

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Archview Lodge
Centre ID:	OSV-0000314
Centre address:	Drumany, Letterkenny, Donegal.
Telephone number:	074 912 4676
Email address:	archviewlodgenh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Archview Lodge Nursing Home Limited
Provider Nominee:	Patrick Sweeney
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	2

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: 07 October 2015 09:45 To: 07 October 2015 18:45

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 14: End of Life Care	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

The inspector reviewed progress on the action plan from the previous inspection carried out in July 2014. Notifications of incidents received since the last inspection was also considered and reviewed on this visit.

The inspector found that residents were receiving responsive healthcare that met their assessed needs. There was evidence of individual residents' needs being met. The inspector found a good standard of evidence-based care and appropriate medical and allied health care access.

A total of 12 Outcomes were inspected. The inspector judged two Outcomes as moderately non compliant. These include Health, Safety and Risk Management and Safe and Suitable Premises. Five Outcomes were judged as compliant with the Regulations and a further five as substantially in compliance with the Regulations.

The areas of moderate non compliance primarily related to;

The physical environment requires upgrading. The provider has submitted plans to the Authority of proposed works to enhance the physical amenity of the building to meet the needs of residents

The health and safety statement requires review to identify any potential hazards' in residents bedrooms and communal areas. The system to complete fire drill practices requires review to inform learning.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) 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 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:

The inspector was satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided.

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

Findings:

The inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. There was an organisational structure in place to support the person in charge. The provider attends the centre routinely.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge. Clinical data was collected and reviewed weekly. This included information on physical restraint management (bedrails), the number of resident on psychotropic medication, accidents/incidents and nutritional care. The inspector found that this information was used to improve the service.

Aspects of the quality assurance program reviewed required further development. Action plans were not developed and changes implemented to improve practice in all areas audited. While weekly and monthly indicators were collected the data was not tracked to identify trends at frequent intervals throughout the year. There was an overall end of year review.

An annual report on the quality and safety of care was compiled for 2014. The report was comprehensive and provided much useful information to residents and their families on developments within the service.

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):

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

Findings:

The inspector found that all residents had an agreed written contract. The contract of care was revised as this was an area identified for improvement on the last inspection.

The cost of additional expenses incurred by residents was set out in the revised contract of care. This identified charges payable per items not included in the overall fee.

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.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person appointed fulfils the criteria required by the Regulations in terms of appropriate qualifications and experience. The person in charge is an experienced nurse. She holds a full-time post. She was well known by residents. She had good knowledge of residents care needs.</p> <p>The person in charge and could describe in a very informed way where residents had specific needs and how staff ensured resident's care needs were met appropriately.</p> <p>There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.</p> <p>There is a nurse notified to the Authority to deputise in the absence of the person in charge.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 05: Documentation to be kept at a designated centre</i> <i>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.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspector found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.</p> <p>Written operational policies were in place to inform practice and provide guidance to staff. As required from the action plan of the last inspection some polices required</p>

review. This work was completed. The adult protection procedures and the policy on self harm were revised.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner.

A sample of three staff files were reviewed. The files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed with the exception of valid photographic identification namely a drivers licence or passport.

A directory of residents was maintained. The directory contained all the information required by schedule three of the Regulations. The directory was maintained up to date and contained the details of the most recent admission and death to occur.

The complaints procedure was not displayed prominently as required by the Regulations.

Judgment:

Substantially 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:

Residents spoken with stated that they felt safe in the centre. There was a visitors log in place. The front door was secured.

Staff to whom the inspector spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. The person in charge is a qualified trainer in adult protection. Garda Síochána vetting had been applied for all staff members.

A restraint free environment was promoted. Restraint measures in place included the use of bedrails by only three residents and one lap belt. The inspector reviewed a sample of assessments that underpinned physical restraint practice (bed rails and lap belts).

There was a risk assessment completed prior to the use of the restraint. Signed consent was obtained by the resident or their representative and the GP. The documentation reviewed stated the alternatives trialled. However, it did not detail why they were unsuccessful. The rationale was not detailed to outline how the raised bedrail supported the resident and ensured an enabling function.

There is a policy on the management of behaviour that is challenging. Staff spoken with were very familiar with resident's behaviours and could describe particular residents daily routines very well to the inspector. Staff had completed training on caring for older people with cognitive impairment or dementia. This training included components to respond to challenging behaviours.

Judgment:

Substantially 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:

The inspector was satisfied that the health and safety of residents, staff and visitors in the centre was promoted and protected. The actions in the previous inspection which related to risk, health and safety were satisfactorily completed.

The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy and health and safety statement.

However, the health and safety statement requires review to identify any potential hazards' in residents bedrooms and communal areas used by residents to include the sitting rooms and the dining room.

The inspector reviewed the fire safety register and training records. Staff to whom the inspector spoke confirmed their attendance at fire training and gave accounts of their understanding of fire procedures in the event of an outbreak of fire. There was an ongoing program of refresher training in fire evacuation in place. Fire training took place for some staff on the day of inspection.

Fire safety equipment including the fire alarm, fire extinguishers, emergency lighting and

smoke detectors were provided and were serviced quarterly and annually as required. Fire exits were checked daily. The fire alarm was activated routinely and automatic door closer checked. Fire extinguishers were checked routinely to ensure they were in place and intact.

As required from the action plan of the last visit a personal emergency evacuation plan was developed for each resident. However, the equipment to evacuate each resident in the event of an emergency both during the day and at night was not collated onto a readily accessible sheet for ease of identification.

Records indicated fire drill practices were completed. However, the fire drill records did not record the time taken for staff to respond to the alarm. The drills did not record the scenario/type of simulated practice. Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced. There was no evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There was one resident who smoked at the time of inspection. Cigarettes and lighters were held in safekeeping by staff. The resident was supervised and assisted by staff.

The inspector reviewed the cleaning system in place to break the cycle of infection and minimise the risk of cross contamination. There were a sufficient number of cleaning staff rostered each day of the week. Staff were able to explain how they cleaned a room in the event of an outbreak of infection. Separate cleaning equipment and cloths were provided to clean bedrooms and communal areas. However, cleaning cloths were not changed at frequent intervals between cleaning each bedroom.

Hand testing indicated the temperature of hot water did not pose a risk of burns/scalds. A member of staff was trained as a link nurse in infection control and had undertaken training in hand hygiene.

There was sufficient moving and handling equipment available to staff to meet residents needs. A contract was in place for servicing of equipment to include breakdown and repairs of equipment. Two residents required the use of a hoist and the type and sling size were clearly identified in their care plans. There was an ongoing program of refresher training in safe moving and handling of residents.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. However, neurological observations were not recorded in line with best practice where a resident sustained an unwitnessed fall or suspected head injury. The falls management policy reviewed did not include procedures to guide staff on completing neurological observations.

Judgment:
Non Compliant - Moderate

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:

There was a detailed medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

The inspector reviewed a sample of drugs charts. Medications are not transcribed. Each drug was individually signed by the GP. Photographic identification was available on the drugs charts reviewed.

Each resident's medication was dispensed from individual packages. All medications are delivered to the centre by the pharmacist every two weeks. The medications on arrival were checked against the prescription sheets in the signed kardex to ensure all medication orders received were correct for each resident.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Nurses kept a register of controlled drugs. Controlled drugs were checked at the change of each shift. There were two signatures in place each time the drugs were checked at the change of shift. The inspector checked a selection of the balances and found them to be correct.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

Findings:

There were 31 residents in the centre during the inspection and one in hospital. There were four residents with maximum care needs. Six residents were assessed as highly dependent and 16 had medium dependency care needs. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Eleven residents had a diagnosis of dementia or Alzheimers.

The arrangements to meet residents' assessed needs were set out in individual care plans. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and moving and handling assessments.

The range of risk assessments completed were used to develop care plans that were person-centred, individualised and described the current care to be given. The individual care plans described well in narrative form the necessary interventions and residents preferred routine. In the sample of care plans reviewed there was evidence care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition.

Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector. There was documentary evidence that residents or their representative were involved in the development and review of their care plan.

The inspector found a good standard of care and appropriate medical and allied health care access. Residents had access to GP services and there was evidence of medical reviews frequently. It was evidenced in medical files newly admitted residents were seen by the GP within a short timeframe of admission.

Access to allied health professionals to include speech and language therapist, dietetic service and occupational therapy were available. There was no resident with a pressure wound at the time of this inspection.

There was ongoing monitoring of residents nutritional and hydration needs. Each resident's weight was checked monthly. At the time of this inspection five residents were being weighed weekly. Staff monitored the food and fluid intake of residents identified with a nutritional risk. Food intake records were well completed consistently. Fluid charts were totalled to ensure a daily fluid goal was achieved.

Judgment:

Compliant

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 inspector noted the building was comfortably warm. Wash hand basins are fitted with thermostatic controlled valves. Hand testing indicated the temperature of hot water did not pose a risk of scalds. Restrictors are fitted to all windows.

The aspects of the physical design of the building identified on the previous inspection as requiring upgrading has not been completed at the time of this inspection. The provider indicated the work will take place on a phased basis. The on-site works are expected to commence shortly to comply with the time frames outlined in the registration conditions. The areas of deficit to be addressed. Three bedrooms accommodated three residents and the linear layout that had to be adopted to accommodate the three beds did not facilitate the provision of effective standards of privacy and dignity. Two rooms, 12 and 12A had natural light provided by sky lights in the ceiling but had no windows for residents to look out. Four rooms have a compromised outlook as the windows look onto the exterior wall of another part of the building. Efforts to enhance the view by providing a scenic mural had improved the visual aspect to some rooms. Room 13 (shared by two residents) was also undersized measuring 13.6 square metres instead of recommended minimum of 14.8 square metres. There was no treatment room where residents could meet with health professionals in private and although there is an attractive large garden there is no secure outdoor space that residents can use safely and unaccompanied.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise.

A multi disciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team. Residents with a do not resuscitate (DNR) status in place did not have the DNR status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

Each resident had a plan of care for end-of -life. The care plans contained good detail of personal or spiritual wishes. Decisions concerning future healthcare interventions were outlined. Resident’s preferences with regard to transfer to hospital if of a therapeutic benefit were documented in end-of -life care plans.

The majority of staff had completed end-of-life training during 2014.

Judgment:

Substantially 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 inspector judged there was an adequate complement of nursing staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre.

However, the care assistant staffing levels require continuous review. This is required to take account of the increasing dependency of residents due to their ageing profile and planning to take account of the various activities and requirements to assist residents in

their activities of daily living. Continuous reviews to ensure adequate resources are maintained to cover any shortfall in staff are necessary. While a staff member worked late the evening prior to the inspection to provide support for end of life care ,additional resources were not planned for the following morning.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees and complete Garda Siochana vetting.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on infection control, nutrition in the elderly and dementia care.

Judgment:

Substantially 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:

PJ Wynne
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:	Archview Lodge
Centre ID:	OSV-0000314
Date of inspection:	07/10/2015
Date of response:	05/12/2015

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Aspects of the quality assurance program reviewed required further development. Action plans were not developed and changes implemented to improve practice in all areas audited. The data was not tracked to identify trends at frequent intervals throughout the year.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Collated audit data will be tracked so that management systems in place will continue to ensure that the service is safe, appropriate, consistent and effectively monitored.

Proposed Timescale: 31/01/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The complaints procedure was not displayed prominently as required by the Regulations.

2. Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

A copy of the Complaints Procedure is now displayed in a more prominent position in the Nursing Home.

Proposed Timescale: Completed.

Proposed Timescale: 05/12/2015

Theme:

Governance, Leadership and Management

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

Valid photographic identification namely a drivers licence or passport was not provided in the sample of staff files reviewed.

3. 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:

Current photographic identification in staff files will be replaced by copies of Passport or

Driving Licence.

Proposed Timescale: 31/01/2016

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:

The documentation reviewed stated the alternatives trialled. However, it did not detail why they were unsuccessful. The rationale was not detailed to outline how the raised bedrail supported the resident and ensured an enabling function.

4. 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:

In future, documentation will detail alternatives trialled and reason unsuccessful to outline rationale for the use of bed rails as an enabler.

Proposed Timescale: 07/12/2015

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:

The health and safety statement requires review to identify any potential hazards in residents bedrooms and communal areas used by residents to include the sitting rooms and the dining room.

5. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The Health & Safety Statement and Risk Management Policy will be reviewed to identify any potential hazards in resident's bedrooms and communal areas used by Residents.

Proposed Timescale: 31/01/2016

Theme:

Safe care and support

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

Neurological observations were not recorded in line with best practice where a resident sustained an unwitnessed fall or suspected head injury. The falls management policy reviewed did not include procedures to guide staff on completing neurological observations.

6. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

1. Neurological observations will be recorded in line with best practice immediately where a resident has sustained an accidental head injury.
2. Falls Management and Risk Management Policies have been reviewed to include procedures to guide staff in completing neurological observations.

Proposed Timescale:

1. Neurological observations will begin immediately/current.
2. Policies reviewed and updated – 21st December, 2015.

Proposed Timescale: 21/12/2015

Theme:

Safe care and support

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

Cleaning cloths were not changed at frequent intervals between cleaning each bedroom.

7. 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:

Current procedures in place for the prevention and control of healthcare associated infections includes use of colour coded cloths for the cleaning of different identified areas within the Nursing Home. Staff have been advised to strictly adhere to these procedures and discard used cloths on completion of cleaning each area.

Proposed Timescale: Completed and will continue to be closely monitored.

Proposed Timescale: 05/12/2015

Theme:

Safe care and support

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

The equipment to evacuate each resident in the event of an emergency both during the day and at night was not collated onto a readily accessible sheet for ease of identification.

8. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The equipment to evacuate each resident, both during the day and at night, included at present in the PEEP Assessment, have been collated onto a readily accessible sheet for ease of identification in the event of an emergency.

Proposed Timescale: Completed.

Proposed Timescale: 05/12/2015

Theme:

Safe care and support

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

The fire drill records did not record the time taken for staff to respond to the alarm. The drills did not record the scenario/type of simulated practice. Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced. There was no evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

9. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

The current recording of Fire Drills that are being undertaken both day and night will be extended to include – time taken to respond to Alarm. The scope of the present

evacuation will also be extended to include comments, suggestions and learning from participating staff.

Proposed Timescale: 15/01/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Residents with a do not resuscitate (DNR) status in place did not have the DNR status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

10. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Residents approaching End of Life with a DNR status in place will have their DNR status regularly reviewed as per Part 4 of the HSE National Consent Policy.

Proposed Timescale: 31/01/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Care assistant staffing levels require review.

11. 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:

Care Assistant staffing levels will continue to be reviewed regularly to ensure that the number and skill mix of staff is appropriate to meet the need of residents.

Proposed Timescale: Completed.

Proposed Timescale: 05/12/2015