<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ave Maria Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000315</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Tooreen, Ballyhaunis, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>094 963 9999</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:avemarianursinghome@gmail.com">avemarianursinghome@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Cummer Care Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Anne Feeney</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Jean Betagh</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Lorraine Egan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Ann-Marie O'Neil</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>33</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
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<tbody>
<tr>
<td>02 April 2014 10:40</td>
<td>02 April 2014 18:40</td>
</tr>
<tr>
<td>03 April 2014 08:45</td>
<td>03 April 2014 19:10</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
<th>Outcome 02: Contract for the Provision of Services</th>
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<td>Outcome 03: Suitable Person in Charge</td>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<td>Outcome 05: Absence of the person in charge</td>
<td>Outcome 06: Safeguarding and Safety</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Outcome 08: Medication Management</td>
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<td>Outcome 09: Notification of Incidents</td>
<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents clothing and personal property and possessions</td>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This monitoring inspection was announced and took place over two days. As part of this inspection the inspectors met with residents, staff members, the person in charge and the provider. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident and incident reports, policies and procedures and staff files. Following the inspection the inspector reviewed questionnaires completed by residents and relatives which were complimentary of the service provided at the centre.

A fit person interview was carried out with the person in charge and with the newly recruited clinical nurse manager who will be deputising for the person in charge in her absence. Both the person in charge and the clinical nurse manager were found to
be knowledgeable of 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.

The person in charge, clinical nurse manager and staff spoke with demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first name and the inspector was satisfied that residents were treated with dignity and respect by staff and management.

The feedback from residents was one of satisfaction with the centre and the service provided and many residents spoken with stated that the centre was their home and said they were very happy living there. This satisfaction was confirmed in the questionnaires from residents and relatives which were reviewed by the inspector.

While there was evidence of good practice in the centre a number of areas required improvement to comply with the Regulations and Standards. These areas included the statement of purpose, the residents' contracts, policies and procedures such as complaints and protection, fire safety, risk management, auditing, end of life care planning, residents' personal property lists and staffing files.

These items are discussed in the body of the report and 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:
Non Compliant - Moderate

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

Findings:
The Statement of Purpose was viewed by the inspector. While it contained some of the information required by the Regulations the inspector found that it required significant improvement. For example, it did not contain the current professional registration, relevant qualifications and experience of the registered provider and person in charge nor did it include the age range and sex of residents for whom it is intended the service is provided. The range of needs accommodated in the centre or the type of nursing care provided was not described. Furthermore, the clinical nurse manager was not included in the details of the management structure of the centre and the inspector was not satisfied that the Statement of Purpose was kept under review.

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:
The inspector viewed a sample of residents' contracts for the provision of service. The inspector was satisfied that contracts were in place for residents living in the centre on a
long term basis. However, the inspector was informed that residents availing of respite did not have contracts in place.

All contracts viewed by the inspector outlined the services to be provided and the weekly amount payable by the resident. However, not all contracts outlined the specific charges for additional activities and services, and one contract viewed by the inspector did not include any information in relation to additional costs.

The inspector found a number of inconsistencies in the contracts and some items which were not consistent with other policies and practices within the centre. For example, the contract of service specified that a relative must accompany a resident to all hospital appointments. However, the discharge policy stated that a staff member would accompany the resident if necessary and the resident would be charged for this. The person in charge verified that this was the practice in the centre.

Other areas which required further clarification in the contracts of service included a reference to residents insuring their own belongings and being unable to bring any valuables into the centre, the increase of fees every December and the reference to rules and regulations. These were brought to the attention of the provider who stated the wording of the contract was a template and would be amended to be more specific to the centre and the residents.

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

**Findings:**
The inspector was satisfied that the centre was run by a suitably qualified nurse with the required experience in care of the elderly.

She displayed a good knowledge of the residents and their individual needs and was observed to be respectful in her interactions with residents.

She was knowledgeable of the Regulations and her requirements thereunder and the inspector was satisfied that she was clear about her requirements for reporting specific incidents to the Authority. She met with her staff team on a regular basis and she displayed a good understanding of her staff and their contributions to the running of the centre.
She demonstrated commitment to her continuous professional development and the inspector noted that she had undertaken training in management, infection control, advocacy for older people, CPR, best practice in catheter care and risk assessments. In addition, she had ensured her training in medication management was up to date and had introduced a new system for administering medication to the centre.

Throughout the inspection the person in charge stated that she was reviewing management and operational practices within the centre along with reviewing policies and procedures. A fit person interview was carried out with the person in charge and the inspector was satisfied that the person in charge was suitably competent to fulfil the role.

**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 - Moderate

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

**Findings:**
The inspector found that all policies required in the Regulations, except the food safety policy, were in place. However, many policies did not accurately reflect practice in the centre and one policy referred to a different nursing home. The person in charge informed the inspector that the policies were being updated and that some contained reference to training or practices she intended to introduce.

The policy folder was well laid out and policies were easily retrievable. While signature sheets were evident for all policies not all staff had signed to indicate they had read and understood the policies. The person in charge stated that staff were in the process of reading the revised policies and would be signing them as they read them.

The policy on missing persons was not adequate to guide practice. It did not specify what the search area was nor did it specify the length of time after which the Gardai and family would be notified. It also stated that a missing person drill would be carried out twice yearly in March and October. However, the missing person drill for March had
The policy on communication was viewed and was not centre specific as it referred to a different centre and an activities coordinator. The person in charge told the inspector there is no activities coordinator in the centre.

The directory of residents was viewed by the inspector and while it was clearly laid out and well maintained it did not contain all the requirements as set out in the Regulations. For example, residents marital status, details of when a resident is transferred to hospital or another centre and the time, date and cause of death of a resident if a resident dies in the centre were not included.

The Residents Guide was not adequate and did not include all items required by the Regulations. For example, it did not contain the address and telephone number of the Chief Inspector. In addition, the summary of the complaints procedure was not sufficient to guide residents in making a complaint.

**Outcome 05: Absence of the person in charge**

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

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
In the absence of the person in charge, the role is undertaken by the newly appointed clinical nurse manager. The clinical nurse manager is a registered intellectual disability nurse and has previous experience of working in a nursing home.

As part of the inspection the inspector interviewed the clinical nurse manager and the inspector was satisfied that she was aware of her role when deputising for the person in charge. She was knowledgeable of the residents and their needs and the inspector observed her interacting in a positive and respectful manner with residents.

She knew what to do if there was an allegation of abuse and displayed satisfactory knowledge in relation to the actions she would take if a resident were to go missing from the centre. She had recently completed her online medication management training and was due to undergo training in the Biodose system which is used by the centre. She showed a keen interest in being involved in ensuring the centre meets all the requirements of the Regulations and had committed to taking responsibility for
specific areas. For example, she had taken responsibility for nutrition in the centre and showed the inspector the documents and folders she had devised to record food intake and to ensure all residents were achieving good nutrition. She informed the inspector that she was involved in reviewing policies and was aware that some policies needed to be revised. In relation to staffing, she said she would be involved in formal supervision and performance appraisal of staff.

She had completed a number of courses such as fire safety training, infection control, elder abuse and moving and handling and had planned courses in dementia care in April 2014 and end of life in summer 2014.

### 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 found that measures were in place to protect residents from being harmed or abused. However, some improvement was required regarding the policy on protection as it was not sufficiently specific to guide practice in the centre.

The inspector viewed the training records and was satisfied that many staff had received training in 'Recognising and Responding to Elder Abuse in Residential Care Settings'. The person in charge stated it was her intention to run this training on a regular basis for all staff. Staff spoken with were able to describe different types of abuse and were clear on the steps they would take if they suspected abuse or if a resident made an allegation of abuse to them. This process was in line with the policy on protection.

Each resident had a locked drawer in their bedside locker and had the option of placing valuables in the centre's safe. The person in charge had a robust system in place for residents wishing to store valuables in the safe.

Residents spoken with told the inspector they felt safe in the centre and would speak to the provider, person in charge or any of the staff if they had a concern. Some residents stated that they are much happier and feel safer than when they lived alone prior to coming to live in the centre.

The policy on protection was viewed by the inspector and while it was clear and comprehensive there were some inconsistencies in relation to staff training. For
example, the policy stated that all staff would be trained in 'dealing with cognitively impaired residents'. However, training records viewed showed that training had not taken place and the person in charge verified this. In addition, the policy was not specific in relation to timelines and was not sufficient to guide staff practice. For example, in the event of an abuse allegation it did not specify the timeframe for the completion of a report by the staff member receiving the allegation. While the policy was clear on the lines of accountability in relation to the investigation and reporting of abuse allegations, it was inconsistent with practice as it identified the 'chairman' as the person to investigate allegations of abuse against the provider. The person in charge stated there is no chairman and these allegations would be referred to the residents' advocate.

**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 - Major

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

**Findings:**
While there was evidence of some good practice in relation to health and safety in the centre some improvements were required.

RISK
The inspector viewed the safety statement and noted it was reviewed in February 2014. However, the centre did not have a food safety policy.

Service records pertaining to the hoists, wheelchairs, chair scales, commodes, beds and over bed tables were viewed. Records pertaining to the servicing of slings were viewed and the inspector noted that two new slings were purchased by the centre following a report by the servicing company stating that two slings were no longer safe for use.

The inspector viewed a sample of resident hoist assessments and was satisfied that residents had been assessed for the use of the hoist. The assessment clearly identified the number of staff required to assist when the resident was being hoisted and the type of hoist the resident used. However, the inspector noted that some resident hoist assessments did not contain a description of the sling to be used for the resident.

While there was a risk management policy in place it was not sufficiently comprehensive to meet the requirements of the Regulations. For example, it did not include the precautions in place to control the risks of assault, accidental injury, aggression and violence or self-harm.
The inspector viewed the risk register and found that although it clearly laid out and identified a range of risks, it was not sufficiently comprehensive. In addition, the inspector was not satisfied that the risk register identified all risks in the centre as risks identified by the inspectors were not in the risk register. These included the laundry room door being left open with chemicals and detergents stored on open shelving.

Although the inspector observed good moving and handling practices in the centre on both days of the inspection, it was not evident from the training records that all staff had received moving and handling training.

Infection Control
There was no wash hand basin in the sluice room. The person in charge and the provider stated that staff enter the laundry next door or go across the corridor to the staff room. This had not been assessed as an infection control risk in the risk register.

Fire
The inspector was not satisfied that the provider was taking adequate precautions against the risk of fire.

Not all staff had up to date training in fire prevention and one staff member had not received fire prevention training since coming to work in the centre over a year ago. In addition, not all staff had participated in fire drills in the centre.

The inspector viewed records pertaining to the servicing of equipment and was satisfied that fire fighting equipment had been serviced. In addition, the inspector viewed records pertaining to the testing of the fire alarm, smoke alarm, heat sensors, break glass unit and escape routes and was satisfied that these take place on a monthly basis. The inspector noted that daily checks of the escape routes were taking place prior to January 2014. The person in charge said that daily checks were taking place but had not been recorded. She stated that these checks would be recorded going forward. The inspector viewed the emergency lighting service records and noted that it was tested on an annual basis.

The inspector noted that all external doors except one had thumb turn locks fitted internally. The provider stated the external laundry door without the thumb turn lock would have a turn thumb lock fitted.

The inspector noted that wedges were being used to keep some bedroom doors open. This had not been assessed as a risk in the event of a fire.

On the day of the inspection the inspector noted that some internal fire doors did not close fully and not all doors had intumescent strips. This was brought to the attention of the provider who stated that this would be resolved without delay.
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:
While the inspector was satisfied that there was some good practice in relation to medication management, some improvements were required.

The inspector viewed the policy on ordering, prescribing, storing and administration of medication to residents and was satisfied that it was centre specific and sufficiently comprehensive to guide practice. The policy was in place since February 2014 and all staff nurses working at the centre had signed to indicate they had read and understood the policy. However, nurses spoken with stated that they did not have a comprehensive knowledge of the policies yet as the policies were new.

The inspector viewed the prescription sheets and was satisfied that they contained the required information and were well maintained. The medication trolley was stored in the clinical room and the keys were held by the staff nurse on duty.

The inspector viewed the procedure for storing medications which require refrigeration and was satisfied that these medications were stored in a locked refrigerator with the temperature recorded daily. However, the inspector noted that opened creams stored in the medication refrigerator did not have dates of opening detailed on them.

The inspector viewed the system for administering medication. The centre had introduced a new system and the person in charge stated that the system was designed to further decrease the risk of medication errors. All staff nurses had been trained in using the system. However, the clinical nurse manager had not been trained in using the system.

The inspector viewed medications which are crushed and was satisfied that the medications were prescribed as such by the general practitioner (GP). The inspector viewed the medication crusher and was not satisfied it was fit for purpose as the nurse on duty told the inspector it is difficult to use and that the medication has to be removed from the crusher using a spoon.

The inspector viewed the procedure for the return of unused and out of date medication to the pharmacy. The inspector was not satisfied that it was fully implemented and robust, as medication which had been discontinued in January 2014 had not been
The inspector viewed the procedure for self administration of medication and was not satisfied that the procedure was sufficiently robust to guide practice and it was not centre specific. The policy stated that health service providers should have written policies for self administration which should detail the assessment of residents. However, the policy did not detail how residents would be assessed.

The inspector viewed the procedure for storing and administering drugs which required special control measures and was satisfied that these were sufficiently robust and in line with best practice. Two nurses signed and dated the stock balance at the change of each shift and the inspector checked the balances and found them to be correct.

The inspector observed a nurse administering medication and was satisfied that the nurse was competent and administered medication in accordance with best practice.

**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 inspector viewed the records of accident and incidents which had occurred in the centre since the previous inspection and was satisfied that all relevant accidents had been notified to the Chief Inspector. Quarterly notifications had been submitted in a timely manner.

**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 - Major
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The person in charge did not have a satisfactory system in place for reviewing and improving the quality and safety of care.

The inspector viewed documentation pertaining to the compilation of audits by the previous person in charge and was satisfied that audits had taken place in 2012. However, no audits had been undertaken since and the person in charge stated that she was intending to carry out audits but had prioritised updating policies.

The inspector noted that falls had been reviewed by the person in charge. However, an audit report was not available.

During the course of the inspection, the provider stated that he had purchased an auditing package to assist the previous person in charge with completing audits. However, this had not been used as yet and the person in charge was not aware of the purchase of the auditing package.

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

Findings:
The inspector was satisfied that residents' well being and welfare was maintained by a high standard of nursing care. However, improvement was required in relation to end of life care plans, the assessment of bed rails which were being used by some residents and in relation to the provision of activities in the centre.

The inspector viewed a sample of resident care plans and noted that residents' needs
were assessed and that this assessment informed the care provided for the resident. Care plans were reviewed on a three monthly basis and the inspector was satisfied that assessments and reviews informed the care delivered to the resident. However, the inspector was not satisfied that all residents had end of life care plans and this is discussed further under Outcome 14.

The inspector saw that residents had access to a wide range of allied health professionals and that care was provided in line with allied health professionals' recommendations. For example, the inspector viewed care plan records detailing physiotherapy, chiropody and speech and language therapy records and saw that identified care needs were being supported by the centre's staff.

The inspector viewed the management of clinical issues such as wound care, nutritional care, risk of aspiration, skin assessments and falls assessments and was satisfied that these were well managed. The management of residents' weights is discussed under Outcome 15 Food and Nutrition.

Residents had access to general practitioner (GP) services and out-of-hours medical cover. The inspector viewed documentation and noted that residents medications were reviewed on a regular basis and that residents had access to their GPs as required. Residents spoken with said they saw their GP often and whenever they requested a visit it was facilitated.

The inspector viewed information pertaining to residents' life stories in their care plans. The inspector was informed that this information was used as a tool to inform staff of the residents' preferences in relation to activity in the centre. Although the inspector was satisfied that this was a useful tool for assessing residents' preferences, the inspector was not satisfied there was adequate activity provided, nor was the inspector satisfied that provision was made for one to one activities for residents. There was limited information of activities in the centre and activities appeared to occur on an ad hoc basis. For example, there was evidence that an exercise programme takes place on a weekly basis and photographs to evidence that residents took part in gardening but there was no further information of activities taking place in the centre.

The inspector viewed some assessments of bed rails. Assessments were not satisfactorily completed. Documentation viewed by the inspector showed that bed rails were not viewed as a restraint even where it was evident the bed rail was being used as such. There was no evidence that there was multi disciplinary input in assessing the suitability of bed rails. In addition, the inspector spoke to staff in relation to bed rail assessments and was not satisfied that staff had sufficient knowledge of restraint to inform good practice in the centre.
### 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:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The centre was a one storey purpose built structure. All bedrooms were single with assisted showers en suite. There were two sitting rooms, a dining room, an oratory and bathrooms, one of which contained an assisted bath, available for residents use. In addition, there was a kitchen, laundry room, sluice room, staff room, clinical room and an office. Furthermore, there was a self catering house on the grounds which could be used by relatives when residents are at end of life or when relatives are visiting residents.

The inspector was satisfied that bedrooms were suitable for resident needs. The inspector viewed some resident bedrooms and noted that residents had personalised their bedrooms and that bedrooms were clean and well maintained. Bedrooms contained a bed, a bedside locker with lockable top drawer, a single wardrobe and a chair. Residents spoken with stated they had adequate space for their belongings and the person in charge said additional storage could be provided if required. Radio and television were available in all bedrooms and the inspector observed residents availing of these facilities over the course of the inspection. Call bell facilities were in place and the person in charge stated that she hopes to upgrade the system as she feels some residents may find the cord difficult to pull. The inspector tested the water temperature in a resident bedroom and was satisfied that it did not pose a risk to residents.

The dining room was viewed by the inspector and the inspector was satisfied that it was suitable. The sitting rooms were viewed by the inspector and the inspector was satisfied that they were furnished appropriately and were comfortable spaces. There was also seating in the lobby with tea and coffee making facilities.

The inspector was satisfied that the premises was well maintained and clean throughout. It was odour free and was suitably decorated with murals on the internal walls such as a farming scene in the dining room and a mural of a fireplace in one of the sitting rooms. Handrails were provided on both sides of the corridor leading to the bedrooms and to one of the sitting rooms. The corridor leading to the second sitting room was narrow and not able to accommodate handrails on both sides. The person in charge stated that it was not possible to put handrails on both sides of the corridor as it
would result in inaccessibility for wheelchair users.

The inspector viewed the grounds and was satisfied that the grounds were well maintained and suitable for use by the residents. There were two enclosed gardens which could be accessed by residents. One garden contained a vegetable garden with poly tunnels which residents assisted with planting and which provided vegetables for use by the centre. The other garden contained flowers and an area for sitting for residents. The centre had hens in an enclosed area with a hen house and the residents spoken with were vocal in their satisfaction of watching the hens from their bedroom windows. In addition the front external grounds were well maintained and spacious and contained seating for residents and visitors.

There was appropriate assistive equipment provided to meet the needs of residents. The inspector viewed the maintenance and servicing contracts and found the records were up to date and confirmed that equipment was in good working order.

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

**Findings:**
The inspector was satisfied that complaints were being adequately addressed and that residents were aware of the steps to take if they wished to make a complaint. However, some improvements were required in relation to the policy, the Residents Guide and the display of the procedure in the centre.

The inspector viewed the record of complaints and was satisfied that complaints were appropriately responded to and that the person making the complaint was satisfied with the outcome.

The inspector viewed the complaints policy and found that it clearly outlined the steps to be taken in the event a complaint is received. However, it did not meet all the regulatory requirements as it did not identify a person independent of the process to ensure all complaints are appropriately responded to.

The inspector found that the complaints procedure was not adequately displayed in the centre. In addition, the synopsis of the complaints policy in the Residents Guide did not adequately outline the complaints process for residents and did not contain details of
the independent appeals process.

### 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:**
Compliant

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

**Findings:**
While the inspector was satisfied that residents received appropriate end of life care the inspector viewed a sample of resident end of life care plans and noted that not all residents had documented end of life care plans. Of those which were completed the inspector found they were sufficiently comprehensive to guide practice and detailed the residents wishes including where the resident would like to be and who the resident would like present. In addition, some included the type of religious service the resident wished for following their death. End of life care plans varied in detail depending on the resident and were signed by the resident. However, some end of life care plans did not contain a date of completion and it was not evident if these were reviewed with the care plan three monthly reviews.

The inspector spoke with a resident and was satisfied that the resident's end of life care plan was in line with the resident's wishes.

The inspector viewed the policy on end of life and was satisfied that it provided sufficient detail to guide practice and included information on the initial care of the resident following death, the resident's belongings and bereavement support for residents and staff. Each resident had a single room and facilities for relatives to stay were provided in a self catering house on the grounds. Tea and coffee were available in the lobby and the person in charge said that refreshments would be offered to relatives when a resident is at end of life.

### Outcome 15: Food and Nutrition
*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**
Person-centred care and support
Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that residents were provided with a varied and nutritious diet which met their individual dietary requirements and preferences. A two week menu cycle was in place and the inspector noted that drinks and snacks were available throughout the day. Residents could have their meals in the dining room, sitting room or bedrooms if they preferred.

There was one sitting for lunch and residents with extra support needs were assisted in one of the sitting rooms in which a table was set up for the meal. Staff were available to assist residents in a respectful way and the meal was observed to be a social occasion with staff chatting and interacting with residents throughout. The inspector observed lunch in the main dining room and was satisfied that residents were offered assistance where required and that dietary needs and preferences were accommodated. The atmosphere in the dining room was also observed as one of a social occasion.

The inspector met with the cook and was satisfied that she had a good knowledge of the residents' requirements. Residents had been assessed using the malnutrition universal screening tool (MUST) and the cook's information was consistent with residents needs as set out in their care plans. The cook was knowledgeable of preparing food to resident needs and displayed a good knowledge of food consistency, fortified foods, low sugar diets and equipment for residents. In addition the inspector noted that the cook was undergoing a FETAC Level 3 course in cooking.

The inspector viewed documentation pertaining to resident evening meal choices and was satisfied that residents had a wide range of choice and that individual preferences which were not on the menu were provided. In addition, the inspector noted that one resident who requested the same lunch every day was catered for.

Sufficient quantities of food were evident and menus viewed by the inspector were consistent with the meals served. In addition, the inspector noted that special occasion menus were evident, for example a menu for St Patricks Day detailed the meal provided on that day which included green jelly and ice cream for dessert.

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:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that residents' rights, dignity and consultation were protected and promoted in the centre.

The inspector viewed a sample of care plans and noted good practice in relation to the obtaining of resident written consent for photography. In addition, the inspector noted staff nurses good practice when administering medication to residents and observed that residents were assisted in a respectful and discrete manner and that some medications were administered in the resident's bedroom to protect the dignity of the resident.

The inspector viewed records pertaining to the resident meetings held in the centre and was satisfied that residents requirements were facilitated. For example, residents request for a music group to come to the centre was facilitated.

An advocate and counsellor was available to residents as required and the inspector was informed that she meets with residents at resident meetings and individually as requested. The inspector spoke with the advocate and she told the inspector that she had informed the provider that she was available at any time if a resident needed to speak with someone or was lonely or upset.

The inspector was satisfied that staff and management were respectful of residents. Staff were observed to be respectful in their actions, for example staff knocked on resident bedroom doors before entering. In addition, conversations between residents and staff were observed to be respectful and the inspector was satisfied that residents were viewed as unique and were treated as individuals.

The inspector viewed documentation which was not in line with the atmosphere of dignity and respect in the centre. The inspector brought this to the attention of the person in charge who told the inspector that this document would be disposed of and was not indicative of the care and support offered in the centre. The inspector was satisfied that this document was disposed of and would not be used in the centre going forward.

Residents had access to national and local newspapers and the person in charge told the inspector that individual preferences could be accommodated.

Residents had access to television and radio in their bedrooms and could make and receive phone calls in private.

There was a flexible visiting policy in place and the inspector observed a number of
visitors throughout the inspection and noted that all visitors were known by staff and management. The inspector was satisfied that visitors were both made welcome and encouraged in the centre.

The inspector noted that religious requirements were facilitated and some residents say the rosary every evening. The person in charge stated that residents had arranged this among themselves and that most residents took part.

**Outcome 17: Residents clothing and personal property and possessions**

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

While the inspector was satisfied that residents were provided with adequate space for their personal possessions, some improvements were required in relation to resident property lists.

The inspector viewed resident bedrooms and noted that residents have a single wardrobe and a bedside locker for storing their belongings. In addition, the top drawer of the bedside locker is lockable to facilitate residents to store valuables. The inspector was satisfied that additional storage could be provided if necessary and viewed a resident's room where extra storage facilities were provided on request by the resident.

There were arrangements in place for the regular laundering of residents' clothing and residents spoken with stated their satisfaction with the service.

The inspector visited the laundry and was satisfied there was adequate space to segregate soiled and clean laundry and adequate supplies of detergents were available.

The inspector viewed a sample of resident property lists. Some property logs viewed did not describe clothing in sufficient detail and others were not updated to reflect additions or changes to clothing.
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:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector was satisfied that staff numbers and skill mix were appropriate to the needs of the residents. However, one staff member did not have Garda Síochána vetting on file. In addition, staff files viewed by the inspector did not contain all items required in the Regulations. Furthermore, sufficient training was not being provided and training needs identified by the inspector had not been identified by the person in charge or by the provider.

The inspector viewed copies of the rosters and spoke with the person in charge in relation to the centre’s staffing levels. The person in charge told the inspector that she had recently adjusted staffing levels in response to resident needs and that she assessed staffing levels using an identified tool which based staffing levels on resident dependency levels. Based on this the person in charge had increased staffing levels and stated she will continue to assess the levels of staffing based on resident needs.

The inspector was satisfied that there was a nurse on duty at all times and that appropriate deputising arrangements in the absence of the person in charge had been put in place.

The inspector viewed a sample of staff files and found that they did not contain information required in the Regulations. For example, some files viewed did not contain a full employment history and evidence of being physically and mentally fit for the work.

The inspector was not satisfied that staff had access to education and training to enable them to provide care in accordance with contemporary evidence based practice. For example, there was no training on the use of restraints and not all staff had received mandatory training such as fire safety training. In addition, the inspector was not satisfied that staff training needs had been identified.
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:

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ave Maria Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000315</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>02/04/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>14/05/2014</td>
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</tbody>
</table>

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 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Statement of Purpose did not include all matters listed in Schedule 1 of the Regulations.

Action Required:
Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Please state the actions you have taken or are planning to take:
Amended copy of Statement of Purpose returned to inspector on the 14/4/2014.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 14/04/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose had not been reviewed and updated.

Action Required:
Under Regulation 5 (3) you are required to: Keep the Statement of purpose under review.

Please state the actions you have taken or are planning to take:
Reviewed and updated Statement of Purpose sent to inspector on the 14/4/2014.

Proposed Timescale: 14/04/2014

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 fees to be charged for extra services were not sufficiently detailed in all contracts.

The contracts were not sufficiently clear and were inconsistent with practices in the centre.

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:
• Discharge Policy amended
• Contracts of Care presently being revised to include specific charges for additional activities and services.

Proposed Timescale: 30/06/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents availing of respite did not have contracts in place.

Action Required:
Under Regulation 28 (1) you are required to: Agree a contract with each resident within one month of admission to the designated centre.

Please state the actions you have taken or are planning to take:
Respite Residents will be issued with the revised Contract of Care.

Proposed Timescale: 30/06/2014

<table>
<thead>
<tr>
<th>Theme: Leadership, Governance and Management</th>
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</thead>
<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>The Residents’ Guide did not contain all items required by the Regulations.</td>
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<tr>
<td>Action Required:</td>
</tr>
<tr>
<td>Under Regulation 21 (1) you are required to: Produce a residents guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
</tr>
<tr>
<td>Updated Resident Guide sent to Authority on 14/4/2014, this is now under further review.</td>
</tr>
<tr>
<td>Proposed Timescale: 30/06/2014</td>
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</table>

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<tr>
<th>Theme: Leadership, Governance and Management</th>
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<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>The Directory of Residents did not contain all items specified in Schedule 3 of the Regulations.</td>
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<tr>
<td>Action Required:</td>
</tr>
<tr>
<td>Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
</tr>
<tr>
<td>Our Residents Directory now includes all items specified in Schedule 3 of the Regulations.</td>
</tr>
</tbody>
</table>
**Proposed Timescale:** 15/04/2014  
**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Many policies viewed were not reflective of practice in the centre for example one policy referred to a different nursing home.

**Action Required:**  
Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

**Please state the actions you have taken or are planning to take:**  
New Policies which were issued in March 2014 are currently being reviewed to ensure they are reflective of Practise in Ave Maria and review dates to be included.

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**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 policies and procedures in place are not specific to guide practice and some did not reflect practice in the centre.

**Action Required:**  
Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**  
• Abuse Policy currently under review.

---

**Proposed Timescale:** 30/06/2014

**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 centre did not have a food safety policy.
**Action Required:**
Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

**Please state the actions you have taken or are planning to take:**
Food Safety Policy currently being devised. To be completed by 30/6/2014.

**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:**
The inspector was not satisfied that the risk management policy was sufficiently comprehensive.

**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:**
The Risk Management Policy currently being reviewed. To be completed 30/6/2014.

**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:**
It was not clear if all staff had received training in the moving and handling of residents.

**Action Required:**
Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

**Please state the actions you have taken or are planning to take:**
All current Staff members will have updated their Manual Handling Training by 31/7/2014.

**Proposed Timescale:** 31/07/2014  
**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in**
**the following respect:**
The risk register was not sufficiently comprehensive.

**Action Required:**
Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
Risk Register has been updated to include all risks in the centre.

**Proposed Timescale:** 07/06/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not include assault, accidental injury to residents or staff, aggression or violence and self harm.

**Action Required:**
Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

**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:**
Some staff had not received training in fire prevention.

**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:**
Review of all Staff’s Fire Training has been completed. Training has been brought forward to the 25/6/2014
<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 25/06/2014</th>
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<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some staff had not participated in a fire drill.

**Action Required:**
Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

**Please state the actions you have taken or are planning to take:**
Fire Drills will now be completed on a Monthly Basis to ensure all staff members participate in same on a regular basis.

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<tr>
<th><strong>Proposed Timescale:</strong> 13/05/2014</th>
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<td><strong>Theme:</strong> Safe Care and Support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some internal fire doors did not close fully and some internal fire doors did not have intumescent strips.

Some bedroom doors were being held open with pieces of wood.

**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:**
All Door Wedges have been removed on the 5/4/2014.

All Fire Doors have been re-assessed by Fire Officer on Thursday 15th of May 2014, the Providers were informed that the intumescent strips are only to be in place on one side of the double fire doors as this strip is expandable. Report on file.

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<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 15/05/2014</th>
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<tbody>
<tr>
<td><strong>Outcome 08: Medication Management</strong></td>
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<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff stated that as the policies are new, they are not yet fully familiar with the policies.

The medication crusher was not fit for purpose.

**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:**
All Nursing Staff have now read, signed and understood Medication Policy.

New Medication Crusher has been obtained.

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 20/05/2014</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
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</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Medication was not returned to the pharmacy as per the centre's policy on disposal of medication.

**Action Required:**
Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

**Please state the actions you have taken or are planning to take:**
• Medications which are no longer required are returned to the Pharmacy. This action is recorded.

| **Proposed Timescale:** 31/05/2014 |
### 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:**
There was no system in place for reviewing the quality and safety of care provided to, and the quality of life of residents in, the designated centre.

**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:**
Audit Practises in place and recording due to commence, findings will be compiled into an Annual Quality of Care report.

**Proposed Timescale:** 19/05/2015

### 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:**
There was no evidence that residents have access to activities on a regular basis.

**Proposed Timescale:** 19/05/2015
**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:**
Daily activities are carried out by the Provider and an assigned Health Care Assistant on a daily basis these are recorded in our Daily Activities folder. We have recently employed a new Health Care Assistant who has experience as an Activity Co-ordinator in her previous employment. I plan to assign her the responsibility of Activity Co-ordinator when she is fully settled in her new post.

**Proposed Timescale:** 31/07/2014

**Theme:** Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Bed rail assessments were not adequate and did not accurately identify the use of the bed rail.

Some residents did not have end of life care plans.

**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:**
- All Nursing/Care Staff will have Restraint/Enabler training completed by 14/5/2014.
- Restraints and Enablers for all residents will be reassessed by 30/6/2014
- End of life Care Plans have been updated.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evident that end of life care plans were reviewed regularly.

**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:**
End of Life Care plans updated and reviewed by Director of Care on a three monthly basis.
### 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 policy did not identify a person independent of the process to ensure all complaints are appropriately responded to and records are maintained.

**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:**
Complaints Policy amended to include a named person independent of the process to ensure all complaints are appropriately responded to and records are maintained.

**Proposed Timescale:** 30/06/2014

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### Outcome 17: Residents clothing and personal property and possessions

**Theme:** Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector was not satisfied that the complaints procedure was displayed in a prominent position suitable for residents to access.

**Action Required:**
Under Regulation 39 (4) you are required to: Display the complaints procedure in a prominent position in the designated centre.

**Please state the actions you have taken or are planning to take:**
Complaints Procedure is now relocated in the front foyer.

**Proposed Timescale:** 07/04/2014
Resident property lists were not kept up to date and did not provide sufficient detail of the resident’s property.

**Action Required:**
Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

**Please state the actions you have taken or are planning to take:**
Resident’s property list currently being updated.

**Proposed Timescale:** 30/06/2014

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**Outcome 18: Suitable Staffing**

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff were not trained in the use of restraint and some staff did not have training in fire safety. In addition, there was no evidence that a staff training needs analysis had been carried out.

**Action Required:**
Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

**Please state the actions you have taken or are planning to take:**
Restraint and Enabler training completed by all staff on 15/4/2014 and 13/5/2014. Fire Training for Staff has been brought forward to the 25/6/2014. Training Needs Analysis now in place.

**Proposed Timescale:** 25/06/2014

**Theme:** Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff files viewed did not contain all requirements specified 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.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
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<tbody>
<tr>
<td>Staff files currently being reviewed and amended.</td>
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**Proposed Timescale:** 30/06/2014