procedures are followed in our kitchen.

Proposed Timescale: 10/12/2013

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Placement of food in the fridge was not compliant with food safety as raw meat was stored alongside milk and butter.

Action Required:
Under Regulation 19 (6) (b) you are required to: Provide for the storage of food in hygienic conditions.

Please state the actions you have taken or are planning to take:
Staff training has been carried out to ensure this error has been acted upon and will not happen again.

Proposed Timescale: 10/12/2013

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While many beds were suitable with health and safety features, many were not as their height was not adjustable.

Action Required:
Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

Please state the actions you have taken or are planning to take:
All non-adjustable beds are being upgraded.

Proposed Timescale: 31/01/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contact details of the independent appeals person in relation to making a complaint was not included in the policy even though the facility was in place.

Action Required:
Under Regulation 39 (2) you are required to: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centres policies and procedures.

Please state the actions you have taken or are planning to take:
Our policy has been reviewed to specify same.

Proposed Timescale: 10/12/2013

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Continuing professional development was inadequate. For example, infection prevention and control and challenging behaviour was not undertaken by any staff to ensure the care and welfare of residents.

Action Required:
Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

Please state the actions you have taken or are planning to take:
As detailed previously external training consultants are being hired to complete same.

Proposed Timescale: 31/01/2014

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staffing records were incomplete. Items missing from staff files included:

1) Evidence of Garda Síochána vetting.
2) A full employment history, together with a satisfactory history of any gaps in employment.
3) Three written references including a reference for a person's most recent employer (if any) in a format specified by the Chief Inspector.

Action Required:
Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Please state the actions you have taken or are planning to take:
As detailed previously all staff files have been reviewed. Any staff member with an incomplete file has been written to requesting the information required for satisfactory completion of their file by 31st December 2013.

Proposed Timescale: 31/12/2013