

**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	Unannounced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	6

About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 October 2014 18:30	20 October 2014 21:30
21 October 2014 09:30	21 October 2014 16:30

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

Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care

Summary of findings from this inspection

This inspection was part of a follow up process to a re-registration inspection on 19 and 20 August 2014 when significant non-compliances were identified in a number of areas including 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
- * Safeguarding and safety
- * Review of residents safety and quality of life
- * Documentation to be kept at the designated centre
- * Medication management

A copy of this report and action plan can be found at hiqa.ie along with records of all previous inspections.

The current inspection established that some of the issues identified had been

addressed whilst action in respect of others was on-going. The inspectors identified a number of areas where findings were repeated and limited or no action had been taken to address concerns.

Actions completed included:

- * Training in relation to safeguarding and safety
- * The implementation of a restraint register and appropriate monitoring and recording
- * Documentation in relation to risk management policies and the maintenance of a risk register
- * Infection control practices and the management of infectious disease

The findings are dealt with in more detail in the body of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 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:

The previous inspection had established that there were ineffective quality management systems in place to ensure the services provided were safe, appropriate or consistently monitored. On the day of follow-up inspection the provider and person in charge stated that governance meetings were now held on a weekly basis and a communication diary was in place to record management decision making processes and outcomes.

The provider had undertaken, in the action plan returned, to develop quality improvement data including the review and audit of individual resident notes to capture any gaps in nursing documentation. The time frame for completion provided was 19 October 2014. In the course of the follow-up inspection on 20 October 2014, the inspectors identified a number of care plans that had not been reviewed. Documentation on care plans that had been reviewed still included out-of-date prescription sheets and undated assessment records. No audits had been undertaken since the last inspection. These issues are covered in more detail at outcome 11.

The provider had undertaken, in the action plan returned, to complete the annual review of resident quality and safety and this action has since been completed.

Based on these findings the inspectors concluded that shortcomings in relation to effective quality management systems had not been adequately addressed.

Judgment:

Non Compliant - Major

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):

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

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 previous inspections 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 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 - Major

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:

Issues previously identified in relation to the maintenance of records around the monitoring and use of restraint had been addressed and a restraint register with individual assessments and consents was in place.

A comprehensive risk management policy had been put in place which was now compliant with statutory requirements.

A previous finding identified that the policy on the prevention of abuse required development to incorporate provisions in the event of incidents involving peer-on-peer abuse, members of management or other members of the public at the centre. The proposed action for developing this policy had been completed with a revised policy in place dated 17 September 2014, this referenced a separate policy dated 7 September 2014 that covered resident-on-resident assault. However, these policies still required further development to provide direction in the event of incidents involving peer-on-peer abuse, members of management or other members of the public at the centre. The provider has since revised these policies to reflect these requirements.

The previous inspection had identified a number of issues around documentation in relation to the administration and return of medication. Actions on the part of the provider to address these issues were partially completed. These issues are covered in more detail at Outcome 9.

Additional issues were identified in the course of this inspection concerning the maintenance of residents' records which included several instances of omissions in the residents directory, and on the individual residents' files, of recorded times and cause of death.

Judgment:

Non Compliant - Moderate

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

On the day of inspection records were available to confirm that appropriate training in relation to safeguarding and safety had been delivered to staff in accordance with the provider's action plan.

A previous finding identified that the policy on the prevention of abuse required development to incorporate provisions in the event of incidents involving peer-on-peer abuse, members of management or other members of the public at the centre, this finding and associated action is recorded against outcome 5 on documentation.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

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

Findings:

The previous inspection found the risk management processes did not include an adequate system for identifying and assessing risks, or appropriate measures for their control, throughout the centre. Since that inspection effort had been made to address these shortcomings. Infection control issues had been addressed with further training completed and practices in relation to cleaning processes and laundry revised with effective communication systems now in place.

The inspectors examined documentation recording a range of risks identified for the centre which included appropriate assessments and associated measures of control. However, in some instances the application of this system was incongruent with the circumstances. The previous inspection had identified a risk issue in relation to the overnight locking of a first floor landing door where residents were accommodated upstairs. The person in charge described a process by which residents had been monitored hourly overnight for a period up to 20 September 2014. On review of the documentation one of the assessments referred to a resident who had not resided upstairs since September 2013. As a result of the assessments of current first floor occupants, one resident was identified as unsuitable for accommodation on the first floor and had been transferred to the ground floor since the last inspection. Although the person in charge stated that the assessments indicated there was no residual risk for the residents remaining upstairs, the practice of locking the first floor landing door was not discontinued until 20 October 2014.

The current inspection established that whilst steps had been taken to adopt and implement processes to manage risk - there were a number of areas that required further development. For example, in relation to the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents; the person in charge explained that there was a system for the reporting of such occurrences to management though it was unclear how this mechanism could be effective as there was no documentation available to demonstrate its implementation. As a result of the previous inspection an external first floor fire escape stairs had been assessed and made safe in relation to a possible falls risk. However, the issue of unrestricted access to this fire escape from the ground floor externally had not been considered.

The previous inspection identified the inappropriate use of a wedge to hold open a fire door on the first floor. On the day of inspection this was found again to be the case. Also, during the day a chair was identified blocking access to a fire exit on the first floor whilst a resident was taking rest in bed upstairs.

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):

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

Findings:

The previous inspection had identified issues in relation to the prescribing and administration of medication. The person in charge stated that relevant in-house training had been delivered to staff in accordance with the action plan. The action plan also stated that extra training would be provided for staff by mid-October though on the day of inspection this action had not been completed.

The previous inspection had identified that, during medication rounds, it was administration sheets that staff used for reference whilst prescription sheets were filed separately. During this inspection current prescription sheets were seen to be referenced during medication rounds. A record to note changes of medication had also been put in place at the front of the file. However, out-of-date prescription sheets were also stored alongside current prescription sheets which again created an opportunity for error in administration. This is a continuing action from outcome 11 on health and social care needs.

In addition it was noted that the prescribed times for the administration of several medications for one resident were 8am though the time of administration on the day of inspection was 9.45am.

The previous inspection had also identified issues in relation to the appropriate storage and return of out-of-date or discontinued medicines. The provider's action plan stated that relevant in-house training would be delivered to staff around these issues and, in the course of inspection, the person in charge confirmed that this training had taken place. However, inspectors found an unlocked cabinet, containing such medications, in an office with unrestricted access.

Judgment:

Non Compliant - Major

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 from the previous inspection included the maintenance and review of care plans, the timely assessment of care needs and the provision of appropriate medical and health care as a result of such assessments. These actions were not complete and in instances where they had been implemented, were not fully effective.

Inspectors examined a sample of care plans which included a number on which remedial action had been taken. In one instance it was noted that a single, undated Waterlow assessment recording a score of '22' was on file. Several reviews also recorded a '22' score including an entry dated 28 September 2014. There was no documentation to indicate re-assessments had been undertaken to support these scores. The person in charge stated that the assessments, although undated, had been re-calculated but that where there was no change in the result, no new assessment sheet was put in place. It was therefore unclear what the current position was in relation to the resident.

On the same file both current and out-of-date prescription sheets were in place. The hospital had also noted on this resident's file that a swab had been taken for methicillin resistant staphylococcus aureus (MRSA), though no follow-up documentation had been

sought by the centre to confirm the result.

This resident also presented with a number of wounds and, though a wound management chart was in place it was unclear whether there had been any input to the care plan by a medical practitioner other than the nursing staff at the centre.

This was the third consecutive inspection where shortcomings were identified around care plans. Previous action around consultation with residents in relation to the review and implementation of care plans were also incomplete.

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):

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

Findings:

The previous inspection identified non-compliances in relation to both the accommodation as described in the statement of purpose and its provision in relation to statutory requirements. At the time the provider had stated that work on these conversions, and planning proposals for a further building extension, was in progress 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 on-going basis. Work in this regard continues and documentation to this effect has been submitted by the provider since the follow-up inspection and the action is on-going.

Action in relation to the clearance of debris from an area to the rear of the premises was complete.

Judgment:

Compliant

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:

During the last inspection 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. Since the last inspection no complaints had been received against which an assessment of current processes could be made. However systems have since been introduced in relation to learning from incidents which will address shortcomings in this process.

Judgment:

Compliant

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):

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

Findings:

The previous inspection established 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 is an on-going action in relation to the maintenance of care plans overall as at outcome 11.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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:	20/10/2014
Date of response:	28/11/2014

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:

Measures to address shortcomings around quality management and monitoring systems to ensure the safe provision of services had not been effectively implemented.

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:

Following a review of the current management structure, the Registered Provider acknowledges that changes are necessary, and, in ensuring that governance and management systems are in place to provide a service that is safe, appropriate, consistent and effectively monitored, the Registered Provider will be recruiting for a new Person in Charge and has commenced the recruitment process.

A root and branch review will be undertaken of all documentation to be held in the centre as outlined in S.I. 415 of 2013 to be complete by 6th February 2015.

A review of the current medication policy and practices will be complete by 19th December 2014 and training needs identified and a training programme put in place. Moving forward all current nursing staff will have a six monthly medication competency assessment completed. New staff will have same done on induction and will not undertake medication "rounds" until the Person in Charge is assured of their competency.

There will be a complete audit and monitoring system in place by 31st January 2015. This will include both weekly monitoring and regular audits of clinical practice/ health & safety. Following training on auditing processes etc. the centre staff, Person in Charge and the Registered Provider will undertake these audits. In the coming weeks the following audits will be undertaken, analysed, findings and recommendations identified and remedial actions taken:

- Restraint (to include establishing staffs understanding of what constitutes restraint and how best to work towards a restraint free environment)
- Medication Management & Administration (including the safe storage and disposal of medications).
- Care-plan – review and gap analysis

There will be a complete review of the current nursing documentation/care plan, and, all nurses will attend documentation workshops which will include accountability and legislative requirements in terms of documentation - to be complete by 13th February 2015.

Proposed Timescale: 13/02/2015

Theme:

Governance, Leadership and Management

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

An annual review had not been completed.

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:

The Registered Provider has completed an annual report of the centre which does identify areas where further review is necessary and also identifies other areas that need to be addressed in terms of ensuring safe practices, for example: medication management.

The Registered Provider will have a more in-depth review completed and available for inspection by the end of February 2015.

Proposed Timescale: 28/02/2015

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 and procedures in relation to the detection, prevention and response to abuse has been reviewed and amended to reflect resident to: resident, management visitors and other members of the public. A copy was provided to the Chief Inspector. In order to ensure that the policies of Schedule 5 and Appendix B are robust and in line with best practice and the legislative changes to SI 415 of 2013, the Registered Provider will have a complete review of all policies done by 13th February 2015 and where amendments are necessary, this will be done and completed by 13th March 2015.

Proposed Timescale: 13/03/2015

Theme:

Governance, Leadership and Management

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

Records in respect of date, time and cause of death were not recorded appropriately in the Directory of Residents.

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:

The current system for entering data into the Directory of Residents will be reviewed and a more effective system implemented by 12th December 2014.

Proposed Timescale: 12/12/2014

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:

Incomplete processes were in place to identify, record, investigate and learn from serious incidents or adverse events involving residents such as unrestricted external access to a fire escape.

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:

There will be a root and branch analysis of how incidents are investigated, managed, recorded and there will be a system in place whereby all incidents are reviewed and there will be evidence of risk assessment and learning from incidents/accidents/near miss.

A health and safety committee will be established which will meet monthly and will discuss all accidents and incidents reported, will determine if immediate actions taken were effective. This Committee will also discuss risk and risk assessment. The first meeting to be held 15th December 2014.

The external fire escape, while not accessible to residents does potentially pose a risk and therefore we have attached a "gate" which is linked into the fire alarm system. This has been done in consultation with fire officer.

Proposed Timescale: 15/12/2014

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 the fire-door of a first floor room.

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:

The Registered Provider will ensure that a daily inspection of escape routes, correct use of fire fighting equipment, accessibility to extinguishers, visual checks of the fire alarm panels is carried out and will also ensure that neither wedges nor furnitures are used to keep fire doors open.

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 the effective evacuation of residents were compromised by the obstruction of a first floor fire exit by a chair.

Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

The Registered Provider will ensure that a daily inspection of escape routes, correct use of fire fighting equipment, accessibility to extinguishers, visual checks of the fire alarm panels is carried out and will also ensure that neither wedges nor furnitures are used to keep fire doors open.

We recognise that at times residents and/or visitors may unintentionally obstruct fire exits with furnitures, the Registered Provider will ensure that notices regarding these unsafe practices are put in prominent places and will ensure that regular checks throughout the day will reduce the risk of this occurring and will advise all staff that they should remove any items that are obstructing fire exits.

Proposed Timescale: 20/10/2014

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:

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 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:

A review of the current medication policy and practices will be complete by 19th December 2014 and training needs identified and a training programme put in place. Moving forward all current nursing staff will have a six monthly medication competency assessment completed. New staff will have same done on induction and will not undertake medication "rounds" until the Person in Charge is assured of their competency.

There will be a weekly monitoring of all medication charts to ensure that potential errors are identified and addressed. The system for filing out of date medication charts and prescriptions will be reviewed and a more succinct, robust system implemented. To be complete by 16th January 2015.

Proposed Timescale: 16/01/2015

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 being stored in a secure manner in accordance with national legislation and 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:

A review of the current medication policy and practices will be complete by 19th December 2014 and training needs identified and a training programme put in place. Moving forward all current nursing staff will have a six monthly medication competency assessment completed. New staff will have same done on induction and will not undertake medication "rounds" until the Person in Charge is assured of their competency. Included in this review will be an audit of the safe storage and disposal of out of date and unused medication. Included in this review, will be, a monitoring of safe storage, this will include, all medications (tablets, liquids, preparations, creams) and oral nutritional supplements. The current system for storage and accessibility will be audited and as an immediate action, all unused and out of date medications will be stored in a separate locked cupboard until returned to pharmacy for destruction. This is now entered into the new file which is stored in medication room and all staff aware of its use.

Proposed Timescale: 19/12/2014

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:

Care plans did not demonstrate residents were effectively assessed to provide an evidence based standard of care.

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:

There will be a complete review of the current nursing documentation/care plan and all nurses will attend documentation workshops which will include accountability and legislative requirements in terms of documentation - to be complete by 13th February 2015. Part of the review process will be to determine how residents are assessed on return from hospital or if there is a change in their condition and during the quarterly reviews. Following on from this, a system will be implemented to ensure that residents have a comprehensive re-assessment when a resident returns from hospital or if there is a change in his/her condition or during the quarterly reviews. There will be a comprehensive audit tool and there will be documentation audits carried out quarterly.

Proposed Timescale: 13/02/2015

Theme:

Effective care and support

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

Access to additional healthcare expertise was not provided in relation to the planning around wound management.

Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

During the course of the documentation review, how staff document their actions will be determined and guidelines will be developed to assist staff in identifying when additional healthcare expertise should be sought in relation to, not only wound management but also for example end of life care or issues or concerns identified with activities of daily living. As above, all documentation works/reviews etc to be complete by 13th February 2015.

Proposed Timescale: 13/02/2015