

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Joseph's Nursing Home
Centre ID:	OSV-0000175
Centre address:	Lurgan Glebe, Virginia, Cavan.
Telephone number:	049 854 7012
Email address:	stjohnsstjosephs@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Masonic Havens Limited
Provider Nominee:	Richard Graves
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	0

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 November 2015 09:15	11 November 2015 17:30
16 November 2015 09:30	16 November 2015 14:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	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	Substantially Compliant
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection. This inspection took place over two days. The inspector reviewed progress on the action plan from the previous inspection carried out in February 2014. Notifications of incidents received since the last inspection was also considered and reviewed on this visit.

The centre was clean, warm and well decorated with a calm atmosphere. Residents were complimentary of staff and satisfied with care services provided. They had good access to nursing, medical and allied health care. Residents had opportunities to participate in meaningful activities, appropriate to their interests and capacities.

The inspector judged there was an adequate complement of staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection.

A total of 12 Outcomes were inspected. The inspector judged three Outcomes as moderately non compliant. These included Health, Safety and Risk, Food and Nutrition and the Complaints Procedures. Five Outcomes were judged as compliant with the Regulations and a further four as substantially in compliance with the Regulations.

The areas of moderate non compliance primarily related to;

Fire drill practices require review to ensure simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced. The fire drill records did not detail the time taken for staff to respond to the alarm or evacuate a zoned compartment.

The cleaning system in place required review to break the cycle of infection and minimise the risk of cross contamination. Cleaning staff did not have cleaning trolleys to carry all their required equipment.

The procedures to resolve complaints or matters raised requires review.

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):

No actions were required from the previous inspection.

Findings:

The Statement of Purpose was last updated in January 2014. 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.

However, the Statement of Purpose was not updated on receipt of the new certificate of registration to detail the revised registration number.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There was a defined management structure in place to ensure the effective governance of the service. The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre. There was an organisational

structure in place to support the person in charge.

The quality assurance program requires development and expansion to review key areas which impact on resident's wellbeing and quality of life. While a falls audit was completed, contributory factors were not identified and a post falls review was not undertaken. Audits of medication were undertaken. Individual usage of psychotropic and night sedative medication was discussed with the GP. However, a system was not in place to easily identify trends in individual and collective usage through audits.

An annual report on the quality and safety of care was not compiled for 2014 with copies made available to the residents or their representative for their information as required by the Regulations.

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 is a registered nurse and is noted on the roster as working in the post full-time. She had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She has maintained her professional development and attended mandatory training required by the Regulations.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. The person in charge is supported in her role by a clinical nurse manager.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations

2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff.

A sample of six staff 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.

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):

Findings:

The policy on adult protection was available. This was revised since the last inspection. Protected disclosure procedures to guide staff in their reporting of a suspicion of abuse were documented in the policy. However, the contact details of the HSE senior case worker were not detailed. Residents spoken with stated that they felt safe in the centre. The front entrance door was secured. There was a visitors log in place.

Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults in place.

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. The majority of staff had completed training in behaviours that challenge. However, six care assistants and two nurses recruited during 2015 were identified as requiring training.

There was a policy on restraint management (the use of bedrails and lap belts) in place. At the time of this inspection no lap belts were in use. Bedrails were raised on the beds of 14 residents. Six of these residents had requested the bedrail for psychological safety reasons. Risk assessments were completed in all cases prior to the use of the bedrails. Assessments were regularly revised. Signed consent was obtained by the resident or their representative and the GP. The percentage of residents with bedrails has decreased on each inspection over the last three year period. There has been a 20% reduction in the use of bedrails since February 2014. Sensor alarms and ultra low beds were in use to promote a restraint free environment.

The inspector reviewed the systems in place to support service users with management of their finances. The person in charge was a designated agent to collect the pension of five residents. A review of records demonstrated transparent accounting systems.

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.

Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided and were serviced annually. Evacuation sheets were fitted to each bed. Illuminated fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building. Personal emergency evacuation plans were not developed for each resident. A risk assessment to identify the most appropriate aids suitable to residents capability to assist them safely evacuate in a timely manner both during the day and at night while resting in bed were not developed.

The majority of staff had completed training in fire safety evacuation procedures. Newly recruited staff were familiarised with the fire precautions on induction and prioritised for training by a competent external trainer. However, four staff recruited during February and March 2015 were not formally trained until November.

Records indicated fire drill practices were completed. 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. The fire drill records did not detail the time taken for staff to respond to the alarm or evacuate a zoned compartment. There was no evaluation of learning from fire drills completed to help staff understand what worked well, identify any improvements required and share learning.

There were was one resident who smoked at the time of this inspection. A risk assessment was completed. A plan of care was in place detailing the level of assistance and supervision required. Cigarettes and lighters were held in safekeeping by staff both during the day and at night.

The building, bedrooms and bathrooms were visually clean. However, the cleaning system in place required review to break the cycle of infection and minimise the risk of cross contamination. Cleaning staff did not have cleaning trolleys to carry all their required equipment to facilitate changing cleaning cloths at frequent intervals. Staff were not able to collectively transport the required mops from each area while moving from one bedroom to the next.

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. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. This was an area identified for improvement on the last inspection. Individual strategies were outlined in care plans to minimise the risk of residents sustaining a fall. However, a post incident review was not completed to identify any contributing factors for example, changes to medication or onset of an infection.

The training records showed that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to

meet residents needs. Each resident's moving and handling needs were identified and available to staff at the point of care delivery. This was an area identified in the action plan of the previous inspection report. However, the inspector observed some residents being transported in wheelchairs without foot plates in place and residents feet were not safely positioned.

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

Each resident's medication was dispensed from blister packs. The blister packs on arrival were checked against the prescription sheets in the signed kardex to ensure all medication orders received were correct for each resident. Drugs which were crushed prior to administration were prescribed and signed by the GP.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible and colour coded to easily distinguish between PRN (as needed), regular and short term medication.

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

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each 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):

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

Findings:

There were 50 residents in the centre during the inspection and two residents in hospital. There were 32 residents with high dependency care needs. Seventeen residents were assessed as medium dependent and three with low care needs. Moving and handling assessments indicated 12 residents required the use of a full body hoist and eight a sit to stand hoist to meet their transfer needs from bed or chair.

All residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Thirty eight residents had a diagnosis of either dementia, cognitive impairment or Alzheimers. Sixteen of the residents were over 90 years and ten over 85 years of age.

The inspector reviewed four resident's care plans in detail and certain aspects within other plans of care. This included the files of residents with nutritional issues, protective dressings, potential behaviour that challenges, high risk of falls, a recently admitted resident and a resident who had a hospital admission.

On admission a comprehensive assessment of needs was completed, reviewed and updated at regular intervals. 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 continence.

There was good documentary evidence that residents or their representative were involved in the development and review of their care plan. The discussion of the care plan was detailed in narrative format. This outlined in detail the resident's or their next of kin's understanding of the plans of care. This was an area identified for improvement on the last inspection.

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. There was good linkage between assessments completed and developed plans of care.

The majority of care plans were well personalised to meet physical care needs. However, further work is required to develop care plans that are more person-centred and individualised for residents with dementia or behaviours that challenge. Care plans for residents with dementia did not identify where the resident is on their dementia journey. Information such as who the resident still recognised or what activities could still be undertaken to guide staff practice was not always evident.

Plans of care to meet the psychosocial needs of residents with behaviours that challenge require review to ensure they are person-centred and linked to the resident's life history. One resident presented with behaviours that challenged during personal care and another resident experienced visual and auditory hallucinations. Care plan interventions did not outline preventative or reactivate strategies.

Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. A review of residents' medical notes showed that GPs visited the centre regularly. The GPs reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Where residents had specialist care needs such as mental health problems there was evidence in medical files of good links with the mental health services. The consultant psychiatrist and their team visit the centre as required to review residents. At the time of this inspection a resident's psychosocial needs were not being fully met. Medication was reviewed to ensure optimum therapeutic values. A psychology review was facilitated. Options were being explored by the person in charge in consultation with the family to include placement in a high support unit.

There were four residents with pressure or vascular wounds at the time of this inspection. The inspector reviewed the care plan for two residents. Advice was obtained from a clinical nurse specialist in wound care. Plans of care were in place to outline the type and frequency of dressing. Care staff completed repositioning charts for residents with poor skin integrity or those who spent significant periods of time in bed due to fragility.

There were opportunities for residents to partake in activities. An activity coordinator was employed full time for five days each week. Residents had access to a secure enclosed garden and the patio area at the front of the building was secured in the interest of safety to residents and visitors.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

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

Findings:

The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

The complaints procedure was displayed in the entrance foyer for visitors to view. This provided direction to a person on how to raise an issue if they had a concern. The complaints procedure on display met the requirements of the regulations. This was an area identified for improvement in the action plan of the last inspection.

However, the complaints policy was not revised to reflect the amended procedures. In particular the appeals procedures. No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

The outcome to resolve complaints or matters raised requires review. In one complaint it was noted as the complainant did not put the issue in writing the complaint was not fully explored. Learning to minimise the likelihood of a repeat of a similar issue or complainants satisfaction was not ensured.

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):

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

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. A revised system has been implemented to ensure residents with a do not resuscitate (DNR) status in place 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. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were documented in of the end-of -life care plans reviewed.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

There was ongoing monitoring of residents nutritional and hydration needs. 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 and reviewed by the nursing staff.

Residents' weight was monitored on a regular basis and nutritional supplements were prescribed by the GP where the need was identified. However, there was limited evidence of review and input by a dietician to ensure a holistic approach.

The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. The list outlining resident's dietary requirements was updated and given to kitchen staff weekly. Staff interviewed could describe the different textures and the residents who had specific requirements.

Resident's requiring a pureed diet did not have their portions individually plated at mealtimes. Dinner was served in a bowl with the content mixed together. Potatoes, meat and vegetables were indistinguishable from each other.

Judgment:

Non Compliant - Moderate

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 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.

Information available 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 cardio pulmonary resuscitation, medication management, infection control and food hygiene.

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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	St Joseph's Nursing Home
Centre ID:	OSV-0000175
Date of inspection:	11/11/2015 and 16/11/2015
Date of response:	07/01/2016

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The Statement of Purpose was not updated on receipt of the new certificate of registration to detail the revised registration number and date of expiry of current registration period. The description of the number of bedrooms was not updated to reflect the reduction in occupancy of a triple bedroom to a twin bedroom and the provision of a new single bedroom.

1. Action Required:

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

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

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

The Statement of Purpose has been amended to incorporate the correct Registration Number, - REG-0030917

Proposed Timescale: 07/01/2016

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:

An annual report on the quality and safety of care was not compiled for 2014 with copies made available to the residents or their representative for their information as required by the Regulations.

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

An annual report is being prepared and will be made available to the residents or their representatives by the 31st January 2016

Proposed Timescale: 31/01/2016

Theme:

Governance, Leadership and Management

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

The quality assurance program requires development and expansion to review key areas which impact on resident's wellbeing and quality of life.

3. Action Required:

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

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

The feedback on the use of, and response to, medication is now being monitored to identify trends in both the individual and collective use of medication by residents. A post-falls assessment is now in place.

Proposed Timescale: 07/01/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Six care assistants and two nurses recruited during 2015 were identified as requiring training in behaviours that challenge.

4. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

In future, training will be given to new staff at the earliest practical opportunity, and the induction program for new staff will include initial briefing on challenging behaviour.

Proposed Timescale: 07/01/2016

Theme:

Safe care and support

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

The contact details of the HSE senior case worker were not detailed in the adult protection policy.

5. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Contact details of the HSE Senior Case Worker will be included in the Elder Abuse Policy.

Proposed Timescale: 15/01/2016

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 post incident falls review was not completed to identify any contributing factors for example, changes to medication or onset of an infection.

6. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

A post-falls assessment is now in place.

Proposed Timescale: 07/01/2016

Theme:

Safe care and support

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

The insepctor observed some residents being transported in wheelchairs without foot plates in place and residents feet were not safely positioned.

7. 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:

Permanent foot-plates are now being re-fixed to wheelchairs.

Proposed Timescale: 15/01/2016

Theme:

Safe care and support

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

The cleaning system in place required review to break the cycle of infection and minimise the risk of cross contamination. Cleaning staff did not have cleaning trolleys to carry all their required equipment to facilitate changing cleaning cloths at frequent intervals.

Staff were not able to collectively transport the required mops from each area while

moving from one bedroom to the next.

8. 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:

Cleaning trolleys are being re-introduced for the Cleaning Staff

Proposed Timescale: 15/01/2016

Theme:

Safe care and support

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

Personal emergency evacuation plans were not developed for each resident. A risk assessment to identify the most appropriate aids suitable to residents capability to assist them safely evacuate in a timely manner both during the day and at night while resting in bed were not developed.

9. Action Required:

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

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

Personal emergency evacuation plans have been developed for each resident, and an up-to-date list of residents with their individual evacuation requirements is kept at the Nurses' Station on the Ground Floor.

Proposed Timescale: 07/01/2016

Theme:

Safe care and support

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

Four staff recruited during February and March 2015 were not formally trained until November.

10. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques

and the procedures to be followed should the clothes of a resident catch fire.

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

Instead of two sessions of Fire Drill (to accommodate staff on different shifts) at a particular time during the year, the Fire Drill will now be carried out at two different times during the year which will mean that new staff will not have to wait for more than 6 months for training.

Proposed Timescale: 07/01/2016

Theme:

Safe care and support

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

Fire 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. The fire drill records did not detail the time taken for staff to respond to the alarm or evacuate a zoned compartment. There was no evaluation of learning from fire drills completed to help staff understand what worked well, identify any improvements required and share learning.

11. 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 fire safety programme will include evaluating fire drills with staff, including a night-time situation, to ensure staff are familiar with procedures and that improvements can be identified.

Proposed Timescale: 31/01/2016

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:

Further work is required to develop care plans that are more person-centred and individualised for resident with dementia or behaviours that challenge.

12. 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:

Further emphasis will be placed on the importance of Care Plans being more person-centred and individualised.

Proposed Timescale: 31/03/2016

Theme:

Effective care and support

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

One resident's psychosocial needs were not being fully met.

13. 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:

Where special needs are required, the Nursing Home will work with families, General Practitioners and Psychiatric teams to find more suitable placements for these residents.

Proposed Timescale: 07/01/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complaints policy was not revised to reflect the amended procedures to include the appeals procedures.

14. Action Required:

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

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

The Complaints Policy will be amended to reflect the availability of appealing the outcome of a complaint to the Ombudsman's Office.

Proposed Timescale: 31/01/2016

Theme:

Person-centred care and support

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

The outcome to resolve complaints or matters raised requires review.

15. Action Required:

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

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

In future all Complaints will be documented and acknowledged in writing to the Complainant, and the Complainant will be advised of the right to appeal to the Ombudsman's Office if not satisfied with the outcome of the complaint to the Nursing Home.

Proposed Timescale: 31/01/2016

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Resident's requiring a pureed diet did not have their portions individually plated at mealtimes

16. Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

Residents requiring a pureed diet now have portions individually plated at meal times.

Proposed Timescale: 07/01/2016

Theme:

Person-centred care and support

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

There was limited evidence of review and input by a dietician to ensure a holistic approach.

17. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

A dietician has been to the Nursing Home to add input into residents' diet plans.

Proposed Timescale: 07/01/2016