

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rosary Hill House Nursing Home
Centre ID:	ORG-0000426
Centre address:	Stradbally, Castleconnell, Limerick.
Telephone number:	061 377530
Email address:	mjl1@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Rosary Hill House Nursing Home Limited
Provider Nominee:	Martin Lynch
Person in charge:	Deirdre Reddy
Lead inspector:	Julie Hennessy
Support inspector(s):	Gemma O'Flynn;
Type of inspection	Unannounced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	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 judgements 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: 04 March 2014 09:00 To: 04 March 2014 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Rosary Hill House Nursing Home is a two-storey house in the village of Castleconnell, Co. Limerick. The house may accommodate 24 residents. There was one vacancy on the day of inspection.

This report sets out the findings of a one-day unannounced monitoring inspection. The purpose of the inspection was to monitor ongoing compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended). As part of the inspection the inspector met with residents, staff members and a relative. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the person in charge and the clinical nurse manager (CNM) continued to ensure that a high level of evidence-based nursing care was being promoted that was person-centred and met the care needs of residents.

The inspector found evidence of good practice in a range of areas. The person in charge, the clinical nurse manager and other staff interacted with residents in a respectful, warm and friendly manner and demonstrated a thorough knowledge of

residents' needs, likes, dislikes and preferences.

Residents told inspectors that they felt happy and safe and an ethos of respect and dignity was evident.

Inspectors identified a number of areas for improvement relating to risk management, staff recruitment and training, staff records, medication management and systems for reviewing the quality and safety of care, which are discussed in the body of this 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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that overall accurately described the service that was provided in the centre.

Overall the statement of purpose was reflected in practice, for example, inspectors observed the open visiting policy and care was delivered in a dignified way. However, not all of the outdoor activities as mentioned in the statement of purpose were being implemented at the time of inspection and this is further discussed under outcome 11.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A written contract was provided which included details of services to be provided and fees to be charged. The contracts of care required updating to reflect changes in fees to be charged.

The person in charge had recently notified residents and their relatives in writing of changes in fees relating to transport costs. The person in charge was in the process of preparing amendments to the contracts of care and the residents' guide to reflect such changes. Inspectors reviewed the draft changes.

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:

The designated centre was managed by a suitably qualified and experienced nurse with authority.

The post of the person in charge was full-time. The person in charge also filled the role of person in charge for another designated centre. Inspectors found that the person in charge was involved in the governance and operational management of the centre on a regular and consistent basis. The person in charge worked two days full-time each week in the centre and was aided by a clinical nurse manager, who was in charge the days the person in charge was not in the centre. The person in charge told inspectors that she was in regular contact with the clinical nurse manager on the days she was not working in the centre and this was confirmed by the clinical nurse manager.

The post of the clinical nurse manager was also full time and she worked four days a week in the centre. The clinical nurse manager was a suitably qualified and experienced nurse who demonstrated her commitment to her own professional development by completing a postgraduate certificate in gerontology in 2013 and she had also previously

completed a management course.

Inspectors found that there were appropriate deputising arrangements in place and the person in charge and clinical nurse manager deputised in each others' absence. Inspectors found that there was appropriate arrangements in place at weekends with the person in charge and the clinical nurse manager on call on alternate weekends. Inspectors reviewed the roster and found that there was a nurse on duty at all times as required by the Regulations.

Inspectors spoke with residents who were able to identify the person in charge and the clinical nurse manager. Inspectors spoke with staff who were clear on the management structure and the reporting mechanisms.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

One aspect of this Regulation was reviewed during inspection. Inspectors found that not all records required under Schedule 4 of the Regulations were kept in the designated centre. A record of an investigation into an incident was not available for review by the inspectors on the day of the inspection.

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:

No actions were required from the previous inspection.

Findings:

Inspectors found that there were arrangements in place to safeguard and protect residents from all forms of abuse. Improvements were required in relation to documentation and the provision of meaningful activities that meet the needs of all residents.

There was a centre-specific policy in place to safeguard residents and protect them from abuse. The policy was in date and included procedures for the prevention, detection and response to abuse. Inspectors spoke with staff who were familiar with the policy.

Staff elder abuse training had been provided to all staff. Inspectors spoke with staff and found that they were able to describe what constitutes abuse and what to do in the event of a suspicion, allegation or incident of abuse. Residents told inspectors that they felt safe in the centre.

There was a centre-specific policy and systems in place to safeguard residents' finances. However, Inspectors found minor gaps in the documentation. For example, the policy did not consider what staff should do if a resident could not sign their personal transaction record book themselves and there was insufficient guidance in the policy on what staff should do if a resident gave them money. Robust systems are required to safeguard residents' money and to ensure that staff receive clear guidance in relation to managing residents' money. Inspectors completed a check of residents' finances and found that they were correct and accurate.

Inspectors found that an activity programme was in place. Exercise classes were run weekly and bingo and music were run twice weekly. Inspectors spoke with residents and staff who confirmed this to be the case. Inspectors spoke with residents and although most residents confirmed that they enjoyed such activities, not all were satisfied with the range and choice of activities or outings. One resident was supported to participate in a community group relevant to their specific disability. Inspectors observed staff encouraging residents to go for a walk in the centre. Staff described how they go out with residents to a nearby park in the summer.

A staff member was dedicated to delivering activities every afternoon for two hours. However, staff had not received training to ensure that activities delivered were meaningful and met the needs of all residents. Inspectors spoke with staff who expressed an interest in undertaking such training, for example reminiscence therapy.

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:

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

Findings:

The provider had put arrangements in place to protect the health and safety of residents, staff and others in the centre. However, improvements were required in relation to fire safety, infection control, risk management and people moving and handling practices.

Inspectors found that two fire doors were wedged open and this was brought to the attention of the person in charge and deputy person in charge who took prompt action to rectify the problem.

A number of policies relating to health and safety were in place. Inspectors found that policies were informative, up-to-date and centre-specific. There was no infection control policy on-site or accessible for review by inspectors on the day of inspection but this was submitted to inspectors the following day.

Not all staff demonstrated awareness of up-to-date infection control guidelines, including what constitutes an outbreak of influenza in a nursing home. Also, the cleaner had not received training in relation to environmental cleaning. The provider told inspectors that she had recently purchased a DVD in relation to infection control from a recognised healthcare training company and that sessions would be run for all staff in the near future and could form part of a broader training programme.

There were adequate facilities for hand hygiene including accessible sinks and readily available alcohol-based hand rubs. Inspectors reviewed records of clinical waste and sharps collections, which were readily accessible and in compliance with relevant statutory requirements.

There was a risk management policy in place. The safety statement had been updated since the previous inspection to include the risk of self-harm to residents. The safety statement included all of the specified risks as required by the Regulations.

The safety statement contained risk assessments relating to work areas and work practices, for example, the sluice room, the prevention of slips, trips and falls and working with computers. However, there was no hazard inspection system in place to identify new or changing hazards which may pose a potential risk to residents.

Inspectors observed a number of hazards for which there were no risk assessments completed including; paints stored in an open area, a smoking area without adequate fire prevention and control measures, a resident smoking in the dining area (which was not the designated smoking area), a car parked in the ambulance bay and a resident being pushed in a wheelchair without the use of foot-plates. Such hazards require adequate risk assessment and the implementation and monitoring of any necessary

precautions to control the risk of accidents, injury and ill-health to staff, residents and others.

Although staff had up to date training in the moving and handling of residents, inspectors observed staff carrying out a number of unsafe moving and handling practices.

Inspectors interviewed staff and found that staff were aware of what to do in the event of a fire. Fire drills, checks and servicing of fire equipment were carried out as required by the Regulations.

The accident and incident policy was informative with clear reporting lines, an escalation procedure, risk rating and clear time-frames for each reporting stage. Accidents and incidents were recorded and initial corrective actions were being identified on the incident recording form. Notifiable incidents were reported to the Authority as required by the Regulations.

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:

No actions were required from the previous inspection.

Findings:

Inspectors found that there were arrangements in place to manage the safe ordering, prescribing, storing and administration of medicines. However, improvements were required in relation to policies, documentation of medication administration times and medication audits.

There was policy in place relating to the ordering, prescribing, storing and administration of medicines. Although the policy was informative, it did not provide guidance for nursing staff regarding PRN ("as required") medication and the crushing of medication.

Inspectors reviewed a sample of medication prescription and administration charts and these were found to provide clear instruction to staff. However, administration times were not clearly recorded on the prescription chart, instead more general terms were used such as 'morning', 'lunch'. Accurate documentation of medication administration times is a medication management principle that reduces the risk of medication error and is specified by An Bord Altranais professional medication management guidance.

Inspectors reviewed practices relating to the transcribing of medications and they were found to be satisfactory. The person in charge had updated the system to ensure the regular review of medication by the residents' GP. Inspectors found that policies did not always reflect recent practice improvements. For example, policies did not reflect the arrangements in place to ensure regular review of medications by the residents' GP or that charts that had been transcribed had to be signed by the GP before use.

Inspectors found evidence of a number of medication audits that had taken place in early 2013 but there was no evidence of more recent or regular audits which would assist in guiding safer practice. However, the person in charge and deputy person in charge held a meeting with a pharmacist on the day of inspection to discuss a number of issues, including future auditing. There was a system in place for the recording of medication errors.

The maximum dosage for PRN medication was clearly recorded. Where crushed medication was prescribed, this was recorded on the medication chart and signed for by the GP. Inspectors found that there was appropriate procedures in place for the handling and disposal of unused or out of date medicines.

Inspectors observed good practice on the medication round and the nurse demonstrated a thorough knowledge and understanding of medication management. Inspectors found that there were processes in place for the handling of medicines, including controlled drugs that were safe and in accordance with relevant guidelines and legislation.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Initial work had commenced in relation to monitoring the quality of care and experience of the residents but a formal integrated system had yet to be developed.

Some key clinical indicators were recorded in the residents' records including; falls, skin tears, accidents, near-misses and wounds. Initial work had commenced in relation to auditing, specifically, 6-monthly trending was conducted for the aforementioned key clinical indicators.

Inspectors found that further work was needed to develop a formal system for the gathering and analysis of key data (such as clinical indicators) and for auditing of the service. Formal systems whereby information on key clinical indicators is collected and analysed at regular intervals and auditing of the quality and safety of care in the centre at appropriate intervals is required by the Regulations. Such systems are required to allow for areas requiring improvement to be identified and addressed.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that overall, the health care needs of the residents were being met. Some improvements were required in relation to the review of care plans, clinical risk assessments and the meeting of the residents' social care needs.

Residents' health care needs were being met through timely access to general practitioners (GP's) and residents had the choice to retain their own GP. The inspector reviewed a number of residents' records and noted entries relating a wide range of preventative and diagnostic tests and interventions including flu vaccination, blood sampling and urine testing.

Residents had access to a range of allied health care services including occupational therapy, physiotherapy and social work review. Input from medical, nursing and allied health services was reflected in care plans and in practice.

Inspectors reviewed a number of care plans and found that a comprehensive needs assessments had been completed for each resident. Care plans had been developed and were individualised. However, a small proportion of care plans had not been reviewed within the previous three months as required by the Regulations. It is necessary to ensure that care plans are 'live' documents and reviewed on an ongoing basis and at a minimum every three months to ensure that care and treatment adequately reflects the currents needs of each resident.

A computerised system was in place to complete individual risk assessments using validated risk assessment tools, including tools relating to pressure sores, nutrition and hydration. However, care plans did not contain action plans to manage and review identified individual risks, for example, in relation to falls prevention or catheter care or the prevention of an infection for someone with an indwelling catheter.

The deputy person in charge had completed a number of audits in relation to bed-rails in 2013 and as a result, the proportion of bed-rails in use had substantially reduced. The importance of continuing this valuable work on an ongoing basis was discussed with the person in charge and deputy person in charge.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that there were arrangements in place to facilitate residents religious and political rights and that care was delivered in a dignified way. Inspectors identified areas for improvement relating to formal consultation processes and privacy.

The centre comprised three single rooms with the remainder being multi-occupancy rooms. Inspectors noted that the size and layout of the multi-occupancy rooms would not comply with the requirements of the National Standards by 2015.

Inspectors found that adequate storage was provided for clothing and personal possessions. While there was a respectful attitude by staff towards residents, inspectors noted that some multi-occupancy rooms compromised residents' privacy and potentially limited personal space. Inspectors spoke with a resident who confirmed that personal space and privacy was limited by the multi-occupancy rooms.

The front foyer was a comfortable attractive area which residents used for meeting visitors. However, inspectors observed that this was not a private space. There was no facility or arrangements for residents to receive visitors in private as required by the Regulations.

Residents were facilitated to exercise their political rights and voting in elections was accommodated. Religious rights were facilitated, for example, through weekly mass and rosary. Residents had access to radio, television, newspapers and local events.

The person in charge told inspectors that she sought feedback from residents on an ongoing basis. Residents confirmed that they would raise any issues or requests with either the person in charge or the deputy person in charge. However, there was no documented evidence of consultation or that feedback is acted upon as required by the Regulations.

Visiting times in the centre were unrestricted other than when requested by a resident or when the visit or timing of a visit was deemed to pose a risk.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that there were appropriate staff numbers and skill mix to meet the assessed needs of the residents and that staff had up-to-date mandatory training. Improvements were required in relation to staff files, verification of staff references and the vetting and management of volunteers.

There was an up-to-date centre-specific staffing policy in place. Inspectors observed that there were sufficient staff on duty to meet the needs of the residents in the centre on the day of inspection. A staff rota was maintained and demonstrated that there was a nurse on duty at all times as required by the Regulations.

Inspectors reviewed a sample of staff files and found some to be missing documentation required under Schedule 2 of the Regulations including; photo identification, current nursing registration, medical declaration of fitness and three written references.

The person in charge told inspectors that she verified references for staff verbally however this had not been documented. Documented verification of references is necessary in order to be satisfied of the authenticity of any references received.

The centre did not have a policy for volunteers that visit the centre and there was no written agreement outlining the role and responsibilities of volunteers, as required by the Regulations. There was a volunteer who regularly visited the centre who was supervised and ran activities in the day room; documentary evidence was maintained as required by the Regulations, including Garda vetting and reference checks.

The centre's training records showed that staff were up to date with mandatory training and staff confirmed this when speaking with inspectors. Staff had also received additional training in 2011 relevant to their work including dementia care, challenging behaviour, incontinence training, infection control and medication management.

Staff who spoke with inspectors reported a good team environment and that they felt well supported. Staff reported that there were regular staff meetings and minutes were available in the nurses' office for those who were not present at the meeting. Inspectors saw evidence of meeting minutes.

Residents and relatives who spoke with inspectors said they were well looked after by the staff.

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:

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Rosary Hill House Nursing Home
Centre ID:	ORG-0000426
Date of inspection:	04/03/2014
Date of response:	11/04/2014

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 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

Contracts of care did not include additional charges for transport services.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

As stated in the body of the report revised contracts of care are under preparation.

Proposed Timescale: 30/04/2014

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

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

A record of an investigation into an incident was not available for review by the inspectors on the day of the inspection.

Action Required:

Under Regulation 22 (1) (iv) and (v) you are required to: Make the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) available to the resident to whom the records refer and made available at all times for inspection and monitoring purposes under the Act.

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

The investigation report was stored securely off site but going forward any other such documentation will be available on site in Rosary Hill House.

Proposed Timescale: 30/04/2014

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:

While there were activities in place, they were limited in scope at the time of inspection and staff required further development/training to deliver activities that are meaningful and relevant to residents' individual capacities.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

The Activities schedule will be reviewed and this review will take on Board the comments of the Inspectors.

Proposed Timescale: 31/05/2014

Theme: Safe Care and Support

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

The policy for safeguarding residents' finances did not give adequate guidance to staff on the management or handling of residents' personal finances.

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:

Policy will be reviewed and amended as required.

Proposed Timescale: 30/04/2014

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 provider had not put in place a system for carrying out hazard inspections on a regular basis.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

The Health and Safety Committee has been re-established and hazard inspection etc. will be part of its remit.

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:

While training in the safe moving and handling of residents had been provided, the provider had not ensured that staff were adhering to safe practices.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

This matter was brought to the attention of all Staff Members-refresher training in Manual Handling will be scheduled this year.

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:

Risk assessments had not been completed for all identified hazards.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Hazards as identified have been documented and risk assessed.

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:

The provider had not ensured that the designated smoking area had adequate fire prevention and control measures.

Action Required:

Under Regulation 32 (1) (a) you are required to: Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

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

Necessary measures have been put in place.

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:

Fire doors were wedged open.

Action Required:

Under Regulation 32 (1) (a) you are required to: Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

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

Wedges removed on the day of inspection. Hold back devices that comply with Fire regulations were fitted to the doors concerned.

Proposed Timescale: 04/04/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

The centre's policy did not reflect all aspects of the centre's medication management practices.

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:

We have recently commenced a new procedure for ordering, prescribing etc. of medication involving the Nursing Staff, GP and Pharmacy. Once this procedure is embedded into practice and all of the M.T.D. are in agreement with same the policy will be adjusted accordingly.

Proposed Timescale: 30/06/2014

Theme: Safe Care and Support

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

Medication prescription charts did not accurately document the medication administration times as per the Guidance to Nurses and Midwives on Medication Management (2007).

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:

Medication kardex has been adjusted as required.

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:

Some gaps were identified in the medication management policy.

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:

Policy will be reviewed taking cognisance of the Inspectors comments.

Proposed Timescale: 30/04/2014

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

Theme: Effective Care and Support

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

A formal system was not in place for the gathering of key clinical indicators or for auditing the service at appropriate intervals.

Action Required:

Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

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

The Director of Nursing and the Assistant Director of Nursing will develop a formal audit system.

Proposed Timescale: 31/05/2014

Theme: Effective Care and Support

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

There was no formal system in place for the analysis of information gathered relating to clinical indicators or from audits of the service at appropriate intervals that allowed for improvements to be made to quality of life of residents and quality of care in the centre.

Action Required:

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

The Director of Nursing and the Assistant Director of Nursing will develop a formal audit system.

Proposed Timescale: 31/05/2014

Theme: Effective Care and Support

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

The provider had not ensured that a report is produced that outlines the findings of regular reviews and audits of the service and any corrective actions.

Action Required:

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

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

Reports will be provided as required.

Proposed Timescale: 31/05/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

Care plans did not contain action plans to manage and review identified individual risks.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Care plans will be reviewed taking into account the above.

Proposed Timescale: 30/04/2014

Theme: Effective Care and Support

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

Not all care plans had been reviewed on an ongoing basis and at a minimum every three months.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

On the day of the Inspection the majority of the Care Plans were up to date and were living documents describing the Care needs of the resident concerned. We have rearranged the review system to ensure that all Care Plans will be reviewed at least 3 monthly in line with the relevant legislation.

Proposed Timescale: 30/04/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

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

There was no written evidence that feedback from residents was sought and acted upon.

Action Required:

Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

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

While feedback is regularly sought from and given by our residents and acted upon accordingly by the Staff of the Nursing Home we will endeavour to put in place a system to provide documentary evidence of same.

Proposed Timescale: 31/05/2014

Theme: Person-centred care and support

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

The size and layout of the multi-occupancy rooms will not comply with the requirements of the National Standards by 2015.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

Planning Permission is in progress to upgrade the Nursing Home and this, if approved will allow reconfiguration of the current building which will remove the multi occupancy rooms.

Proposed Timescale: 01/12/2014

Theme: Person-centred care and support

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

Adequate arrangements were not in place for each resident to receive visitors in private.

Action Required:

Under Regulation 12 (3) you are required to: Provide suitable facilities for each resident to meet visitors in communal accommodation and, a suitable private area which is separate from the residents own private rooms.

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

The aforementioned upgrade of the Nursing Home will allow for more private areas for residents to receive guests. Awaiting reply from Local Authority Planning Department.

Proposed Timescale: 01/12/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Staff files did not have all the requirements as set out in Schedule 2 of the Regulations.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

All staff files have been reviewed and are now complete

Proposed Timescale: 30/04/2014

Theme: Workforce

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

There was no documentary evidence to show that the authenticity of references had been verified.

Action Required:

Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

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

In the case of the staff files reviewed on the day of the Inspection the Staff members concerned had worked with the Director of Nursing for a number of years in a previous employment and were well known to her in both a professional and personal capacity. Documented verification of references was therefore not deemed necessary. Going forward references will be verified and documented as verified in line with requirements.

Proposed Timescale: 30/04/2014

Theme: Workforce

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

Volunteers in the centre did not have their roles and responsibilities set out in a written agreement with the designated centre.

Action Required:

Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

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

A policy outlining the management of students and volunteers will be developed and will clearly outline the roles and responsibility of a volunteer.

Proposed Timescale: 30/04/2014