

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Harvey Nursing Home
Centre ID:	ORG-0000048
Centre address:	25 Upper Glenageary Road, Glenageary, Co. Dublin.
Telephone number:	01 280 0508
Email address:	rosemary@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ardeeshal Lodge Limited
Provider Nominee:	Derry Shaw
Person in charge:	Rosemary McCann
Lead inspector:	Noelene Dowling
Type of inspection	Unannounced
Number of residents on the date of inspection:	32
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: 28 January 2014 09:00 To: 28 January 2014 19:00

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

Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This announced monitoring inspection was the seventh inspection of this centre and took place on one day. The purpose of the inspection was to monitor ongoing regulatory compliance and ascertain the progress made by the provider in resolving the actions identified the previous inspection report of 12 March 2013.

There were 10 actions outlined in the previous inspection and this inspection found that five had been successfully resolved and four actions had not been resolved. These included assessment for the use of bed-rails, recruitment procedures and the provision of adequate storage facilities.

Overall the inspection found that resident's healthcare needs were managed appropriately with good access to medical services. There was currently adequate staffing and skill mix of staff to provide sufficient care, good practice in the administration of medication, the management of complaints and activities for residents.

Improvements were required however, in referral to allied health services in some instances, medication management, use of assessment tools, systems for monitoring of resident's health, systems for learning and review of accidents and incidents and

training for staff pertinent to the resident population. A number of bedrooms in the premises do meet the the National Quality Standards for Residential Care Settings for Older People 2009 and one is currently unsuitable. The provider will be required to submit a plan for the premises to address these issues.

Other required actions are outlined at the end of this 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 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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Examination by the inspector of the contract for the provision of care indicated that the contract was detailed and specified the services to be provided. The inspector was informed that all residents had been issued a contract . However, the fees required were not specified on the contract. The provider stated that this was an oversight and would be remedied promptly.

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:

There had been no change to the person in charge since the follow up inspection of July 2013. She is engaged full time in the management of the centre and is suitably qualified and experienced. The person in charge is supported by a senior nurse and the provider stated his intention to augment this with the appointment of two persons who will participate in the management team and share the duties and supervisory responsibilities. They will also be rostered to deputise for the person in charge in her absence. There was evidence of good governance and members of the management demonstrated good knowledge of the residents and their own functions and responsibilities. The governance system is also supported by the monthly management meetings and weekly visit by the operations manager and the providers.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed the policy and procedures on the prevention and reporting of abuse and found that it was detailed and outlined responsibilities and reporting mechanisms both internally and to the relevant external agencies in the event of an allegation. The policy required some amendments however in that it did not clearly define the actions to be taken in the event of an allegation being made against a member of the management team or the company and how to manage this. The provider agreed to review this. Staff spoken with demonstrated an understanding of the dynamic of abusive situations and were clear on their responsibilities and those of the management team. Residents expressed a feeling of safety and confidence in staff. No incidents or allegations were recorded or reported since the previous inspection. However, the inspector reviewed documents in relation to a concern not related to the centre in which appropriate engagement with external agencies was evident.

The inspector was informed that the person in charge had undertaken a late night visit to the centre as a protective mechanism and the providers are also very involved and attended the centre frequently which resulted in residents being very familiar with them.

The inspector examined the invoices and other details of resident's fee payments and found that they were correct, transparent and receipted. Residents could at any time be given a detailed statement of their finances. However, some monies are held for safekeeping by the person in charge and these required a more robust system for recording transactions.

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:

Overall the inspector was satisfied that and safety of residents was attended to, however, some improvements were required. There was a centre-specific up to date and signed health and safety statement available which contained detailed assessment of risk and control measures to be implemented. A number of maintenance personal are available and the emergency contact numbers are easily accessible for staff. An emergency plan was available and this was satisfactory and included the location of emergency interim accommodation in the event of the residents having to be evacuated. The provider informed the inspector that access to a generator is available and this will be included in the emergency plan.

There was evidence of safe procedures for the prevention and control of infection including protective equipment and the disposal of waste. Staff were knowledgeable on the management of these matters. Core safety features including non-slip flooring and hand rails were installed. Records indicated that staff with responsibility for residents care had been trained appropriately in transporting residents and the use of equipment. Correct procedures were observed by the inspector.

Overall fire safety procedures were satisfactory, the documentation was complete and indicated that the fire alarm and extinguishers were serviced quarterly and emergency lighting annually and door checks undertaken daily. A twice yearly fire drill is undertaken. The fire evacuation procedure is displayed and staff were able to demonstrate a good knowledge of the procedure to be used in such an event. An evacuation chair is available on the first floor should this be required and staff stated that they knew how to use this equipment. Fire safety training had been undertaken in February and March 2013. However, one dedicated night staff had not undertaken this fire training. Further fire training was planned for February 2014 and the provider stated that all staff including those employed since the previous training would be participating

Since the previous inspection a revised risk management policy had been implemented. This was a very detailed document and outlined the procedure for the identification of risk review of and learning from untoward events as required by the previous inspection. In practice, measures to prevent injury were evident including falls risk assessments.

These were reviewed following an incident. Manual handling procedures, and a policy for missing residents was available, Incidents reviewed by the inspector demonstrated that accidents were responded to appropriately and remedial actions taken to try to prevent recurrences, this included reviews of medication or environmental changes.

A number of audits have been undertaken including care planning and documentation, medication. No audits of fall was available however ,and while there is documentation on the use of bed rails available dated October 2013 no real review has been held and there was no documented review of the safety and fitness of the bed rails themselves although these are serviced by contract. The provider and operations director outlined the process they are introducing in the organisation for both collating data on incidents and analysing the data which it is hoped will improve this process in accordance with the criteria as outlined in the risk management policy.

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 - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The policy on the management of medication was centre-specific and in line with legislation and guidelines. It had been revised as required following the previous inspection, and the maximum dosage of PRN (as required) medication and the signature of the general practitioner on discontinued medication was evident. Systems for the management and administration and storage of controlled drugs were robust. However, improvements were required in the correct documenting of medication to be administered on a PRN basis on the actual prescription record.

There was evidence of regular review of medication and records demonstrated that the staff were observant of the effects of medication on residents and sought medical review where this was required. There was evidence forwarded following the inspection that the pharmacist had discussed medication a resident and and the inspector acknowledges that this may not be appropriate for a significant number of the current residents.

A number of audits of medication practices had been undertaken which did not elicit any deficits however, including the incorrect prescribing of PRN medication. No errors were documented at the time of this inspection. There was a suitable process for the return and or disposal of unused or out-of-date medications.

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:

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

Findings:

There were 32 residents living in the centre on the day of the inspection with 14 of these residents assessed as maximum dependency and eight as high dependency. From a review of five care plans and medical records the inspector was satisfied overall that the healthcare requirements of residents were identified and supported. Up to five seven GPs provided medical care for the residents. Out-of-hours cover is also available. There was evidence that residents had regular access to their GPs, both three monthly and as required and that staff responded promptly to any changes in the health care status.

Records showed evidence of referral to acute care services and allied health services including physiotherapy, occupational therapy and mental health services where this was required. Physiotherapy is available fortnightly. This is provided by the organisation and records showed that review of individual residents was undertaken and therapeutics plans implemented. Where residents were deemed to be at risk of developing wounds, preventative measures were identified including skin care regimes and supportive equipment such as specialist cushions, mattresses and dietary supplements. Staff confirmed and the inspector observed that these were implemented. There was a very low incidence of pressure wounds and a review of the records and observation indicated that appropriate assessments, treatment plans referral and review by appropriate tissue viability specialists were implemented and sourced. The inspector saw evidence of adequate pre-admission assessment by the person in charge and transfer information was available.

The actions outlined from the previous inspection which were the timely review of assessments and supporting care plans were satisfactorily addressed . Evidenced-based assessment tools were seen to be reassessed three monthly as required with the care plans also reviewed. These included plans for communication and care of those residents with cognitive impairment. Due to the healthcare status of a number of

residents it was not always possible to evidence consultation processes with residents, but here was evidence that where this was possible it was carried out.

A small number of inconsistencies were identified . These included an inaccurately completed pressure area risk assessment. Resident's weights were monitored monthly or more often but a delay was noted in the actions taken when a weight loss was noted over a period of time . For example, the weight loss was consistent between June and October but the nutritional screening tool was not undertaken until October. However, on completion of the assessment strategies were immediately identified and implemented.

A range of documents were completed three times per day by staff to monitor all residents' nutrition, elimination, bathing, sleeping and turning. On review of these however the inspector noted that, although these check-lists were consistently completed by staff, some of the information was not found to be accurate. In addition, staff acknowledged that because of the sheer volume of the check-lists they are not actually used as tools to review residents care in the identified areas. In the inspectors view this routine practice creates a risk for those residents' who do actually require monitoring to such a degree and would be best utilised in a focused manner for residents identified as at risk.

Seven residents were on modified diets. The inspector observed good communication systems between the catering staff and the nurses in relation to this. The puréed meals were presented appetisingly and staff were observed supporting these residents in a respectful manner without any rush. However, the inspector could not ascertain whether this intervention had been directed in all cases by the appropriate specialist. In some instances staff informed the inspector that the decisions were made by staff based on the residents presenting difficulties.

A revised assessment tool for the use of bed rails had been introduced which was detailed and outlined both the use and contra-indicators for the use of bed rails. However, again there was inconsistency in the use of the assessment tool with a resident assessed as being suitable for the use of a bed rail based on inaccurate information in relation to a specialised mattress. A low-bed had been provided but the inspector found that this was not maintained in the position for which it was intended which again increased the risk of injury from a fall.

Residents social care needs were supported by the presence of an activities co-ordinator in the morning and afternoon from Monday to Friday from 09:00am until 5:00pm. These included music, Sonas, quizzes and exercise games. Records of participation by residents were available. Visiting times are open and televisions, radio and newspapers are available.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective 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:

Overall the accommodation is suitable for purpose with some improvements required to meet the standard requirements for 2015 in relation to three bedded rooms. Communal areas were comfortable and homely in decor and style. The centre was well heated, clean and resident's rooms were personalised. Each resident has a small locked space for secure storage and there is sufficient storage for personal belongings.

The kitchen is well equipped and there are staff changing and washing facilities provided. Examination of the maintenance and servicing record indicated that all equipment for resident's safety and well-being including the hoists, specialist beds, chairs and the stair-lift were serviced by contract and all had been serviced in 2013. A functioning call-bell system is available and the inspector observed that this was made accessible to residents. There is a small secure garden area located to the rear of the premises, which contains suitable seating and is easily accessed by residents.

The actions required from the previous inspection included the provision of suitably equipped sluice room and this had been installed. Storage remains a problem however with equipment including walking aids, wheelchairs in hallways and commodes in bedrooms.

There are two three bedded rooms, one on the first floor and one on the ground floor. One of these is unsuitable by virtue of its layout, as the presence of the third bed does not allow any furniture such as a bed side locker to be placed beside the beds. There are a sufficient number of toilets and bathrooms provided in the centre overall although there is one toilet short to accommodate the number (14) of residents on the first floor. A number of the bathrooms are interconnecting involving dual entrances which necessitate residents remembering to lock the interconnecting door, as well as the main door to prevent them being disturbed. The provider stated that he is aware of the requirements for 2015 in relation to this and will make the required adjustments.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The changes required following the previous inspection in relation to the written operational policies and procedures for the making and management of complaints and an external appeals process had been addressed. A named person in the organisation has been nominated to oversee the management of complaints by the person in charge and that records of these are duly maintained. The procedure is available to residents.

The inspector found good practice overall in the management of complaints. Examination of one complaint recorded since the previous inspection found that the issue was addressed promptly by the person in charge, the outcome was detailed and the view of the complainant was detailed on the records. Residents who could communicate with the inspector stated that they could raise issues and were confident that staff or the person in charge or provider would deal with them.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed the records in relation to the support and care offered to residents at this time. There was evidence from the records that residents comfort and care and symptom control was prioritised where this event was expected with additional staffing made available. There was evidence of advanced planning, clinically directed in

consultation with relatives and this was documented on files. A single room was made available. Palliative care support had been sourced and relatives were enabled to be present and kept informed of changes.

There is a policy on end-of-life care available. However there was no care plan directing the care to be provided at this time and no information on care plans as to the seeking of residents own wishes. The person in charge acknowledged this and stated that they intend to remedy this and revise the policy and procedures. She has been involved in training in relation to this. There was evidence of compliance with legal requirements including verification of death and report to the coroner had been made. However, nursing records did not consistently detail the procedures following death and the removal of the residents remains from the centre.

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:

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

Findings:

The inspector reviewed the actual and planned staff roster and from observation was satisfied that there was a sufficient number and suitable skill mix of staff on duty to meet the needs of residents and take account of the size and layout of the premises. Since the previous inspection an additional health care assistant had been assigned to night duty which resulted in one nurse and two care assistants on duty overnight. Two nurses are on duty until 8:00pm each day, although on occasions this quota may include the person in charge. Up to seven care assistants are rostered until 3:00pm each day with four staff and one nurse from 4:00pm until 8:00pm. While the staff confirmed and the inspector observed that staff were busy they indicated that the compliment was sufficient. The provider and person in charge stated that in the event of resident needs requiring more assistance the skill mix or staff compliment was revised. Residents stated that staff responded quickly to their call-bells at night.

Examination of the recruitment procedures and a sample of personnel files demonstrated good practice with some improvements required. There was Garda Síochána vetting evident, curriculum vitae are required and last employer references

are actively sought. However, one file did not have the required three references and another did not have either evidence of medical and physical fitness or a self declaration regarding this. Evidence of professional registration with relevant professional bodies was available for nursing staff.

Documentary evidence of completed (FETAC) Further Education and Training Awards Council) level 5 training for the care assistant staff was available and this will be supported by the provider. A review of the training matrix indicated that aside from the mandatory training all staff had undergone HACCP training in 2013 and falls prevention had been undertaken by 13 staff in August 2013. In addition, a number of staff had undertaken training in conflict and communication. The activates co-ordinator was supported by the provider to undertake accredited training in the Somas therapeutic programme. Comments from residents were positive as to staff kindness and response to them and communication as observed by the inspector was respectful.

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:

Noelene Dowling
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 report¹

Centre name:	Harvey Nursing Home
Centre ID:	ORG-0000048
Date of inspection:	28/01/2014
Date of response:	18/04/2014

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:

The contract for the provision of care did not outline the fees to be charged for 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:

This has been corrected

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

Proposed Timescale: 18/04/2014

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:

Monies held for safekeeping on behalf of residents required a more robust recording system.

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:

The system for resident petty cash has been augmented to ensure clearer accountability.

Proposed Timescale: 18/04/2014

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:

Adequate precautions had not been taken consistently in terms of reviewing risk assessments to ensure that residents were using bed-rails were safe from accident or injury.

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:

Where pressure relieving mattresses are required a risk assessment will be completed on the bed

Proposed Timescale: 18/04/2014

Theme: Safe Care and Support

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

Systems for the identification of and learning from accidents or other untoward events were not yet fully established.

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:

At the time of the inspection a new Quality Management System was being introduced in the centre and arrangement had been made for staff to receive training. This has now been completed and the QMS introduced which has improved the audits and learning from incidents and events

Proposed Timescale: 18/04/2014

Theme: Safe Care and Support

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

All staff had not received annual training in fire prevention and evacuation.

Action Required:

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

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

The staff member referred to in the report has received additional fire training

Proposed Timescale: 18/04/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

Improvements were required in the correct documenting of medication to be administered on a PRN basis.

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:

Timeframes and duration for all PRM medications have been updated and are signed by the GP

Proposed Timescale: 18/04/2014

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:

A number of inconsistencies were identified in the appropriate use of assessment and monitoring tools and subsequent actions taken to support and promote residents health.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

Care plans have been reviewed based on and tailored to the residents' needs. In addition the introduction of the Quality Management System has improved the inconsistencies identified.

Proposed Timescale: 18/04/2014

Theme: Effective Care and Support

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

There was not sufficient evidence that residents who were deemed to require specialist assessment in relation to nutrition and modified diets had been referred to or received this intervention.

Action Required:

Under Regulation 9 (2) (b) you are required to: Facilitate each residents access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.

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

All residents who require pureed diets for swallowing purposes have been reviewed by a Speech and Language therapist and GP. We have arranged for another review to be undertaken on May 13 and staff will receive additional training on pureed diets at that time.

Proposed Timescale: 18/04/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

One of the three bedded rooms is unsuitable by virtue of its layout, as the presence of the third bed does not allow any furniture such as a bed side locker to be placed beside the beds.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

Standard 25 is quite specific in regard to the physical requirements for existing nursing homes and has included a timeframe after which new measures will apply. We are in compliance with this timeframe as set out in Standard 25, of June 2015. Our accommodation will be reviewed within this timeframe in line with the regulations.

Proposed Timescale: 18/04/2014

Theme: Effective Care and Support

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

Some of the bathrooms are interconnecting making it difficult for residents to have privacy .

Action Required:

Under Regulation 19 (7) (d) part 2 you are required to: Provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.

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

All our toilet facilities have locked attached for privacy that are used by our residents and we are not aware of any breach of the standards or regulations in this regard.

Proposed Timescale: 18/04/2014

Theme: Effective Care and Support

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

There is insufficient storage for equipment including walking aids, wheelchairs commodes and hoists.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

This will be reviewed in line with the physical reviews of the centre and in the interim we have made improvements to our storage facilities whilst maintaining residents safety.

Proposed Timescale: 18/04/2014

Outcome 14: End of Life Care

Theme: Person-centred care and support

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

Care planning for end-of-life, systems for ascertaining residents' preferences and maintenance of required records required improvement.

Action Required:

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

We are aware that the authority has just introduced new guidelines in this area as well as a self assessment audit tool and training days which some staff attended. Additional training has also been provided in this area and learning from this is being implemented in the centre.

Proposed Timescale: 18/04/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

All of the documents prescribed by Schedule 2 were not sources when recruiting staff.

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:

The staff member who was missing his 3rd reference and self declaration has included this in his file

Proposed Timescale: 18/04/2014