

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Atlanta Nursing Home
<b>Centre ID:</b>	OSV-0000010
<b>Centre address:</b>	Sidmonton Road, Bray, Wicklow.
<b>Telephone number:</b>	01 286 0398
<b>Email address:</b>	atlantanursing@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Atlanta Nursing Home Limited
<b>Provider Nominee:</b>	Thomas Cahill
<b>Lead inspector:</b>	Jim Kee
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	42
<b>Number of vacancies on the date of inspection:</b>	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: 26 January 2016 10:40 To: 26 January 2016 19:05

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an unannounced inspection of the centre to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. As part of the inspection, the inspector met with residents, and staff members. The inspector observed practices and reviewed documentation such as care plans, accidents and incident forms, medical records, policies and procedures, and staff files. The inspector also considered information submitted to the Authority by the centre through notifications and other information received by the Authority in relation to the centre.

Evidence of good practice was found across all outcomes with 4 out of 9 outcomes deemed to be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2013. Outcomes judged to be fully compliant included the suitability of the person in charge, safeguarding and safety, suitable staffing and complaints. There were measures in place to protect residents being harmed or suffering abuse. Complaints were well managed within the centre.

Overall the inspector found that there were effective management systems in place and sufficient resources were available to ensure the delivery of safe, quality care services. The outcome on governance and management was deemed to be moderately non compliant with the Regulations because the annual review of the quality and safety of care had not been completed.

The policies and procedures for safeguarding and medication management were the aspects of the outcome on documentation that were examined. This outcome was found to be in substantial compliance with the Regulations.

The outcome on health and social care needs was moderately non compliant with the Regulations. The inspector was satisfied that each resident's wellbeing and welfare was maintained by an appropriate standard of nursing care, medical and allied health care. The inspector found that the advice of one allied healthcare professional had not been fully implemented for one resident.

The following outcomes were also found to be moderately non compliant:

- Health and safety and risk management
- Medication management

The action plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's standards.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

There was a clearly defined management structure that identified the lines of authority and accountability, and all staff with whom the inspector spoke knew the reporting structure within the centre. The inspector found that the quality of care and the experience of the residents were monitored and assessed on an on going basis, and that there were sufficient resources to ensure the effective delivery of care. The annual review of the quality and safety of care as required by Regulation 23 had not been completed at the time of the inspection.

There was an audit calendar in place in the centre. The inspector reviewed the audits conducted within the centre, that included audits of wounds (including pressure sores), falls, infection control, medication, restraint, behaviours that challenge, falls, pressure relieving mattresses, management of sharps, antibiotic use and nutrition including residents experiencing weight loss.

There were regular meetings between the two directors of the nursing home, one of whom was the provider nominee and the person in charge within the centre, to discuss a variety of issues including staff training, infection control issues and health and safety issues and any other human resource issues. The two directors of the company were both registered nurses and were both rostered to work in the centre on the day of the inspection. The person in charge was not working in the centre on the day of the inspection.

Resident satisfaction surveys had been distributed to residents within the centre in 2015 and the inspector was shown the analysis of these surveys. The surveys had assessed resident satisfaction in a number of areas including food and the dining experience, cleanliness and hygiene in the centre, attendance to personal needs, laundry, respect for property, privacy and choice, staff, activities and visiting. The analysis of the surveys

indicated a high level of resident satisfaction with the service being provided in the centre.

**Judgment:**

Non Compliant - Moderate

***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 was a registered nurse and the manager of the centre. The person in charge was on a rostered day off on the day of the inspection but had been interviewed previously by the Authority and was deemed to have the required knowledge and experience to hold the post of person in charge. There were arrangements in place to ensure the centre was appropriately managed in the absence of the person in charge. On the day of the inspection the centre was being managed by two of the company directors who were both registered nurses. One other nurse was also nominated as a person participating in the management of the centre to deputise in the absence of the person in charge.

**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:**

Aspects of documentation relating to the policies and procedures in place for safeguarding and medication management were checked for compliance with the Regulations.

The policy in place on the prevention, detection and response to abuse had not been updated to reflect national policy and procedures as outlined in 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014).

The medication management policy made available to the inspector during the inspection did not include information on prescribing as required by the Regulations. This finding had been identified during a previous inspection of the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a policy in place in the centre on the prevention, detection and response to abuse. The inspector noted that this policy had not been updated to reflect national policy and procedures as outlined in 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014), as outlined under Outcome 5. Staff spoken to by the inspector stated that they had received training on elder abuse, as confirmed by staff training records. Staff spoken to by the inspector were knowledgeable of the reporting procedure in place. Residents spoken to by the inspector had no concerns regarding their safety in the centre.

The inspector reviewed the procedures in place to respond to allegations of abuse with the directors of the centre, who were managing the centre on the day of the inspection. The Authority had been notified of such an allegation and an investigation was being conducted at the time of the inspection. There was a system in place to respond to all allegations of abuse, with appropriate measures implemented to ensure all residents were appropriately safeguarded. The centre had access to external professional advice to ensure all allegations were fully investigated.

There was a system in place to ensure residents' finances were appropriately safeguarded. Detailed records were maintained and all balances were reconciled on a monthly basis. The system included double signing, and the maintenance of receipts to ensure these finances were fully accounted for.

Risk assessments were completed for residents who had bed rails in place, and there was a very low number of bed rails in use in the centre at the time of the inspection. The centre had a policy in place on the use of restraint.

The inspector reviewed a sample of the care plans in place for residents who could exhibit responsive or inappropriate behaviours. There was a policy in place on behaviours that challenge and audits were also conducted on behaviours that challenge as part of the auditing schedule in place.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
There were policies and procedures in place for risk management, emergency planning and health and safety within the centre. The centre had a health and safety statement in place.

The inspector reviewed the health and safety statement that was on display within the centre, and also reviewed completed risk assessments. Fire safety training was completed on a regular basis including instruction on the use of fire extinguishers, and evacuation aids such as ski sheet evacuation. Fire evacuation instructions were clearly displayed within the centre and all fire exits were unobstructed. There was an emergency plan in place detailing procedures to be followed in the event of fire, power outage and loss of water or heat.

The records showed that there was regular servicing of the fire detection and alarm system, the fire equipment, and the emergency lighting system. A documented system of in-house checks relating to fire safety was also in place including daily inspection of the escape routes, and weekly closing of all fire doors. There were lists maintained for every compartment detailing the residents who resided in the compartment, information on their mobility and the requirement for assistive equipment such as ski sheets in the event of evacuation. Fire drills were conducted in the centre but the documentation of

these fire evacuation drills was not adequate to provide assurances that staff had rehearsed the evacuation of a compartment under simulated night time conditions, and that any issues arising during these fire drills was recorded with action plans to address any identified issues to ensure a compartment could be evacuated in a timely manner.

Incidents including falls were documented and stored in the accident report book. There were procedures in place for the reporting and management of incidents, which included an analysis of all falls. Staff had completed manual handling training. Residents' mobility was regularly assessed and instructions for assisting residents to mobilise were available.

Staff had completed infection control training, and infection control audits were conducted as part of the auditing schedule in place.

The risk management policy was reviewed by the inspector and included measures and actions to control the risks of self harm, slips trips and falls, unexplained absence of a resident, and aggressive behaviour. The risk management policy did not include the measures and actions in place to control the risk of abuse. There was a risk register in place, and smoking risk assessments were in place for residents who smoked. The door to the sluice room was found to be open by the inspector which posed a risk to residents' safety. This hazard had not been identified as a risk within the centre.

**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):**

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

**Findings:**

There were written operational policies implemented within the centre relating to the ordering, storage and administration of medicines to residents. The medication management policy made available to the inspector on the day of the inspection did not include information on prescribing as required by the Regulations. This is included under Outcome 5. The inspector also noted that certain aspects of transcribing required review as outlined under Outcome 11.

Medicines were supplied to the centre by a retail pharmacy business, with the majority of the medicines dispensed in a monitored dosage system that consisted of individual 'pouches'. All medicines were stored securely within the centre, and fridges were available for all medicines or prescribed nutritional supplements that required refrigeration. All controlled (MDA) medicines were stored in a secure cabinet, and a

register of these medicines was maintained with the stock balances checked and signed for by two nurses each day.

The inspector observed medication administration and observed that the nurse was knowledgeable regarding residents' individual medication requirements, and all medicines were seen to be administered safely in line with professional guidelines.

The inspector also reviewed a sample of medication prescription and administration sheets. The indication for use of PRN (as required) medicines was not consistently documented on the prescription sheet to ensure all PRN medicines were administered as intended by the prescriber.

The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis conducting audits of medication management practice in the centre.

There were procedures in place for the handling and disposal of unused and out of date medicines.

There were systems in place within the centre for reviewing and monitoring medication management practices, including internal medication management audits. Medication incidents including medication errors were recorded and reviewed within the centre.

**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):**

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

**Findings:**

Residents' health care needs were met through timely access to medical treatment and appropriate access to allied healthcare services. The inspector found that the advice of one allied healthcare professional had not been fully implemented for one resident.

Residents had good access to general practitioner (GP) services, and were facilitated to

have a choice of doctor. At the time of the inspection there were four GPs providing medical care to the residents in the centre. One GP attended the centre during the inspection to review a resident. The inspector found that residents had good access to allied healthcare professionals including speech and language therapists, dieticians, and chiropodists. On the day of the inspection the dietician and the speech and language therapist attended the centre to review residents. Residents had excellent access to physiotherapy as a physiotherapist worked in the centre three days per week to conduct mobility assessments, update manual handling guidelines, instruct group exercise classes and provide one to one physiotherapy sessions.

Residents' needs were comprehensively assessed on admission and regularly assessed thereafter. The assessed needs were set out in individual care plans. The inspector found that care plans were updated as a resident's condition changed, or following review by an allied healthcare professional. However one resident's care plan had been updated following review by the dietician to include fortnightly weighing. This recommendation had not been implemented in practice as the records reviewed indicated that the resident was being weighed on a monthly basis.

There were activities assessments and activity plans in place for residents which included information on the resident's life and their likes and dislikes. On the day of the inspection an aroma therapist was present providing one to one therapies for residents in the new sun room. The residents had easy access from this space to the enclosed garden area. Throughout the centre there were paintings, pictures, and other pieces of art that had been produced by the residents as part of the activity programme. There were also numerous photos available demonstrating residents' participation in trips and other events organised as part of the activities programme.

**Judgment:**

Non Compliant - Moderate

***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:**

There was a written operational policy and procedure for the management of complaints. The inspector examined the complaints records maintained within the centre and found that records were kept of the complaint, any investigation, actions taken and the outcome including resident satisfaction with the outcome. It was clear from these records that complaints were addressed promptly, and records of correspondence were

maintained. The complaints procedure was on display within the centre. Residents also had access to an independent advocate who visited the centre on a regular basis, and raised issues with the management of the centre on behalf of residents.

**Judgment:**  
Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

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

No actions were required from the previous inspection.

**Findings:**

There staff numbers and skill mix were found to be appropriate to meet the needs of the residents at the time of the inspection.

The inspector reviewed the staff rosters and staff training records in the centre. The staff numbers employed in the centre as indicated on the statement of purpose were reflected by the rosters. There was always a registered nurse on duty in the centre. Records were available to confirm that nursing staff had up to date registration with their professional body.

There was an ongoing programme of training in the centre to ensure staff were competent to deliver appropriate care and support to residents. Training had been provided in a number of areas throughout 2015 including on bipolar disorder, dental hygiene, dementia person centred healthcare training, end of life care, care after hip replacements, care planning, catheter care, and infection control. Staff were also provided with updates following review of residents by the dietician or the speech and language therapist. The physiotherapist provided training on manual handling practices. Staff also received regular refresher training on recognising elder abuse and on fire safety.

Staff were supervised appropriate to their role, and two of the directors who were registered nurses worked in the centre on a regular basis in addition to the person in charge.

The inspector reviewed a sample of staff files to ensure effective recruitment procedures were in place. The staff files reviewed met the requirements of Schedule 2 of the Regulations. There were no volunteers working in the centre at the time of the inspection.

**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:*

Jim Kee  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	Atlanta Nursing Home
<b>Centre ID:</b>	OSV-0000010
<b>Date of inspection:</b>	26/01/2016
<b>Date of response:</b>	04/03/2016

**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 02: Governance and Management**

**Theme:**  
Governance, Leadership and Management

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

The annual review of the quality and safety of care as required by Regulation 23 had not been completed at the time of the inspection.

**1. 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

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

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:**

The annual review of the quality and safety care delivered to residents is currently being analysed.

**Proposed Timescale:** 31/03/2016

**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 medication management policy made available to the inspector during the inspection did not include information on prescribing.

**2. 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:**

The medication policy is in the process of being updated in compliance with the medication protocol of HIQA October 2015.

**Proposed Timescale:** 31/03/2016

**Theme:**

Governance, Leadership and Management

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

The policy in place on the prevention, detection and response to abuse had not been updated to reflect national policy and procedures as outlined in 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014).

**3. 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:**

Following review of our previous policy on the prevention, detection and response to abuse, we have now introduced an updated policy which reflects the national policy and

procedures as outlined in "Safeguarding Vulnerable Persons at Risk of Abuse" (HSE 2014).

Training completed with all staff in relation to the new policy.

**Proposed Timescale:** 04/03/2016

#### **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:**

The risk management policy did not include the measures and actions in place to control the risk of abuse.

**4. Action Required:**

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

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

The risk management policy is currently under review to include measures and action to control the risk of abuse.

**Proposed Timescale:** 31/03/2016

**Theme:**

Safe care and support

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

The door to the sluice room was found to be open by the inspector which posed a safety risk. This hazard had not been identified as a risk within the centre.

**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 sluice room door has now been fitted with a key pad locking system.

The risk identified in relation to the open door in the sluice room has been added to the risk management policy as set out in Schedule 5.

**Proposed Timescale: 04/03/2016**

**Theme:**

Safe care and support

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

The documentation of fire evacuation drills was not adequate to provide assurances that staff had rehearsed the evacuation of a compartment under simulated night time conditions, and that any issues arising during these fire drills was recorded with action plans to address any identified issues to ensure a compartment could be evacuated in a timely manner.

**6. 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:**

In relation to the evacuation of a compartment under simulated night time conditions a full fire drill has been carried out with all day and night staff.

All day and night staff were trained in the updated fire drill protocol. Please see attached Fire Drill Protocol and evidence of training.

**Proposed Timescale: 04/03/2016**

### **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:**

The indication for use of PRN (as required) medicines was not consistently documented on the prescription sheet to ensure all PRN medicines were administered as intended by the prescriber.

**7. 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:**

All GPs have been informed, when prescribing PRN medication to include what the prescribed drug is intended for, as per medication management protocol by HIQA 2015 and Atlanta's updated Medication Policy 2016.

**Proposed Timescale:** 04/03/2016

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

A care plan relating to a resident's nutrition was not fully implemented.

**8. 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:**

Audit of weight recording has been completed. A new paper document has been implemented to ensure the transfer of fortnightly weights which were previously recorded on a paper document. These are now entered contemporaneously on to the Epiccare system currently used in Atlanta Nursing Home.

**Proposed Timescale:** 04/03/2016