

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Thomond Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000109
<b>Centre address:</b>	Ballymahon, Longford.
<b>Telephone number:</b>	090 643 8350
<b>Email address:</b>	info@thomondlodge.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Thomond Care Services Limited
<b>Provider Nominee:</b>	Sean Kelly
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	Jim Kee;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	42
<b>Number of vacancies on the date of inspection:</b>	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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 18 June 2015 10:30 To: 18 June 2015 17:00

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 14: End of Life Care
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This was an unannounced triggered inspection undertaken in response to unsolicited information received by the Authority with regard to medication management and falls prevention. The inspectors also reviewed areas identified for improvement at the inspection on the 12 February 2014 and other key areas to monitor 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.

Inspectors met residents, the person in charge and staff on duty. Records were examined including care plans, medical records, staff training records, accident and incident records and policies.

On review of the areas detailed in the unsolicited information, the inspectors found that a falls prevention programme was in place. While there is a requirement that when a resident falls a revised falls risk assessment needs to be completed to ensure that the level of risk of falling is current and the care plan should be reviewed to include any additional monitoring or procedures that were necessary to ensure the risk to the resident is at the lowest level possible. This had not been undertaken.

The inspectors found there were moderate non compliances with regard to medication management. These are discussed further throughout the report. The evidence found on inspection that supported inspectors' judgments was relayed to the person in charge and the administrator verbally at the end of the inspection.

Residents spoken with by the inspectors were complimentary of the staff, management personnel and the service provided and stated "staff look after us well, the food is very good, I am well cared for". The inspectors asked a number of residents about using the call bell and residents stated that they were 'able to get help any time they needed it and the call bell was available to them when they were in bed or seated by their bed".

Of the 11 actions from the previous inspection, nine were complete but further work was required in actions which related to care planning where improvements are required to ensure meaningful consultation with residents and in the daily nursing notes which did not give sufficient information on the condition of resident and their care. Aspects of medication management also requires review.

Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.

**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:**

At the time of the last inspection there was a lack of clinical audits with regard to for example weight management, pressure area care or pain management at the time of the last inspection. This had been reviewed and monthly audits on falls, a weight recording and review audit and a food and nutrition audit had been completed. There was evidence available that residents were consulted with regard to the food and nutrition audit and their views informed a change in practice. For example, pictorial menus were introduced post the food and nutritional audit.

Under regulation 23(d) the registered provider shall ensure that that an annual review of the quality and safety of care delivered to residents in the designated centre is carried out and this review must be carried out in consultation with residents and their families to ensure that such care was in accordance with relevant standards set by the Authority under Section 8 of the Health Act. A copy of this review is required to be made available to residents. An overall report of the annual review of the quality and safety of care delivered to residents was available and there was evidence of consultation with residents and their families throughout this report. However, this report did not reflect all quality and safety aspects of the delivery of care to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Health Act.

**Judgment:**

Substantially 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 person in charge has not changed since the last inspection. She has been interviewed in the past by inspectors and has been deemed competent to fulfil the duties of this post.

**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):**

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

**Findings:**

An action in relation to maintaining the directory of residents in compliance with the requirements of the Regulations was contained in the previous report. One of the inspectors reviewed the directory of residents and found that it was in compliance with the regulations.

**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):**

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

**Findings:**

Care staff spoken with told the inspectors that nursing staff and the person in charge were approachable and they felt comfortable with raising any issues of concern with senior staff.

Overall, the inspector was satisfied that measures were in place to protect residents from being harmed or suffering abuse. Residents spoken with confirmed to the inspectors that they felt safe in the centre. They attributed this to the staff being resident in the centre with staff available to them at all times and the doors being locked at night.

Residents were aware that if they had a concern or complaint they could approach any staff member. Residents confirmed that they had no concerns or complaints at the time of inspection. Staff training records supported that all staff had received training on safeguarding vulnerable adults. Inspectors found that staff was aware of their responsibilities in reporting suspected elder abuse to the most senior person on duty. Residents confirmed to the inspector that they were well cared for and had no concerns at the current time.

**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):**

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

**Findings:**

At the time of the last inspection inspectors found that the risk management policy did not comply with current legislation as it failed to guide staff as to the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. This had been addressed.

Procedures for fire detection and prevention were in place. Smoke detectors were located in all bedrooms and general purpose areas. Inspectors reviewed service records

which showed that the fire alarm system, emergency lighting and fire equipment were monitored regularly. Daily inspections of fire exits were carried out and fire exits were unobstructed. Staff had attended training on 'fire prevention and response and evacuation procedures'. Fire drills to reinforce the theoretical training provided to staff to ensure they are confident of the procedure to be followed in the case of a fire were carried out. Directional maps to the nearest exit in the event of a fire were posted at strategic points throughout the building. A risk register which detailed the risk and the controls in place necessary to mitigate the risk was in place.

The inspector reviewed the process for recording incidents and accidents. Staff spoken with relayed a positive attitude towards reporting incidents. Where falls were un-witnessed there was evidence available to demonstrate that the resident was assessed for possible head injury. Neurological observations were recorded routinely to monitor residents to ensure that a head injury had not been sustained and that consciousness had not been affected. Information recorded included factual details of the accident/incident, date and time event occurred, name and contact details of any witnesses and whether medical treatment was required. Monthly falls audit had been carried out. Sensory/tactile mats were available to assist with falls prevention.

There was a visitors' log in place to monitor the movement of persons in and out of the building and a receptionist was on duty Monday to Friday from 09:00 to 18:00 hrs. The lobby area provided a pleasant welcoming space and the reception desk was available on entry.

**Judgment:**  
Compliant

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**  
Safe care and support

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

**Findings:**  
Inspectors found that one action from the previous inspection relating to transcribing practices in the centre had not been satisfactorily implemented. While transcribed orders were now being signed by the transcribing nurse, the date of transcribing was not included as required by professional guidelines. This finding is included under Outcome 11.

There were written operational policies in the centre relating to the ordering,

prescribing, storage and administration of medicines to residents. All of these policies were not implemented in practice, including the practices relating to administration of warfarin to residents and the administration of PRN (as required) medications.

Medicines were supplied to the centre by a local retail pharmacy business in a monitored dosage system. All medicines were stored securely, and a fridge was available for all medicines or prescribed nutritional supplements that required refrigeration. The temperature of this fridge was monitored. All controlled (MDA) medicines were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances checked and signed by two nurses at the end of each shift.

Processes in place for administration of medicines were reviewed. Inspectors were satisfied that nurses were knowledgeable regarding residents' individual medication requirements and followed professional guidelines. However, the inspector observed that only one nurse signed for the administration of warfarin to residents, although the centre's policy stated that the administration of warfarin should be checked by two nurses. The procedure for checking the prescribed dose of warfarin as per the resident's INR also required review to ensure that the correct prescribed dose of warfarin was easily accessible at the time of administration and that the specific dose administered to the resident was recorded.

Dates of opening were not indicated on a number of prescribed medicines to indicate their subsequent expiry date. These medicines included eye drops, oral liquid medicines and creams. The inspector also found that the date of removal from the fridge was not being recorded on pre-filled insulin injection pen devices to indicate the subsequent expiry dates. These must be indicated on medicines according to the storage/shelf life information included in individual medicines' summary of product characteristics, and to ensure that expired medicines are not administered to residents.

There were procedures in place for the handling and disposal of unused and out of date medicines, and detailed medication disposal records were maintained. This was an action from the previous inspection.

A sample of medication prescription and administration sheets (drug prescription and administration records) were reviewed which identified the following issues relating to PRN (as required) medicines:

- Indication for PRN medicine/circumstances when PRN medicines were to be used were not documented on the prescription sheet to ensure the medicine was administered as intended by the prescriber, and to ensure PRN medicines were administered appropriately.

- the maximum daily dosage for PRN (as required) medicines was not clearly and consistently indicated on the prescription sheet, or the timing of respective doses was not indicated.

- One PRN medicine for one resident to be used in the event of status epilepticus was not available on the day of inspection. The person in charge stated they were in the process of obtaining this medication.

There were notes in residents' drug prescription and administration records to indicate refusal of medicines, and there was evidence that the prescriber reviewed these details. There were no residents self administering medication at the time of inspection, although the centre had a policy on self administration of medicines and an assessment

protocol to guide practice.

The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis, conducting reviews of residents' medications. The inspector was shown the last review conducted, and this contained recommendations to review certain psychotropic medicines. There was no indication on this review to indicate the name of the pharmacist who conducted the audit, or if the GP had reviewed the recommendations as part of a regular review of residents' medicines. This was discussed with the person in charge on the day of inspection.

There were systems in place within the centre for reviewing and monitoring medication management practices, including medication management audits that reviewed the prescribing, administration records and storage of medicines. Medication incidents including medication errors and near misses were recorded and reviewed by the person in charge.

**Judgment:**

Non Compliant - Moderate

***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:**

Improvements had been made to the residents' care plans since the last inspection however deficits in some areas remained. On admission, a comprehensive nursing assessment and additional risk assessments were carried out for all residents. For example, a nutritional assessment tool was used to identify risk of nutritional deficit, a falls risk assessment to risk rate propensity to falling. However, these assessments were not always used to inform the care plans.

The inspectors reviewed the notifications submitted prior to the inspection. On inspection the inspectors reviewed the accident and incident records. In particular the inspectors completed an analysis of the extent of falls in the centre and also reviewed the monthly fall audits which were completed by the person in charge. Two residents had sustained fractures in the centre throughout 2014 as a result of falls. A falls prevention programme was in place. Where an event occurred for example a fall, a reassessment was not always carried out, and where it was completed the care plan

was not consistently updated to ensure that any additional control measures that may be required to mitigate the risk were documented.

The care plans required review to ensure they provided guidance to staff in the delivery of person-centred care to residents and reflected the advice of allied health professions input.

There was evidence available of involvement of the resident or their significant in the development and review of their care plan. However, this was only by way of a signature. There was no narrative note that a discussion had taken place with the resident particularly where a resident is cognitively impaired to try and ensure that the resident understands in broad terms the nature of the care to be provided. A 'flow chart' of care delivered which is a type of reference system of care as opposed to a daily narrative record was recorded for residents each day but it was difficult to obtain an overall clinical picture of the resident. These records did not convey the full range of care provided on a daily basis such as the social and psychological support provided to ensure residents well-being. Additionally, on days where there was a narrative note which detailed for example 'skin at risk of breakdown' there was no narrative update. The inspectors spoke with the person in charge who could clearly advise of the current situation. However this area requires review as it is difficult for staff to pick up the current needs of the residents if you have been off on leave.

Where residents were deemed to be at risk of developing wounds preventative measures were identified including skin care regimes. Supportive equipment such as specialist cushions, mattresses and dietary supplements also formed part of the care package. There were no residents with pressure ulcers on the day of inspection.

At the time of the last inspection inspectors found although there were behaviour monitoring logs in place, however the care plans did not include a reactive strategy so that all staff reacted in the same way to the exhibited challenging behaviour. This had been addressed.

**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):**

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

**Findings:**

There were maintenance issues with regards to the environment that required review. These included ensuring there was a lock on each toilet to protect the privacy and dignity of residents, a toilet was noted to be leaking and tiling in one toilet required renewing. These issues had been addressed.

**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):**

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

**Findings:**

End of life care plans were in place, these had been completed since the last inspection.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

A screen had been purchased so that if residents requested to have their insulin injection in the day room, this could be facilitated without infringing of the rights of the residents.

**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:**

Staff spoken with told the inspectors that they had an induction on commencement of employment at the centre, they felt supported by the person in charge and her deputy and there was a good staff team spirit in the centre. The inspectors found that the numbers and skill mix of staff were appropriate to the assessed needs of residents and the size and layout of the centre. For example, inspectors noted that sitting rooms were supervised and call bells were answered promptly and staff told the inspectors that while they were busy at times that they felt there was adequate staff to meet the needs of the residents.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Mary McCann  
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 report<sup>1</sup>

<b>Centre name:</b>	Thomond Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000109
<b>Date of inspection:</b>	18/06/2015
<b>Date of response:</b>	17/07/2015

### 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 02: Governance and Management

#### Theme:

Governance, Leadership and Management

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

The report available did not reflect all quality and safety aspects of the delivery of care to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Health Act.

#### Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the

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

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

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

We will continue to carry out our quarterly audits, however more emphasis will be placed on all guidelines under standard 30 and section 8 of the Health Act 2007 to cover all safety and quality aspects and shall include greater detail in all areas. This will be compiled into an annual audit in December in conjunction with residents and families. We will share it in our newsletter and on our notice board.

Proposed Timescale:

December 2015 Annual Audit

**Proposed Timescale:** 31/12/2015

**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:**

Dates of opening were not indicated on a number of prescribed medicines to indicate their subsequent expiry date. These medicines included eye drops, oral liquid medicines and creams. The date of removal from the fridge was not being recorded on pre-filled insulin injection pen devices to indicate the subsequent expiry dates.

**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:**

All insulin, eye drops, creams and liquid medications shall have a sticker with the date of opening. The importance of this has been reiterated to all nursing staff at our monthly meeting.

**Proposed Timescale:** 14/07/2015

**Theme:**

Safe care and support

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

The system for administering and documenting administration of warfarin within the centre requires review to ensure the resident receives the correct dose

The inspector found that practice with regard to PRN (as required ) medication required review.

**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:**

The policy has been reviewed and changed to reflect all instruction from taking the sample to administering and recording of warfarin. The warfarin dose as per the INR is to be documented in the Medication Review section of the Kardex. The date, the INR result and the dose to be given along with any specific instructions i.e. put on hold or other instruction is recorded here. All daily dosages and instructions are to be recorded in the warfarin sheet of the residents file also.

All PRN Medications will now reflect the time, reason and effects. The pharmacist shall sign all audits undertaken and a section to be included for follow up actions by the GP.

PRN medications for status epileptics are now in place.

**Proposed Timescale:** 14/07/2015

**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:**

While assessments were completed these did not always inform the care plan. The care plans required review to ensure they provided guidance to staff in the delivery of person-centred care to residents and reflected the advice of allied health professions input.

**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 plans shall be compiled in conjunction with the comprehensive assessment carried out on admission and reviewed in conjunction with other risk assessments carried out.

**Proposed Timescale:** 14/07/2015

**Theme:**

Effective care and support

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

There was evidence available of involvement of the resident or their significant in the development and review of their care plan. However, this was only by way of a signature. There was no narrative note that a discussion had taken place with the resident particularly where a resident is cognitively impaired to try and ensure that the resident understands in broad terms the nature of the care to be provided.

**Action Required:**

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

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

All nursing staff have been requested to compile a narrative note on compilation and review of care plan. The nurses have been advised to schedule a meeting with the next of kin/family to review and take part in the current care plans every 4 months.

**Proposed Timescale:** 14/07/2015

**Theme:**

Effective care and support

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

The practice of transcribing medications was not in line with professional guidelines in that the transcribing nurse was not including a date when signing for transcribed medications on prescription charts to indicate the date of transcribing.

**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:**

All nurses have been advised that when transcribing medications this must be dated to ensure that care is in accordance with professional guidelines.

**Proposed Timescale:** 14/07/2015