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:	Bushy Park Nursing Home
Centre ID:	ORG-0000410
Centre address:	Nenagh Road, Borrisokane, Tipperary.
Telephone number:	067 27442
Email address:	bushy_park@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bushy Park Nursing Home Limited
Provider Nominee:	Vincent Kinsella
Person in charge:	Rosamma Joseph
Lead inspector:	Gemma O'Flynn
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	10

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 renewal 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:
11 March 2014 10:10	11 March 2014 18:30
12 March 2014 07:30	12 March 2014 18:00

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 inspection was an announced two day inspection to inform a decision for the renewal of registration.

Bushy Park Nursing Home is a purpose built centre that can cater for 34 residents. It is located in the village of Borrisokane and a short drive from the town of Nenagh, Co. Tipperary. On the day of the inspection there were 24 residents residing in the centre, two of whom were in hospital. There were six twin occupancy rooms being used as single rooms at the request of those residents.

As part of the inspection process, inspectors met with residents, relatives, visitors,

staff members, the person in charge and the provider. Inspectors observed practices and reviewed documentation such as policies and procedures, care plans, medication management, staff records and incident logs.

Overall, residents and relatives expressed satisfaction with the level of care provided. Inspectors found that whilst the care practices of staff in the centre were good, improvements were required in the areas of governance, care planning and premises.

Non compliances were identified during the inspection and these are discussed in the body of the report and 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:
Non Compliant - Moderate

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

Findings:
There was a statement of purpose in place that consisted of the statement of the aims, objectives and ethos of the centre. It also set out the facilities and services that were to be provided to residents. The statement of purpose contained all of the information required by Schedule 1 of the Regulations. There had been no changes that affected the purpose and function of the designated centre and the statement of purpose was available in a format that was accessible to residents.

However, inspectors found that the information set out in the Statement of Purpose in regards to governance/management was not accurate and had not been implemented in practice, nor were the arrangements for consultation with residents and relatives. This is discussed throughout the report.

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

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Minor

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

Findings:
Some contracts of care were not signed and returned to centre within one month as required by the Regulations.
The contract of care set out the services to be provided in the centre and all fees were included in the contract. Details of additional charges were also included.

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 a clearly defined management structure within the centre that identified the lines of authority and accountability in the centre. The post of the person in charge was full time. She was new to the post since January 2014 but had previously worked in the centre for the past six years and had been the person identified to deputise in the absence of the person in charge.

She was able to demonstrate sufficient clinical knowledge and an adequate knowledge of the legislation and her statutory responsibilities when interviewed by the inspector. Since taking on the role of person in charge she was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

She was committed to her own professional development and told inspectors that she was enrolled on a management course and a gerontological course in the coming weeks.

Residents, relatives and staff were able to identify her as the person in charge and there was a consensus that she was approachable and supportive.

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:
No actions were required from the previous inspection.

Findings:
The centre had a residents' guide maintained in the centre but inspectors found that it did not contain a standard form of contract for the provision of services and facilities by the registered provider to residents nor did it contain the address and telephone number of the Chief Inspector. These are requirements under the Regulations.

The provider had in place policies for all the requirements under Schedule 5 of the Regulations and these were signed on a yearly basis to indicate they had been reviewed. However, inspectors found that the policies sampled on the day did not give adequate direction to staff or had not been fully implemented in practice. For instance, inspectors found that the admissions policy did not outline the procedure for emergency or respite admissions to give clear guidance to staff. The policy for discharging residents was insufficient and did not adequately protect the interest or safety of the resident. The centre had a policy on the accessing of information by residents as required by the Regulations but whilst it stated that residents can request copies of their records it did not adequately guide residents on the process for accessing their records.

The centre maintained a resident's directory but some details were left blank for some residents. For instance, for some residents the number of their General Practitioner was not included and the marital status of all residents was not recorded. These are requirements under Schedule 3, paragraph 3 of the Regulations.

The inspector reviewed a sample of records maintained in the centre and found a record was kept of all medical and nursing records pertaining to each resident. These were safely stored and easily retrievable. However, not all records required under Schedule 3 of the Regulations were available to the inspector on the days of the inspection.

Inspectors saw evidence that the centre was adequately insured and had liability to each resident not exceeding €1000 against loss or damage to any one item as per the Regulations.

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 inspector spoke with the provider and he was clear on his responsibilities under the Regulations regarding the reporting of the person in charge's absence and subsequent return. He had fulfilled his obligations in notifying the Authority of the recent change of the person in charge.

There were arrangements in place for the management of the designated centre in the absence of the person in charge. There was an existing staff nurse appointed to deputise in the absence of the person in charge.

The inspector spoke with this staff nurse and she was a nurse with experience in nursing of older people. She had been working in the centre already for a number of years. She was able to demonstrate knowledge of her clinical and statutory responsibilities should she be required to temporarily fill the post of the person in charge.

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

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
There were measures in place to safeguard residents and protect them from abuse.

There was a policy and procedures in the centre for the prevention, detection and response to abuse. However, inspectors saw that there were two policies pertaining to this with differing information, therefore it did not give clear guidance to staff regarding safeguarding measures. The policy did not set out procedures for safeguarding those residents with a cognitive impairment.

Inspectors found that staff were able to demonstrate clear knowledge of what constitutes abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report it to. Inspectors saw evidence of minutes of a staff meeting that re-enforced the importance of reporting any suspicions and allegations.

Residents with whom inspectors spoke stated they felt safe in the centre.

There were measures in place to safeguard residents' money in the centre if required. However, inspectors found that there was two policies pertaining to this and again both had different information. Inspectors found that neither gave sufficient guidance to staff, for instance, neither policy gave guidance to staff on what they should do in the event that they were offered money by a resident. The policies did not clearly reflect the centre's practice of purchasing sundry items at the request of a resident who did not have money on their person and would be later billed by the centre.

The policy did not set out the arrangements in place to verify that residents received services for which they were billed directly for; although the person in charge was able to demonstrate that the chiropodist did record notes in the resident's files which indicated the treatment they received.

The centre was not managing the finances of any resident on the day of inspection.

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:
No actions were required from the previous inspection.

Findings:
The centre had policies and procedures relating to health and safety. There was an up to date safety statement in place.

The risk management policy provided some guidance on the identification of risks and responsibilities of staff. However it did not give adequate guidance on the management of self harm or the arrangements for identifying, managing and learning from adverse incidents as required in the Regulations.

There was a policy for managing emergencies in the centre but inspectors found that it was disjointed. Whilst it gave guidance on emergency fire evacuation, it did not consider

other emergencies such as loss of power or water or the arrangements for relocating residents and the emergency transport required to do so. It did not include contact telephone numbers for key people. When inspectors spoke with staff they did demonstrate knowledge of what to do in the event of some of these other emergencies.

Whilst there was a risk register kept in the centre, there was no evidence that it was regularly reviewed to ensure that the controls in place were adequate to prevent injury to residents, relatives or staff. Some risks had not been identified in the risk register such as the smoking room or hot water in residents' bathrooms; the identification and assessment of risks throughout a designated centre is required by the Regulations.

Routine health and safety checks were not being carried out and on the day of inspection, inspectors found that water in the taps of a resident's bedroom was very hot. The provider told inspectors that there was thermostatic valves fitted but when he checked the temperature after inspectors identified the hazard, he confirmed that the temperature exceeded its safe setting. This was immediately adjusted on the day to a satisfactory temperature.

Whilst an incident book was maintained there was no evidence that incidents were regularly reviewed to monitor trends. The incident report template did not contain all the necessary information pertaining to an incident to enable the person in charge or the provider to identify trends.

There was an infection control policy in place and a separate policy for managing an outbreak of infectious diseases but inspectors found that it was not a comprehensive document. Nursing staff were aware of what constituted an outbreak of infectious diseases but some staff were not fully up to date on what symptoms they should be aware of in the event of an influenza outbreak. There was no guidance for this in the centre's policy. Whilst the person in charge was able to tell inspectors the appropriate steps she would take in the event of an outbreak, the centre's policy did not give sufficient guidance nor did it elaborate on changes to the cleaning schedule should an outbreak occur.

Staff had received infection control training and there were arrangements in place for the segregation and disposal of waste and clinical waste. Inspectors saw evidence of a clinical waste disposal contract in place.

There were hand washing and sanitising facilities accessible throughout the centre and appropriate signage reminding staff to disinfect their hands was also in place. Cleaning staff with whom inspectors spoke were knowledgeable in regards to the cleaning system in place and a clear, safe, colour coded system was in operation. Cleaning staff were able to explain this clearly.

Grab rails were fitted appropriately throughout the centre and inspectors saw evidence that all staff were trained in the moving and handling of residents. Staff confirmed this also.

Inspectors found that bedroom fire doors were held open with door wedges. This posed an immediate risk to residents and staff in the event of fire. The provider or the person

in charge had not identified this as a risk nor undertaken a risk assessment to determine appropriate controls. Immediate action was taken to rectify this and door wedges were removed. The provider told inspectors that he was going to review this arrangement and consider safer alternatives.

There was a fire safety guidance document and whilst this had good information, it was not centre-specific in regards to evacuation from the centre as it referenced evacuating residents via the stairs even though residents' rooms were all on ground level.

There was suitable fire equipment provided and records showed that the fire alarms and fire equipment had been serviced quarterly and annually respectively. There were adequate means of escape provided, however, inspectors noted that one fire exit was obstructed by a bedside table. The provider stated that daily visual checks were undertaken but there was no evidence that this was the case nor was there a formal procedure in place for regular checks of the fire exits to satisfy the provider that they were not obstructed.

The procedure for safe evacuation of residents and staff in the event of a fire was prominently displayed. The provider had completed a Fire Training and Evacuation Instructor's course and staff records showed that all staff were trained annually in fire safety.

Fire safety drills were carried out at least every six months and outcomes of this training were recorded. The provider carried out a weekly fire panel/alarm exercise with a random staff member and inspectors saw that these were documented. Staff told inspectors of regular unannounced drills carried out by the provider which they found very useful. Staff were able to demonstrate good knowledge of what they would do in the event of the alarm sounding.

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:
No actions were required from the previous inspection.

Findings:
The centre's medication management policy, whilst in date, had not been updated to reflect changing practice. For example, it did not reflect practice in the management of MDA medication (medicines that require strict controls under law), the disposal of unused medication, use of crushed medication and the transcribing of medication. In

addition, it did not provide adequate guidance to staff on the storage of medication. Furthermore, nurses were administering medication from prescription sheets that did not adequately state the time that the medication should be administered, which is contrary to their professional guidelines.

Inspectors observed nursing staff on a medication round and found that overall, she adhered to good practice. She identified each resident by name and checked the medications were correct prior to administering them. Inspectors saw that she waited until the resident had taken the medication before signing the administration chart.

There was evidence that two medication audits had taken place in 2014, one by the pharmacist and one by the person in charge. There were no findings that required follow up action in the audits.

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 all incidents/accidents in the centre and notifications were made to the Chief Inspector as required by the Regulations. A quarterly report was returned to the Chief Inspector 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:
Inspectors found that there was no organised approach to the reviewing of the service to improve quality and safety. There was evidence that a small number of reviews had been undertaken but there it wasn't evident that these had been used to improve the quality or safety of the service.

There was evidence that the provider had issued a survey questionnaire in January to residents and relatives for feedback about the service and had received a small number back. The provider told the inspector that he planned to put an action plan in place to responses received once more feedback came back to the centre.

There was evidence that two medication audits had been completed in the first quarter of 2014, one by the pharmacist and one by the person in charge and there was no findings in these audits. A bedrail audit had also been undertaken and whilst some areas requiring improvement had been identified, there was no clear plan for the development or change of these areas to improve practice. The person in charge told inspectors she had plans for more audits throughout the year but a formal plan had not been developed.

There was evidence of a quality improvement plan in 2012 which had some updates in 2013 but some actions had not been followed through. For example there was an audit of a pilot of a 'My Life' activity with residents in the centre in January 2013 which was to be reviewed at the end of 2013, there was no evidence that this review had occurred.

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:
Inspectors found that residents had access to the services of a GP (General Practitioner). Medical notes and records of GP visits were maintained and stored securely. Inspectors found that residents had timely access to other health professionals such as occupational therapy and dietician reviews and there was evidence of this in

resident files.

Inspectors saw evidence of care that encouraged early detection of ill health and staff responding to issues identified. For example, inspectors saw records of resident weight checks and appropriate follow up with a dietician if there were concerns. The person in charge told inspectors of a dietary intake chart that was maintained for residents five days before the dietician review.

It was the centre's policy to weigh residents on a weekly basis and bi-weekly if the resident was deemed to be at risk of weight loss. However inspectors found that this was implemented on an inconsistent basis. For example, one care plan indicated that a resident required weekly weights, but, inspectors found that his/her weight records were maintained on a monthly basis. Another resident who was deemed at risk in their care plan had weights recorded once per week instead of twice per week as dictated by the centre's policy.

Inspectors saw that an assessment of residents' needs was completed on admission and a care plan was devised based on the findings of the assessment. Recognised risk assessment tools were used to monitor residents at risk of falls, pressure sores and to assess manual handling needs. Inspectors saw that these were up to date.
The initial care plans were signed by the resident or their representative and inspectors spoke with relatives who confirmed their involvement in agreeing the care plan.

Overall inspectors found that the information recorded in the assessments and the care plans was not comprehensive and did not reflect the current status of the resident nor give clear information to staff on the needs of the residents.

For instance, the assessment and care plan information regarding a resident with mobility needs did not accurately reflect the resident's current mobility status. Inspectors found that an assessment for a resident with behaviour that challenged was insufficient and gave inadequate guidance to staff. It did not give a comprehensive history of the resident's behavioural issues or in what way the issues may present themselves to staff. There was no evidence of multidisciplinary involvement in determining an appropriate care plan.

There was evidence that care plans were reviewed every three months but there was no evidence that residents or their representatives were consulted as per the Regulations, however relatives with whom inspectors spoke did state that staff kept them informed of any changes. The reviews that inspectors saw were generally not person centred and consisted of statements such as 'no change, continue with current care plan'. Inspectors found that this did not clearly indicate that a comprehensive, thorough review had taken place.

Inspectors found that overall, care plans were disorganised and it was difficult to find information. Where the initial care plan was stored in the admission file, three monthly reviews were stored in another file in the nursing notes making it difficult to track if care plans had been updated or not. One resident had been reviewed by a dietician but this update to the care plan could not be located by the person in charge or the inspector.

Inspectors found that where bedrails were in use, the risk assessments were inadequate. In the plans reviewed, there was no evidence recorded to show what alternatives had been considered/trialled before the use of bedrails and the reason for bed rails was not indicated. Where the resident could not consent to the use of bedrails themselves, the centre's practice and policy required further development to ensure it adhered to the national policy on restraint. This was discussed with the provider and the person in charge on the day of inspection.

Whilst there was a policy in place for the admission, transferring and discharge of residents, inspectors found that it required further development to guide the discharge of residents from the centre in a planned and safe manner as per the Regulations.

Inspectors saw that residents had opportunities to participate in activities that were meaningful and purposeful to them. Inspectors spoke with residents who were designing St. Patrick Day cards and painting. A pet therapy group were also seen to visit the centre on one of the days of inspection.

The centre had recently employed a new activities coordinator who had relevant educational experience and was, along with another carer in the centre, currently completing a course to enable her to facilitate a specific activity for people with dementia. The activities coordinator told inspectors that the person in charge was supportive to her plans. Inspectors saw that the activities coordinator worked Monday to Friday from 10am to 4pm and was in the process of building on her schedule of activities.

Inspectors observed the activities coordinator reading the newspaper with a group of residents and discussing the events in the paper. Inspectors also observed the activities coordinator spending one on one time with residents talking to them about their families. Another carer was seen to spend some time helping a resident with her knitting. These interactions were seen to be very respectful and sensitive to the residents at all times. Residents with whom inspectors spoke stated that they were satisfied with the level of activities in the centre.

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 design and layout of the centre was in line with the Statement of Purpose. The centre was warm and homely and had sufficient lighting throughout. The front of the premises was well maintained and a new seating area had been put in place since the previous inspection.

However, inspectors found that the issues identified at the previous inspection regarding the enclosed, secure area at the rear of the centre had still not been addressed. Some hazards were identified by inspectors which were a risk to residents and staff using the area. The ground surface was covered in moss and there were trailing cables. There was unobstructed access to the rear of a storage shed and the space was generally unwelcoming. Relatives and staff informed inspectors that this space was used to accompany some residents outside for a walk.

The internal layout required decorative upgrade in places. This was discussed with the provider and whilst he was aware of this, there was no maintenance plan in place for the ongoing general upkeep of the centre's decor.

The sluice room was used to store multiple commodes which resulted in access to the sink being obstructed making it difficult for staff to access if required. There were doors in the communal hallways that had signs stating they should be kept locked but inspectors found that these were left unlocked on the day of inspection.

The centre was clean and there was evidence of homely touches throughout the centre. There was adequate space for communal activities, there was a day room and an adjoining room dedicated to activities. There was a pleaseant visitor's room adjacent to the nurses' office for residents to meet their visitors in private if they so wished.

CCTV was in use in the centre, the provider indicated that CCTV was used in the day room for security purposes and not supervision purposes. However, inspectors were concerned that this CCTV use may impact on privacy expectations for residents in the centre and its use was not guided by a policy.

Each room had an ensuite shower, toilet and wash hand basin and there was a lock on toilet doors which was something that the provider had undertaken following a previous inspection by the Authority. There was adequate storage in each room and twin bedrooms were adequately screened to maintain resident privacy. The centre had rooms for double occupancy but a number of these were being used as single occupancy in response to resident requests or needs.

Inspectors saw that staff were storing their personal items in a linen closet in the main foyer and staff informed inspectors that there wasn't a specific staff room. The Regulations require that staff have adequate storage facilities.

There was a functioning call bell in the centre and inspectors observed staff responding to the bell system in a timely fashion. There was a separate kitchen that had sufficient cooking facilities and equipment.

Residents had access to appropriate equipment such as hoists and standing hoists. These were seen to have been serviced as required by the Regulations. Staff were observed using this equipment appropriately.

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 - Moderate

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

Findings:
There was a complaints policy in place however this had not been updated to reflect the change in person in charge who was the nominated complaints officer. The policy did not nominate a person, independent of the nominated person for dealing with complaints, to ensure that all complaints are appropriately responded to and that a record is maintained. This is required by the Regulations.

Inspectors also found that the complaints policy did not provide guidance on how written complaints are logged and how an investigation is carried out. The policy also gave inaccurate information on the role of the Authority in investigating individual complaints.

Whilst the complaints policy and procedure were displayed in the main foyer, inspectors found that the document was placed high on a wall, had small print and the procedure for complaint was to the back of the policy. Inspectors found that therefore it was not in a place or format that was easily accessible to residents, relatives or staff.

Inspectors found upon review of the complaints log, the outcome of the complaint was not always recorded as required by the Regulations.

Residents and relatives were able to identify the person in charge as the person they would speak to if they had a complaint.

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:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Findings:
Inspectors found that there were two policies in place for end of life care. This made guidance for staff unclear as it wasn't obvious which policy had been discontinued.

Whilst there was evidence that a 'Getting to know you' tool had been implemented for some residents, there was no clear documentation for all residents' end of life wishes. Inspectors saw that where end of life care plans had been reviewed, the practice was often to state 'no concerns', hence it wasn't clear to inspectors what level of involvement residents had in expressing their end of life wishes.

Religious and cultural practices were facilitated in the centre and residents and relatives confirmed this.

There were arrangements in place for residents to move to a private room if they so wished towards the end of their life and family and friends were facilitated to be with them. This was confirmed by relatives and visitors in the centre.

There was access to a specialist palliative care team if required. The person in charge stated that referral to this service was decided upon in conjunction with the GP.

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:
Non Compliant - Minor

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

Findings:
There was a policy in place for the monitoring and documentation of nutritional intake of residents and this was in date. Inspectors found that the policy was not comprehensive as it did not specify how to determine whether a resident was at risk of malnutrition.

Overall the practice was adequate in that Malnutrition Universal Screening Tools (MUST) were used to identify residents at risk of malnutrition or dehydration and input from dieticians was evident in residents' notes.

There was access to fresh drinking water at all times and inspectors saw that this was replenished by the kitchen staff twice per day.

There were a number of residents requiring a modified consistency diet. Inspectors spoke with kitchen staff and they were aware of who these residents were and were able to discuss other dietary requirements of residents within the centre. There was a clear system in the kitchen for identifying residents with special dietary requirements and kitchen staff told inspectors that nursing staff updated them as required.

The inspector had lunch with residents on one of the days of inspection and found that lunch was nutritious, varied and available in sufficient quantities. Meals were presented in an appetising manner. Lunch was available at any time that suited the centre's residents and overall lunchtime was a relaxed, unhurried affair. Inspectors observed staff offering support to those who required it in a dignified and respectful manner and there was ample staff supporting residents on the day of inspection.

Snacks were available throughout the day and there was a menu of items available at times other than mealtimes.

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:
Non Compliant - Moderate

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

Findings:
The arrangements for consulting with residents on the running of the centre were inadequate. Inspectors saw evidence of a residents meeting that was held in January 2014 and the person in charge stated that this was a new measure and that it was her intention to have these on a regular basis in the future. The Statement of Purpose for the centre stated that a three monthly 'get together' was held for residents and relatives however there was no evidence that this occurred on a three monthly basis.

One resident was nominated as a 'go to' person for other residents if they had any

issues in relation to the centre that they would like addressed. Inspectors spoke with this resident and whilst he was happy to have the responsibility, he stated that he was rarely called upon. There was no evidence of regular meetings between the person in charge and this resident to further develop his role in the centre.

There was a comments box in the main foyer with forms above it for complaints/concerns/suggestions, however, the person in charge stated that nobody had used the comment box to make suggestions to date. Whilst the residents' guide set out the arrangements for residents/relatives to make suggestions, it had not been updated to reflect that the comments box had been introduced to the centre.

There was a residents' advocate available in the centre and inspectors had the opportunity to meet with him on this inspection.

The person in charge demonstrated knowledge of the arrangements in place to facilitate residents exercising their political rights by in house voting. Residents' religious rights were met through weekly celebrations of mass and regular visits by a minister of the Eucharist. The person in charge told inspectors that other religious ministers visited the centre on a regular basis.

There were adequate arrangement for residents to receive visitors in private in the designated visitors room and there were no restrictions on visit times and this was confirmed by residents and relatives.

Inspectors observed residents receiving care in a dignified manner and staff were seen to knock on residents' bedroom doors before entering.

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:
Non Compliant - Moderate

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

Findings:
There was a policy on residents' personal property and possessions and inspectors saw that records of residents' property were kept in their file.

Inspectors found that the policy and practice of laundry management was inadequate. The centre's laundry policy stated that clothes should be labelled prior to coming into

the centre or if not, they should be labelled by staff. On the day of inspection, there were a number of clothing items in the laundry room that had not been labelled. Inspectors found that the provider was not implementing the centre's own procedure for protecting residents' clothing and that there was not a robust system for ensuring that residents' clothing would be returned to them.

The policy did not set out the arrangements for residents who wished to wash their own clothes at the centre, however the person in charge told inspectors that residents could do so if they wished. There was no resident availing of these facilities at the time of the inspection.

There were adequate laundry facilities in place and the laundry assistant demonstrated good knowledge of the system.

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 - Moderate

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

Findings:
Inspectors found that there were two recruitment policies on the day of inspection. The person in charge informed the inspector that one of these was not in use at that time and the procedures within the document were not in place yet. The active policy did not give adequate guidance to staff for example it did not set out the arrangements for verification of references.

The requirements of Schedule 5 of the Regulations had not been fulfilled for all staff as per the previous inspection. One new staff file did not have evidence of Garda vetting and had two references and not the required three. There was no evidence that references in any of the staff files reviewed had been verified as per the Regulations.

There was sufficient staff with the skills, qualifications and experience to meet the needs of residents. Staff appeared busy but had time to spend with residents. There was a planned roster in place and this matched the actual staff on the day. There was a nurse on duty at all times.

Training in fire safety and in moving and handling of residents was up to date and there was documentary evidence of this and of other training provided in the centre. Staff told inspectors of training they had been on such as palliative care which they found very beneficial. Staff were aware that policies were in place and told inspectors of a new initiative by the person in charge that involved staff familiarising themselves with two policies per week and signing the relevant policies to document same.

Staff were aware of the Standards and Regulations but were not sure where they could access a copy of these within the centre.

The person in charge told inspectors that staff appraisals were completed annually and staff confirmed this with inspectors.

Inspectors reviewed a random volunteers file and found it contained Garda vetting and a written agreement setting out their role and responsibilities as required in 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:

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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:	Bushy Park Nursing Home
Centre ID:	ORG-0000410
Date of inspection:	11/03/2014
Date of response:	

Requirements

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

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements in place for consultation with residents and relatives and the governance of the centre did not reflect the arrangements set out in the Statement of Purpose.

Action Required:
Under Regulation 5 (1) (b) you are required to: Compile a Statement of purpose that describes the facilities and services which are provided for residents.

Please state the actions you have taken or are planning to take:
We propose to hold regular consultations with our residents in accordance with the arrangements as set out in the Statement of Purpose. We will review the accuracy of our governance/management and implement the Statements contents accordingly.

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

Proposed Timescale: 16/05/2014

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some contracts of care were not signed and returned to the centre within one month.

Action Required:
Under Regulation 28 (1) you are required to: Agree a contract with each resident within one month of admission to the designated centre.

Please state the actions you have taken or are planning to take:
We will have all Contracts of Care signed by the resident or their representative.

Proposed Timescale: 06/06/2014

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

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Resident's Guide did not include a standard form of contract for the provision of services and facilities by the registered provider not did it include the address and telephone number of the Chief Inspector.

Action Required:
Under Regulation 21 (1) you are required to: Produce a residents guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Please state the actions you have taken or are planning to take:
We will modify the Residents Guide to include a standard form of Contract for services and facilities as required by Regulation 21(1). We will also include the address and telephone number of the Chief Inspector as required by Regulation 39.

Proposed Timescale: 16/05/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all records required under Schedule 3 were available to the inspector during the inspection.

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:
An audit of all record keeping and the existence of records required under the various Schedules will be undertaken. Where non-compliance is identified the necessary corrective action will be taken.

Proposed Timescale: 30/05/2014

Theme: Leadership, Governance and Management

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The directory of residents did not contain all of the information specified in Schedule 3 or the Regulations.

Action Required:
Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

Please state the actions you have taken or are planning to take:
The Directory of Residents will be modified to include all of the requirements as set out in Schedule 3 of the Health Act 2007. (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

Proposed Timescale: 13/05/2014

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were two safeguarding policies in the centre and it was not clear which one was no longer in use. The policy did not give consideration to safeguarding those with a cognitive impairment.

Action Required:
Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
There's a new safeguard p&p in place and the old ones have dissuaded.

Proposed Timescale: 27/05/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no clear guidance to staff of the system in place to ensure that residents received services for which they were billed directly for by the provider.

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 system of recording and receipting services paid for by residents will be put in place. This will form part of the P&P on Residents Personal Property & Possessions and the P&P will be audited in accordance with the QMS Audit Schedule.

Proposed Timescale: 30/05/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that incidents or adverse events involving residents were reviewed, investigated and learned from.

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 Quality Management System (QMS) is being put in place and this system will provide for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. The QMS will be underpinned by recognised quality management practices and will involve management and those

staff affected by adverse incidents or activity in the home. At the centre of the system will be a robust methodology for Preventative Action and Continuous Improvement.

Proposed Timescale: 14/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not set out the arrangements for managing self harm.

Action Required:
Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Please state the actions you have taken or are planning to take:
The Risk Management P&P will be modified to include the management of self-harm.

Proposed Timescale: 10/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not set out the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

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 Quality Management System (QMS) is being put in place and this system will provide for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. The QMS will be underpinned by recognised quality management practices and will involve management and those staff affected by adverse incidents or activity in the home. At the centre of the system will be a robust methodology for Preventative Action and Continuous Improvement.

Proposed Timescale: 14/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency plan did not set out the arrangements for dealing with loss of power, loss of water, arrangements for the relocation of residents or emergency transport to relocate residents.

Action Required:
Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

Please state the actions you have taken or are planning to take:
A new Emergency Plan will be developed to cover the arrangements for dealing with loss of power, loss of water, arrangements for the relocation of residents or emergency transport to relocate residents.

Proposed Timescale: 30/05/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre's infection control policies did not give sufficient guidance to staff.

Action Required:
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Please state the actions you have taken or are planning to take:
An extensive and robust Infection Control Policy will be developed and activated in the home. Staff has been trained in infection control and will adhere to service policies in relation to same.

Proposed Timescale: 30/05/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre's risk management policy did not identify or assess all risks within the centre. There were no systems in place for the regular review and identification and assessment of new hazards.

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:
A new and extensive Risk Management Policy and Procedure will be put in place and this system will identify all risks throughout the home and it will also identify the precautions and controls put in place along with those responsible for ensuring their application.

Proposed Timescale: 30/05/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no arrangements for the regular checking of fire exits to ensure they were unobstructed.

Action Required:
Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

Please state the actions you have taken or are planning to take:
As part of our new Fire Prevention P&P inspections will be carried out on a twice daily basis to ensure that all fire exits are free from obstruction. A record will be maintained of these checks by the on duty Fire Warden.

Proposed Timescale: 30/05/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate arrangements for the containing of fire if it so should so occur, with door wedges being used to keep fire doors open and this increased the risk to residents in the event of fire.

Action Required:
Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
A new, extensive and robust Fire Prevention and Fire Management Policy and Procedure is currently being developed for the home by an external expert. The P&P will include details of fire containment and will prohibit the wedging open of fire doors. Fire Wardens will be appointed and extensively trained and they will ensure that the contents of the procedure are fully applied.

Proposed Timescale: 20/05/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire safety guide was not centre-specific in that it gave advice on how to evacuate residents down a stairs despite residents' rooms being on ground level.

Action Required:
Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

Please state the actions you have taken or are planning to take:
A new, extensive and robust Fire Prevention and Fire Management Policy and Procedure is currently being developed for the home by an external expert. This P&P will be site specific and it will include all aspects of fire prevention and fire management in Bushy Park Nursing Home. The P&P will include site specific methodology for the evacuation of the home. Training will be delivered to the newly appointed Fire Wardens and to all staff in their specific duties in fire prevention and fire management.

Proposed Timescale: 27/06/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not adequately protected by medication policies. The policies did not reflect the centre's practice and did not give clear guidance on safe procedures for medication management. For example, the prescription charts did not adequately state the time that medication should be administered.

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:
A new Policy and Procedure on medication Management is being developed and will take into account centre specific processes relating to the ordering, prescribing, storing and administration of medicines and it will be informed by the input of our pharmacist and The Misuse of Drugs Act (1984),
Nursing Homes (Care & Welfare) Regulations (1993),

An Bord Altranais / Nursing and Midwifery Board of Ireland - Guidelines for the Administration of Medical Preparations,
Council Directive 93/43/EEC
Health Act 2007 SI 236
Medicinal Products (Prescription and Control of Supply)
Regulations, 2003 (Statutory Instrument (SI) 540 of 2003).
Irish Medicines Board Act (Miscellaneous Provisions) Act, 2006 (No. 3 of 2006),
Medicinal Products (Prescription and Control of Supply) (Amendment), Regulations 2007 (SI 201 of 2007)

Nursing staff by The Code of Professional Conduct for each Nurse (An Bord Altranais, 2000) (Nursing and Midwifery Board of Ireland)and are familiar with the Nurse Prescribing Regulations Health Act, 2007

Proposed Timescale: 30/05/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Guidance for nurses on the safe handling of medication that was no longer required was insufficient.

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:
A new Policy and Procedure on medication Management is being developed and will take into account centre specific processes relating to the ordering, prescribing, storing and administration of medicines . The P&P will inform nursing staff and provide guidelines ion accordance with the legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies. (See above)

Proposed Timescale: 30/05/2014

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:
There was no evidence of an organised approach to guide practice in the review and monitoring of the quality and safety of care and the quality of life of the residents.

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 Quality Management System (QMS) is being put in place and this system will provide for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. This organised approach to Quality Management will comply with the requirements of Regulation 35 (1) (a) and it will contribute to quality and safety of care provided to, and the quality of life of, residents in the centre. The QMS will be underpinned by recognised quality management practices and will involve management and those staff affected by adverse incidents or activity in the home. At the centre of the system will be a robust methodology for Preventative Action and Continuous Improvement.

Proposed Timescale: 14/06/2014

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:
There was no evidence that alternatives to bed rails as restraints had been considered. The centre's policy on restraint was not in line with the national policy on restraint.

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:
A new and robust policy and procedure, in keeping with national guidelines is being developed for restraint. The P&P will specify the need for other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse through the inappropriate use of physical restraint. All staff will be fully trained in the use of restraint.

Proposed Timescale: 30/05/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans did not reflect the changing needs of the resident

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:
A new set of Assessment and Care Planning will be developed over the coming months. These Plans will be updated on a tree monthly basis or more often as necessary. A named nurse system will be put in place. This will greatly improve awareness. Care Plans will form part of the QMS through the Audit System and this will generate more awareness and will contribute to the requirement of continuous improvement.

The new Assessments & Care Plans will be introduced over a four month period.

Proposed Timescale: 30/08/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were not consulted before or during review of their care plans.

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

Please state the actions you have taken or are planning to take:
In conjunction with the system of Care Planning residents or their relatives will be involved in the development of their Care Plan, to ensure that the residents needs are taken into account. It is proposed to introduce this requirement immediately as residents assessments fall due.

Proposed Timescale: 01/05/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' assessments and care plans did not contain adequate information to sufficiently guide staff in the delivery of 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:

Our new system of Assessment and Care Planning, along with individual Risk Assessment will ensure that all staff are fully guided and are aware of the requirements of all residents in the centre. The format of the proposed Care Plan is internationally accepted and is in use in both the public and private care sector in RoI

Proposed Timescale: 01/05/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The practice of weighing residents did not reflect the centre's policy.

Action Required:
Under Regulation 9 (1) you are required to: Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

Please state the actions you have taken or are planning to take:
The new Policy and procedure on Nutrition requires that "all residents are weighed at least monthly or more often as required". It is the responsibility of the PiC to apply the requirements of the Policy and Procedure. The P&P will become effective in mid May and will be vigorously enforced by the PiC.

Proposed Timescale: 07/05/2014

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:
The enclosed rear garden facilities were not maintained in a manner that made them safe for use.

Action Required:
Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

Please state the actions you have taken or are planning to take:
The enclosed area is currently undergoing maintenance to remove any hazards to ensure the safety of the residents and to make it more accessible and environmentally friendly to our residents.

Proposed Timescale: 05/06/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no maintenance plan in place to ensure decorative upgrading took place.

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:
The Maintenance Log will alert the provider to the need to carry out decoration.

Proposed Timescale: 14/05/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Commodes were stored in the sluice room in a manner that blocked access to equipment

Action Required:
Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

Please state the actions you have taken or are planning to take:
Any commodes not in use have been moved to the store and the equipment is now free from any obstruction.

Proposed Timescale: 30/04/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no separate facility available for staff to store their personal belongings.

Action Required:
Under Regulation 19 (4) (a) you are required to: Provide suitable changing and storage facilities for staff.

Please state the actions you have taken or are planning to take:
Renovations are currently been carried out to accommodate staff storage area and changing room.

Proposed Timescale: 23/05/2014

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 policy had not been updated to reflect the change of person in charge who was also the nominated person for dealing with complaints. The policy did not set out how written complaints were logged or set out the investigation process

Action Required:
Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

Please state the actions you have taken or are planning to take:
A new Complaints P&P is being developed and it will address all of the issues required in Regulation 39 (1). The Complaints P&P is part of the QMS and it will therefore ensure that complaints are logged and investigated with outcomes used to generate Preventative Action and Continuous improvement.

Proposed Timescale: 14/05/2014

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no person identified as the person who oversaw that complaints were responded to, and appropriate records maintained.

Action Required:
Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Please state the actions you have taken or are planning to take:
In the developing P&P a person will be named to deal with complaints, [Regulation 39(5)], a person named to ensure that all complaints are appropriately responded to [Regulation 39 (10)]. Additionally a person is named in the P&P to whom appeals can be addressed.

Proposed Timescale: 14/05/2014

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy and procedure were stored as one document, high on a wall, making it difficult for residents to access the complaints procedure.

Action Required:
Under Regulation 39 (4) you are required to: Display the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
An abridged version of the Complaints P&P will be located at Reception at eye height on the wall. In addition a copy will be placed in all bedrooms to ensure that all residents have an opportunity to read the P&P in private and at their own pace.

Proposed Timescale: 14/05/2014

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The outcome of complaints was not recorded in all instances.

Action Required:
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.

Please state the actions you have taken or are planning to take:
A rigid methodology will ensure that all complaints are discussed at the Improvement Meeting (which is part of the QMS) Not only will the outcome of the complaint be discussed and recorded the QMS requires that complaints are examined for the purpose of Preventative Action and Continuous Improvement.

Proposed Timescale: 10/06/2014

Outcome 14: End of Life Care

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were two end of life policies within the centre's organisational policies folder, it wasn't clear which one should be followed.

Action Required:

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

Please state the actions you have taken or are planning to take:
One End of Life P& P will be operational in the centre. This P&P will comply with the requirements of the HIQA Thematic specification.

Proposed Timescale: 14/05/2014

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All care plans did not adequately reflect residents' wishes in regards to end of life care.

Action Required:
Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

Please state the actions you have taken or are planning to take:
A Care Plan, dealing with End of Life care will be developed for each resident in accordance with the P&P.

Proposed Timescale: 31/08/2014

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The policy for for monitoring and documentation of nutritional intake was not comprehensive.

Action Required:
Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

Please state the actions you have taken or are planning to take:
A new Policy and procedure for the management of Nutrition is being developed and will fully reflect the Authorities requirements in this matter.

Proposed Timescale: 14/05/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements for consulting with residents on the running of the centre were inadequate.

Action Required:
Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

Please state the actions you have taken or are planning to take:
We propose to hold three monthly meetings with our residents and their relatives as per the arrangements as set out in the Statement of Purpose. We will also have monthly meetings with the Person In Charge and the 'go to' person. We have also updated our residents information booklet to reflect that the comments box has been introduced to the centre in the main foyer.

Proposed Timescale: 08/05/2014

Outcome 17: Residents clothing and personal property and possessions

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The centre's laundry policy did not set out the arrangements for residents who wished to launder their own clothes.

Action Required:
Under Regulation 13 (b) you are required to: Provide adequate facilities for residents to wash, dry and iron their own clothes if they wish to do so, and make arrangements for their clothes to be sorted and kept separately.

Please state the actions you have taken or are planning to take:
Our laundry policy has been updated to accommodate residents that wish to wash their own clothes.

Proposed Timescale: 30/04/2014

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider was failng to ensure the centre's own policy to protect residents' clothing by labelling them was implemented.

Action Required:
Under Regulation 13 (c) you are required to: Provide adequate facilities for each resident to appropriately store, maintain and use his/her own clothes.

Please state the actions you have taken or are planning to take:
The residents clothes will be labelled on admittance according to our laundry policy. All residents clothing have been labelled.

Proposed Timescale: 30/04/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The recruitment policy gave insufficient guidance regarding the vetting of staff.

Action Required:
Under Regulation 18 (1) you are required to: Put in place written policies and procedures relating to the recruitment, selection and vetting of staff.

Please state the actions you have taken or are planning to take:
A new and comprehensive Recruitment Policy and procedure is being developed and this P&P will provide extensive guidelines on the recruitment, selection and vetting of staff and will be fully compliant with Regulation 18 (1)

Proposed Timescale: 14/05/2014

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff files had the requirements of Schedule 2 of the Regulations.

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:
An audit of all staff files will be undertaken and corrective action will be taken to ensure that all files are compliant with the requirements of Schedule 2 of SI236.

Proposed Timescale: 30/05/2014

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that references were verified by the provider.

Action Required:
Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

Please state the actions you have taken or are planning to take:
See above regarding the new P&P. All new staff will have their references verified. Staff employed in the past three months will have their references verified.

Proposed Timescale: 14/05/2014