

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Mount Carmel Supported Care Home
<b>Centre ID:</b>	OSV-0000546
<b>Centre address:</b>	Prologue, Callan, Kilkenny.
<b>Telephone number:</b>	056 772 5301
<b>Email address:</b>	mountcarmelcallan@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mount Carmel Community Trust Limited
<b>Provider Nominee:</b>	Matthew Doran
<b>Lead inspector:</b>	Ide Cronin
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	19
<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: 17 October 2016 09:30 To: 17 October 2016 16:30

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	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

**Summary of findings from this inspection**

Mount Carmel is a voluntary centre, established for the supported care of older people from the local and surrounding areas. The centre provides long-term and respite care for a maximum of 20 residents who require minimal assistance in a homely environment. This inspection took place to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards of Residential Care Settings for Older People in Ireland .

The inspector also followed up on areas of non compliance identified at the previous inspection which took place in March 2015. There is independent supported accommodation also provided on the site and a day care service is operated from the premises twice weekly. On the day of inspection there were 19 residents living in the centre. Funding for the service is granted under a service level agreement with the Health Service Executive (HSE) under section 39 of the Health Act, 2004, voluntary fundraising, and residents' own contributions.

This centre caters for low dependent and independent residents and if dependency needs of residents change alternative accommodation is sought for the resident. The centre was granted registration under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations which stipulated that if the centre provided care only to residents who do not require full-time nursing care the person in charge is not required to be registered as a nurse and fulltime nursing care is not required.

The inspector was satisfied that residents were provided with suitable and sufficient care taking account of their health and social care needs in a supportive community based environment. There was evidence of good governance with the person in charge engaged in the operation of the centre and direction of care practices. There was a significant emphasis on residents' rights to make choices and remain as independent as possible. The premises were suitable for its stated purpose, homely, well maintained and located in the centre of a small rural community.

A total of 11 outcomes were inspected. The inspector judged four outcomes as compliant, three as moderate non compliance and four as substantially in compliance with the Regulations. 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 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:**

On the previous inspection it was found that there was no annual review of the quality and safety of care. This action plan had been completed.

Mount Carmel Supported Care Home is a voluntary centre operated by a board of directors. The board of directors oversee the organisational and financial management of the centre. The board meet on a monthly basis. The person in charge does not routinely attend these meetings but she prepares a report for the board. Outcomes actioned for residents following board meetings were available for this inspection.

The person in charge was suitably qualified, skilled and experienced to meet the requirements of this role. The inspectors found that the person in charge was knowledgeable about the requirements of the Regulations and standards and had good knowledge of the health care needs and care plans for residents. She knew all residents well, was aware of residents who presented with any responsive behaviour and knew the objectives for care for individual residents. She facilitated the inspection in a competent way. She was employed full-time. She was supported in her role by the provider who attends the centre as required and a deputy who is a senior care staff member.

There were systems in place to review the safety and quality of care and support to residents. There was evidence that some audits were carried out. However, the inspector found that the audit activity was limited in scope and required further development. For example, the inspector observed that aspects of clinical care were not reviewed such as medication management. This would identify deficits in practice as observed in medication administration records and positively inform improvements in the safety and quality of care or the quality of life of residents.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place. This had just been completed and was due to be discussed with residents at their next meeting. Resident satisfaction surveys had been completed in August 2016 the results of which indicated satisfaction with the services and food provided.

**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 holds a full-time post. She was well known by residents. She had good knowledge of residents care needs. The person in charge could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She demonstrated an adequate understanding of her responsibilities as outlined in the Health Act, 2007, Regulations and the Standards. She demonstrated her competence and commitment to ensuring a safe service was provided to residents during various discussions throughout the inspection and conveyed that areas identified for improvement would be addressed. The person in charge had deputising and on call arrangements in place to ensure adequate management of the centre during her absence.

**Judgment:**  
Compliant

***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older***

**People) Regulations 2013.**

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Only the component of staff files was reviewed as part of this inspection. The inspector reviewed a sample of staff files. In a staff file reviewed there were omissions which included including details of a nursing registration number with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) and two references.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Absence of the Person in charge***

***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**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 understood the statutory requirements in relation to the timely notification of any instances of absence in relation to the post that exceeded 28 days and had duly informed the Authority of this when it occurred. The deputy person in charge was a senior care staff member. During periods of leave the inspector was informed that the senior carer undertook the duties and roster of the person in charge and these arrangements were satisfactory.

**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):**

No actions were required from the previous inspection.

**Findings:**

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with Health Service Executive (HSE) procedures. Staff also had access to the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (2014). All staff had received training in safeguarding vulnerable adults at risk the week prior to this inspection. Staff who spoke with the inspector demonstrated a good understanding of elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident

The person in charge informed the inspector that there were no residents who displayed behaviour that challenged. Training had been provided for all staff in this area as observed by the inspector. There was good access to mental health services if required. There was evidence of multidisciplinary review from psychiatry of old age where this was required. A policy, which gave guidance to staff on how to manage behaviours that challenge, was also available.

There was no policy on restraint but the person in charge said the practice in the centre was one of a restraint free environment. The inspector saw that restraint was not common place in the centre and none were in use on this inspection. A review of medication charts indicated that p.r.n (as required) medication was not used for restrictive purposes.

The inspector saw that the systems in place to manage residents' finances were robust and there were no additional fees payable by residents. A review of a sample of financial records indicated that systems were transparent and detailed and undertaken with the residents consent. The provider was acting as agent for some residents. All of the required documents were in place and all monies were given to the resident before fee payments were deducted. Most residents managed their own finances and the inspector noted that the staff offered whatever practical support was necessary including taking residents to the post office if this was needed.

**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):**

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

**Findings:**

On the previous inspection it was found that the risk management policy did not meet the requirements of Regulation. Some risks had not been identified such as risk assessments for residents who smoked and the availability of a generator in the event of an emergency. These issues had been partially rectified.

The inspector found that the health and safety of residents, staff and visitors in the centre was generally promoted and protected. The action from the previous inspection which included access to a generator had been completed. There was an up-to-date health and safety statement dated July 2016. There was a risk management policy.

However it did not meet the requirements of legislation as it did not include the arrangements in place for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. The inspector observed that there was no effective system in place for investigating and learning from incidents. There was information on general hazard identification that outlined general and clinical risk areas. All staff had been trained in manual handling

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency. All residents had a missing persons profile and personal evacuation plans in place. The inspector noted that falls and near misses were well described. There was a falls prevention policy in place.

Overall fire safety was well managed. The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out at suitable intervals as defined by the Regulations. However, the inspector saw that fire drills did not reflect all possible fire scenarios which would include simulated night time working conditions.

The inspector viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. The inspector found that there were measures in place to control and prevent infection. Staff was knowledgeable in infection control. The centre was visibly clean. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre. The inspector saw that a hygiene audit had been completed in September 2016.

**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 was a policy on the management of medication which was centre-specific and in line with legislation and guidelines. Systems for the prescribing, receipt of, management, administration, storage and accounting for medication were satisfactory. There were no transcribing practices in place. Medicines were being stored safely and securely in a room which was secured. The temperature ranges of the medicine refrigerator was being appropriately monitored and recorded when in use.

The inspector reviewed a number of the prescription and administration sheets and identified issues that did not conform with appropriate medication management practice:

- There were gaps identified in a medication administration records reviewed, therefore it was impossible to ascertain if the medicines had been given to the resident or not
- some residents were self medicating. However, residents did not have an assessment carried out by the person in charge to establish their capacity to self-medicate and the level of supervision required which would be in accordance with best practice.

There were appropriate documented procedures for the handling, disposal of and return of medication. There was evidence on records that medication was reviewed three monthly or more often for individual residents. Staff were prompt in monitoring and reporting any adverse affects as observed by the inspector.

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. There was a register of controlled drugs. However, controlled drugs were not checked by two staff members at the change over of each shift. Staff were checking stock balances once per day which is in not in line with best practice in medication management.

**Judgment:**

Non Compliant - Moderate

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to HIQA as required.

**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):**

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

**Findings:**

On the previous inspection it was found that some assessments had not been reviewed within required timeframes and care plans were not consistently reviewed. These issues had been rectified on this inspection. All of the residents living in the centre had been assessed as low dependency and not requiring full time nursing care. From the sample of residents' files reviewed each resident's well-being and welfare was maintained by a good standard of evidence-based nursing care and appropriate medical and allied health care.

There was evidence that timely access to health care services was facilitated for all residents. A number of GPs were attending to the needs of the residents and an "out of hours" GP service was available if required. Residents were also encouraged to visit the GP if needed themselves. Records confirmed that residents were assisted to achieve and

maintain the best possible health through medication reviews, and annual administration of the influenza vaccine.

Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had on going access to allied healthcare professionals including dietetics, speech and language therapy, diabetic clinic and physiotherapy. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians.

There was evidence of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated. As the centre provided care for residents of low dependency there was a comprehensive protocol in place for the management of increasing dependency need and assessments undertaken for resident's requirement to move to nursing care.

The inspector was satisfied that facilities were in place so that each resident's well-being and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely around the centre and outside. Residents said they were satisfied with the healthcare services provided.

Residents' social care needs were met and residents had opportunities to participate in some activities, appropriate to their interests and preferences. However, the inspector recommended that the activity programme could be further developed to ensure that all residents are given an opportunity for participation in meaningful and purposeful activity both inside and outside the centre.

Healthcare staff directed activities as observed by the inspector which included exercise, cards, bingo and reminiscence. Some residents told the inspector that there was not a lot to do except watch television. The centre had recently purchased a seven seater car and the person in charge said that they would have more outings now. Some residents told the inspector that they enjoyed a walk down town.

**Judgment:**

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:**

On the previous inspection it was found that the complaints procedure did not correlate with the policy and the policy did not stipulate who was responsible for overseeing the management of complaints. These actions had been completed.

The centre had a complaints management system in place, which included a complaints policy and procedure that meet the requirements of the Regulations. The complaints policy provided guidance on the management of complaints and was clear and accessible to both residents and their families.

This procedure was readily displayed in the front foyer of the centre. The person in charge told the inspector that the complaints process was also discussed with residents at the residents' meeting. There was a complaints log that was used to record any complaints.

The inspector read a sample of complaints that had been received and found that issues raised had been appropriately responded to by the person in charge or deputy. Details recorded included the nature of any complaint and actions taken. However, in a sample reviewed the outcome of the complaint including the satisfaction level of the complainant with the investigation was not recorded as required by legislation.

**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):**

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

**Findings:**

Mount Carmel Supported Care Home accommodates low dependency residents and there is not a requirement for nursing staff to be present in the centre at all times. On the previous inspection it was found that the skill mix available in relation to nursing support was inadequate. There was now a full time nurse in the centre Monday to Friday. On the previous inspection it was also identified that there was no healthcare

staff available for one hour in the morning to administer medication to residents. This issue had also been rectified and there was a health care assistant that commenced duty at 08:00hrs to administer medications.

The person in charge was an experienced nurse and works Monday to Friday and is on-call at weekends. There was a care assistant on duty at all times during the day and night. Additional staff employed in the centre included an administrator and a cook. There were a number of staff working in the centre from the local FÁS employment scheme also. These staff also had a supervisor who came to the centre on a regular basis. The inspector was satisfied that there were adequate staffing levels and skill mix to meet the needs of residents.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Residents told the inspector that call-bells were answered in a timely way.

There was evidence of good communication amongst staff with staff attending handover meetings. The inspector viewed minutes of regular staff meetings and noted that numerous relevant issues were discussed. Supervision of staff was visible on the floor. However, the inspector noted that regular staff appraisals did not take place. The person in charge said that she would be starting appraisals with staff.

The inspector carried out interviews with varied staff members both employed by the centre and FÁS and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse and managing complaints. Staff told the inspector that they were well supported and that a good team spirit existed among staff.

Staff training records demonstrated a proactive commitment to the on going maintenance and development of staff knowledge and competencies. Staff were facilitated with ongoing training such as first aid, medication management, challenging behaviour, infection control and health and safety. The inspector noted that for the most part all relevant Schedule 2 documents were present. As outlined and actioned under Outcome 5, in a staff file reviewed there were omissions which included including details of a nursing registration number with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) and two references. Vetting procedures were up to date for all staff employed in the centre. There were no volunteers working in the centre. Administrative support was in place to assist the person in charge.

**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:***

Ide Cronin  
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>	Mount Carmel Supported Care Home
<b>Centre ID:</b>	OSV-0000546
<b>Date of inspection:</b>	17/10/2016
<b>Date of response:</b>	07/11/2016

### 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 inspector found that the audit activity was limited in scope and required further development.

#### **1. 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

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



monitored.

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

The audit management system was under review at the time of inspection and new and improved audit systems are being put in place.

**Proposed Timescale:** 30/11/2016

**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:**

In a staff file reviewed there were omissions which included including details of a nursing registration number with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) and two references.

**2. 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:**

The staff file in question is now up to date and all relevant information is at hand and in keeping with Regulation 21.

**Proposed Timescale:** 18/10/2016

**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:**

There was no policy on the management of restraint.

**3. Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

A restraint policy has been developed and reviewed by the provider and board of management. This has been circulated to all staff.

**Proposed Timescale: 07/11/2016**

**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 meet the requirements of legislation as it did not include the arrangements in place for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**4. Action Required:**

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

The risk management policy has been amended to include the arrangements for identification, recording, investigation and learning from serious incidents/adverse events as set out in schedule 5.

**Proposed Timescale: 07/11/2016**

**Theme:**

Safe care and support

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

The inspector saw that fire drills which simulated night time working conditions were not carried out.

**5. 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:**

A fire drill will be simulated at night time in the coming weeks, the local fire officer has offered to assist in developing a night time fire drill and plan.

**Proposed Timescale: 30/11/2016**

## 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 inspector reviewed a number of the prescription and administration sheets and identified issues that did not conform with appropriate medication management practice:

- There were gaps identified in a medication administration records reviewed, therefore it was impossible to ascertain if the medicines had been given to the resident or not
- Some residents were self medicating. However, residents did not have an assessment carried out by the person in charge to establish their capacity to self-medicate and the level of supervision required which would be in accordance with best practice

controlled drugs were not checked by two staff members at the change over of each shift.

### 6. 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:

Controlled drugs are now being checked by two staff at handover at night and morning. All residents that are self-medicating have now had an assessment carried out to ascertain if they have the capacity to self-medicate and audits will be done regularly. Medication management has been discussed at a staff meeting since inspection and weekly audits are being done to review medication administration records.

**Proposed Timescale:** 22/10/2016

## 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:

In a sample reviewed the outcome of the complaint including the satisfaction level of the complainant with the investigation was not recorded as required by legislation.

### 7. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person

maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

The complaints form has been amended to ensure the satisfaction level of the complainant is recorded.

**Proposed Timescale:** 18/10/2016

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

The inspector observed that regular staff appraisals did not take place.

**8. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Staff appraisals are underway and due for completion in the coming weeks.

**Proposed Timescale:** 09/12/2016