

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Griffen Valley Nursing Home
Centre ID:	OSV-0000046
Centre address:	Esker Road, Lucan, Co. Dublin.
Telephone number:	01 624 9736
Email address:	info@griffeenvalleynursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Griffen Valley Nursing Home Limited
Provider Nominee:	Anne Foley
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	1

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 November 2015 10:00 To: 18 November 2015 19:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to monitor ongoing compliance with the Care and Welfare Regulations and the National Standards. It also followed up on some matters arising from the registration renewal inspection carried out on 20 January 2014 and to monitor progress on some of the actions required. This inspection also considered information received by the Authority in the form of notifications forwarded by the provider.

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

The inspector found a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were observed to be responsive to residents' needs and alert to any changes in mood or behaviours' that could indicate a potential upset to individuals or groups. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low key unobtrusive

manner.

Overall, there was evidence of continued compliance with the regulations and progress in many areas by the provider in implementing the required improvements identified by previous inspections.

The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply 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. These include improvements to policies medication management and care planning processes.

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):

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

Findings:

A written statement of purpose that described the service and facilities in the centre was available and contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Some revisions were required to ensure completeness of the information in respect of the conditions of registration; registration start and end dates; updated complaints process and facilities which meets residents' needs.

A revised document was reviewed on inspection which meets the requirements of Schedule 1.

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):

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

Findings:

Actions required in relation to the directory of residents; insurance cover for residents' personal possessions and inclusion of the procedure to follow on administration and checking of controlled drugs in the Medication Policy were fully addressed.

But on review of a number of policies, it was found that some were not specific enough to guide evidence based practice and/or were not being fully implemented in practice.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

But the policy did not guide nursing staff on the indications for use of prn (as required) medicines. In particular this was noted where oral nutritional supplements were prescribed. Several residents were noted to be prescribed these supplements on a prn basis. But it was noted that some were not currently receiving the supplement. In some instances the prescription was for one or two supplements to be administered daily on a prn basis. But there was no guidance in place for staff on the decision making rationale to enable appropriate consistent administration. The inspector also looked at the policy in place for the management of nutrition. This policy contained decision making guidance on some aspects of the types and use of nutritional supports but did not include guidance on the decision making rationale for prn supplement use. The policy did not guide staff on the process to be followed to ensure consistent decision making on for example; when to commence /discontinue use of the prn supplement or the referral process to dietician or general practitioner (gp); the amount to be administered daily where there was more than one option available.

It was also found that the medication policy in relation to the prescription and administration of crushed medication was not being followed in practice. This is a recurrent issue and was previously identified on the last inspection but not fully addressed.

It was noted that the medication policy in current use in the centre since April 2015 clearly stated that as crushed medications render them 'unlicensed' by the Irish medicines Board and European Medications Evaluations Agency that each medication to be crushed must be authorised by the prescriber. But although crushed medications were identified on the prescription, each medication to be crushed were not individually prescribed.

Judgment:

Non Compliant - Moderate

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a

positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia.

Staff spoken to by the inspectors confirmed that they had received recent training on recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. Inspectors spoke with a number of relatives during the inspection who were satisfied with the overall level of care being provided, and stated that any concerns they raised were addressed. There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed after the falls and care plans were updated.

There was a policy in place for behaviour that is challenging, and staff had received training on understanding and managing challenging behaviour as part of dementia care training. Staff spoken to by the inspectors were knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents. Residents had been regularly reviewed by their GP, and there was access to psychiatric services for further specialist input.

It was noted that there was a move towards changing the culture and promoting a restraint free environment. The use of bed rail restraint had reduced since the last inspection and the use of alternative measures such as low low beds, mat and bed alarms had increased.

There were risk assessments completed for residents who had bed rails in place, but of those reviewed, they did not consistently show that all considerations were explored and found to be unsuitable before a decision was taken to use bed rails. Evidence of any alternative measures trialled or considered was not available for all residents.

Inspectors were told that where bed rails were in place these had been requested by the resident themselves or in a small number of cases by the resident's family, where the resident did not have capacity to make such a decision. But the practice of using bed rails at the request of families without due clinical consideration of the risks/benefits was not in line with current evidence based practice or the Department of Health's National guidance. Nor did it reflect the centre's own policy which clearly stated that family/next of kin requests or approval for use of restraint where resident's do not have capacity is

not sufficient grounds for the use.

Judgment:

Non Compliant - Moderate

***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:

All lines of enquiry under this outcome were reviewed in full on the last inspection in relation to health and safety risk management and fire safety and were found to be compliant.

Although not all lines of enquiry were reviewed, these findings were replicated on this inspection in that the environment was kept clean, uncluttered and was well maintained and there were measures in place to control and prevent infection. Fire panels were in order and fire exits were unobstructed.

A risk register was established which was regularly reviewed and updated. The register was found to include both clinical and environmental risks.

Information received by the Authority in the form of a concern was reviewed. The information raised concerns that some residents at risk of falls were not properly supervised resulting in recurrent serious falls requiring hospitalisation. These allegations were not upheld by findings on this inspection.

The inspector observed that there was sufficient staff available to supervise all communal areas. All residents who were identified as at risk of absconion or who had poor balance and at risk of falls were accompanied by staff on corridors and whereabouts were regularly monitored by staff.

There were arrangements in place to review accidents and incidents within the centre and residents who had fallen had falls risk assessments completed after the falls and care plans were updated.

The inspector reviewed the incidents and accidents files including all falls occurring in the centre during 2015. It was noted that few falls had occurred in the centre during this period of which only two resulted in the resident concerned attending the hospital, only one was detained overnight for observation. No serious injuries resulted in either case. Both were reported to the Authority as appropriate.

The systems in place to supervise residents and maintain their security in the centre by ensuring all exits were secured by key lock or alarm codes were found to be fully implemented and all staff were noted to be vigilant.

But in conversation with staff, the person in charge and the provider it was found that although an incident had never occurred where a resident had left the centre without staff knowledge, a written detailed plan to ensure a timely and organised response to such an event was not available to guide staff.

Although staff could give a general overview of how they would manage the emergency response to a missing resident such as calling the gardai and searching the centre, specific details of the organisation of a search party; extent of the vicinity to be searched; back up staffing arrangements and type amount and location of emergency supports such as torches; hi visibility jackets and thermal blankets were not in place.

Judgment:

Substantially 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:

All lines of enquiry were not reviewed on this inspection.

The actions arising from the registration inspection were partially addressed.

The policy was revised and updated to include improved guidance on the administration and checking procedures for controlled medications.

However, as previously stated under Outcome 5, the prescription of medications for residents identified as having difficulties with swallowing who need to have some medications crushed was not addressed.

Professional guidance on crushed medications states each medication to be crushed should be prescribed individually, on review of a sample of prescriptions it was found that this was not in place.

The centre's policy also stated that each medication should be authorised by the prescriber.

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):

Findings:

No actions were required from the last inspection and therefore all lines of enquiry were not reviewed.

There was evidence that the well being and welfare of residents were being maintained through the provision of a good standard of nursing medical and social care.

Residents had access to GP services. In conversation with residents and their relatives, the inspector was told that they were facilitated to keep their own GP on admission to the centre. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services. Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by palliative care speech and language therapists, physiotherapy and occupational therapist reviews.

Samples of clinical documentation including nursing and medical records were reviewed, these showed that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident.

Transfer of information within and between the centre and other healthcare providers was found to be good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were seen.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for every identified need.

A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was in place. Although in general care plans reflected the care delivered, further improvements were found to be required. On a small sample of care plans reviewed, it was noted that the recommendations of allied health professionals were not always included and some were not detailed enough to guide staff on the appropriate use of interventions to manage the identified need. Examples included plans in place to manage personal hygiene; skin integrity; diabetes and nutrition. For instance in care plans viewed it was found that specifics such as; interventions as to the level of assistance; direction or supervision required to maintain personal hygiene; food preferences or level of compliance with diet to maintain adequate nutrition; regularity of monitoring of blood sugars to determine stability of diabetes were not referenced.

Although care plans were reviewed and updated on a regular basis and as needs changed it was found that the reviews did not include a determination of the effectiveness of the plans to manage the needs identified.

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:

The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. All walkways were clear and uncluttered to ensure resident safety when mobilising. The design layout and facilities in the centre were found to meet the needs of the current resident profile. Although actions arising from the registration inspection in relation to four ensuite showers which were not accessible to persons with limited mobility. It was noted that one had been renovated and the remaining three were in use by fully mobile persons. In conversation with the provider nominee the inspector was told these would be renovated as and when the need arose.

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:

Evidence that residents rights, privacy and dignity was respected with personal care delivered in their own bedroom or in bathrooms with privacy locks and the right to receive visitors in private. There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading newspapers books or chatting in the large open plan sitting room which was bright and spacious with soft comfortable furnishings.

Choice was respected and residents were asked if they wished to attend Mass or exercise programmes, control over their daily life was also facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

Staff were observed to interact with residents in a warm and personal manner, using touch eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated.

During the course of the lunch period, the inspector noted that all meals were served directly from the main kitchen located beside the dining room. All were hot and well presented. Residents spoken with all agreed that the food provided was always tasty hot and appetising. They said they were told what was for the meal when being asked for their choice each morning. The menu was also displayed in the dining room. The interactions of staff that were working in the dining room or bringing residents into the room for lunch were observed. Staff were observed to make eye contact use touch and gentle encouragement in low key moderate and supportive tone of voice.

An activity programme that included activities was arranged for the mornings and afternoons such as music, quizzes, bingo, card games, exercise and relaxation therapies.

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):

Findings:

All lines of enquiry were not reviewed on this inspection.

Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place. Agency staff were not used to cover gaps in the roster, the inspector was told that where cover was required it was filled by staff working occasional additional shifts in an effort to maintain consistency of care.

Appropriate and sufficient supervision and guidance, auditing of care delivery, assessments and implementation of care interventions by the senior management team were in place. The person in charge was observed to be constantly visible on the floor, monitoring care delivery, chatting to residents and communicating with relatives. Staff allocation and key worker systems were in place to ensure safe delivery of care and updates on residents' condition.

Training records were reviewed and evidence that all staff had been provided with required mandatory training such as fire safety, moving and handling and prevention of elder abuse. Additional training in wound care, infection prevention and control; nutrition screening; dementia and management of behaviour that challenges was also provided.

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:

Nuala Rafferty
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:	Griffen Valley Nursing Home
Centre ID:	OSV-0000046
Date of inspection:	18/11/2015
Date of response:	15/12/2015

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 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:

All of the policies in place were not fully implemented in practice

1. 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:

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

A) Medication Management Policy

Next medication cycle is due to be printed on 28.12.15. Medications to be crushed will be identified and marked individually.

B) Restraint Policy

Evidence of trialled alternatives/considerations to bedrails will be documented in resident's care plans – The care plans that the inspector identified in this inspection will be updated

Proposed Timescale: 31/12/2015

Theme:

Governance, Leadership and Management

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

Medication and Nutrition policies in place required to be reviewed in order to guide staff sufficiently on all aspects of decision making processes.

2. Action Required:

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

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

- The following has been added to the Nutrition and Hydration Policy and also added to the PRN section of the Medication Management Policy and circulated to staff:-
- On occasion a resident may be prescribed PRN Oral Nutritional Supplements. This is in the case for residents who may feel unwell or have poor appetite on occasion.
- Nurse in charge to administer PRN prescribed supplement to a resident if they have missed/refused a meal in a 24 hour period (in order to assist in maintaining nutritional status).
- If a resident misses a second meal in the same 24 hour period a second supplement can be administered if prescribed by the GP. If a resident continues to have a reduced food intake after a 48 hour period a food intake chart is to be commenced. Resident is to be screened for underlying causes and comprehensive nutritional assessment to be completed – follow guidelines for comprehensive assessment.
- Consult with GP and refer to dietician if required.
- If a resident regains usual appetite and food intake becomes normal within 48 hour period, PRN supplements can then be held

Proposed Timescale: 15/12/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Evidence to show that all considerations were explored, in line with national policy as published on the Department of Health website, and found to be unsuitable before a decision was taken to use a form of physical restraint was not available.

3. 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:

Restraint Policy

Evidence of trialled alternatives/considerations to bedrails will be documented in resident's care plans – The care plans that the inspector identified during the inspection will be updated.

Proposed Timescale: 31/12/2015

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:

A specific written plan was not in place for responding to major incidents such as managing the response to a missing resident

4. Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

A policy in Management & Prevention of Residents Elopement has been circulated to all staff. Elopement kit including torches, maps, blankets etc is being assembled – awaiting delivery of foil blankets and high visibility vests

Proposed Timescale: 15/12/2015

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:

Crushed medication was not administered or individually authorised in line with professional guidance

5. 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:

Next medication cycle is due to be printed on 28.12.15. Medications to be crushed will be identified and marked individually

Proposed Timescale: 31/12/2015

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:

All care plans did not include the recommendations of allied health professionals and some were not detailed enough to guide staff on the appropriate use of interventions to consistently manage the identified need.

6. 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:

All future recommendations made by allied health professionals will be clearly detailed and documented directly into Care Plans.

Proposed Timescale: 15/12/2015

Theme:

Effective care and support

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

Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

7. 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:

Care Plan meetings are held with residents, representatives and staff on a 3 monthly basis. Needs are discussed and documented at these meetings.

Identified problems/needs are recorded in section 9 of care plans. Each problem/need carries a planned goal, interventions required and an evaluation is carried out at regular intervals on an evaluations sheet.

Where required, these will be reviewed to include the level of assistance and direction /supervision required to maintain personal hygiene, adequate nutritional status and food preferences etc

A more detailed evaluation will be documented and will include determinations and effectiveness of each plan. This will be commenced immediately and will be completed by the next 3 monthly care plan meetings which are scheduled to take place in March 2016 with residents and representatives.

Proposed Timescale: 31/03/2016