Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cherryfields Housing with Care Scheme</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000750</td>
</tr>
<tr>
<td>Centre address:</td>
<td>2D Cherryfields Lawn, Hartstown, Clonsilla, Dublin 15.</td>
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<tr>
<td>Telephone number:</td>
<td>01 857 2362</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:fiona.mcanespie@foldgroup.co.uk">fiona.mcanespie@foldgroup.co.uk</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Fold Housing Association Ireland Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Martina Conroy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nuala Rafferty</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>55</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 08 October 2014 10:30  
To: 08 October 2014 17:30

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

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**Summary of findings from this inspection**

This was the third inspection of Cherryfields Housing with Care by the Health Information and Quality Authority’s (the Authority) Regulation Directorate. The purpose of this inspection was to follow up on matters arising from a registration inspection carried out on 15 and 16 May 2014 and to monitor progress on the actions required arising from that inspection. The inspection also took account of information received in the form of notifications from the centre and unsolicited information received.

As part of the inspection the inspector met with residents and staff members observed practices and reviewed documentation such as policies and procedures care plans, medical records and directory of residents.

It was found that although some progress was made by the provider in implementing the required improvements identified by the registration inspection further action is required in key areas of staffing, care planning and healthcare management.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in...
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 not amended to reflect all of the requirements of Schedule 1 of the regulations.

The document does not accurately describe the service in line with all of the requirements of Schedule 1 in the following areas;

- the specific care needs the service intends to meet such as nursing care or level of health and social care needs or dependency
- criteria for admission or age range are not clear enough to ensure the service would comply with the care and welfare regulations
- it is not clear if day care services are provided
- there are no details on whether or what type of therapeutic techniques are provided
- information is limited on the arrangements for social and leisure activities
- the arrangements for contacts with friends or relatives is not clear
- the Authority is incorrectly included as the complaints procedure

Judgment:
Non Compliant - Moderate
**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:**
Further to the registration inspection the provider was required to establish a system to review the quality and safety of care delivered to residents to ensure care is delivered in accordance with the National Quality Standards for Residential Care Settings for Older People in Ireland.

This system was to ensure the review of the quality and safety of care and quality of life of residents. A report should be available in the centre and on request to the Chief Inspector. This system of audit and review was not in place.

The person in charge was found to have continued to conduct reviews on some elements of care primarily on safety aspects such as environment prevention of infection and health and safety and informed the inspector she was awaiting the commencement of a nurse advisor to establish the complete review process.

However, the appointment of a clinical nurse advisor was not finalised at the time of this inspection and although the person in charge expected that this was imminent an exact start date was not available.

The findings on this inspection replicates many of the findings of the registration inspection particularly under outcomes 11 and 18.

The management systems in place in this centre have not improved since the registration inspection and were again found to be ineffective in meeting recognised deficiencies in clinical care delivery for example a high standard of suitable and safe clinical care for residents with complex needs was not assured.

The inspector found that the lack of nursing resources, managerial direction and supervisory supports given to the person in charge contributed to a lowering of the standard of care delivered to residents.

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

**Findings:**
Some actions required further to the last inspection were addressed. The centre's insurance policy includes cover for loss or damage to resident's personal property and personal possessions lists were in place and updated on a regular basis. The resident's guide was found to be amended to meet all of the requirements of the regulations.

All of the policies listed in Schedule 2 were found to be in place and some other policies which were identified as requiring review, were found to be updated, specifically the risk management, responding to emergencies and complaints policies. However, the complaints policy incorrectly includes the Authority as part of the independent complaints process and the medication management policy requires further update to reflect the change of pharmacist provision.

An electronic directory of residents was in place however, it did not contain all of the information required in Schedule 3 of the Regulations, specifically; dates of transfer, discharge or date of death.

On review of a sample of personnel files it was found that all of the information required was not available such as Garda vetting.

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

**Findings:**
All of the actions required from the registration inspection were found to have been addressed.

The fire procedure was prominently displayed and person specific instructions on the most appropriate means of transfer for each resident during an evacuation were located behind some of the procedures.

Revised training on fire safety and evacuation had been delivered and staff spoken with were familiar with the evacuation processes in place to safely evacuate residents.

Additional equipment to ensure the safe and timely evacuation of less mobile or immobile residents has been ordered and evidence of this was viewed.

Moving and handling practices were observed and staff were found to safely and appropriately transfer residents with limited mobility using recommended forms of equipment such as hoists and transfer belts.

**Judgment:**
Compliant

### Outcome 09: Medication Management

**Each resident is protected by the designated centre’s policies and procedures for medication management.**

**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:**
Actions addressed in relation to medication prescribing practices under the Care &
Welfare Regulations 2009 (as amended) included:
- an original General Practitioner (GP) signature was available for all medications including discontinued medications.

However, the maximum dose for all pro re nata (PRN or as required) medications was not identified and where medications were being crushed they were not identified as suitable for crushing and a prescriber's signature was not available.

The practice of transcribing by staff had ceased.

**Judgment:**
Non Compliant - Moderate

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**Outcome 10: 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

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

**Findings:**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Judgment:**
Compliant

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**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:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
Actions required from the registration inspection were not addressed.

Findings on this follow up inspection were similar to those of the registration inspection.

Although residents had good access to health professionals such as acute hospital services, community care teams, GP, public health nurses, physiotherapists and psychiatry of old age consultants and in general their healthcare needs were being met, significant improvements in the management of care was found to be required to ensure safe, timely and appropriate responses where there were indications of deterioration in a resident’s health.

This was particularly noted where residents had returned to the centre following a lengthy stay in the acute sector and neither risk assessments nor care plans were reviewed or updated to reflect changes in their overall health. It was also found that most although not all care plans were generic in nature and were not person centred.

There were no full time nursing staff in the centre. All clinical professional nursing interventions were provided on an as required basis by the community public health nurse such as; clinical assessments on continence, mobility, skin integrity or diabetes. Any medication injections such as insulin, vitamin B or calcium and all wound care assessments and dressings are conducted by the public health nurse.

However, there was no record of any of these nursing related interventions retained in the centre and an overall picture of the health condition of residents requiring this level of nursing intervention was not available.

Again it was found that significant areas for improvement were required in the documentation of care given. There was a need to develop a system to ensure that healthcare plans reflected the care delivered and were amended in response to changes in residents’ health and this was still not in place. These plans were not being checked regularly to make sure they were detailed enough to maintain or improve a resident’s health. The daily progress notes written by care staff did not refer to the health care plan to give a clear and accurate picture of residents’ overall health.

There was not enough evidence to assure the inspector that the standard of care being delivered was sufficient to manage the healthcare needs of frail older persons with multiple health related problems.

On this inspection the inspector was told there were five residents who were identified as requiring full time nursing care and a referral process had been started to source appropriate transfer to other centres. However, the inspector was told that this can be a lengthy process and the person in charge was unable to give any assurance on an appropriate time frame. This raised concerns for the management of residents with complex needs who required full time nursing care where the standard and suitability of care currently provided was not fully meeting all residents needs.

Examples include;
- although risk assessments were being conducted, some were ‘modified’ versions of complete assessment tools or were incomplete and not thorough. This meant that residents who may have poor appetite, poor mobility or poor continence were not being accurately identified as at risk of developing pressure ulcers and arrangements to prevent this were not adequate
- where residents had been re admitted following transfer to other services, risk assessments were not reviewed to check whether there were any changes to the residents overall condition.
- residents with wounds such as skin tears did not always have a care plan in place to ensure this was appropriately managed and monitored to promote healing and prevent recurrence
- recommendations made by consultants, nurses or other health professionals professionals were not included in residents plan of care to make sure they were implemented and monitored to assess effectiveness
- residents showing signs of significant deterioration in health such as loss of weight, increased fatigue, reduced mobility, increased anxiety or depression, risk assessments and care plans were not detailed enough to identify the interventions required to manage these symptoms. There were not always care plans in place to manage some of these problems. It was also found that adequate records of each resident’s health and condition were not completed on a daily basis

Some improvements to the documentation of care was found where efforts to put the person at the centre of healthcare planning was noted.

**Judgment:**
Non Compliant - Major

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**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:**
Effective care and support

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

**Findings:**
All bedrooms and communal areas were found to meet the needs of the current resident profile in relation to size and spatial requirements on the registration inspection. A good standard of operational and household hygiene was found and the centre was found to be clean and hygienic.
Some minor issues required to be addressed such as provision of wash hand basin and lockable storage for chemicals in both the cleaning store rooms and hairdressing room. It was found that the wash hand basins were installed in the cleaning room areas and although not yet installed in the hairdressing room, evidence that this room was being considered for renovation including expansion and installation of wash hand basin was viewed.

However, although the cleaning rooms were noted to contain locks on the doors and that these were locked during the inspection, it was noted that these rooms contained a large amount of stock such as wipes, cloths, toilet rolls, bin bags and plastic drinking cups the space within the cleaning rooms was very limited and all of this stock was located on the floor.

Storage was also noted to be limited in some bedrooms with mattresses stored under beds and boxes of dressings and incontinence wear on bedroom floors. Additionally equipment such as walking frames were located in ensuite bathrooms.

It was further noted that mechanical ventilation was not in place in the internal smoking areas and cigarette smoke was noticeable on the corridors outside these rooms.

**Judgment:**
Non Compliant - Minor

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**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 complaints policy was reviewed and updated to include an appeals process, but this process inappropriately references the Authority as part of an independent complaints process.

**Judgment:**
Non Compliant - Minor
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

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

Findings:
On review of a sample number of resident's personal possessions list it was found that all of these lists had been reviewed and a process was in place to update them on a regular and as required basis.

Judgment:
Compliant

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:
Training for all staff in areas of practice which require mandatory training such as fire safety, moving and handling and prevention of elder abuse were found to be delivered and a review of the frequency content and duration of training had taken place. Fire safety training was revised to include talks on fire safety and procedures to be followed in the event of an evacuation in a full day of training. Moving and handling also contains elements of practical training and both this and training on medication management and
Some further training specific to the current residents profile was found to have been delivered such as management of diabetes and assessment and care planning. However, other aspects remain outstanding specifically; management of clinical deterioration and management of behaviour that challenges.

Information was requested after the day of inspection on the content and duration of training provided to staff in some of the above areas which was received. On review of this information it was noted that the content of the medication administration training in place was delivered by the centre's pharmacist to the senior care staff. This training lasted for half a day and covered aspects of medication management such as; ordering, storage, disposal, administration and recording processes specific to the pharmacy and the centre. However, the actual specifics of the training on each aspect was not included.

The process included senior care staff being supervised for a specific period by their line manager or another, previously trained senior care staff member, neither of whom would necessarily have any clinical professional training. Having looked at all of the information on the medication management training the inspector was not assured that this was adequate to ensure safe practice in all aspects of medication management for large numbers of older persons many of whom were on complex medical regimes.

In conversation with some staff and with the person in charge and on review of clinical documentation as referenced under outcome 11 in this report, the inspector found that there was insufficient evidence to ensure the provision of safe suitable and sufficient care in a safe and timely manner to the current resident profile.

The findings on this inspection replicated those of the registration inspection in that, although residents were well presented and staff worked hard to deliver good care it was found that the lack of clinical knowledge available to provide guidance and direction to staff on the management of complex care needs had not yet been addressed. It was also found that there were several residents who required full time nursing care which was not available.

It was again found that although the centre’s statement of purpose and function stated that the range of needs to be met did not include nursing needs, the level of needs for some residents had changed since their admission and several now required ongoing or regular nursing inputs and had been re assessed as now requiring full nursing care.

On the day of inspection it was found that the action required in relation to the provision of a qualified and experienced senior nurse to provide clinical guidance and assure the appropriate and timely review assessment and management of complex clinical needs of residents had not been addressed. However, due to resident's increased level of needs and the lack of evidence of a high standard of nursing practice identified, it was found that the skill mix within the centre was not meeting the needs of all residents and that there is a requirement for professional clinical nursing care inputs on an ongoing basis for the current resident profile.
**Judgment:**
Non Compliant - Major

**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:**

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

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<tr>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000750</td>
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<tr>
<td>Date of inspection:</td>
<td>08/10/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13/11/2014</td>
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**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 does not contain all of the requirements of Schedule 1 of the regulations.

**Action Required:**
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Residents in Designated Centres for Older People) Regulations 2013.

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

Proposed Timescale: 13/11/2014

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:
There was a lack of nursing resources, managerial direction and supervisory supports to effectively monitor care practices to ensure the delivery of safe consistent care to all residents.

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
• Director of Care services of Fold Ireland.
• Care service Manager
• HR officer
• A clinical nurse has been employed by Fold Ireland to give clinical support to both scheme managers. The clinical nurse is working on a consultancy basis four days a week and commenced employment on the 21st October 2014

Proposed Timescale: 13/11/2014

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A system to review the quality and safety of care and quality of life on those aspects of care which informs and improves standards of care delivered through trend identification, analysis recommendations made and implemented and review of learning derived was not in place and a report to be made available the Chief Inspector on request is required

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:
A quarterly scheme review was completed in September 2014. An annual review of the quality and safety of care delivered to the residents will be completed by the care service manager and the clinical nurse on an annual basis.

Proposed Timescale: 31/12/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Policies and procedures in place required to be reviewed to reflect current practice and provide sufficient guidance to staff.

Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The Complaints Policy has been amended to remove the authority as part of the independence complaints process. Please see attached policy.

During the first cycle of the new medication system (Dates 17th November – 14th December 2014 inclusive), the draft medication guidelines will be reviewed to ensure that they are both centre and pharmacy specific. The pharmacy now attends on site during the monthly check in to ensure that stock balances are validated. The new pharmacy service includes 24 hour on call service so that all variances can be notified immediately.

Proposed Timescale: 30/11/2014

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An electronic directory of residents was in place however it does not contain all of the information required in Schedule 3 of the Regulations, specifically; dates of transfer, discharge or date of death.

Action Required:
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.
Please state the actions you have taken or are planning to take:
We are currently waiting for epic to include dates of transfer, discharge and date of death on our electronic system; whilst we wait completion of the same, we have completed a paper version of the directory which is available on site.

Proposed Timescale: 13/11/2014

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
On review of a sample of personnel files it was found that all of the information required was not available such as Garda vetting in accordance with the the National Vetting Bureau(Children and Vulnerable Persons) Act 2012

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
All staff are Garda vetted through the Irish Council for Social Housing (ICSH). Staffs complete the garda vetting forms. We submit the forms to the ICSH for vetting. When staffs are vetted they respond back to us in a letter form stating that the staffs have been vetted. We have contacted the ICSH to ask them to send us all the original Garda vetting forms. All the staff forms were received on the 11/11/14.

Proposed Timescale: 13/11/2014

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The maximum dose for all pro re nata medications was not identified and where medications were being crushed they were not identified as suitable for crushing and a prescriber’s signature was not available.

Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.
Please state the actions you have taken or are planning to take:
From the 17th of November 2014, when the GP attends on site they will update the Kardex. If the resident attends an outpatient appointment the original script will be left with the centre and placed in the residents drug administration record until the doctor updates the Kardex.
If the resident does not attend the doctor in person, the Kardex will be brought to the surgery for updating.
By agreement with the pharmacy as of the 17th of November 2014, the medication administration records (MARS) will include the maximum dose and prescribed plus an indication. In addition, the senior care staff can contact the pharmacist 24hrs a day for advice.

As of the 17th of November, the crushing procedure has been revised; The authorisation for crushing in principle by either a doctor or an S.A.L.T. is documented in the professional involvement form and the senior staff update the care plan. The professional involvement form is sent to the pharmacist and this also documents the reason for crushing. The pharmacist reviews the medication and specifies the procedure for crushing for each individual drug. The resident has a /C printed after their name to highlight that they have been approved by both parties for crushing of the medication. The medication Management policy will confirm that staffs may only crush if there is /C after the residents name. If the approval is by a doctor, the doctor will document the same on the kardex.

**Proposed Timescale:** 13/11/2014

**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:
Comprehensive assessments were not in place for all residents on admission and were not revised from time to time to monitor changes to conditions

**Action Required:**
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
New evidence based assessments tools have been implemented through our epic system. A review of all our residents assessments are under way in collaboration with the senior care workers, manager and the clinical nurse. Our senior care staffs have been trained in care planning and assessments during the summer months.

The care service manager will arrange a meeting with the assistant director of public health nurses. To ask them to complete the professional involvement forms when they
attend to our residents.

**Proposed Timescale:** 31/03/2015

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The care plans in place were not reviewed to ensure effectiveness in managing and improving the health of all residents.

**Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
All residents care plans are currently under review to develop a system to ensure that residents care plans reflect the care delivered. As part of her role the clinical nurse will review the care plans on a regular basis.
An entry of the daily progress notes is documented by the senior care workers on a daily basis.

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**Proposed Timescale:** 31/03/2015

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Evidence that the standard of care being delivered was sufficient to manage the healthcare needs of frail older persons with multiple health related problems was not available.

**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:**
Residents with complex needs that require full time nursing care are monitored by their GP and they are also under the care of the community geriatrician. Residents that have been identified as requiring full time nursing care and have their care needs assessment approved by the LPP who are waiting funding to be approved will now be monitored by our clinical nurse.
All assessment tools have been updated senior staffs have been trained in care
planning and assessments and the clinical nurse is currently reviewing the residents care plans and assessments. The senior staff are recording the resident’s health and condition on a daily basis in the progress notes.

**Proposed Timescale:** 31/03/2015

**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:
Improvements to the premises are required such as suitable storage, ventilation and adequate number of wash hand basins in order to ensure the centre meets the requirements of Schedule 6 of the regulations and the National Standards for Residential Care Settings for Older Persons in Ireland by 2015.

**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:
• The hairdressing room needs to be renovated this will go to board for approval in December 2014.
• The stock stored in the cleaning rooms has been relocated.
• Boxes of dressings and incontinence wear have been stored in resident’s wardrobes.
• Mattresses are stored neatly under resident’s beds as a protective measure under recommendations from the community geriatrician. Mattresses are placed alongside the bed at night as a protective measure in case the residents rolled out of their bed, as we do not use bed rails.

**Proposed Timescale:** 31/12/2014

**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 appeals procedure inaccurately references the Authority as part of an independent complaints procedure.

**Action Required:**
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.
Please state the actions you have taken or are planning to take:
Completed.

**Proposed Timescale:** 13/11/2014

### Outcome 18: Suitable Staffing

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An experienced senior nurse to provide clinical guidance to staff and assure the appropriate and timely review assessment and management of complex clinical needs of residents had not been provided.

Professional nursing care was not available to provide clinical care to residents on a full time basis.

**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:**
An experience senior nurse is now in place to give clinical guidance to staff and assure the appropriate and timely review assessments and management of complex clinical needs of residents. Our Clinical nurse is currently in the process of prioritising our residents with the most complex needs.

**Proposed Timescale:** 13/11/2014

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A full time nurse was not available and a number of residents had been re assessed as now requiring full nursing care

**Action Required:**
Under Regulation 15(2) you are required to: Ensure that the staff of a designated centre includes, at all times, at least one registered nurse where any resident has been assessed in accordance with Regulation 5 as requiring full time nursing care.

**Please state the actions you have taken or are planning to take:**
A clinical nurse has been employed on a consultancy basis is now in place. The nurse and the residents GP and the community geriatrician will monitor the resident who is awaiting nursing care.
**Proposed Timescale:** 13/11/2014