<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mystical Rose Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000367</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Knockdoemor, Claregalway, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091 798 908</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@mysticalrose.ie">info@mysticalrose.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Mystical Rose Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eileen McLoughlin</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Eileen McLoughlin</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nan Savage</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>54</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times
From: 31 March 2014 10:00
To: 31 March 2014 18:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 03: Suitable Person in Charge</td>
</tr>
<tr>
<td>Outcome 06: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Medication Management</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
As part of this unannounced monitoring inspection, the inspector met with residents, a relative, staff members and the provider who is also the person in charge. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files.

There was evidence of good practice in all areas of the service inspected although some improvements were required. The inspector found that the provider had strived to provide a high standard of health care to residents and demonstrated strong commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The provider and staff continued to demonstrate a comprehensive knowledge of residents’ health and social care needs. The healthcare needs of residents were met and residents had good access to medical services and to allied health professionals. The person in charge had put in place safe practices for medication management although some improvement was required to the medication management policy. Aspects of the care planning documentation required improvement to better reflect staff practices and residents’ current needs.
The provider had systems in place to safeguard residents from abuse and there was opportunity for residents to participate in recreational opportunities.

During the inspection, adequate staffing levels and skill mix were on duty to meet the needs of residents and staff rosters viewed confirmed this to be the norm. Procedures were in place for the recruitment, selection and vetting of staff and staff had access to an ongoing training programme.

Improvements were required in areas including aspects of the physical environment, risk management and complaints management. The provider had plans in place to address the deficits within the physical environment.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

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

**Findings:**
The provider updated the statement of purpose during the inspection and the revised version complied with the Regulations.

The aims and objectives that were outlined in the statement of purpose were reflected in practice and accurately reflected the service provided. The statement of purpose had been made available to residents.
**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:**
There was no change to the role of person in charge since the previous inspection.

The person in charge demonstrated clinical knowledge and understanding of her legal responsibilities under the Regulations and Standards. She had maintained continuous professional development in areas including medication management and pressure ulcer prevention.

The inspector found that the person in charge was well known to residents, relatives and staff. Throughout the inspection process she showed strong commitment to delivering good quality care to residents and to improving the service delivered.

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

**Theme:**
Safe Care and Support

**Judgement:**
Compliant

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

**Findings:**
The provider had taken sufficient measures to protect residents from being harmed and from suffering abuse.

There were policies and procedures on the prevention, detection and response to abuse. With the exception of one staff member all staff spoken with were familiar with this policy and outlined what they would do if they suspected abuse. The inspector viewed training material which confirmed that an ongoing education programme was
implemented in this area. Since the last inspection the senior staff nurse had completed a train the trainer programme on recognising and responding to abuse during October 2013. Shortly after the inspection the person in charge confirmed in writing that further education was delivered to staff regarding the centre policy on abuse.

Systems remained in place to manage residents’ finances and provide protection to residents. An inspector examined the arrangements for the safekeeping of residents’ monies and valuables and found that they were maintained in a transparent and secure manner.

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:**
Measures were in place to promote and protect the safety of residents, staff and visitors to the centre, although some improvement was required in an aspect of risk management and fire safety. The provider had addressed the action required from the previous inspection that related to the provision of moving and handling of residents.

Adequate fire safety precautions were not in place. During part of the inspection a number of bedroom doors had been wedged open which posed a risk to residents as these fire doors were rendered ineffective in the event of a fire. This risk was brought to the attention of the person in charge and promptly addressed during the inspection. The inspector noted that the provider had obtained a quotation for the installation of an alternative mechanism which would enable these doors to be kept open in a safe way. The provider confirmed that this action would be prioritised and that the installation of this alternative mechanism would commence in April 2014 and completed on all relevant doors by 31 May 2014.

Staff spoken with were familiar with the centre’s procedures on fire evacuation and a number of staff attended formal fire safety training and evacuation during the inspection. Training records viewed confirmed that staff had received this training on an annual basis. While staff carried out an evacuation procedure during this training there was insufficient evidence to demonstrate that all staff had attended regular fire drills. The person in charge confirmed that fire drills had been scheduled in May 2014. The inspector found that there was a comprehensive programme in place for the servicing and checking of fire safety equipment.
There was a risk management framework implemented which included an updated health and safety statement and risk register. Formal precautions remained in place for specific risks identified in the Regulations including resident absence without leave and assault.

A range of risk assessments had been completed and were recently reviewed during 2013. However, apron and glove dispensing wall-mounted units had not been formally risk assessed. The inspector noted that these units were not securely stored and may pose a potential risk to some residents.

There was an emergency plan in place which had been reviewed in December 2013 and identified what to do in the event of emergencies such as flooding and passenger lift breakdown. The emergency plan included a contingency plan for the full evacuation of residents in the event of an emergency.

Staff spoken with and training records viewed confirmed that staff had received appropriate training in moving and handling. Moving and handling assessments had been carried out for residents and were kept up to date.

The provider had implemented a system to safeguard residents which included controlled access to the centre.

**Outcome 08: Medication Management**

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

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Minor

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

**Findings:**
Medication management practices were safe and processes were in place to direct and support practice however, some improvement was required.

While the medication management policy included a range of procedures to guide medication management practice, aspects of some procedures that related to the administration and disposal of medications did not accurately reflect current staff practice.

The inspector noted that the prescription and administration sheets contained required information. However, there was not a satisfactory system in place to ensure that medications were administered at the correct times in accordance with professional
guidelines. The inspector also found that nursing staff practice in relation to the replacement and disposal of medications that had been dropped was not informed by an associated procedure in the medication management policy.

The inspector reviewed a sample of residents’ medical notes and found that residents’ health needs were being monitored. Residents’ medications were reviewed regularly and an out-of-hours GP service was available to residents.

Medications that required special control measures were properly managed and stored. Adequate refrigerated storage was in use for medications that required temperature control. Both the temperature of the refrigerator and air temperature of the clinical room were monitored daily. The inspector saw that the medication trolleys were secured and the medication keys were kept by a designated nurse at all times.

The person in charge had implemented systems to review medication management practices. For example, medication management audits were completed and the results were used to inform learning and improve practice. The inspector noted that audit findings were relayed to nursing staff during handovers and staff meetings. Records were also available to confirm that nursing staff had attended training on medication management.

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

Theme:
Effective 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 health needs of residents were met. Appropriate medical care was provided and residents had access to allied health professionals. The inspector also noted that there were opportunities for residents to participate in meaningful activities. While good practice was noted improvements were required to aspects of some residents’ care planning documentation to accurately reflect the current needs of these residents.
The inspector reviewed a sample of residents’ files, including the files of residents with compromised skin integrity, nutritional needs, at risk of falling, a form of restraint in use and potential behaviour that challenges. Overall, these clinical needs were appropriately managed and guided by evidence based policies. However, some associated documentation had not been completed accurately or did not reflect the residents’ current needs in the area of falls management, behaviours that challenge and the management of the use of restraint.

A range of additional risk assessments had been completed for each resident although the inspector found that some assessments had not been completed correctly. Other assessments that were completed accurately had been used to develop informative care plans that were individualised, person centred and described the care to be delivered. There was evidence that assessments and care plans were reviewed three monthly, however, some care plans had not been updated as required by the residents' changing needs. For example, falls prevention care plans were not consistently reviewed after a resident experienced a fall. Residents or their representative were involved in the development and review of the residents' care plan.

Arrangements were in place to manage potential behaviour that challenges although some improvement was required to the associated care planning documentation. There was a policy which gave instructions to staff on how to manage behaviours that challenge but this had not been fully implemented into practice. The inspector noted that an assessment and care plan was not in place for one resident that had recently exhibited potential behaviours that challenged. Staff were familiar with techniques they used in response to this behaviour.

While the provider and person in charge had worked towards achieving a restraint free environment the inspector found that there were a number of residents with a form of restraint in place. Before implementing a restraint measure, a risk assessment was completed to determine the suitability of the restraint for the specific resident. The inspector noted that alternatives to the use of restraint had been successfully used for some residents. However, in some cases sufficient details were not recorded on the alternatives that had been trialled prior to using the restraint measure for other residents. The inspector found that where restraint was used safeguarding controls had been implemented.

Opportunities were available for residents to participate in meaningful social care and the inspector saw staff engaging with residents in an appropriate and respectful manner. The inspector spoke with the activities coordinator and other staff who described some of the activity that was available to residents including sonas therapy (a programme of therapeutic activity focused on promoting communication, especially for people with dementia), coordination games and arts and crafts. The inspector noted that special events were also celebrated including Mother's Day and St Patrick’s Day. The inspector read that residents’ social needs had been assessed and associated care plans had completed to inform activity provision. However, this had not been completed for all residents.
### Outcome 12: Safe and Suitable Premises

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

#### Theme:
Effective Care and Support

#### Judgement:
Non Compliant - Moderate

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

#### Findings:
The inspector found that the premises was very clean, warm and well maintained. However, required actions identified on the previous inspection had not been adequately addressed. There were no separate toilets provided near to the day rooms on the first floor and as a result all residents using the dayrooms had to return to their bedrooms to use the bathroom. There was also no bath provided, therefore residents did not have a choice of having a bath. Since the last inspection the provider had installed sluicing facilities, however, these were inappropriately fitted in the laundry room which increased the risk of cross infection in this area. The provider confirmed that plans remained in place to address these issues prior to July 2015. The provider stated that she planned to extend the premises to include a sluice room on each floor, bath and additional toilets for residents’ use.

Communal space was available on both floors including different day rooms. An oratory was also located on the ground floor with ornate stained glass windows. The bedroom accommodation continued to meet residents’ right to privacy and comfort. Bedrooms visited by the inspector had plentiful space and en suite facilities were provided. Furnishings were of a high quality and the décor created a very pleasant relaxing environment.

The inspector saw that call bells were readily accessible to residents. Appropriate assistive equipment was provided to meet residents’ needs including hoists, specialised beds and pressure-relieving mattresses. The inspector read a sample of servicing and maintenance records and found that specialised equipment had been serviced when required and were maintained in good working order.

Residents continued to have access to a secure external area. As noted on the previous inspection the ground floor corridors were designed around the internal courtyard, enabling residents to walk around and view the garden from all areas and in fine weather the garden was easily accessible from the corridors. The area was landscaped and raised wooden seating benches had been provided for residents’ use.
**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 provider had established formal arrangements for responding to complaints including the implementation of a complaints policy and procedure although improvements were required. The provider responded promptly and revised the complaints procedure and policy during the inspection.

The complaints procedure was displayed, however, the procedure did not clearly explain some stages of making a complaint including the appeals process. At the time of inspection the provider updated the complaints procedure and the amended version complied with the Regulations.

While a centre-specific complaints policy was in place, which gave guidance to staff, the policy did not comply with all the requirements of the Regulations. For example, a second nominated contact person had not been appointed to ensure that complaints were properly responded to and documented. Also some guidance in the policy did not clearly reflect the practice within the centre. The provider reviewed the policy and the updated version complied with the Regulations.

The inspector noted that the person in charge supported residents to express their views and residents that spoke with the inspector identified who they would speak with if they had an issue. The inspector reviewed a sample of complaints maintained in the complaints register and found that most complaints had been dealt with promptly and appropriate actions taken. However, one complaint had not been responded to within the timeframes detailed in the centre policy. The inspector also found that the satisfaction level of the complainant with the outcome of the investigation had not been consistently documented.

---

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

**Findings:**
The inspector noted that caring for a resident at end-of-life was perceived as an important part of the provision of care. In response to the previous inspection, the centre policy on end-of-life had been updated and reflected good practices that took place in the centre including supports available to residents and families.

Residents’ end-of-life wishes were discussed but the resident’s wishes were not consistently documented in residents’ care plans. The action relating to care planning is included under Outcome 11. The inspector reviewed the file of a resident at end-of-life and found that an associated care plan had been developed to guide staff practice. The person in charge and nursing staff had started to develop these care plans for all residents. The person in charge and staff confirmed that palliative care support was provided by the local hospice team and the inspector saw evidence of this input in some resident’s files. Some staff spoken with and training records viewed confirmed that there was an ongoing training programme on end-of-life care and that key staff had received palliative care education.

The person in charge and staff confirmed that accommodation and refreshments remained in place for resident’s family members during end-of-life care.

---

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

**Findings:**
The inspector was satisfied that there was adequate staffing levels and skill mix to meet the assessed needs of residents. There was evidence of safe staff recruitment practices, which was guided by the centre policy on recruitment, selection and vetting of staff.
The inspector reviewed a sample of staff files and found that they now contained the required information as set down in the Regulations. The inspector also noted that up to date registration numbers were available for nursing staff.

The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly.

The provider had made resources available for staff to attend training pertinent to their role and the needs of residents. The inspector found that a staff appraisal system remained in place and was used to inform the provision of training. Staff spoken with and records viewed confirmed that since the last inspection staff had received training in areas including management of pain in the elderly, medication management and abuse. The inspector also noted that there was a training plan in place for 2014 and further training had been planned in areas such as end-of-life care and continence management.

Volunteers attended the centre and provided a valuable service for residents. However, their roles and responsibilities were not set out in a written agreement as required by the Regulations.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Nan Savage
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name</th>
<th>Mystical Rose Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID</td>
<td>ORG-0000367</td>
</tr>
<tr>
<td>Date of inspection</td>
<td>31/03/2014</td>
</tr>
<tr>
<td>Date of response</td>
<td>09/05/2014</td>
</tr>
</tbody>
</table>

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 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:

Apron and glove dispensing wall-mounted units had not been formally risk assessed to ensure adequate control measures were in place to manage potential risks.

**Action Required:**
Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
The Danicentre’s used within Mystical Rose for the storage of Gloves and Aprons have been in use without incident since 2010.

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Since the inspection we have completed a risk assessment on the danicentre’s and all our existing residents and we are satisfied that the current storage units do not provide a substantial risk to our residents

All future residents will be risk assessed on admission.

**Proposed Timescale:** 03/04/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Systems were not in place to ensure that all staff had attended regular fire drills.

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

**Please state the actions you have taken or are planning to take:**
The Fire Training provided annually to all staff at Mystical Rose is provided by East Galway Fire Prevention and this training includes Evacuation Techniques.

In addition to Fire Safety and Evacuation Training 15 Staff members attended Fire Warden Training in September 2013 (Copy of Certificate attached)

A Personal Evacuation Plan has been developed for all Residents and all staff are aware of these.

Documented Fire Drills take place twice yearly scheduled for May 21st and November 20th 2014.

**Proposed Timescale:** 31/05/2014

**Outcome 08: Medication Management**

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A satisfactory system was not in place to ensure that medications were administered at the correct times in accordance with 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:
We have a comprehensive and detailed Policy on Administration of Medications as per An Bord Altranais Guidelines on Medication Management

All Staff been re-educated in adherence to this policy and in particular the importance of Administrating medications as prescribed

Monthly Medication Management Training is provided for all Nursing Staff.

Proposed Timescale: 03/04/2014
Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Procedures were not in place to ensure the safe replacement and disposal of medications that had been dropped.

Action Required:
Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

Please state the actions you have taken or are planning to take:
We have a comprehensive policy in place guiding the prescribing, ordering, storage and disposal of medications. This policy has been updated in consultation with our GP, Pharmacist and Nursing Staff to include guidelines on the safe replacement and disposal of medications that have been dropped

All staff have been educated on the amended policy.

Proposed Timescale: 03/04/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Sufficient details had not been recorded on the alternatives that had been tried prior to using the restraint measure for some residents.

Action Required:
Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.
Please state the actions you have taken or are planning to take:
All residents are assessed on a three monthly basis and this includes a comprehensive Restraint Assessment. More detailed recording of the alternatives trialled prior to using the restraint are now documented. Commenced May 26th and On-going

**Proposed Timescale:** 26/05/2014  
**Theme:** Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some residents' care planning documentation did not accurately reflect the current needs and wishes of these residents.

An assessment and care plan was not developed and implemented for a resident that had potential behaviours that challenged.

**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 have a very detailed Challenging Behaviour Policy in place and following the inspection staff were asked to re-familiarise themselves with this policy.

A meeting was held for all Nursing Staff on April 2nd to highlight the importance of accurate documentation

An assessment and Care Plan was developed and implemented for the resident in question

Immediately following the inspection the Challenging Behaviour Training which had been scheduled for May was brought forward to April 30th and 16 staff members were allocated to attend this training.

**Proposed Timescale:** 30/04/2014  
**Theme:** Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some residents' care plans had not been updated as required by the residents' changing needs.

**Action Required:**
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.
Please state the actions you have taken or are planning to take:
It is policy at Mystical Rose that all Care Plans are formally reviewed every three months and updated to reflect the changing needs or circumstances of each resident.

A meeting was held for all Nursing Staff on April 2nd to highlight the importance of accurate documentation.

Commenced April 3rd and On-Going

Proposed Timescale: 03/04/2014

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:
There was no bath provided, therefore residents did not have a choice of having a bath.

There were no separate toilets provided near to the day rooms on the first floor.

Action Required:
Under Regulation 19 (3) (j) part 2 you are required to: Provide sufficient numbers of toilets and wash-basins which incorporate thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Please state the actions you have taken or are planning to take:
Mystical Rose Nursing Home have a portable bath which can be used in our bedroom’s en-suites should any of our residents choose to have a bath in the privacy of their room rather than mobilise to a communal bathroom

All our bedrooms have an en-suite and residents are taken to their own room to avail of toilet facilities.

In addition to the above facilities already in place we endeavour to have addressed the provision of communal toilets on the First floor of the building by July 2015

The option of having a bath is already available to all our residents but included in our development plans is the addition of a communal bathroom.

Proposed Timescale: 31/07/2015

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Sluicing facilities were not appropriately located to minimise the risk of cross infection.
<p>| <strong>Outcome 13: Complaints procedures</strong> |  |
| <strong>Theme:</strong> Person-centred care and support |  |
| <strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> | The satisfaction level of the complainant with the outcome of the investigation had not been consistently documented. |
| <strong>Action Required:</strong> | Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied. |
| <strong>Please state the actions you have taken or are planning to take:</strong> | The satisfaction level of the complainant with the outcome of any investigations shall be documented according to policy. This shall be audited by the administrator as nominated under Regulation 39(10) |
| <strong>Proposed Timescale:</strong> | 03/04/2014 |
| <strong>Theme:</strong> Person-centred care and support |  |
| <strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> | One complaint had not been responded to within the timeframes detailed in the centre policy. |
| <strong>Action Required:</strong> | Under Regulation 39 (6) you are required to: Investigate all complaints promptly. |
| <strong>Please state the actions you have taken or are planning to take:</strong> | All complaints received will be investigated promptly. Commenced April 1st and ongoing |
| <strong>Proposed Timescale:</strong> | 01/04/2014 |</p>
<table>
<thead>
<tr>
<th><strong>Outcome 18: Suitable Staffing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Workforce</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The roles and responsibilities of volunteers were not set out in a written agreement as required by the Regulations.

**Action Required:**
Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

**Please state the actions you have taken or are planning to take:**
The volunteer visiting our Nursing Home is an advocate as placed by the Third Age National Advocacy Programme and volunteers for two hours per fortnight. A written agreement will be put in place with the advocate to further define her roles and responsibilities.

**Proposed Timescale:** 31/05/2014