

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bailey's Nursing Home
Centre ID:	OSV-0000316
Centre address:	Mountain Road, Tubbercurry, Sligo.
Telephone number:	071 918 5471
Email address:	oughamhouse@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ougham House Limited
Provider Nominee:	Patrick Bailey Junior
Lead inspector:	Marie Matthews
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	6

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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 October 2014 12:30 To: 16 October 2014 20:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
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 18: Suitable Staffing

Summary of findings from this inspection

This unannounced inspection was the seventh inspection of this centre undertaken by the Authority. The purpose of this inspection was twofold; - to carry out a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition; and to follow up on the 26 actions identified from the previous registration inspection.

In preparation for the thematic aspect of the inspection providers attended an information seminar, received evidenced based guidance and undertook a self – assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was in compliance in relation to both outcomes.

The inspector also reviewed the actions from the previous registration inspection in

December 2013 to assess compliance. These included actions on fire safety, risk management, staffing levels, contracts of care, revision of policies and procedures, documentation of residents' care plans, insurance cover against loss of residents' personal property. The inspector found that the provider had endeavored to address the actions from the last inspection. Fire safety work had been prioritised and these actions had been fully addressed. Policies in relation to risk, infection control and medication had been addressed to comply with the regulations. Staffing levels in the afternoons had been increased by the provider however the post of an activities coordinator had not been filled and this role was now shared between two care staff. The actions in relation to care planning were partially addressed and improvements were identified in this area . The provider had facilitated training of staff on care planning and new plan templates were in use which were clearer and easier to track residents care however further improvements were identified to ensure all care plans are person centred and that progress notes relate to care plans.

The inspector found evidence of good end of life care and that residents' physical, emotional and spiritual needs were met. Relatives who returned information to the Authority prior to the inspection confirmed that the care provided to their deceased loved ones was appropriate and they said they were facilitated to remain with their relative for as long as they wished.

The food and nutritional needs of residents were met to a good standard and there was good access to medical, dental care and a dietician. The food provided to residents was appetising and nourishing and residents were supported where necessary or facilitated to maintain their independence. Residents and relatives who completed questionnaires indicated that they were very satisfied with this aspect of the service.

Actions from the last inspection that were not satisfactorily addressed are discussed in more detail under the relevant outcomes in this report and are restated in the action plan that accompanies this report. In addition to restating uncompleted actions from the last inspection, further action plans have been developed from non-compliance with the legislation by the Authority during this inspection and these are outlined in the action plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The statement of purpose was reviewed by the inspector. The document had been revised since the last inspection however the inspector identified that further minor revisions was required to comply with the regulations. These included the following:-

- The registered number of the centre was incorrectly stated
- The registration expiry date was missing from the document.
- The criteria and arrangements for emergency admissions were not included
- The fire precautions and emergency procedures included required more detail.

An action has been included requesting the provider to revise the document to include this information and resubmit the revised statement of purpose to the Chief Inspector. The provider has subsequently submitted a revised document to address these issues.

Judgment:

Non Compliant - Minor

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

There was a clearly defined management structure in place that identified the lines of authority and accountability and staff were familiar with the management structure and the reporting mechanisms.

On the last inspection inspectors identified that there was not consistent analysis of data collected from the various clinical audits carried out and information had not been collated in a report as required in the regulations. Since the last inspection three nursing staff and the PIC had attended an auditing course on Quality Monitoring and audit for continuous improvements. The learning from this training was been rolled out and there was some evidence that data was been collated on areas such as care planning, medication and records management and that improvement were been put in place based on the findings from these audits. This information had still not been formulated into a report . This action has been repeated and the provider is requested to submit this report.

Minutes from residents meetings indicated that the person in charge sought feedback on service satisfaction and quality of life feedback.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

On the last inspection, contracts reviewed which should outline the provision of services to residents did not specify additional charges residents may incur, for example, physiotherapy, chiropody, transportation to appointments or hairdressing. The provider showed the inspector a new contract which was in still in draft format which included a schedule detailing costs associated with additional services however this had not yet been issued to all residents.

The inspector reviewed a random sample of three contracts of care on this inspection and this information was still not included in the sample reviewed. The provided stated that this would be done immediately.

The residents guide had been revised since the last inspection and included information on the arrangements for residents of differing faiths to practice their religion although the inspector observed this was not very detailed. Information was included on the fees to be charged for services not included in the centre fees.

Judgment:

Non Compliant - Moderate

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Operating policies and procedures were in place and had been reviewed since the last inspection. The policies on nutrition included guidance on PEG Feeding (Percutaneous Endoscopic Gastrostomy), infection control, elder abuse, and risk management had been revised in response to the action plan from the last inspection and copies made available to staff. The inspector saw that the medication management policy included guidance on administration of 'as required' (PRN) medication procedures. As discussed under outcome 1, the statement of purpose required further review.

Judgment:

Non Compliant - Minor

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The action from the last inspection was satisfactorily addressed. The elder abuse management policy had been revised to provide advice to staff on the care that should be given to residents in response to different types of abuse situations should they occur. The policy included referral details of the social worker to whom incidents of abuse should be reported to. Measures were in place to safeguard and protect residents from abuse. Training records indicated that one new staff member had not yet completed training on the protection of vulnerable adults in the centre. The inspector was told that she had completed this training in her previous post prior to taking up her role in the centre.

Judgment:

Non Compliant - Minor

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The provider had upgraded all fire safety systems in the centre in response to the action plan from the last inspection. The works carried out included:

- Internal and external directional signage has been put in place to direct residents to the nearest final fire exit.

- All fire exit doors had been replaced
- Smoke seals were fitted to all internal doors.
- Electromagnetic doors were provided on corridors which closed automatically in the event of a fire.
- A new fire panel had been provided.
- The Perspex covered lobby had been removed and equipment relocated to keep this escape route clear.
- All vertical blinds have been removed from doors used as fire exits.

There was evidence of that all staff attended fire safety training and fire drills but the inspector found through interviews with staff members that drills did not include any fire simulations.

The centres safety statement had been revised in February 2014. The inspector reviewed the risk management policy which had also been reviewed. It required further revision as it did not include clear guidance on the management of know risk areas as specified in the regulations. For example, the management of violence and aggression, or accidental injury to residents or aggression /self harm. Separate policies were available on the risk of absconsion however this was not referenced in the risk management policy.

Handrails had been fitted to the assistive bath to assist residents. A keypad lock had been fitted to the laundry door to protect vulnerable residents from accessing this potentially hazardous area. The inspector observed clean equipment stored in the bathroom which posed an infection control risk.

Judgment:

Compliant

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. 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:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The actions from the last inspection were completed. The inspector found however that further improvements were necessary to ensure resident's needs were fully met. The inspector found that the standard of care planning had improved since the last

inspection. The PIC and staff nurses had completed training in care planning and advised that they were in the process of rolling out a revised care planning system. The inspector reviewed 5 care plans. An assessment of each residents needs was completed and corresponding care plans were in place. Those that followed the revise format were clearer and it was easier to track the care provided to the resident from the initial assessment through to the care plans. The linkage between the daily progress notes and the care plans was still variable . The inspector observed that some nursing progress notes were still clinical in nature and didn't capture the social or psychological aspects of the residents care or well-being. There was evidence that care plans were reviewed four monthly and most had a signature to indicate the review was discussed with the resident or their next of kin, however, there was limited narrative in respect of what was discussed at the reviewed in the sample of care plans reviewed. There was evidence of appropriate referral of residents with sustained weight loss to a dietician and care plans were updated to reflect any specialist advice. Risk assessments had been completed for residents who had bed-rail restraints fitted to assessed or identified potential risks.

Judgment:

Non Compliant - Moderate

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The actions from the last inspection were partially addressed. Two twin bedrooms on the ground floor had been refurbished and reconfigured to provide more usable space. On the last inspection inspectors found that the laundry lacked sufficient floor space for ease of manoeuvre around machines and lacked worktop space for sorting clothing and segregation of potentially hazardous linen. The inspector saw that a colour coded system was in use and laundry was sorted at source to prevent infection spread. The provider has submitted plans detailing a planned extension to address the issues relating to the premises and planning approval is pending. The provider gave a commitment that building work will commence immediately once approval is granted. The planned extension will address the remaining issues.

Judgment:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The action from the last inspection was adequately addressed. The contact details of a person, independent of the nominated person to deal with complaints, was now included in the centres complaints policy. The policy also included details of an independent advocate available to residents.

The inspector observed that there was only one complaint recorded in the centres complaints log since the last inspection. Although this had been responded to, the inspector observed that the complaints log required minor revision as it did not prompt staff to include information on the date the complaint was made, investigated and closed off and there was no column to record if the complainant was satisfied with the outcome of the complaint.

Judgment:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was substantially met and there was evidence that residents' physical, emotional psychological and spiritual needs were addressed. The inspector identified

where some improvements were required to ensure comprehensive details regarding each residents end of life wishes was clearly documented in their end of life care plans.

An end of life policy document was available which was reviewed by the person in charge in March 2013 and was available to staff. The inspector reviewed the policy prior to the inspection and found it to be comprehensive and advised on all aspects of end of life care management and practice.

End of life care plans were completed for each resident. The inspector reviewed 5 care plans during the inspection including the care records of a resident who had recently deceased. There was evidence that end of life wishes were discussed with residents and their families prior to the death. The PIC described very good links with Palliative care services where residents were experiencing pain.

Questionnaires completed by the relatives of residents' who had died in the previous year confirmed that care was provided in a kind and sensitive manner. The residents' privacy and dignity was maintained and residents who shared a bedroom were offered a single room. The inspector was informed that relatives and friends were facilitated to be with the resident when they were ill or dying and suitable facilities were made available. In practice the PIC said relatives would be offered a bed in the communal area however she said in practice most relatives wanted to stay in the room with their loved one.

There was an open visiting policy operated in the centre. The PIC confirmed that food and drinks were made available to relatives who remained with their loved ones. A small oratory is available to residents and their families and a priest or ministers were available to residents and their families.

There was one resident in receipt of end of life care on the day of inspection. The inspector reviewed the end of life care plan for this resident. The information documented was generic and did not give a clear guidance to staff of the residents' end of life wishes. For example it stated 'ensure spiritual needs are met' however it didn't clarify what these wishes were or say if the resident wished to be anointed or have a priest/minister present. Similarly the inspector observed in two other care plans that 'end of life wishes were incomplete didn't reflect the resident's wishes in this regard. One care plan reviewed which had been completed by a junior staff member gave a clear description of the residents wishes. The provider stated that this would be used as a model to base future plans on.

Staff had completed training on end of life care to assist to provide appropriate care. The inspector reviewed staff training records against the information provided in the self assessment questionnaire. Five staff nurses, 13 care staff and seven ancillary staff had completed end of life training in May 2014. A further two staff nurses, five care staff and seven other staff had completed this training in 2013. Feedback from completed by the relatives of residents' who had died in the previous year indicated a high level of satisfaction with the care given to their loved one by staff.

Judgment:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that residents' nutritional needs were met and there were systems in place to ensure ongoing monitoring of residents diets. Residents were provided with a varied and nutritious diet according to their individual preferences and requirements.

The provider submitted a self assessment questionnaire prior to the inspection. The inspector found that practices and procedures described in the self assessment were evident in practice. There was a policy available to guide staff on nutrition and hydration. The policy had been reviewed in 2013. A separate policy was available to guide staff on the care of residents with a percutaneous endoscopic gastrostomy (PEG) tube. Staff members spoken to by the inspector were knowledgeable regarding this policy.

The inspector reviewed the staff training records which showed that staff had been supported to attend a range of training in relevant areas such as nutritional screening and dietary supplements and nutrition and wound healing. Staff members had completed training on nutritional screening and 8 staff had completed training on dysphasia in August 2014 and 14 staff had completed training in nutritional screening and dysphasia in February 2014.

The inspector observed in residents care plans that all residents were weighed on admission and a nutritional risk assessment and oral assessment were completed. Weekly weighing was commenced where a risk of weight loss was identified and there was evidence that residents were appropriately referred to a dietician and a Speech and Language Therapist for advice where nutrition or swallow problems were identified. Nutritional charts were maintained for residents identified as at risk of weight loss and the inspector saw these were completed after each meal.

Fresh water was provided in all bedrooms and in communal areas. The kitchen was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. The inspector observed from reviewing the centres statement of purpose that breakfasts was served from 8am onwards each day and this was confirmed by residents spoken with. Most told the inspector they preferred to have breakfast in bed in their bedrooms and they could have it later if they preferred.

The inspector joined residents for dinner in the dining room at 1.30 and observed the evening meal which was served at 16.30. Meals were attractively presented and portions were adequate. The inspector observed that both mealtimes were social occasions with several residents enjoying a glass of wine with their meal. Seven staff members were present during the lunch period to assist residents. Assistance was provided in a discrete dignified manner by staff to those who required assistance and their clothing was appropriately protected. Several residents ate independently.

Residents spoken with told the inspector they looked forward to meal times and said they were happy with the quality and quantity of food served and with the times meals were served. A supper was served every evening between 6.30 and 7pm and residents and staff confirmed that snacks including tea/coffee/fruit juices/ yoghurts and scones/biscuits were provided between meals.

Residents' nutritional needs and preferences were clearly communicated between nursing and catering staff. Kitchen staff interviewed were very knowledgeable about residents' preferences and special diets required for some residents. Kitchen staff and other staff members interviewed were very aware of those residents who were at risk of poor intake and additional snacks and drinks were offered to these residents between meals. A number of residents were prescribed nutritional supplements. Food was also fortified with butter and cream for some residents in accordance with the advice of the dietician, to boost the nutritional content of their meals. The inspector observed that although altered pureed food served was attractively presented in separate portions, these residents were not offered the same choice of meals as other residents.

Judgment:

Non Compliant - Minor

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

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

Findings:

On the last inspection staffing levels in the period from 2:00pm to 5:00pm reduced

substantially from five to three staff and the centre had no activities coordinator in post .The provider stated in his response to the action plan that staffing levels for this period would be increased and a designated activity co-coordinator would be appointed.

The inspector found that on this inspection that whilst staffing levels had been increased from three to four staff during this period, additional duties were now assigned to two care staff to coordinate the activities programme which reduced the time available to them to provide care to residents, therefore there did not appear to be a significant increase in overall staffing levels. The PIC said staffing levels were reviewed on an on-going basis to meet the changing needs of residents and were increased where necessary to meet the needs of residents assessed as requiring high levels of care. The inspector observed that there was a range of activities available to residents to provide meaningful occupation and those residents who spoke with the inspector said there were sufficient activities organised to occupy them, however the inspector did not determine on this inspection if residents who spent a lot of time in their rooms had sufficient meaningful activity provided and so the provider has been asked to keep this area under review and this action has been restated in the action plan that accompanies this report.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Bailey's Nursing Home
Centre ID:	OSV-0000316
Date of inspection:	16/10/2014
Date of response:	28/01/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The Statement of Purpose required further review to comply with schedule 1 of the regulations.

Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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

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

We have reviewed the statement of purpose in line with schedule 1 of the regulation and the Health information and Quality Authority "Guidance for Designated Centres November 2013" and have furnished an updated copy to the Chief Inspector.

Proposed Timescale: 10/03/2015

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

We have started rolling our audits and on the day of inspection we had many audits complete however we didn't have the report compiled on same. We plan to compile reports on all audits in the future.

Proposed Timescale: 31/03/2015

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

Contracts of care did not specify additional charges, for example, physiotherapy, chiropody, transportation to appointments and hairdressing.

Action Required:

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

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

All our revised contract of care have all information included for any additional charges. On the day of inspection residents who were admitted to the Nursing home the previous 6 months had these revised contracts of care in place however residents who have been in our care a longer period of time did not have this information attached to their contract. We are in the process of dealing with this at the moment.

Proposed Timescale: 31/03/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

One staff member had not yet completed training on the protection of vulnerable adults.

Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

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

On the day of inspection one member of staff had not completed elder abuse training at our centre, however this member of staff had previously completed Elder abuse training at another centre but this certificate was not available on the day. Since the date of inspection this member of staff has completed Training on elder abuse within the centre and all other staff have been updated.

Proposed Timescale: 10/03/2015

Outcome 08: 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:

The risk management policy did not include clear guidance for staff on the management of know risk areas as specified in the regulations. For example, it did not provide guidance to staff on the management of violence and aggression, or accidental injury to residents or the management of aggression /self harm.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy

set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

We are in the process of revising our risk management policy for clearer guidance to staff and in accordance to schedule 5.

Proposed Timescale: 30/04/2015

Theme:

Safe care and support

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

The inspector observed clean equipment stored in the bathroom which posed an infection control risk.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

All shower chairs have been removed from the bathroom.

Proposed Timescale: 10/03/2015

Theme:

Safe care and support

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

Training in fire prevention did not include evacuation procedures.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

We have regular in house fire checks and we do stage evacuation with staff ie evacuation with ski sheets. We also have external trainer annually and or when needed who guides through and carries out fire evacuation.

Proposed Timescale: 10/03/2015

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

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

Linkage between the care delivered as recorded in the daily progress notes and the care plans was variable . The nursing progress notes were clinical in nature and didn't always reference social or psychological aspects of some residents care or well-being. There was limited narrative in respect of care plan reviews and the involvement of residents in care plan reviews was not always evident.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

On the day of inspection we were in the process of updating all our care plans and this process is on-going. We have taken on board the inspectors comments and going forward we will put a narrative in stating what was discussed, but from our point of view this has always been discussed verbally with the residents / Next of kin.

Proposed Timescale: 31/07/2015

Outcome 12: Safe and Suitable Premises

Theme:

Person-centred care and support

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

The laundry lacked sufficient floor space for ease of manoeuvre around machines and lacked worktop space for sorting clothing and segregation of potentially hazardous linen.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

We have plans in place to address the floor space in the laundry.

Proposed Timescale: 2016

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 complaints log required minor review as it did not prompt staff to include information on the date the complaint was made, investigated and closed off and there was no column to record if the complainant was satisfied with the outcome of the complaint.

Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

We will devise a new complaints form to include necessary columns to prompt staff to sign and date any investigations carried out and closed off.

Proposed Timescale: February 2015

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:

Some end of life care plans were incomplete or generic and did not give a clear guidance to staff on the residents' end of life wishes.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

On the day of inspection we were in the process of updating all care plans and this process is on-going. Going forward we will make all our End of Life care plans as personal as possible.

Proposed Timescale: 31/07/2015

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:

Residents who required an altered pureed diet were not offered the same choice of meals as other residents.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

This matter has been addressed and dealt with.

Proposed Timescale: 10/03/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The number and skill mix of staff was not appropriate to meet all the needs of the residents as while staffing levels have been increased, additional duties to coordinate the activities programme have been assigned to care staff thereby reducing the time available to them to provide care to residents.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

We always ensure that the appropriate skill mix of staff are in place and we have increased our staff between 2pm and 5pm. 4 Care staff are on duty with 2 nursing staff. One carer is appointed during these hours to coordinate activities. We do not have an appointed activities coordinator due to funding. In the event of extra funding being provided we will consider this. At present our own staff are capable and are coordinating the activities programme.

Proposed Timescale: 2016