

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Abbot Close Nursing Home
Centre ID:	OSV-0004682
Centre address:	St. Marys Terrace, Askeaton, Limerick.
Telephone number:	061 601 888
Email address:	info@abbotclose.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Abbot Close Nursing Home Limited
Provider Nominee:	Denis McElligott
Lead inspector:	Gemma O'Flynn
Support inspector(s):	Julie Hennessy
Type of inspection	Announced
Number of residents on the date of inspection:	57
Number of vacancies on the date of inspection:	4

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 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:
24 March 2015 08:55	24 March 2015 17:15
25 March 2015 07:55	25 March 2015 14:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 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 report sets out the findings of an announced two day inspection. The registered provider had recently applied to the Authority for a change of entity of their registration and a subsequent 18 outcome inspection was undertaken to inform this registration decision.

Abbot Close Nursing Home is situated in the town of Askeaton, Co, Limerick. It is registered to deliver care to 61 residents. Over the course of the inspection, inspectors met with residents, relatives, staff, the person in charge, a company director and the provider nominee. Policies and procedures were reviewed and practices were observed.

Overall, it was evident that the residents' health and social care needs were met and residents and relatives who spoke with inspectors indicated that they were very happy and well looked after in the centre. Staff were seen to be respectful and courteous to residents and answered their calls in a prompt manner. However, inspectors found that there was requirement for significant improvement across a number of outcomes, and of the 18 outcomes inspected, 6 were found to be at the level of major non compliance. Before the close of the inspection, in response to two serious non compliances identified under outcome 8: Health & Safety and Outcome 18: Staffing, two immediate actions were issued and required a response from before the close of the inspection. An appropriate response from senior management was issued to inspectors before the close of the inspection.

Non compliances , ranging from substantially compliant to major non-compliant were identified in 12 of the 18 outcomes: Outcome 1: Statement of Purpose; Outcome 2: Governance & Management; Outcome 5: Documentation & Records; Outcome 7: Safeguarding & Safety; Outcome 8: Health & Safety; Outcome 9: Medication Management; Outcome 10: Notifications; Outcome 11: Healthcare Needs; Outcome 12: Premises; Outcome 13: Complaints; Outcome 15: Nutrition; Outcome 18: Staffing. These non compliances are discussed throughout the report and in the action plan at the end 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 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 consisted of a statement of the aim, objectives and ethos of the designated centre. However, the provider was providing services which were not set out in the statement of purpose. The designated centre was providing day services such as meals and activities to some persons not residing in the designated centre. Services also included significant nursing interventions such as phlebotomy, liaising with doctors and responding to emergency calls from persons not residing in the designated centre. The centre also accommodated requests from persons not residing in the designated centre to intermittent overnight stays. None of these services were set out in the statement of purpose.

Judgment:

Non Compliant - Major

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:

There was a clearly defined management structure that identified who was in charge, who was accountable and what the reporting structure was. Staff who spoke with the inspector were familiar with same. The provider told the inspector that he visited the centre approximately two days per week and this was confirmed by staff. There was minutes available for inspection of regular management meetings.

The provider had recently implemented a new health and safety programme via consultation with an external provider. This programme was still in the process of implementation with a view to improving health and safety across the service. The provider and person in charge told the inspector that they were expecting positive results following the full implementation of this programme and expected it to contribute to the overall quality and safety of care in the designated centre.

There were audits completed for a range of areas such as pressure sores, falls, cleaning practices and complaints. There was evidence that the compiled data was analysed so as to improve quality and safety of care. The inspector found that there was scope to improve these audits as they were not currently being assessed against best practice/current guidance to ensure compliance with evidence based care. Meaningful audits such as hand hygiene and a comprehensive medication management audit had not been undertaken. The inspector found non compliances in both these areas.

The provider was aware of his responsibility to conduct an annual review of the quality and safety of care delivered to residents in the designated centre and he discussed plans for same.

There was evidence of consultation with residents via the quarterly residents' forum.

Judgment:

Substantially Compliant

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:

There was a guide to the centre available to residents which met the requirements of the Regulations. A random sample of contracts of care were reviewed and found to be in line with the Regulations.

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 individual with the required experience in the area of nursing the older person. Residents were able to identify her as the person in charge and staff who spoke with the inspector were supportive of her as a leader. To maintain continuous professional development the person in charge had completed an end of life care course in 2014 and told the inspector that she planned to undertake training in the area of training others in 2015.

Judgment:

Compliant

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:

Records were maintained in the centre and were kept securely but were easily retrievable. However, as discussed in more detail in outcome 11, the records required of Schedule 3, under the Regulations, were incomplete. For example, the care planning records were insufficient and did not adequately guide care. Although, an assessment of

activities of daily living was completed for each resident, where a problem was identified, a specific care plan, that identified the problem, goal and interventions had not been devised. The daily nursing note was insufficient as it did not give a picture of the resident's condition and care to anyone reading them. They did not provide a record against which improvement, maintenance or deterioration could be judged as required by professional guidance for nurses.

Some policies required review. For example, the risk management policy did not meet the requirements of the Regulations, in that it did not include all of the risks specified in the Regulations. The medication policy required amendment to ensure it fully guided practice. For example, the policy did not specify the procedure in place in the centre for double-checking medications or for completing the count of scheduled drugs at the changeover of shifts.

Judgment:

Non Compliant - Moderate

***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:

There were no instances whereby the person in charge had been absent for 28 days or more. There were suitable arrangements made for her absence should it so occur.

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:

There was a policy in place for the prevention, detection and response to abuse. Staff who spoke with the inspector knew what constituted abuse and what to do in the event of an allegation. Staff confirmed that they would have no hesitation in reporting any concerning episodes and where concerns had arisen in the past, staff confirmed that they had been adequately supported by management to ensure they were protected if raising a concern in regards to safeguarding.

The person in charge stated that she monitored systems in place to protect residents from abuse. She stated that a whistleblower policy was in place to protect those making a disclosure and she implemented this if necessary. She stated that the subject of abuse was discussed at staff meetings. Any incidents, allegations or suspicion of abuse were appropriately investigated and recorded.

Residents who spoke with the inspector stated that staff were very good, that they felt safe in the centre and stated that they could speak with a number of staff if any concerns so arose. Relatives who spoke with the inspector also confirmed that they felt their family member was well looked after in the centre.

There were systems in place to safeguard residents' money and these were easily explained to the inspector. The centre was acting as an agent for some residents and record keeping was clear and up to date. A tally of a random selection of residents' property tallied with records.

There was a policy in place for managing behaviour that is challenging and for the use of restraint. Staff demonstrated good knowledge of residents' needs and discussed ways in which they responded to behaviours that challenge. Mandatory training for the management of behaviours that challenge was not up to date for all staff (this is actioned under outcome 18). The centre had a specific wing for residents who had been diagnosed with a dementia. As previously stated staff demonstrated good knowledge of residents needs, however, these practices were not reflected in documentation. For residents who exhibited behaviours that challenge, there was no documentary evidence that efforts had been made to identify and alleviate the underlying causes of behaviour. There were no care plans in place in regards to positive behavioural support to ensure staff supported the resident in a consistent and appropriate manner.

Efforts had been made to promote a restraint free environment via the purchasing of low low beds, however, significant further development was required in this area. For example, the use of chemical restraint was not in line with national policy as full assessments were not being carried out prior to restrictive practices being used. There was no evidence that alternatives were trialed prior to administering restraint. It was not evident that restrictive procedures were closely monitored and subsequently evaluated to determine the outcome and identify opportunities to reduce its use.

Where bedrails were in place, consent forms were maintained and evidenced that involvement from medical professionals was obtained where required. Residents had

signed consent forms where possible, and it was noted that the resident's wishes were documented on the consent form. However, risk assessments had not been undertaken to determine that bedrails were a suitable form of restraint for each resident. For example, the risk of climbing out over the bedrails had not been considered. This was discussed with the person in charge. Nurses documented one entry to state that two hourly checks had taken place when bedrails were in place. However, the inspector was informed that these checks were completed by the carers who then told the nurse they had taken place. The inspector was not reassured that these controls were robust to ensure safety on an ongoing basis.

Environmental restraint was in place, however, it had not been identified as environmental restraint. For example, in the wing dedicated to the care of residents with dementia, the kitchen doors were kept locked. The inspector was informed on day one that this restriction had been removed, however, on day two, the inspector found that the doors remained locked. It was not clear what alternatives had been tried prior to the implementation of this restriction. The bedroom doors in the wing dedicated to the care of those with dementia had had an additional half door fitted which remained locked during the day. The person in charge advised that this was due to a previous risk that was no longer current. Relatives that the inspector spoke with stated that the half door gave peace of mind. The inspector found that the assessment process for the implementation of the half doors was insufficient as it wasn't clear what, if any, alternatives had been trialled. It was not evident that the controls were reassessed on a regular basis to ensure their proportionality and suitability.

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):

No actions were required from the previous inspection.

Findings:

Despite recent developments that had taken place in the area of health and safety, significant improvements were required.

The provider had engaged the services of an external health and safety consultant and a health and safety system was in the early stages of development. In addition, a comprehensive health and safety assessment had been completed in September 2014.

The September 2014 health and safety assessment had identified a range of hazards. However, it was not clear what progress had been made for addressing all of the

identified hazards as there was no clear action plan or audit trail to track each item. The inspector observed that two hazards that had been identified as 'high-risk' during the assessment had not been addressed. The first high-risk hazard related to fire doors (in this case bedroom doors) being wedged open. The inspector found that this posed a risk to all residents in the centre should a fire so occur as the doors were not being held open by an appropriate means and were therefore prevented from working as they should when required. The provider was required to take immediate action to address this hazard. The provider confirmed that all wedges had been removed and undertook to ensure that any doors that would be held open in the future would be held open using safe and appropriate mechanisms only.

The second high-risk hazard identified related to residents smoking in their bedrooms. The provider and person in charge had made the decision to allow three residents to smoke in their bedrooms. However, inspectors were not satisfied that this activity had been appropriately assessed to inform this decision and ensure it was a suitable and safe practice in the centre. For example, not all of the three residents had a risk assessment completed for this high risk activity. Where a risk assessment had been undertaken, it was undated and there was no evidence of its review. Where risks had been identified, they were classified as low risk despite an external safety consultant highlighting this activity as high risk in 2014. It was not evident that robust controls had been identified. Where controls were in place, they did not sufficiently guide staff; for example, 'frequent observations' and there was no evidence that these controls had been fully implemented. Inspectors were therefore not assured that the provider had taken adequate precautions against the risk of fire and thus ensured the safety of all residents, staff and visitors to the centre. The provider was required to take immediate action to address this hazard and was issued with an immediate action letter. The provider responded in a timely manner. The provider confirmed in the feedback meeting at the close of the inspection that it was the centre's practice that there was a designated smoking room available for residents who chose to smoke and the practice of smoking in bedrooms would cease immediately.

The centre had policies relating to health and an up-to-date safety statement dated was in place. A risk management policy was also in place, however, it did not meet the requirements of the Regulations as it did not include all of the risks specified in the Regulations.

The inspector found that the systems in place for the prevention and control of healthcare associated infections (HCAIs) required improvement. A number of measures were in place for the prevention and management of healthcare associated infections (HCAIs) in the centre. There was an infection control policy in place and guidance and information was available to staff in relation to specific HCAIs. Personal protective equipment was available. There were systems in place for the management of potentially contaminated waste and linen. All rooms had ensuite shower and toilet facilities. Hand hygiene facilities and equipment were available including hand gel and clear and easy to understand signage.

Although there was no staff member with recognised qualifications, competencies or skills in the area of infection control in the centre, staff said that they had access to external advice if required. However, not all staff had not received hand hygiene training

and there was no programme in place for the completion of infection control training, including in relation to the management of specific HCAs.

The inspector observed staff entering and leaving 'isolation' rooms and found that hand hygiene practices that prevent, control and reduce the risk of the spread of HCAs were not in accordance with best practice guidelines.

A list of HCAs was maintained in the centre. However, a system to audit compliance with national guidelines and policies in relation hand hygiene was not in place.

Overall, the physical environment was clean and cleaning staff were employed in the centre. However, the systems in place in relation to environmental cleaning required review to ensure that they were in line with best practice.

Residents' linen and personal laundry was managed in-house. Arrangements in place for the management of personal laundry were satisfactory at the time of inspection.

There were systems in place for the management of waste, including hazardous/clinical waste. Dedicated waste bins for hazardous waste and 'sharps' bins for the safe disposal of sharp items were provided. A contract with a licenced company for the disposal of clinical waste and sharp items was available for review.

Outdated and unsafe techniques were seen to be used on a number of occasions. Records showed that some staff were not up to date with training in people moving and handling, this is discussed further in outcome 18.

There was suitable fire equipment provided. Fire exits were unobstructed and daily checks of exits were carried out. Records were maintained of these checks. Some staff were not up to date with mandatory fire training, this is discussed further in outcome 18. Regular fire drills were carried out. Staff told the inspector that they had raised at these drills and at staff meetings the need to further explore how to evacuate a small number of residents. As a result, the procedures in place to evacuate all residents from the designated centre were not clearly documented or known to staff.

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:

The inspector found that significant improvement was required in relation to medication management in the centre.

Although there were policies in place in relation to the ordering, prescribing, storing and administration of medications, they were not centre-specific. For example, the policy did not specify the procedure in place in that centre for double-checking medications or for completing the count of scheduled drugs at the changeover of shifts.

The inspector found that medications were not always administered as prescribed. On two occasions, a discontinued and lower dose than prescribed had been administered to a resident. In addition, the administration of that medication on those two occasions was only recorded in the daily nursing notes and was not recorded on the medication administration record, as required. The inspector found that this was a major non-compliance.

The inspector found that there was occasion whereby medication administered at a time different to the prescribed order (a medication prescribed for 09:00 was administered at 07:00). This practice is not in accordance with professional guidelines for nurses.

The inspector observed that transcribing practices were not in line with An Bord Altranais guidance. Transcribed orders had not been signed by the transcribing nurse.

The inspector observed a nurse administering medications and found that the round and the medication administration record were completed in line with An Bord Altranais guidance.

The inspector observed appropriate practice in relation to the recording and reporting of residents who refuse their medications that was in line with An Bord Altranais guidance.

The inspector found that while there was a system in place for the segregation of used and out of date medications from other medicinal products, this was not fully implemented in practice. The nurse confirmed that one refrigerated medicinal product was no longer in use and should have been segregated from other medicinal products. There was a system in place for the return of medications to a dedicated pharmacy however, there was no verifiable audit trail for returns of medications to pharmacy in the centre.

Access to the keys of the controlled drugs storage were being managed in line with An Bord Altranais guidance. A sample count of controlled drugs was completed and tallied with the actual number of controlled drugs.

The inspector found that storage of medicinal products was not in line with An Bord Altranais guidance. Whilst medicinal products (including refrigerated medicinal products) were stored in a locked room, this room could be accessed by non nursing members of staff who were not involved in the administration of medications. In addition, medicinal products requiring refrigeration were not stored in a refrigerator designated solely for the storage of medication and there was no system in place that ensured the refrigeration was reliable in terms of temperature control.

There was a system in place for the logging of any medication errors. Since commencement of the log, there had not been any drug errors in the centre, with the exception of the drug error identified during the inspection.

A system for auditing all parts of the medication management cycle was required.

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:

The quarterly report provided to the Authority did not meet the requirements of Schedule 4 of the Regulations as it did not identify all episodes of restraint used in the centre.

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):

No actions were required from the previous inspection.

Findings:

Residents' health care needs were met through timely access to medical treatment, this was evidenced in residents' records and medical professionals were seen to visit the

centre over the course of the inspection. Residents had access to allied health professionals such as occupational therapy, speech and language therapy and occupational therapy. Care was delivered to encourage the prevention and early detection of ill health, for example, monthly weights and observations such as blood pressure were recorded.

Health assessments were carried out for residents on a four monthly basis. These included such assessments as those to determine nutritional status, levels of dependence and falls risk amongst others. These were found to be up to date. A full assessment had been carried out in regards to activities of daily living and some good person centred information was recorded. However, where a problem had been identified, a care plan identifying the problem, goals and nursing interventions had not been developed. A 'plan of care' was documented but these were found to be insufficient to guide care and practice.

For example, the most recent available wound care plan for a resident was dated February 2014, a handwritten note was on this care plan to state that the wound had disimproved since, however, there was no updated information regarding appropriate care available. The chronology of the dressing changes was disorganised and there were gaps in documentation. It wasn't evident what instruction was guiding nurses' practice in regard to appropriate dressing choices and there were variations of dressing choice chosen when dressing changes occurred. The documentation of wound measurements was inconsistent and the care plan did not direct same.

For a resident with a condition requiring regular nursing intervention was insufficient. For example, it did not set out relevant parameters specific to the resident, nor the frequency for such interventions. Staff were able to discuss their practice in regards this need and it was evident that these interventions were carried out via the recording of the results following such interventions.

The inspector found that a resident with a chronic pain issue did not have a care plan that sufficiently guided care. Nursing notes did not reflect/record the pain status of a resident the day prior to the inspection. The centre was not using an appropriate tool to track this resident's pain history to ensure an appropriate medical response.

A review was taking place four monthly as required by the Regulations. However, because the care planning processes was not sufficient, the review was of the assessment of activities of daily living and did not clearly identify the needs of the residents.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and

Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

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 design and layout of the centre were in line with the statement of purpose. The centre was purpose built and promoted the residents dignity, independence and wellbeing. Overall, it was well maintained, some superficial decorative upgrade was required and the inspector was advised that this was due to be undertaken in the summer months. The centre had homely features, however, the wing dedicated to the care of residents with dementia lacked a homely feel. This was an issue that had been identified by relatives prior to previous inspections, and although some work had been undertaken, such as a mural in the circulation corridor, there was still scope to enhance this area significantly.

For the size of the centre, the communal space in the main part of the centre was limited. This was an issue that already been identified by the provider and works were due to commence in the summer months to build on a conservatory off the main sitting room. There was an activities room in use, however, this had been marked for a change of use and it wasn't clear what area would be available for the activities that were taking place in this setting. The activities room was also being used as a store room for furniture such as bedrails, chairs and filing cabinets which prevented a homely feel from the room. Residents' bedrooms were large, bright and airy and some personal touches were seen in residents' rooms. Bedrooms seen by the inspector contained the required furniture, however, as required by the Regulations, not all residents had access to lockable storage in their bedrooms. Some switches to operate the overbed lights were in a difficult to reach position.

Shared rooms had adequate space and furniture, however, privacy screening required attention to ensure that it worked for both residents individually as due to the configuration, if one resident wanted to screen their bed, the curtain around the other resident's bed would need to be closed also.

There were safe external grounds, however, some of the doors giving access to these areas were kept locked and it wasn't evident as to why this was necessary. There was a functioning call bell in place.

Residents had access to appropriate equipment to promote their independence and comfort and staff were trained to use equipment. Handrails were provided in circulation and bathroom areas. A lift was place between floors.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were policies and procedures for the management of complaints, The process was user friendly, accessible to all residents and was displayed in a prominent place in the lobby. There was a nominated person to deal with all complaints and an appeals process was also in place, however the details for the person nominated to deal with appeals were not contained in the procedure details. The procedure required amendment as it did not accurately reflect the role of the Authority where complaints arose. This was discussed as the feedback session at the close of the inspection.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were operational policies in place for end of life care. The centre had links with an external palliative care service and nursing staff were able to detail the referral process. Religious and cultural practices were facilitated and residents' files had a record of the last time the resident had received sacrament of the sick. Staff discussed how families were facilitated to be with their loved ones at their end of life. As discussed in previous outcomes, care plans were insufficient to guide care, although there were some examples of where an appropriate tool had been used to elicit resident wishes, this was not on file for all residents. Where residents were unable to self advocate, it wasn't clear

that appropriate follow up with next of kin was always carried out. Documentation issues are addressed under outcome five and outcome 11.

Judgment:

Compliant

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:

There was a comprehensive policy in place for the monitoring and recording of nutritional intake and this was implemented in practice. Specific recording charts were in place for residents deemed to be at risk from poor nutrition / hydration. A staff handover was observed in the afternoon and dietary intake was discussed at that time.

There was access to fresh drinking water at all times plus other options such as juices and soft drinks. The inspector observed a lunch time sitting and found that it was a very pleasant experience. There were two sittings and lunch was seen to be a real social experience. Good banter was observed between residents and staff. Lunch was an unhurried affair and assistance was offered to those who required it in a discreet and sensitive manner. This was observed to be the case in the wing dedicated to the care of residents with a dementia also.

Residents' dietary requirements were addressed and the catering staff demonstrated a good knowledge of residents needs. Resident dietary information was maintained in the kitchen and updated as necessary by nursing staff. This included specific dietary needs, likes and dislikes.

Food appeared appetising and was served in sufficient quantities. Breakfast was seen to go on throughout the morning and at the residents' leisure. Two meat lunch options were available on the day of inspection with potato and a mix of vegetables, for one resident who didn't eat meat, it was not clear what alternative, if any, had been prepared for him/her. The inspector was told that the menu was decided on a few days in advance and the centre did not operate a menu cycle. It was not clear how the person in charge satisfied themselves that the menu was nutritionally balanced at all times.

Snacks were available throughout the day if so required and there was plenty of food in

stock including fresh fruit and sweet snacks such biscuits if so desired.

Judgment:

Substantially 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:

Residents were consulted about the running of the centre on a quarterly basis via the residents' forum. Residents who spoke with the inspector were aware of the meetings and some said they found them useful. Meeting minutes evidenced the feedback from the residents at these meetings.

The centre was managed in a way that residents could exercise personal autonomy and notice boards hanging in the centre, reminded residents of the date, date and current weather. There were also reminders written on the notice boards that residents just needed to ask if they wanted anything at all. Activities noticeboards had recently been added to the centre and these were large and bright and in pictorial format.

Residents were facilitated to exercise their religious rights and were able to receive visitors in private if they so wished. Residents had access to a private telephone.

The inspector observed care interactions between staff and residents and found interactions to be respectful, relaxed and courteous.

Residents had opportunities to participate in meaningful activities such as chair exercise, music, reminiscence, film night and pottery. Some residents were also seen to participate in 'ordinary' activities such as assisting with the morning tea round. The inspector observed a singing activity in the wing dedicated to the care of residents with dementia. Good participation was observed and residents were heard to say things like 'that's nice'. Residents were seen to be relaxed, laughing and generally enjoying the activity. For those who did not want to partake, their wishes were respected.

Photographs were displayed in the centre of residents involved in different celebrations such as Christmas parties. The chef told the inspector of how individual birthday cakes

were baked on site for each residents' birthday and a list of such dates were seen in the kitchen.

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:

There was a policy on residents' personal property and possessions. Residents were able to retain control over their own possessions and clothing. There was adequate laundry facilities with systems in place to ensure residents' own clothes were returned to them. The laundry room was seen to be organised and well maintained. Residents had adequate storage for their own clothes and other belongings.

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:

The centre's staffing levels were determined based on the needs of the designated centre's residents. However, over the course of the inspection, inspectors were made aware that the centre provided nursing services and an on call emergency response service for persons not residing in the designated centre. This resulted in occasions whereby up to two staff, one of whom may have been the only nurse on duty, were absent from their duty in the designated centre, for undetermined timeframes, so as to attend to the needs of the persons not residing in the designated centre. It also resulted in significant daily nursing and care resources being allocated to persons not residing in the designated centre. Inspectors were therefore not satisfied that the registered provider had ensured that the number and skill mix of staff was appropriate at all times, having regard to the needs of the residents and the size and layout of the designated centre. This resulted in an immediate action being issued to the provider prior to the close of the inspection, requiring a response before the inspectors left.

The inspector was not satisfied that there was an appropriate skill mix on duty at all times given the number and needs of the residents and the design and layout of the centre. The centre was large and spread out over two floors and a separate wing dedicated to the care of residents with dementia, However, only one nurse was rostered on night duty. The majority of staff who spoke with the inspector stated that they thought two nurses would be more appropriate. The provider and the person in charge stated that a second nurse had been trialled in April 2014 but it had not been successful and staff had requested an additional carer instead. The separate wing dedicated to the care of residents with dementia was staffed by two carers during the day and one carer at night. The arrangements to ensure how the nurses on duty adequately supervised the care delivered to these residents on a regular and consistent basis were not clear. As a result of these findings, the inspector requested that the provider carried out a full and comprehensive review of the staffing arrangements in the centre that clearly demonstrated that the skill mix and numbers at all times met the assessed needs of the residents and considered the design and layout of the building. It was agreed that this review would be completed and submitted to the Authority within two weeks of the inspection.

All staff were not up to date with mandatory training. For example, not all staff had received annual fire training. Not all staff were up to date with adult protection training or the management of behaviours that challenge. The centre's training matrix indicated that a number of staff required training in the care of those with dementia and hand hygiene to ensure they provided care that reflects up to date, evidence-based practice.

Staff had annual appraisals and those who spoke with the inspector stated these were useful and an opportunity to identify further training needs. Staff indicated that management were responsive to these needs for example, one staff member had requested additional training in palliative care and confirmed this had been arranged for later in the summer. Some staff had received training in falls management and end of life care.

There were some volunteers visiting the centre. Garda vetting was on file for all volunteers, however, roles and responsibilities for volunteers were not clearly set out for all. This was discussed with the administrator on the day of the inspection.

Judgment:

Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Gemma O'Flynn
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:	Abbot Close Nursing Home
Centre ID:	OSV-0004682
Date of inspection:	24/03/2015
Date of response:	24/04/2015

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The provider was providing services which were not set out in the statement of purpose such as day and nursing services to persons not residing in the designated centre.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

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

We have updated the SOP to reflect the level of service provided to the Retirement Village. On the day of the inspection, all nursing services to the Retirement Village ceased with immediate effect. Relevant agencies involved i.e. GPs, Public Health, Local Authority Liaison Officer and CPN, have also been informed of this. As discussed on the day of the inspection, Activities, Meals, Laundry and housekeeping services are being offered through the Nursing Home.

Proposed Timescale: 05/05/2015

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Meaningful audits such as hand hygiene and a comprehensive medication management audit had not been undertaken. The inspector found non-compliances in both these areas.

Audit findings were not measured against recognised standards to ensure practice was current and evidence based.

Action Required:

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

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

Refresher Hand Hygiene training is being organised, this is going to commence on 14/05/15.

Medication management training is being organised, an in-depth audit is being devised that is in line with best practice. A Nurse tutor will lead training in audit against best practice.

Proposed Timescale: 30/06/2015

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:

Some policies required review. For example, the risk management policy did not meet the requirements of the Regulations, as it did not include all of the risks specified in the

Regulations. The medication policy required amendment to ensure it fully guided practice.

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:

We have looked at the regulations, particularly at Schedule 5 and we have plans in place to understand and review the policies on; Assault and accidental injury to Residents and Staff,

Aggression and Violence,

Absconscion

Challenging Behaviour.

Once these policies are devised, then we will adopt and implement them over the next three months.

Proposed Timescale: 31/07/2015

Theme:

Governance, Leadership and Management

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

Care planning documentation was insufficient.

The daily nursing note was insufficient as it did not give a picture of the resident's condition and care to anyone reading it.

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:

We are seeking the assistance of our Nurse tutor and our PIC to address Care planning along the lines of, identifying problems, setting goals and planning interventions, with an ongoing review process. Further training for the nurses on care planning and documentation has ben organised for Friday May 15th and the use of computerised care planning tool and An Bord Altranais guidelines will be central to this process

Proposed Timescale: 31/05/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Residents who exhibited behaviours that challenge did not have a care plan to positively support behaviour to ensure a consistent and positive approach from all staff. Where restraint was utilised, it was not evident that alternatives had been tried to respond to that behaviour in a manner that was not restrictive. For example, the use of chemical restraint and environmental restraint.

Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

The Registered Provider and the PIC completed the training course on the 'Use of Restraint' 4 years ago, but had not received directive that key-pad access, half doors or locked doors to the kitchen or garden would be seen as restraint. However now we are aware that these areas are of concern and that chemical restraint has clearly been in use. Over the past 4 years, the use of bedrails has been reduced from a high of 31 to its current use by 6 Residents. The use of low-low beds together with staff training in identifying risks around the use of bedrails has greatly helped this. I would respectfully assert that diversion therapy and identifying staff to intervene when restraint may be necessary, is normally used within the nursing home, as a first intervention.

We had training on understanding managing behaviours that challenge, chemical restraint, organised for the 7th May, where 31 staff members have been facilitated. We are currently introducing behavioural care plans as appropriate to the resident. We will have on going training for staff on managing behaviours that challenge.

Proposed Timescale: 31/07/2015

Theme:

Safe care and support

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

The use of restraint was not in line with national policy as published by the Department of Health.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

We will look at the up to date Department of Health guidelines on the use of Restraint and ensure all staff are aware of same. The PIC will review the Department of Health updates on an ongoing basis, to ensure that we adhere to the national policy on the use of restraint, going forward.

Proposed Timescale: 31/05/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were not fully implemented by staff:

1. The systems in place in relation to environmental cleaning required review.
2. The systems in place to manage and control the spread of communicable/transmissible disease required improvement.
3. Hand hygiene practices that prevent, control and reduce the risk of the spread of HCAs were not in accordance with best practice guidelines.
4. Isolation procedures were not in accordance with best practice guidance.
5. Not all staff had received hand hygiene training or training in the prevention and control of HCAs.
6. An infection prevention and control auditing system was required.

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:

Hand Hygiene is being organised as stated in Outcome 2. The suppliers of our cleaning products have suggested the following on environmental cleaning, we have sourced a new mopping system which is colour coded (blue). This will be used only in the bedrooms where there is infection, a fresh mop head will be used for each room. One member from cleaning staff will be assigned daily to clean these rooms. New bins have been ordered for the en-suite bathrooms of these rooms, the yellow bag for the disposal of clinical waste will be placed in these bins and transferred to a large yellow wheelie bin which will be transported outside, when full, to the clinical waste collection point. The alginate bags with personal clothing will be placed in large Red wheelie bins and transported directly to the laundry. As soon as this new system is in place we will conduct audits accordingly.

Proposed Timescale: 31/05/2015

Theme:

Safe care and support

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

The provider and person in charge had made the decision to allow three residents to smoke in their bedrooms. However, inspectors were not satisfied that this high risk activity had been appropriately assessed to inform this decision and ensure it was a suitable and safe practice in the centre. For example, not all of the three residents had a risk assessment completed for this high risk activity. Where a risk assessment had been undertaken, it was undated and there was no evidence of its review. Where risks had been identified, they were classified as low risk despite an external safety consultant highlighting this activity as high risk in 2014. It was not evident that robust controls had been identified. Where controls were in place, they did not sufficiently guide staff; for example, 'frequent observations' and there was no evidence that these controls had been fully implemented.

Inspectors were therefore not assured that the provider had taken adequate precautions against the risk of fire and thus ensure the safety of all residents, staff and visitors to the centre.

Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

All smoking in bedrooms ceased with immediate effect on 25/03/15. Individual smoke alarms have been fitted in the bedrooms of all smokers to ensure that the 'no smoking' practice is adhered to. Fire retardant aprons have been ordered to ensure the personal safety of smokers assessed as needing same. We are undertaking risk assessments on all smokers to identify the level of risk to each individual.

Proposed Timescale: 25/03/2015

Theme:

Safe care and support

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

Not all options had been explored as necessary to ensure that adequate arrangements were in place for evacuating all residents in the designated centre.

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:

In conjunction with our Fire Evacuation policy we will develop a new Emergency Evacuation

Plan, with the assistance of our Safety Consultants. This will be displayed prominently in the Nursing Home and all staff, residents and visitors will be made aware of it.

We have contacted the caretaker of the local community centre and have made arrangements to evacuate our Residents to the centre, should the need arise. We have an organisational phone tree in operation to ensure that local staff can be contacted swiftly during out of hours.

Proposed Timescale: 31/07/2015

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:

While medicinal products were stored in a locked room, this room could be accessed by members of staff who were not involved in the administration of medications. In addition, medicinal products requiring refrigeration were not stored in a refrigerator designated solely for the storage of medication and there was no system in place that ensured the refrigeration was reliable in terms of temperature control.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Only staff involved in the administration of medication will access the storage for medicinal products. The Nurse on Duty will supervise any staff requiring access to the drugs room. The safe in the Drugs room is being removed to another location. A new medicinal fridge is being ordered

Proposed Timescale: 31/07/2015

Theme:

Safe care and support

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

A refrigerated medicinal product that was no longer in use had not been segregated from other medicinal products. Also, there was no verifiable audit trail for returns of medications to pharmacy in the centre.

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:

The medication in question has been removed and disposed of. A diary system is being introduced for the disposal and return of medicines to the Pharmacy, to help facilitate audit.

Proposed Timescale: Immediate & 1 month

Proposed Timescale: 13/05/2015

Theme:

Safe care and support

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

The inspector found that medications were not always administered as prescribed.

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:

We have engaged with our pharmacist to adjust the medication times on our patient information charts to reflect when residents are to be administered their medication. We are reminding Nurses to administer medication as directed and prescribed and at the time indicated. Audit processes are being put in place to ensure compliance with these times and to ensure our training is up to date.

Proposed Timescale: 31/07/2015

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

The quarterly report provided to the Authority did not meet the requirements of Schedule 4 of the Regulations as it did not identify all episodes of restraint used in the centre.

Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set

out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

We are now aware of the complexity and detail of restraint reporting required and accordingly our quarterly notification will reflect this as highlighted in outcome 7.

Proposed Timescale: 30/04/2015

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 were not in place for problems identified in the assessment process.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Care plan training as outlined in outcome 5 is being organised, together with the ongoing education of Nurses and the introduction of a computerised care planning system., identifying the problem, setting goals and implementation/evaluation , will be key to our care planning process.

Proposed Timescale: 31/07/2015

Theme:

Effective care and support

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

Reviews taking place four monthly were reviews of the assessment of daily living. Four monthly reviews of care plans were not taking place as appropriate care plans were not in place.

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:

A plan is being put in place for four monthly reviews, particularly around wound care,

pain management and nutrition, plus other significant problems that residents may present with. The care plan will be devised in consultation with the Resident and/or the Resident's family. The care plans will be audited on a regular basis to ensure they are current and up to date. As stated previously we are planning on introducing computerised care planning.

Proposed Timescale: 31/07/2015

Theme:

Effective care and support

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

It was not evident that care being delivered was based on the most up to date instruction for specialist health care professionals, for example, wound care practices.

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:

An audit is being carried out to establish if treatment plans in place are current, valid and timely and gaps identified will be referred to our Health care professionals to rewrite and update the instructions.

Proposed Timescale: 30/06/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The wing dedicated to the care of residents with dementia lacked a homely feel.

The communal space in the main part of the centre was limited.

The activities room was also being used as a store room for furniture such as bedrails, chairs and filing cabinets which prevented a homely feel from the room.

Not all residents had access to lockable storage in their bedrooms.

Some switches to operate the overbed lights were in a difficult to reach position.

Privacy screening was inadequate.

Some of the doors giving access to enclosed garden areas were kept locked and it wasn't evident as to why this was necessary.

Action Required:

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

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

The dementia wing is being re-painted, redecorated and refitted, in collaboration with the Residents and/or their families. Upgrading the facility in general has begun. External storage space is being sought. Lockable storage for each resident will be provided by our maintenance staff.

Access to the enclosed gardens is now fully available.

We have consulted the guidance document from HIQA regarding the environment of Dementia units, we have consulted with a local interior designer for suggestions to enhance the Dementia wing. I am currently reviewing on line at the University of Sterling, Scotland about enhancing the environment in our Dementia Wing.

Proposed Timescale: 31/10/2015

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 contact details of the appeals person were not included in the policy.

Action Required:

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

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

The contact details of the independent appeals officer for complaints is now included in the complaints procedure.

Proposed Timescale: 31/03/2015

Theme:

Person-centred care and support

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

The role of the Authority was not accurate in the centre's complaints procedure.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

Details of Health Information and Quality Authority have been removed from the complaints procedure.

Proposed Timescale: 31/03/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

For a resident who didn't eat meat, it was not clear that another option had been prepared for him on the day of inspection.

Action Required:

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

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

We have checked with our catering staff and there are always meat, fish, poultry and a suitable alternative available on the menu. We have reminded catering staff that choice to residents is of utmost importance.

Proposed Timescale: 30/03/2015

Theme:

Person-centred care and support

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

It was not evident as to how the person in charge ensured that the menu was nutritionally balanced.

Action Required:

Under Regulation 18(1)(c)(ii) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

We are going to engage the services of a Dietician to assess Residents' needs paying particular attention to Residents with weight loss, weight gain or other nutritional imbalance. A meal plan will be devised which will be assessed and reviewed by the dietitian at her next visit on May 18th 2015.

Proposed Timescale: 30/06/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The inspector was not satisfied that there was an appropriate skill mix on duty at all times given the number and needs of the residents and the design and layout of the centre, in that there was one registered nurse on duty at night. The provider was requested to carry out a full and comprehensive review in this regard.

Action Required:

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

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

We completed our review of staffing levels which we forwarded on to HIQA on the construction of our weekly duty rota, looking in particular at the needs of the Residents and the skill mix of the staff available. Relinquishing the association with the Retirement Village is greatly helping this.

Proposed Timescale: 28/04/2015

Theme:

Workforce

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

The centre's staffing levels were determined based on the needs of the designated centre's residents. However, over the course of the inspection, inspectors were made aware that the centre provided nursing services and an on call emergency response service for persons not residing in the designated centre. This resulted in occasions whereby up to two staff, one of whom may have been the only nurse on duty, were absent from their duty in the designated centre, for undetermined timeframes, so as to attend to the needs of the persons not residing in the designated centre. It also resulted in significant daily nursing and care resources being allocated to persons not residing in the designated centre.

Inspectors were therefore not satisfied that the registered provider had ensured that the number and skill mix of staff was appropriate at all times, having regard to the needs of the residents and the size and layout of the designated centre.

Action Required:

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

Regulation 5 and the size and layout of the designated centre.

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

As outlined in Outcome 1, nursing services to the Retirement Village have ceased. We have alternative arrangements in place to manage the Retirement Village and all staff are aware of what these arrangements are. These arrangements are working very well.

Proposed Timescale: 25/03/2015

Theme:

Workforce

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

The arrangements to ensure how nurses on duty adequately supervised the care delivered to the residents residing in the wing dedicated to the care of those with dementia, were not clear.

Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

The staff allocated to the Dementia Wing are very experienced staff and have been in employment for several years. These staff have FETAC level 5 qualifications, and are very aware of residents' needs. The staff have immediate contact with the main nursing station if assistance is required, as they carry portable phones on all shifts and the Nurses can be summoned immediately. The Nurses carry out regular rounds in the Dementia wing every shift. The PIC regularly monitors the care and activities in the Dementia Unit. The PIC is part of the multidisciplinary team that meets to formulate the care plans for residents in the Dementia wing especially those with challenging behaviour.

Proposed Timescale: 30/03/2015

Theme:

Workforce

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

Not all staff were up to date with mandatory training, such as adult protection, management of behaviours that challenge and fire safety.

Not all staff had received training relevant to the needs of the residents to ensure up to date and evidence-based practice.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to

appropriate training.

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

As discussed in previous outcomes, training is being organised in all areas outlined in the report, over the next three months.

Proposed Timescale: 31/07/2015

Theme:

Workforce

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

The roles and responsibilities for all volunteers was not set out in writing.

Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

All volunteers will receive a description of their roles and responsibilities which will be signed by the Volunteer and the PIC/Administrator/ Activities Co-Ordinator and kept on file.

Proposed Timescale: 31/05/2015