

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ros Aoibhinn Nursing Home
Centre ID:	OSV-0000276
Centre address:	Irish Street, Bunclody, Wexford.
Telephone number:	053 937 7850
Email address:	aidansawyer@outlook.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Aidan Sawyer
Provider Nominee:	Aidan Sawyer
Lead inspector:	Mairead Harrington
Support inspector(s):	Kieran Murphy;
Type of inspection	Announced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	7

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 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:
19 August 2014 09:00	19 August 2014 18:30
20 August 2014 08:30	20 August 2014 16:00

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 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an announced inspection following an application by Ros Aobhinn Nursing Home, in accordance with statutory requirements, for re-registration of a designated centre. As part of the inspection the inspectors met with residents, the provider, the person in charge, nurses, and other staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, and staff files. The documentation submitted by the providers as part of the renewal process was submitted in a timely and ordered manner.

Previous inspections of Ros Aoibhinn Nursing Home have demonstrated repeated non-compliance and inadequate action by the registered provider to address

regulatory requirements. The current inspection identified instances of risks to residents' safety and a failure to ensure adequate governance on the part of both provider and person in charge to meet the regulations and required standards. Previous inspection findings identified issues of non compliance in relation to risk management, the review of residents' care plans and unsatisfactory medication management. The current inspection established that some actions in relation to risk management and the review of care plans had not been addressed. The previous inspection report from 7 August 2013 can be found on www.hiqa.ie along with a copy of the provider's action plan at that time. In addition, during these inspections, the provider and person in charge did not demonstrate a clear commitment to their responsibilities under the legislation. There was evidence of a lack of managerial and clinical leadership in place in the centre.

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of 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.

Residents had access to the services of a general practitioner (GP) and other healthcare professionals on a regular basis. There was a variety of choice for residents in their day-to-day living with personal preferences accommodated as requested. A regular routine of daily supervised activities was in place and undertaken by a dedicated activity coordinator.

The inspectors identified shortcomings in a number of outcomes which are covered in more detail in the body of the report. Areas found deficient included the following:

- * Risk management policy and practices
- * Infection control practices and the management of infectious disease
- * Effective care planning
- * Effective governance
- * Provision of a safe and suitable premises
- * Complaints procedure
- * End of life care
- * Review of residents safety and quality of life
- * Documentation to be kept at the designated centre
- * Safeguarding and safety
- * Medication management

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):

No actions were required from the previous inspection.

Findings:

The statement of purpose viewed by inspectors during the current inspection described the service and facilities provided at the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre.

At the time of inspection the statement of purpose did not include arrangements for any absence of the person in charge or registration details such as the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007. The statement of purpose was amended in the course of the inspection to include information on these issues and meet the requirements of the Regulations. A copy of the statement of purpose was readily available for reference.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. A clearly defined management structure was in place with identifiable lines of authority and accountability. The provider was a regular presence on-site and was actively involved in the day-to-day management of the centre. The governance structure was supportive of the person in charge.

Although communication between the provider and person in charge was regular and ongoing, the system for capturing decision making and ensuring the implementation of associated actions was unclear and in many instances undocumented. A Quality Improvement Committee had been put in place since the last inspection with the aim of reviewing audits to identify trends. However, when inspectors examined base line data such as nursing notes and care plans, they identified gaps and review omissions that should have been captured by audit and which indicated that such quality management systems were not effective in ensuring that the service provided was safe and appropriate to residents' needs. These issues are dealt with in greater detail at outcome 11. Although there was a system of consultation with residents and relatives in place, evidence of regular review on the quality and safety of care of residents was not available.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

A comprehensive guide in respect of the centre was available to residents as displayed on the notice board at the centre. Inspectors reviewed a number of contracts of care which were signed, dated and included details of the services to be provided and the fees for such services.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The designated centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of care. The person in charge operated on a full-time basis and had been in post for almost two years.

Although suitably qualified and experienced the inspectors noted that issues in relation to the review of residents' care plans as identified in a previous inspection had not been fully addressed. The findings by inspectors indicated the person in charge had an incomplete knowledge and understanding of the relevant legislation and associated responsibilities, particularly in relation to the following areas:-

- * the maintenance of records as per outcome 5
- * the management of safety including recording and monitoring of restraint as at outcome 7
- * the implementation and supervision of procedures in the management of infection control as at outcome 8
- * the implementation and supervision of procedures in the management of medication as at outcome 9
- * the development and implementation of care plans as at outcomes 11 and 14.

Actions in respect of these findings are detailed in the relevant outcomes as above.

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):

No actions were required from the previous inspection.

Findings:

The documents required to be maintained in respect of all staff were found to be complete and easily accessible and included all items as listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013. These included qualifications, Garda vetting documents and references. Documentation in relation to general records, complaints, staff, fire safety and a directory of visitors were maintained in accordance with Schedule 4 of the Regulations.

A complete Directory of Residents was in place which contained the necessary information as required by the Regulations. However, not all documentation as required under Schedule 3 of the Regulations was in place and mechanisms for managing residents' healthcare records in particular required improvement. In the sample of healthcare records reviewed information was stored in two separate records, one for nursing and allied health care and another for medical review. In both sets of health care records the information was not stored in a chronological or coherent format. Individual plastic pockets were in use though they often contained more than one piece of documentation which created the risk of oversight or error as information was neither clearly visible nor accessible. Issues covered in more detail at Outcome 9 in relation to the administration of medication in accordance with relevant professional guidelines were also identified. Issues in relation to the recording and monitoring of the use of restraint at Outcome 7 similarly refer.

Inspectors found that most policies, procedures and guidelines such as nutrition and end of life care were available as required by Schedule 5 of the Regulations. Site specific procedures on the prevention, detection and response to abuse were in place, including a policy dated 1 December 2012. However the scope of the policy referred only to instances of abuse involving staff members and did not incorporate provisions in the event of incidents involving peer-on-peer abuse, members of senior management or other members of the public visiting the centre.

A number of policies had not been fully updated since the last inspection including the risk management policy which is discussed in more detail at Outcome 8.

Inspectors viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment:

Non Compliant - Major

Outcome 06: 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge and the registered nominated provider were aware of the obligation to inform the Chief Inspector of any proposed absence of the person in charge. Arrangements were in place to cover for the absence of the person in charge and, at the time of inspection, a senior staff nurse was responsible for covering the role during periods of absence. Inspectors were satisfied that this member of staff was suitably qualified and demonstrated the necessary level of experience and knowledge to fulfil this role.

The person in charge and the registered nominated providers were contactable in the event of any emergencies and staff had the necessary contact details in this eventuality.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

As detailed previously in Outcome 5, policy and procedures in relation to safeguarding and safety did not cover incidents involving peer-on-peer abuse, members of senior management or other members of the public visiting the centre.

Staff spoken with understood what constituted abuse and, in the event of such an allegation or incident, were clear on the procedure for reporting the information. However, not all members of staff had received the necessary mandatory training in

recognising and responding to abuse. Inspectors spoke with two staff who had been employed for over twelve months and had not received training on the protection of vulnerable adults. The person in charge outlined that seven staff in total had not received this training. Residents spoken with were also clear on who they could go to should they have any concerns they wished to raise. Residents spoken with stated they were at ease in the centre and felt safe. A review of a questionnaire survey also indicated a significant level of satisfaction with security at the centre. No allegations of abuse had been reported.

An up-to-date safety statement was in place, as was a policy on resident's accounts and personal property. No valuables or monies were retained by the centre on behalf of any residents.

A current policy and procedure was in place in relation to managing challenging behaviour; staff spoken with demonstrated the appropriate skills and knowledge to respond to, and manage, behaviour that is challenging. However, a care plan reviewed by the inspector contained a behaviour intervention plan dated June 2013 which was inappropriate and did not reflect a person-centred approach to care or contain any record in the healthcare file of the reasons for its implementation. There was no record kept of how often the behaviour intervention plan had been used. There was no evidence of assessment of the resident prior to, and during, episodes of restraint. There was no record detailing every episode of restraint and here was no audit and review to identify issues concerning the behaviour intervention plan. The person in charge outlined that this behaviour intervention plan was no longer in use but current care plans available for this resident referred to the plan and its implementation.

There was a restraint policy and restraint register in place and each resident requiring restraint had a risk assessment in place which was signed by the resident and/or their family. However, there was inadequate recording of monitoring and review being undertaken on all residents while the restraint was in place. Action in this regard is recorded at Outcome 5.

Judgment:

Non Compliant - Major

***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:

Actions required from a previous inspection in relation to updating the risk management policy to include hazard identification and assessment of risks throughout the centre had not been fully completed. For example there were no measures or actions in place to control risks in relation to aggression and violence. A policy on the reporting and recording of serious untoward incidents was in place dated June 2014. Although arrangements were in place to report and record incidents it was unclear how the learning from such events was captured and used to improve practices or reduce risks.

A risk register was available but it was not site specific and did not capture some of the hazards particular to the premises such as first floor fire escapes or a locked door on the first floor landing. During the course of the inspection the provider put in place risk assessments and controls for these specific hazards, though the development of the risk register requires continual updating to include further assessments in relation to other areas of risk such as the use of a chair lift to access the first floor and unrestricted external access to the first floor fire escape. It was also noted that no risk assessments were in place for the manual handling of laundry containers, one of which was observed to have a broken handle on one side.

The centre had policies and procedures relating to health and safety including a current health and safety statement.

A current emergency plan and procedures were in place. Staff had received up-to-date training in the required areas of fire prevention and evacuation. Each resident had a fire evacuation assessment on file outlining their mobility status and any aid required. Staff spoken with were able to demonstrate an understanding of the necessary actions to take in the event of an emergency or fire. However, inspectors noted a fire door to one of the bedrooms upstairs was held open with a wedge. Documentation was available to verify that the fire alarm was tested quarterly and all fire safety equipment was serviced annually. Records were maintained of fire and evacuation drills with the most recent completed in July 2014. Checks of fire exits and alarms were conducted daily. There was evidence of liaison with the local fire authority on pre-incident planning. Certification of compliance with the requirements of the statutory fire authority was available dated 16 June 2014.

Inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- servicing of fire alarm system and manual call points - May 2014
- fire extinguisher servicing and inspection - September 2013
- servicing of emergency lighting - April 2014.

There was a full time maintenance officer on site and the maintenance log showed regular maintenance conducted and suitable repairs recorded. The stair lift from the ground floor to the first floor had been serviced in November 2013.

Inspectors noted that whilst the person in charge stated there were systems and processes in place to review care, including the management, prevention and control of healthcare acquired infections (HAI), the practical application and supervision of these processes was not effective. For example the system whereby a named nurse was responsible for reviewing specific care plans was not effectively implemented; there was

no care plan in place in relation to the management of one resident who had recently been identified as having a methicillin resistant staphylococcus aureus (MRSA) infection. In particular there was no evidence of consideration of service-user isolation or cohort policies and procedures including barrier nursing. There was no communication strategy in place to ensure information relating to the HAI was effectively communicated or responded to in an efficient and effective manner. For example housekeeping staff had not received any specific instructions in relation to the cleaning of this resident's bedroom or to ensuring that the linen supply and soft furnishings used were managed, decontaminated, maintained and stored were in line with evidence-based best practice.

The inspector observed laundering work processes and noted that they did not reflect best practice in relation to infection control. Unclean bedlinen/towels were not segregated from residents' clothing which increased the risk of cross contamination from potentially infected items. Laundry staff describing work practices indicated that soiled items were put in plastic bin liners. The person in charge stated that alginate (or water soluble) bags were available for such soiled items though the inspectors did not see these in use.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

Medications were dispensed and administered by means of a monitored dosage system which was colour coded to match the time of medication administration. However, during the medication administration round inspectors found that appropriate checks were not being undertaken by nursing staff to ensure the right medication was administered to the correct resident at the correct time. Staff were not checking the prescription sheet and not ensuring that medication was administered as prescribed.

Nursing staff were observed to administer medication to three residents in a modified form to that prescribed (i.e. crushing an oral medication that was in tablet form) and therefore the medicinal products were being used outside the licensed conditions. These medicinal products were not prescribed to be crushed by the medical practitioner on the prescription sheet. There was no evidence of consultation with the medical practitioner and pharmacist to discuss alternative preparations or forms of administration. Based on the sample of prescription sheets reviewed, it was not clear that a record of each drug and medication was signed and dated by a medical practitioner.

The inspector observed that there was no indication, or record kept, of the date of opening of the packaging on a medicinal product with limited stability once opened.

There was a record kept in relation to the disposal of medications. However, in relation to discontinued medication nursing staff were not returning the monitored dosage system to the pharmacist in its entirety. Instead the discontinued medication was being removed from the controlled dosage system whilst the remainder was being dispensed.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift.

In relation to the reviewing and monitoring of safe medication management an audit by the dispensing pharmacist had taken place in August 2014. There was a system in place for the recording and reporting of such errors.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector within required timeframes.

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:

Effective care and support

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

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

Findings:

Previous action around consultation with residents in relation to the review and implementation of care plans had not been fully addressed with reviews not being undertaken within agreed time-frames.

Current and site-specific policies and procedures were in place in relation to the care and welfare of residents. There was a process whereby each resident was risk assessed for issues including falls, dependency levels, manual handling and fire evacuation; these assessments informed the nursing care plan for the resident.

Inspectors saw evidence that residents had timely access to general practitioner (GP) services. Residents had the option of care from their own GP and there was evidence of ongoing medical review of each resident. There was evidence of good access to specialist care in old age psychiatry. Healthcare records reviewed indicated that residents had appropriate access to allied health care services, including speech and language therapists and physiotherapists. Care plans reviewed contained recorded assessments using standardised tools and referrals based on these assessments were made in a timely manner. Inspectors found inconsistencies in the documentation of care provided. Some care plans were not signed and dated as having had a review in over six months. The person in charge stated that nurses were signing an overall review sheet and not the individual care plan for each identified need. Whereas the inspector noted that in some instances nursing staff were reviewing the individual care plans, and then signing and dating the review.

There was evidence of good communication links between the centre and the acute general hospital when residents were transferred for specialist care. The healthcare record included summaries of medical reviews and transfer letters to and from hospital. However, following discharge from hospital there was insufficient evidence of appropriate updating of resident care plans. For example it was documented in the transfer letter of one resident from the acute services that the resident had a leg ulcer. There was no care plan initiated for the management of this issue on re-admission to the centre. In relation to evidence based nursing this resident's pressure ulcer dependency level had been assessed as substantially higher on discharge from the acute

services than had previously been recorded in the centre. A further pressure ulcer assessment had not been undertaken on return to the centre.

There was evidence that care plans were not being revised, as necessary, to ensure a high standard of evidence based nursing. One resident's progress notes recorded a graze to the sacrum though no care plan, or management chart, was available for the management of this wound.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The building was of sound construction and laid out over two floors. A stair lift serviced the ground to first floor level. The premises was generally well laid out however the dimensions of some of the residents' rooms were not in keeping with current requirements and standards. Proposals summarised to address these issues outlined in the statement of purpose had not been implemented.

The statement of purpose described one double room of 12.5 square meters to be converted into a single room, one three bedded room of 21.8 square meters to be converted into a double and one five bedded room of 35 square meters to be converted into two double rooms. The provider stated that work on these conversions, and planning proposals for a further building extension, was in progress in order to bring the premises into compliance with the Regulations. The provider agreed to provide documentation to the Authority in relation to these works and proposals, including project milestones and time-frames, on an ongoing basis.

There was adequate communal space in which residents could socialise and engage in activities. The premises was nicely decorated and residents rooms were personalised with photographs and individual belongings. Staff had a separate area for changing and storage. A large sun room to the back of the building opened out onto a secure garden area with patio furniture and shade. Heating, lighting and ventilation was adequate to the layout of the premises with a separate kitchen area appropriately equipped for the

size and occupancy of the centre. A sufficient number of toilets, with appropriate access and call systems, were available. All rooms had wash-hand basins as required. The inspector noted that hand-drying facilities were not available at all wash-hand basins though this issue was addressed on the day with the provider installing paper towel dispensers accordingly.

Appropriate assistive equipment was in place and staff were observed to utilise appropriate techniques in their use. Equipment was maintained in good working order and appropriate certification was available to this effect. There was a full time maintenance officer on site and the maintenance log showed regular maintenance conducted and suitable repairs recorded. A stair lift from the ground floor to the first floor had been serviced and was in working order though on the day of inspection the foot plate was noted to be loose and presented a tripping hazard.

The grounds were reasonably well maintained with a secure area cordoned off for resident access only. However, there was an area to the rear of the premises strewn with broken timber and building debris which presented a health and safety hazard. The provider stated this would be cleared.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The complaints policy and procedure, dated 15 November 2011, was displayed prominently on a notice board in the entrance area of the centre. The policy cited relevant legislation and included a clear outline of the procedure to follow in making a complaint such as who to approach and the expected time frames for resolution. A complaints officer was nominated and contact details provided for the HSE including information on the appeal process to the Ombudsman in instances where complaints cannot be resolved.

The complaints log was reviewed by the inspector and, although it contained a record of complaints received, it did not provide adequate detail of any investigations undertaken or the processes for learning from the findings of such investigations.

Judgment:

Non Compliant - Moderate

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:

The centre had participated in a national initiative by the Authority the purpose of which was to assess compliance with the specific theme on end of life care. The centre had assessed itself as moderately non-compliant with the regulations and standards against this outcome in relation to the maintenance of documentation. The inspectors concurred with this assessment as a result of findings on the day of inspection.

An end-of-life care policy was available which was comprehensive and centre-specific and had been reviewed in the last two years. The policy covered the provision of support to families, other residents and staff. It also detailed procedures around verification and certification following the death of a resident and the return of personal possessions. The centre had arrangements in place for local priests and ministers to attend as required.

The regional palliative care team were readily available and also provided training support for staff as necessary. Several staff had received training in palliative care and pain management. Training in the use of syringe drivers was also provided by the home care team. Though the centre had no specifically designated accommodation there was capacity at the centre to facilitate relatives or friends to stay overnight on a short term basis. Management and staff spoken with were clear in their understanding and commitment to the support of residents' wishes.

The inspector noted that, as yet, no formalised system was in place for discussing end of life wishes with residents and that where informal discussions had occurred they were not fully documented. Both the provider and person in charge explained that a system was being introduced whereby the discussion around end of life wishes would be introduced as part of the pre-admission process with a leaflet and form to record any information gathered which would form part of the care plan. This process was ongoing and had not been implemented in relation to the records reviewed during the inspection. Action on this issues is recorded as part of outcome 11.

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):

No actions were required from the previous inspection.

Findings:

The centre had participated in a national initiative by the Authority the purpose of which was to assess compliance with the specific theme in relation to nutrition. The centre had self assessed a minor non-compliance against the regulations and standards in relation to the maintenance of documentation for this theme. The inspectors found good evidence of document procedures on the day of inspection and recorded the outcome compliant.

A policy on the monitoring and documentation of nutritional intake was in place dated 2012. Appropriate assessments of residents were completed on admission with weights subsequently monitored on a monthly basis. Access was available to appropriate allied health professionals such as speech and language therapists and dieticians.

Meals were served at appropriate times with residents having a choice as to where they would like to take their meal. The dining area was bright, clean and nicely decorated with individual table settings attractively presented. During the lunch service on the day of inspection a menu notice offered a choice of meals. The food, including modified meals, was well prepared and presented. Fresh ingredients were in regular use and home baking was also available. Residents spoke favourably about the choice, quality and preparation of food. Residents who needed assistance with eating their meals were observed being assisted by staff using appropriate techniques and in a respectful manner. Staffing levels were appropriate to the requirements of the residents. Refreshments were seen to be available and on offer on a regular basis including a regular supply of drinking water.

The inspector spoke with kitchen staff who were appropriately trained and familiar with the likes and dislikes of residents. The dietary requirements and preferences of individual residents were documented in a communications folder which the chef could reference in the kitchen.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors saw evidence that residents were able to engage in a process of consultation around decisions as to the running of the centre. A suggestion box was available in the reception area and residents' meetings were seen to be held on a quarterly basis with the last recorded on 24 April 2014. Residents and relatives spoken with by the inspector reported a substantial degree of satisfaction with the care and service provided. This feedback was further echoed in the responses from both relatives and residents in questionnaires about satisfaction with standards of service and care at the centre. A customer survey report on 26 June 2013 returned feedback in relation to laundry issues and a specific meal request; both of these issues were referenced in a subsequent staff meeting with response actions also recorded.

The centre provided an advocacy service and residents had access to a named independent advocate.

The inspectors observed a regular attendance of visitors and there was an open visiting policy in place with no restricted visiting times. Residents could receive visitors in their rooms or in the communal day room. Overall there was a good level of visitor activity throughout the day.

A dedicated activity coordinator managed a weekly programme which included singing, bingo and live music performances. The activity coordinator maintained a regular report on resident attendance and participation in activities. Residents also had access to radio, television and newspapers as a matter of course.

Appropriate screening was provided in shared rooms and staff were seen to observe courtesies such as knocking before entering residents' rooms. Staff spoken with were aware of the different communication needs of residents and could demonstrate the necessary skills and techniques to engage with these residents. Interventions to support and improve communication for such residents were also in place in the form of assistive technologies.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

A policy was in place for residents' personal property and possessions and an up-to-date, signed record of each resident's personal property was maintained. Residents retained control over their own possessions and clothing with appropriate labelling systems in place to ensure the safe return of belongings to residents. Adequate space for storage was available in residents' rooms which included a locked storage facility.

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):

No actions were required from the previous inspection.

Findings:

Recruitment and vetting procedures were in place with appropriate checks on the qualifications, training and security backgrounds of all staff. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents.

The inspector reviewed the staff rota and was satisfied that the staff numbers and skill

mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. A training programme was in place for all staff. Staff spoken with were aware of the policies and procedures related to the welfare and protection of residents. The system of supervision was directed through the person in charge. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times. The inspector reviewed training records and procedures and spoke with staff and management about training issues. Staff were competent to deliver care in keeping with current evidence based practice.

Judgment:

Compliant

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:

Mairead Harrington
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:	Ros Aoibhinn Nursing Home
Centre ID:	OSV-0000276
Date of inspection:	19/08/2014
Date of response:	19/09/2014

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Effective quality management systems were not in place to ensure the services provided were safe, appropriate or consistently monitored.

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.

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:

- Quality improvement data has only just commenced the data to include care plans was not included in the initial documentation.
- Resident note audit are completed and stored in a separate audit file, 4 individual resident notes are audited on a monthly basis and a 4 month review of all resident notes will capture any gaps in nursing documentation. These will be increased monthly to capture any gaps.

Proposed Timescale: 19/10/2014

Theme:

Governance, Leadership and Management

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

A copy of the annual review of the quality and safety of care, prepared in consultation with residents and their families where possible, was not available.

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:

- Annual review of quality and safety 2014 is due to be produced in September as all customer surveyed documents have not been returned from residents and family's this will be completed and improved. 2013 review was available on inspection day.
- In our normal working day management discuss relevant issues related to resident care and systems in place. However this was not documented on a daily basis, following a management meeting it has been agreed to keep a weekly diary recording of all the above issues, which will be addressed and a documented report completed on a monthly basis then graduating to a quarterly basis.

Proposed Timescale: 30/10/2014

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:

The policy and procedure in relation to the detection, prevention and response to abuse should incorporate scenarios involving resident-to-resident, management and visitors or other members of the public.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

- The policy on detection/prevention and response to abuse will be reviewed and adjusted to include resident to resident, management and visitors and other members of the public this will be implemented to all staff.
- Risk assessment and all schedule 5 polices to be reviewed and updated.

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:

Healthcare documentation and records were not maintained in a manner that was safe and accessible.

Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

- The resident/doctors notes will be reviewed and updated some notes did include previous assessments, these were included for review purposes due to the fact that all assessments are done on a monthly basis this extra documentation will now be removed and filed appropriately.
- When reviewing notes quarterly or before if any changes apply reviews will be checked to ensure compliance and good quality care.
- All resident notes are kept in a locked filing cabinet in a locked room.

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:

Records relating to the administration of medicines in accordance with relevant professional guidelines were not maintained as per the requirements set out in Schedule 3, paragraph 4(d).

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:

- Records relating to medications have been reviewed since the inspection with the GP, all crushed medications are signed by the GP and alternative medications are discussed. (already completed)
- All previous medication administration sheets are kept in nursing home for referral if required.
- Monitored dose system (Blister packs) replaced and renewed as soon as any changes in medication occur, this was discussed was agreed with pharmacist.
- Staff completed in house retraining for administration and medication management. (already completed)

Proposed Timescale: 30/10/2014 (some outcomes already completed)

Proposed Timescale:

Theme:

Governance, Leadership and Management

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

Records relating to any occasion when restraint is used including the reason for its use, alternative interventions to manage the behaviour, the nature of the restraint and its duration were not maintained as per the requirements set out in Schedule 3, paragraph 4 (g).

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:

- Restraint register to be reviewed and a copy of the restraint duration/release/safety will be included. Hourly safety check sheets were in-situ on all residents and were available for review.

Proposed Timescale: 30/10/2014

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:

Several staff had not received the appropriate training in the relation to the detection, prevention and response to abuse.

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:

- Annual mandatory elder abuse training had commenced prior to the inspection, some staff had not completed this training however all now have completed course.

Proposed Timescale: Completed

Proposed Timescale:

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 the identification of hazards throughout the centre and an assessment of the risks they present.

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:

- Risk management policy to be reviewed and include all hazard identification and assessment of risk throughout the centre.
- The risk register will be reviewed on a regular basis to identify, record, investigate and implemented any hazards noted.

Proposed Timescale: 30/11/2014

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 include the identification of hazards throughout the centre, an assessment of the risks they present or the appropriate measures and actions in place to control the risks identified.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

- Risk management register to be reviewed and all relevant risk assessments under the headings of A - I to be included.

A. Health/safety statement.

B. Risk management policy.

C. Employee i.e pregnancy and falls

D. General buildings including exits, stairs and walkways.

E. General Resident assessments such as: Frase, Waterlow etc.

F. Nutrition- SALT reviews for anyone at risk of choking

G. Smoking

H. Challenging behaviour.

I. Restraint.

Proposed Timescale: 30/11/2014**Theme:**

Safe care and support

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

Incomplete processes were in place to identify, record, investigate and learn from serious incidents or adverse events involving residents.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

- The risk management policy has been reviewed and now includes actions to control abuse, unexplained absence, accidental injury to resident, visitor or staff.

- Risk Assessments to be carried out will capture any adverse incidents.

Proposed Timescale: 30/10/2014

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 include the measures and actions in place to control aggression and violence as per the requirements.

Action Required:

Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

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

- Measures and actions to control aggression and violence have been added to the risk management policy.

Proposed Timescale: Complete

Proposed Timescale:

Theme:

Safe care and support

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

The procedures in place for the prevention and control of healthcare associated infections were not consistent with the standards published by the Authority, particularly in relation to

- (i) effective communication strategies with staff in relation to health infection risks
- (ii) effective control measures to protect staff and residents from the risk of a health infection
- (iii) effective controls to prevent cross-contamination in relation to laundering processes.

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:

- i) All staff attended mandatory infection control and prevention training (external course) in September 2014.

New diary system to be implemented for housekeeping staff to inform them of any changes i.e infection. Also standard precaution prompts notices to be displayed in laundry and the changing room. Laundry procedures throughout the building have been re- instructed to all staff.

All staff are informed at handover of an new HAI within the building.

ii) Effective control measures to protect staff and residents from the risk of a health infection are in place as per HSE community infection prevention/control manual (November 2011) and Sari "a strategy for the control of antimicrobial resistance in Ireland" (Dec 2013) All staff have been re-trained in its use.

All staff have been instructed on the use of personal protective equipment, good hand washing procedures was covered during course and staff reminded of same on a daily basis.

iii) Alginate bags were available in stock cupboard; all staff including housekeeping have been re-trained as per their use.

Proposed Timescale: 20/10/2014

Theme:

Safe care and support

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

Arrangements for containing and extinguishing fires were compromised by the use of a wedge to keep open a fire-door.

Action Required:

Under Regulation 28(2)(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:

Prior to inspection fire alarm company had already been contacted re faulty magnet, Same replaced following day to inspection wedge removed immediately.

Proposed Timescale: Complete

Proposed Timescale:

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:

Medicinal products were not always administered in accordance with the directions of the prescriber for the resident concerned, particularly in relation to the

- correct medication being administered to the correct resident at the correct time

- modifications of medication were not appropriately prescribed by a medical practitioner on the prescription sheet.

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:

- All staff nurses re-trained and updated in administration of medications (in house) extra training by pharmacist arranged for mid October for all nursing staff.
- GP has checked all central prescription sheets and prescribed crushed medications as required.

Proposed Timescale: Complete

Proposed Timescale:

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Medicinal products which have been discontinued in relation to a resident are not always disposed of in accordance with national legislation or guidance.

Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

- Medications that have been discontinued or changed are sent back to the pharmacy to be re-blistered within 24 hours. However on the day of Inspection one resident had just returned from hospital at 1900 hrs the previous evening, his blister pack was due to be returned to the pharmacy to be updated.
- All staff nurses re-trained in medications management.
- New forms have been designed for each individual resident to capture any changes to medications that have occurred after normal monthly prescription has been dispensed and all blister pack renewals which will be signed off by the pharmacy and kept in the residents' medication files.

Proposed Timescale: Complete

Proposed Timescale:

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Details of when a medicinal product was opened were not maintained where such circumstances could have an effect on the efficacy and appropriate use of the product.

Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

- One box of medicated patches prescribed for an individual resident had not been dated when opened. Re-training of all staff nurses given.
- The medication in question contained sealed packs inside a box, staff advised to date sealed pack as well as external box.

Proposed Timescale: Complete

Proposed Timescale:

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Incomplete systems were in place to assess and record the needs of residents, particularly in relation to end of life care arrangements and provisions.

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

- New forms re-discussions on end of life care have been designed and these are to be completed with each resident.
- Management are sourcing a new information leaflet which will be printed and given too respective residents prior to admission which will initially commence discussions in the area of end of life care.

Proposed Timescale: 30/10/2014

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Care plans prepared under Regulation 5 (3) were not being reviewed and revised within the required time-frames, or as the assessed needs of the resident required.

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 care plans to be rearranged and a new system of identifying individual care plans by activities of daily living to be commenced.
- All staff discussed above issues and reviews of documentation at staff nurse meeting and a uniformed way of documentation was agreed.
- Omissions to care plans and reassessments were also discussed in the above meeting and staff are now fully aware of the relevant procedures.
- Increase in audit will capture any short comings

Proposed Timescale: 30/11/2014

Theme:

Effective care and support

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

Care plans did not ensure the provision of appropriate medical and health care for a resident in relation to the timely assessment of care needs in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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:

- Reassessment of residents following a hospital admission was discussed at staff nurse meeting, the staff were aware that re- assessment was necessary in timely manner it was identified that this was a short coming re transfer of care from hospital to nursing home all staff agreed to prioritise this does not happen again to ensure continuity of care.
- Prompt introduction of care plan implementation when care needs change was consolidated at the meeting.

Proposed Timescale: 30/09/2014

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 premises did not meet the standards and requirements in relation to rooms of a suitable size and layout for the accommodation of residents.

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:

- All work required under regulations will be compliant with the regulations by June 2015.
- 2bedded room Some minor alterations need to complete work and occupancy will be reduced to single room occupancy by May 2015.
- Three bedded room work is almost completed and occupancy will be reduced to a double room by May 2015.

Proposed Timescale: 31/05/2015

Theme:

Effective care and support

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

The layout and design of the designated centre is not in keeping with the number and needs of the residents of that centre in accordance with the statement of purpose prepared under Regulation 3.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

- Five bedded room occupancy reduced to four person occupancy from previous inspection.
- Work on four bedded room already commenced to convert this room to two double en-suit rooms due for completion on or around 22nd of November 2014.

Proposed Timescale: 30/11/2014

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 record of complaints did not include adequate details of any investigation into the complaint, the outcome of the complaint and any learning or actions as a result.

Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

The investigation and outcome from the complaint that was missing from the register will be entered into the register and dated.

Proposed Timescale: complete

Proposed Timescale: