

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Oranmore Nursing Home |
| Centre ID: | ORG-0000374 |
| Centre address: | Bushfield, Oranmore, Galway. |
| Telephone number: | 091 792301 |
| Email address: | adminomnh@eircom.net |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Patrick Keane |
| Provider Nominee: | Patrick Keane |
| Person in charge: | Rachel Moran |
| Lead inspector: | Nan Savage |
| Support inspector(s): | Ann-Marie O'Neill; |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 41 |
| Number of vacancies on the date of inspection: | 4 |

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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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: | To: |
| 30 January 2014 07:30 | 30 January 2014 17:00 |
| 05 February 2014 16:30 | 05 February 2014 17:30 |

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

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| Outcome 03: Suitable Person in Charge |
| Outcome 06: Safeguarding and Safety |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Medication Management |
| Outcome 09: Notification of Incidents |
| Outcome 10: Reviewing and improving the quality and safety of care |
| Outcome 11: Health and Social Care Needs |
| Outcome 13: Complaints procedures |
| Outcome 18: Suitable Staffing |

Summary of findings from this inspection

This unannounced follow up inspection was planned to take place over one day. As inspectors did not have full access to certain records, the lead inspector visited the centre on 5 February 2014 to follow up on a required action on residents' finances.

Inspectors met with residents, staff members, quality assurance manager, person in charge and the provider. The inspectors observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files.

There were 41 residents living in the centre, one of whom was in hospital on the day of inspection. On the days of inspection, 12 of the residents were of maximum dependency, 9 high dependency, 12 medium dependency and 7 low dependency.

The purpose of the inspection was to follow-up on 13 required actions from the previous inspection of the 13 and 14 November 2013. The inspectors were satisfied that required actions relating to medication management, care planning documentation, incident recording and review of the service had been completed. The majority of the remaining actions were either partly addressed or in the process of being completed. Two required actions relating to complaints management had not been completed and the inspectors were concerned that adequate progress had

not been made in addressing an ongoing issue in relation to staffing.

Since the previous inspection the provider and the person in charge had implemented a recruitment plan and the person in charge was now full-time in her role. However, inspectors remained concerned that staffing levels and skill mix were not adequate at night-time to consistently meet the needs of all residents.

In response to the previous action plan further improvements had been made in the completion of care planning documentation. The healthcare needs of residents appeared to be well met, although, an additional issue was noted in the management of the use of restraint. The activity programme for residents of higher dependency levels had been developed since the last inspection and these residents now had greater opportunity to participate in meaningful activities suitable to their capabilities. Specific issues relating to medication management that had been identified on the last inspection were addressed, although, some additional issues were noted on this inspection.

While improvements had been made in the management of residents' finances and risk management in the centre some required actions had not been fully addressed.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Person in charge confirmed that since the last inspection she had been working in a full-time capacity. An inspector viewed a sample of rosters which confirmed this to be the case.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The provider had partially completed the required action from the previous inspection. Measures were in place to safeguard residents from being harmed and from suffering abuse. However, improvement was required to the management of residents' finances.

An inspector found that while there was better oversight of residents' finances which were securely stored, improvements were still required to the system in place to manage residents' finances. On the day of inspection an inspector did not have access to records on and residents' monies as no one in the centre had access and residents

did not have access to their money. The inspector was informed that this had not happened before as there was normally a representative with access on site. The inspector returned to the centre on 5 February 2014 to review the management of residents' monies and other documents.

Since the previous inspection the policy on residents' personal property and possessions had been updated on 12 January 2014. However, there was insufficient evidence to demonstrate that the policy had been fully implemented. Documentation that related to some residents' accounts had not been maintained in the centre during the inspection. The inspector was therefore unable to ascertain that sufficient measures had been put in place since the last inspection to demonstrate that residents' rights had been promoted and protected.

On the second day of the inspection the person in charge had access to the safe and the inspector found that residents' monies had been appropriately managed. The balances reviewed by the inspector were accurate and transactions were now signed by the resident when possible to acknowledge receipt and return of the residents' money.

As noted on the previous inspection there were comprehensive policies on preventing and responding to allegations or suspicions of abuse. Staff spoken with were familiar with this policy and described clearly what they would do if they suspected abuse. Ongoing training on identifying and responding to elder abuse had been provided since the last inspection and further training had been scheduled on 6 February 2014 for recently employed staff.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The provider had measures in place to protect the safety of residents, staff and visitors to the centre and continued progress had been made on the completion of previous required actions. However, inspectors were concerned that a significant risk relating to one area of fire safety that had been identified and addressed on the last inspection recurred on this inspection.

On this inspection, an inspector also noted an additional issue in the recently refurbished residents' toilets. Handrails had not been fitted to promote the safety and independence

of residents. The inspector also noted that a suitable means of hand drying was not available at the hand-wash basin located in the dining room.

Adequate fire safety precautions were not in place in one aspect of fire safety which had been identified by an inspector on previous inspections. During part of the inspection a small number of bedroom doors and one communal door had been wedged open which posed a risk to residents as these fire doors were rendered ineffective in the event of a fire. Again this risk was brought to the attention of the person in charge and the quality assurance manager and the issue was once again addressed during the inspection. On the second day of inspection the inspector found that fire doors had not been wedged open. The inspector read that since the last inspection in November 2013 the person in charge had obtained a quotation for the installation of an alternative mechanism which would enable these doors to be kept open in a safe way. On the second day of this inspection the inspector was shown evidence that these devices had been ordered.

An inspector noted other improvements had been made in response to previous required actions that related to fire safety. On this inspection fire exits were not obstructed and staff demonstrated good awareness of the importance of keeping these areas clear. An inspector also read that checks of the fire escapes were now completed on a consistent basis. On the previous inspection some recently employed staff had not received formal training in fire safety and evacuation. In response to the previous action plan the provider made available resources and the person in charge had facilitated staff to attend this mandatory training on 18 and 25 November 2013. Further training was also planned on 24 February 2014.

In response to the previous action plan sufficient precautions had been documented for the accidental injury to residents and staff, and circulation areas within the centre had been formally risk assessed. The provider and person in charge had also addressed specific risks that had been identified on the last inspection. Inspectors noted that smoke no longer drifted from the smoking room to adjacent communal areas. Floor covering had been replaced in some areas of the centre including a residents' bathroom and recently refurbished residents' toilet area. However, flooring which had lifted in some sections along the corridors continued to pose a trip hazard. The inspector read that the person in charge and quality assurance manager had devised a development plan for the centre, which, included the replacement of this floor covering. A meeting of the provider and financial controller planned for January 2014 had been rescheduled for 10 February 2014, to finalise and discuss the implementation of this plan as confirmed by the person in charge.

Since the previous inspection a risk management team which included the person in charge, quality assurance manager and other staff had been established in the centre. The person in charge informed the inspector that this team would meet monthly.

Inspectors found that the provider had enhanced the system in place to monitor visitors to the centre to ensure the safety of residents and provide greater comfort to residents on entering the centre. Since the previous inspection a porch had been built inside the entrance to the centre and a new reception area had been provided in close proximity to this area.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that medication management practices were generally safe, secure and in line with the regulations and standards. Residents' medications were reviewed regularly. Areas for improvement that had been identified on the previous inspection had been actioned, although, some additional issues were noted on this inspection.

The medication management policy provided adequate guidance to nursing staff. The policies and procedures on self-administration and storage of medications that require refrigeration had now been adequately implemented. A risk assessment for self-administration had been completed when required and temperature monitoring of the refrigerator had been carried out in line with the relevant procedures. An inspector also noted that the times that medications should be administered at had been either prescribed by the resident's general practitioner (GP) or defined in the medication management policy.

On this inspection, an inspector saw that photographic identification had not been attached to some residents' medication records. Also, some photographs did not adequately resemble the resident while other photographs had become worn. The quality assurance manager started to address this issue during the inspection. An inspector also noted that nursing staff administered one resident with a medication in crushed format that had not been prescribed as such by the GP.

Outcome 09: 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The required action identified on the last inspection had been addressed.

The person in charge and quality assurance manager had implemented an effective system for the recording and notification of incidents.

An inspector viewed a sample of incident reports and found that incidents that had occurred were appropriately documented and notified to the Chief Inspector when required. Relevant details were well documented including actions taken such as the completion of neurological monitoring. The person in charge continued to monitor and analyse incidents with the view to reducing the likelihood of re-occurrence.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The provider and person in charge had addressed the required action from the previous inspection.

The person in charge and quality assurance manager had implemented an effective system to monitor and develop the quality of care. Since the previous inspection the person in charge had developed an audit schedule for 2014. An inspector noted that three audits had been completed as scheduled during January 2014 in areas of staff response to residents' call bells, care planning and skin integrity. The inspector read that findings had been used to develop action plans to monitor progress in the completion of areas identified for improvement and there was a plan in place to formally communicate audit findings to staff through an upcoming staff meeting.

The inspector read evidence that this closer monitoring and review of the service had lead to improved practice. For example, staff response time to residents' call bells had improved and residents' care planning documentation had also improved. The inspector also noted that the acting clinical nurse manager (ACNM) had completed regular spot checks of medication management which had identified some documentation errors that were subsequently addressed. The ACNM had also completed an audit on residents' skin

integrity and audit findings indicated that nursing staff required further training on the completion of skin assessments. The person in charge had scheduled a workshop to be completed with each individual nurse and a further audit to be conducted on 28 February 2014.

The person in charge and management team also collated monthly data on the nutritional needs of residents and used this information to inform staff practice.

As noted on the previous inspection, formal management meetings which covered agenda items including audit findings had been established but had not taken place regularly as originally planned. The person in charge confirmed that a meeting was rescheduled for 10 February 2014 to discuss items including the development plan for the centre.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector reviewed a sample of residents' files and found that the person in charge had addressed the required actions from the previous inspection. Residents' comprehensive assessment and care plan interventions were now reviewed three monthly or as required by the resident's changing needs. Specific areas for improvement that had been identified in relation to the completion of documentation associated with wound care, nutritional management and use of restraint had been completed. However, inspectors identified on this inspection that an aspect of the management of the use of restraint required further improvement.

Restraint

On this inspection, there was written evidence that alternatives had been considered prior to the use of restraint for each resident that had a restraint measure in place. However, proposed alternatives had not been trialled for one resident identified at medium risk of injury as a result of bedrails being in situ. An inspector also read that

where restraint was used for this resident, regular monitoring had not been recently completed when the restraint measure was in place. The inspector requested the person in charge to review this as a priority. Other improvements had been made included the implementation of a formal consultation process regarding the use of restraint.

Wound Care

An inspector found that a good standard of care continued to be provided in pressure ulcer prevention and wound care management. In response to the previous inspection, the completion of associated documentation had improved and up to date care plans were now in place for the management of residents' wounds. However, some residents' skin assessments had not been kept up to date to accurately reflect the current status of residents' wounds. As detailed in outcome 10, the person in charge had put in place arrangements for relevant staff to attend workshops on the completion of these assessments.

Nutrition

In response to the previous action plan an inspector noted that specific issues that related to the completion of food/fluid charts and nutritional assessment had been addressed. The inspector found that an adequate system had been put in place for recording residents' food and fluid intake during the evening and a sample of charts viewed by the inspector had been completed correctly. The inspector also noted that residents' nutritional assessment had now been completed properly. The person in charge had arranged for relevant staff to attend training on nutritional assessment on 6 February 2014. The inspector noted that good practice identified on the previous inspection had continued to be implemented.

Activities

In response to the previous inspection additional activities had been implemented to afford greater opportunity for residents with communication and other sensory difficulties to participate in therapeutic activity. Inspectors also noted that the full-time activities coordinator had successfully completed formal training on Sonas (a programme of therapeutic activity focused on promoting communication, especially for people with dementia). The inspectors spoke with both the activities coordinator and a recently employed activity therapist who described the additional activities available to residents. This included regular Sonas including individual sessions, drama games, movement and body awareness, group and individual reminiscence therapy. The person in charge and activities coordinator also confirmed that plans were still in place for a care assistant to attend training on Sonas therapy. During the inspection, activities including an exercise programme, massage and reminiscence therapy took place.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Actions required from the previous inspection had not been completed.

The complaints policy had not been reviewed as required in order to comply with the Regulations. For example, a second nominated contact person had not been delegated to ensure that complaints were properly responded to and recorded by the appointed persons.

An inspector viewed complaints and found that all complaints had not been closed out and the satisfaction of the complainant with the outcome of an investigation had not been consistently documented in accordance with the complaints policy and the Regulations.

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.

Theme:

Workforce

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

While continued efforts had been made in the completion of the previous required action relating to staffing arrangements, the inspector remained concerned that staffing levels and skill mix did not consistently meet the needs of all residents and this issue has been noted on the previous two inspections. Inspectors found that relevant staff had received mandatory education on fire safety and moving and handling since the last inspection.

An inspector saw evidence that the provider and person in charge had continued to implement an ongoing recruitment programme and nursing staff that had been recently

recruited prior to the last inspection had undergone an induction programme. Two nursing staff had also returned from long-term leave.

On the days of inspection there was adequate staffing levels and skill mix to meet the assessed needs of 45 residents. However, from a review of staff rosters an inspector noted that adequate nursing staff levels had not been consistently maintained over the 24 hour period. Nursing levels and skill mix were not sufficient to meet the assessed needs of residents during some shifts. While on the days of inspection there were two nurses and two care assistants rostered on night duty from 8pm to 8am this had not been consistently achieved since the last inspection. Inspectors spoke with a number of staff who confirmed that the additional nurse on night duty had enabled the provision of safer care by sharing the responsibility of administering medications to residents in addition to supervising care delivery and responding to residents in need of nursing intervention. The inspector noted that where there was only one nurse on night duty the person in charge had endeavoured to roster an additional care assistant but this had not always been consistent.

An inspector viewing staffing levels and skill mix with the person in charge and quality assurance manager. Both confirmed that there was currently a shortage of one whole time equivalent nurse and two care assistants to adequately cover the roster and especially when the centre was at maximum capacity. An inspector noted that the agency staff had been utilised to ensure an adequate numbers of care assistants were rostered.

On this inspection, an inspector also noted that there had been inconsistencies in the number of housekeeping staff rostered each day. There was normally two staff rostered on housekeeping duties to ensure that the centre was maintained at an appropriate standard of cleanliness and this was evident on the days of inspection. However, an inspector noted that only one housekeeping staff member was rostered on some shifts. Some staff spoken with confirmed that this was not sufficient.

An inspector found that the issue relating to nursing levels at weekends which was raised on previous inspections had been addressed. Staff nurse levels including adequate managerial cover was now in place at the weekend.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Nan Savage
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

| | |
|---------------------|-----------------------|
| Centre name: | Oranmore Nursing Home |
| Centre ID: | ORG-0000374 |
| Date of inspection: | 30/01/2014 |
| Date of response: | 28/02/2014 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

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

The policy on residents' personal property and possessions had been updated in response to the previous inspection but had not been fully implemented. Sufficient documentation had not been maintained in the centre regarding the management of some residents' accounts.

Action Required:

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

A file for each Resident who is Ward of Court is now in place which holds all correspondences between the Ward of Court and Oranmore Nursing Home. These files are permanently retained on site at Oranmore Nursing Home and are accessible at all times to these Residents.

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

Proposed Timescale: 15/02/2014

Outcome 07: 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 flooring had lifted in some sections along the corridors which posed a trip hazard.

Action Required:

Under Regulation 31 (4) (e) you are required to: Provide safe floor covering.

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

The Person in Charge has been advised by the Financial Controller that the replacement of circulatory floors shall commence in April 2014.

Proposed Timescale: 30/04/2014

Theme: Safe Care and Support

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

Grab rails had not been fitted to promote the safety and independence of residents in the recently refurbished residents' toilets.

Action Required:

Under Regulation 31 (4) (b) you are required to: Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

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

The Maintenance Officer is currently securing grab-rails in the main assisted bathroom and also the shared assisted bathroom.

Proposed Timescale: 06/03/2014

Theme: Safe Care and Support

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

A suitable means of hand drying was not available at the hand-wash basin located in the dining room.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

A hand-towel dispenser was ordered on the 25th of February 2014, this will be fitted by the Maintenance Officer once received.

Proposed Timescale: 06/03/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

Photographic identification had not been kept up to date on all resident medication records.

Nursing staff administered one resident with a medication in crushed format but this had not been prescribed as such by the GP.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Each Residents photograph has been updated on their Resident files and medication kardexes.

Oranmore Nursing Home shall endeavour to ensure that Resident photographs are promptly obtained upon admission.

Proposed Timescale: 28/02/2014

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:

The policy on the management of restraint had not been fully implemented. Proposed alternatives to the use of restraint that had been documented in a resident's associated assessment had not been trialled as required. Regular monitoring of this restraint measure had not been recently completed when the restraint measure was in place.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

A low profiling bed has been purchased for a Resident who has been assessed as being suitable to trial in a restraint free environment.

Sleep studies have been completed in order to support the assessment of this Resident. The Acting Clinical Nurse Manager/Person in Charge shall review restraint release documents daily to ensure consistent monitoring of restraint is in progress.

Proposed Timescale: 18/02/2014

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 did not comply with all the requirements of the Regulations. A second nominated contact person had not been delegated to ensure that complaints were properly responded to and recorded by the appointed persons.

Action Required:

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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

Prospective suitable candidates are currently being approached with a view to nominating a second contact person as per Regulation 39(5). Oranmore Nursing Home shall update its policy and complaints procedure to reflect this nomination.

Proposed Timescale: 30/03/2014

Theme: Person-centred care and support

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

All complaints had not been closed out and the satisfaction of the complainant with the outcome of an investigation had not been consistently documented in accordance with the Regulations.

Action Required:

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and 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 Person in Charge has developed a documentation tool in order to better record the satisfaction of levels of complainants where an investigation occurs. The Person in Charge shall review the complaints register on a weekly basis to ensure all complaints

are closed out promptly.

Proposed Timescale: 05/02/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

There was a shortage of one whole time equivalent nurse and two care assistants to adequately cover the roster consistently and ensure that the assessed care needs of all residents were met.

Given the size and layout of the centre there were normally two staff rostered on housekeeping duties and this was evident on the days of inspection but one housekeeping staff member was rostered on some shifts.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

Oranmore Nursing Home has recruited two full time care assistants, both of whom are due to take up their roles in the week commencing 10th March 2014.

Oranmore Nursing Home will continue to endeavour to roster two Staff Nurses on night duty. Where this is not possible, a third care assistant will be rostered.

Oranmore Nursing Home is actively recruiting suitably qualified care assistants, nurses and domestic staff to ensure the needs of all residents are met.

Proposed Timescale: 30/04/2014