# Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Tearmainn Bhride Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000399</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Brideswell, Athlone, Roscommon.</td>
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<tr>
<td>Telephone number:</td>
<td>090 648 8400</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@brv.ie">info@brv.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Tearmainn Bhride Partnership T/A Tearmainn Bhride Nursing Home</td>
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<tr>
<td>Provider Nominee:</td>
<td>Aidan Curley</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Aidan Curley</td>
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<tr>
<td>Lead inspector:</td>
<td>Thelma O'Neill</td>
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<tr>
<td>Support inspector(s):</td>
<td>Marie Matthews; Damien Woods</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>26</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</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 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 following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 20 March 2014 11:00
To: 20 March 2014 19:30
From: 07 May 2014 09:30
To: 07 May 2014 15:00

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

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Summary of findings from this inspection

This report set out the findings of monitoring inspections, which took place over two days and was the ninth inspection carried out by the Health Information and Quality Authority’s (the Authority) Regulation Directorate. The findings of previous inspections concluded that improvements were required to meet all of the requirements in the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2009 (as amended). These inspection reports can be found at www.hiqa.ie.

There were five actions with seven requirements outlined in the previous inspection report dated 25/6/2013. These actions were reviewed as part of this inspection and inspectors found that four of the actions had been completed satisfactorily.

The previous person in charge had left her post on the 14/1/2014. A new Person in Charge had commenced employment approximately three weeks prior to the inspection on 3 March 2014. They had extensive children's nursing experience, however; did not have the required three years nursing experience working with older persons as required by Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2009. On the second day of
inspection, the provider advised inspectors; they had recruited another Person in charge who was expected to commence employment in the near future.

The building was comfortably warm. Some residents spoke with expressed satisfaction with the care provided. Residents had access to General Practitioner (GP) services and to a range of other health services.

On day one of the inspection, the health and safety of residents was a concern to inspectors from the number of non-compliances identified during the inspection. The inspectors met with the providers to discuss their concerns from the findings of the inspection, and they agreed to work on the actions required, which would be reviewed at a follow-up inspection within a month. This report discusses the findings of the two inspections.

On day two: Inspectors found a centre-specific risk management process had been implemented; resident’s health and social care had improved, medication management had improved, the cleanliness of the centre had significantly improved. A number of risks that had been identified by inspectors had been resolved. A care staff had been given a new role as activities co-coordinator, to provide socialisation activities for the residents during the day. The inspectors spoke with residents during both inspections, and they were content with the care they had received, and that stated staff were good to them.

Inspectors found aspects of the service that continued to need improvement to comply with the Regulations. Of the ten outcomes inspected; four were compliant, one was major non-compliance, three were moderate non-compliances, two were minor non-compliance.

A review of the staffing levels was required, due to the dependency levels of the residents and the redeployment of care staff from one role to another during the day, has led to a major non-compliance in the staffing of this centre. The areas for improvement are further discussed in the body of the report. The Action Plan at the end of this report identifies mandatory improvements required to come into compliance with the Regulations.
### 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

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

**Findings:**
The statement of purpose has been updated since the last inspection. It accurately describes the services provided in the centre and the information outlined in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) as outlined on the centre's registration certificate displayed within the centre.

The statement of purpose needs to be amended when the new person in charge commences employment in the centre to include their name on the statement of purpose and certificate of registration.

**Judgement:**
Compliant

### 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

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

**Findings:**
The former person in charge resigned her post on the 17/1/13 and the new manager commenced employment on the 3/3/2014. It became evident on the on the first day of inspection that the new person in charge did not possess the statutory experience of three years working with older persons in the last six years and could not continue in
that role on a permanent basis.

The provider informed inspectors on the second day of inspection, that he had recruited a new person in charge who fully meets the regulatory requirements, and would be commencing employment in the centre in mid-June.

**Judgement:**
Non Compliant - Moderate

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### 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

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

**Findings:**
The actions from the previous inspection were fully met. The policy and procedures for the prevention, detection and response to abuse was in place. A staff training programme in adult protection, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse was also in place.

Day one of the inspection staff and management were unclear on the appropriate reporting mechanisms when dealing with allegations and notifications of abuse. However, on day two inspection, significant improvements in staff knowledge were observed when speaking to staff, and staff training had been updated since the last inspection. All incidents, allegations, suspicion of abuse had been recorded, and these incidents were appropriately investigated and responded to in line with the centre’s policy.

Residents spoke with, stated that they felt safe in the centre. There was a visitors log in place at the entrance hall, and entrance/ exit doors were monitored by CCTV.

On the first day of inspection, it was noted that the person in charge, nurse on duty, and the operations manager were not familiar with financial management or the safe storage of resident’s money. By the second day, Inspectors found more appropriate financial controls were in place to ensure the safeguarding of residents finances. There were clearly recorded transactions evident in a sample of records reviewed. The centre has a policy and system in place to safeguarding residents’ money, and staff were sufficiently knowledgeable in same.

**Judgement:**
Compliant
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

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

Findings:
The centre has policies and procedures relating to health and safety and risk management. The health and safety statement was not reviewed since 2012. The operations manager informed inspectors that she was currently in the process of updating the safety statement.
The actions from the previous inspection were satisfactorily completed. There was a smoking policy in place since 1 August 2013. There was a risk register in place identifying clinical and environmental risks. Risks of residents smoking were identified and control measures included; smoking apron, designated smoking area, and individual smoking assessments for the two residents that smoked.

Inspectors were concerned that the smoking room was also being used as a designated visitor’s room; which caused concern as to the risk of passive smoking for non-smoking residents, visitors and staff. The provider informed inspectors that he was actively looking at alternatives to separate the smoking and visitors room.

The operations manager showed inspectors records confirming that contracts were in place, for quarterly testing of fire alarms, extinguishers, and emergency lighting. The fire alarm system had been recently tested on 4 February 2014. Fire evacuation procedures are prominently displayed throughout the building, however; they do not identify the assembly point on the signs. The fire doors used to compartmentalise the centre in the event of a fire, did not have the required emergency release device, and laundry and cleaning trolleys were placed at the end of corridors, due to lack of storage space, potentially blocking the fire evacuation routes.

On day one inspection records reviewed verified that fire safety and evacuation training had not taken place for all staff, and not all staff had participated in fire drill practices within the past 12 months. On day two, inspector's noted that all staff had received the required fire training.

Day one: Inspectors observed chain locks on the bedroom doors (that could be opened from both sides) Staff informed inspectors these locks were only used at the residents request. The person in charge stated that a resident tended to wander in and out of rooms, and the locks are used to promote privacy for residents who do not wish to be disturbed. The person in charge could not produce any evidence that the locks were requested by the residents for their privacy or dignity. There were no risk assessments, monitoring events, or reviews in place. Two locks have now been removed and one the lock is still in place, which remained at the residents request; this request has now been documented in the residents care plan, and a review date is in place for its removal.
Inspectors informed management that appropriate supervision of residents should eliminate the need to use these locks.

At the time of inspection, there was a boil water restriction in place in Co. Roscommon and in the centre, due to cryptosporidium contamination. Consumers were advised not to drink the water, until further notice. The provider had arranged for water to be delivered to the centre while the restriction is in place. On day two inspection; jugs of water were seen in all of the bedrooms for residents, to drink or brush their teeth. Inspectors viewed notices informing residents, visitors or staff of the water restriction.

On day one inspection, there was an unlocked storage room, leading into a staff toilet that was left open with certain items exposed which may cause a risk to residents, for example; syringe needles, razors, and certain chemicals. This issue had been resolved by day two inspection; when a new keypad lock had been fitted on the storage room door.

A visitors’ log was in place to monitor the movement of persons in and out of the building to ensure the safety and security of residents and to inform staff of persons on the premises, should an emergency evacuation be required.

A missing person policy was in place to guide and inform staff should a resident be reported as missing. Recent photographic identification was available for each resident. The last missing persons drill was 4 November 2013.

**Judgement:**
Non Compliant - Moderate

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**Outcome 08: Medication Management**

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

**Theme:**
Safe Care and Support

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

**Findings:**
A medication management policy was in place that suitably guided staff practice to manage aspects of medication from ordering, prescribing, storing, and administration. The policies included procedures to guide staff in the handling and disposal of unused or out of date medication.

On day one of the inspection, there were a number of issues identified in relation to medication management. For example; prescriptions did not identify the max dose allowed in 24 hours for PRN (as required) medication, and discontinued medication had not been returned to the pharmacy; also, the MDA register was not completed.
On day two, inspectors reviewed a sample of medication charts/booklet used to prescribe, and administer medication. Prescriptions included clear directions to staff on the dose, route and times medication for administration. Photographic identification was in place, on the front of the residents medication charts reviewed. There was evidence of resident’s medications being reviewed every three months, by the General Practitioner (GP) The processes in place for the handling of medicines, including controlled drugs, are safe and in accordance with current guidelines and legislation.

Inspectors identified that staff were implementing appropriate medication management practices. There were appropriate procedures in place for the handling and disposal for unused and out of date medicines. The system now in place ensures that medication management practices are reviewed and regularly monitored.

Judgement:
Compliant

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**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

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

**Findings:**
Records available of incidents and accidents occurring within the centre were reviewed by the inspectors on the first inspection, and found that all notifiable events (injuries) occurring in the designated centre had not been submitted to the Chief Inspector as required under the Health Act 2007. All Notifications have now been submitted to the Authority.

**Judgement:**
Non Compliant - Minor

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

Findings:
A system for quality assurance and monitoring required improvement in the centre, for example, accident and incident forms and other documentation had not been analysed, or report of the findings completed.

Inspectors noted that there were improvements in minimising restraint, for example; new low beds were in use, and bed and chair mats were operational to prevent falls. On day two of the inspection, evidence was produced to inspectors of reviews regarding the use of bed rails, and lap belts in the centre. Two resident's bed rails were removed (with their consent) as a trial for reducing restraint. One resident has managed well without the bed rails, and the other resident requested the bed rails to remain on her bed. Another resident that previously used a lap belt on their chair was re-assessed as not required, and the belt was removed.

A cleaning audit that was carried out in the centre; It contained specific cleaning required in the centre. There was evidence of learning and the implementation of changes; as a result, of this review being carried out.

Inspectors found a lack of clear and transparent systems for monitoring the quality and safety of care of residents, for example; there was no evidence that consultation with residents and their representatives took place when reviewing care plans. This is discussed further in outcome 11

Judgement:
Non Compliant - Minor

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

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

Findings:
During the first visit, Inspectors viewed a resident's care plan on restraint; the notes
referred to a multi-disciplinary assessment that was completed, however; no evidence of this assessment could be produced to inspectors. Improvements were observed by inspectors on the second day of inspection, as there were only nine bed rails on that occasion in use; in the interim between inspections, one resident was re-assessed as not requiring bed rails and one resident no longer used a lap belt on their chair.

Care plans were documented on a computerised system and found to be generic and not person-centred, and there was no evidence that residents or their relatives were involved in their care planning. Inspectors were not satisfied that the current care plans demonstrated contemporary evidence-based practice. Recommendations from allied health professionals were not incorporated into the resident's care plans on the computer. For example; multi-disciplinary notes documented on paper files were not transferred onto the residents computerised care plans, and valuable health care information was not readily accessible to staff.

On day one of the inspection, evidence from resident's files was examined, and found that there were at least six falls, a number of these falls were un-witnessed. Neurological observations were not regularly completed by the staff. Inspectors observed that assessment's were completed on the resident's that were at risk of falls; however, the fall risk scores had not been documented to identify their falls risk in their care plans.

On day two, inspectors reviewed three recent falls since the first day of inspection and noted neurological observations were completed on these occasions. Mobility assessments were reviewed by the physiotherapist after each resident's fall, and neurological observations were recorded by nurses for the most recent falls sustained.

Inspectors reviewed the treatment of pressure sores in the centre. Computerised wound care plans were generic and not person-centred, for example; “refer to dietitian if indicated” was documented on the care plans. There was evidence of nursing reviews; however, there were no indications of wound sizes, grades, or photographs, to assist staff in monitoring, whether the wound was improving or deteriorating. No evidence that referrals to a tissue viability nurse or General Practitioner in the care plan reviewed. There had been no notification to the Authority regarding any of these pressure sores.

Inspectors observed significant improvements in wound care on the second inspection, for example; inspectors observed treatments provided for one wound that required dressed. For example; photographic evidence and sterile equipment were used to measure the progress of the wounds, and a resident was assessed, by their General Practitioner (G.P.) and tissue viability nurse, as well as a dietitian. Care plans and progress notes reflected the care given, for example; Swaps had been sent to the hospital for infection control purposes, and same had come back negative.

Judgement:
Non Compliant - Moderate
**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

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

**Findings:**
There were five single bedrooms and 12 twin bedrooms, two of the single rooms were en-suite. Bedrooms were suitably furnished and equipped to assure the comfort of residents. There was a call bell system in place at each resident’s bed. There were a sufficient number of communal toilets, and showers provided for use by residents. Toilets were located close to the day rooms for residents’ convenience; however; no locks were on the doors of communal toilets/shower rooms to ensure residents receive care in a dignified way that respected their privacy. Locks were put on the toilets prior to the follow-up inspection, and residents had sufficient space to store their clothing and personal belongings.

During the day, residents relaxed in the sitting room near the dining room; managers informed inspectors that some residents liked to eat in the sitting room, and the some residents prefer to sit and eat their meals in their bedrooms.

The building was comfortably warm. Radiator covers were on radiators, to protect residents from burns.

Significant improvement in the cleanliness of the premises was observed on the second inspection, and inspectors observed a new rota for cleaning bedrooms.

The sharing of a smoking room and visitors room was not in compliance with health and safety requirements, as visitors that were non-smokers could inhale passive smoke. The extractor fan was not robust enough to be effective in removing smoke from the environment. Additional storage space was required for cleaning and laundry trolleys as they posed an obstruction to fire exit doors, being stored at the end of corridors.

**Judgement:**
Non Compliant - Moderate
**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

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

**Findings:**
There were 25 residents (in hospital) on the 2nd day of inspection, ten of these residents had their dependency levels assessed as at maximum level of dependency, seven high and eight-medium dependency. Inspectors found that there were not adequate number and skill mix of nursing, care assistants, catering, cleaning, and laundry staff to meet the needs of the residents.

On the first day of inspection, inspectors met with the new person in charge, operations manager, provider and staff on duty. The person in charge had commenced employment in the centre three weeks previously, and inspectors reviewed their experience working with older persons, but did not meet regulatory requirements for the post. This person has now accepted the role of the person participating in the management of the centre instead. The provider is employing another Person in Charge to manage the centre and inspectors were advised that this person was to commence duty in June 2014.

Inspectors examined the organisation's policy on the recruitment of staff and maintenance of files, for compliance with the Health Act 2007 (Schedule 2 documents) and found not to be complete; however, these omissions had been rectified by the second day of inspection.

Inspectors reviewed the centre’s staff rosters, and there were at least one nurse rostered on duty every day and one nurse at night. However, it appeared some staff on the twilight shift working from 6-10/11pm was in breach of the Working Time Act 1997, for example; they did not have a rest period of not less than 11 consecutive hours in each period of 24 hours during which he or she works for his or her employer.

There were three duty rosters operational in the centre, for nursing, care and kitchen staff. The six kitchen assistants named on the kitchen staff rota were the same six staff working as care assistants on the care duty roster. Inspectors also observed that some staff were rostered to work on two rosters at the same time, for example; three staff was rostered to work in the kitchen, as well as on the care rota. These rosters did not give an accurate reflection of the staffing level in the nursing home.

On the rostered reviewed by the inspectors; there was also only one-nurse and two care
assistances on duty to attend to residents needs some days from 3-6pm. Staff numbers were also reduced at the weekends when there were only one nurse, and two care assistants rostered on duty 4-6pm, and only three staff members were rostered on duty some evenings until 8pm. Management told inspectors that they had a lot of staff sickness recently which left the centre short of cleaning staff and kitchen staff and care assistants were allocated into these roles as required.

There were usually one-nurse and one care staff on duty from 8pm to 8am and one care assistant from 6pm to 10pm. The care assistant’s roles, was to attended to resident's needs, and launder the resident's clothes during the night. Inspectors raised concerns regarding this practice with the operations manager and requested that this practice be ceased as it limited the care assistants time and ability to attend to residents needs and assist the nurse with residents. On the second day of inspection, it became evident from viewing the laundry that this practice was continuing, and the issue was brought to the attention of management again.

**Judgement:**
Non Compliant - Major

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**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 all the people who participated in the inspection.

**Report Compiled by:**

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

**Centre name:** Tearmainn Bhride Nursing Home

**Centre ID:** ORG-0000399

**Date of inspection:** 20/03/2014

**Date of response:** 12/06/2014

**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 03: Suitable Person in Charge**

**Theme:**
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider will furnish the Authority the details of the new person in charge and expected commencement date of employment.

**Action Required:**
Under Regulation 15 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

**Please state the actions you have taken or are planning to take:**
New PIC commencing duty on 17/06/14, all details will be forwarded to the authority

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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: 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:
Put in place an up to date safety statement for the centre

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:
Safety statement is updated

Proposed Timescale: 11/06/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The smoking room in the designated centre had not been suitably risk assessed, for use as a smoking and visitors room; which posed risks of passive smoking to residents, visitors and staff.

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:
A separate smoking facility is now in place

Proposed Timescale: 11/06/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
Hallway fire doors do not have the automatic door release devices in place.

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:
19th of June 2014 has been arranged to install automatic door releases

Proposed Timescale: 19/06/2014

Outcome 09: Notification of Incidents

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Provider did not notify the authority of notifications required under regulation 36 of the Health Act 2007 Care and Welfare of Older Persons in a Designated Centre (2009)

Action Required:
Under Regulation 36 (2) (c) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

Please state the actions you have taken or are planning to take:
All staff participating in management are aware of their obligations under this regulation and all notifications will be forwarded to the authority without delay

Proposed Timescale: 11/06/2014

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:
Quality and Safety audits had not been completed to enhance the individual outcomes for residents.

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:
All staff participating in management are aware of need to review audits, plan is to produce an end of year report on all audits

Proposed Timescale: 31/12/2014

Outcome 11: Health and Social Care Needs

Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans were generic and not person-centred. Multi-disciplinary team recommendations were not incorporated into care plans reviewed by inspectors.

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:
Persons participating in management are monitoring care plans on an ongoing basis, all nursing staff are aware and further training in this area is been carried out

Proposed Timescale: 11/06/2014

Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure medical treatment is provided to residents in a timely fashion and recommendations of multidisciplinary team members are noted in the residents care plans.

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 nursing staff do contact each residents GP when medical attention is required, they are now aware that the care plans need to reflect all input from the multidisciplinary team, this will be monitored on an ongoing basis
**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:*
Providing a smoke-free environment for residents to meet their visitors in private.

**Action Required:**
Under Regulation 19 (3) (i) you are required to: Provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area which is separate from the residents own private rooms.

**Please state the actions you have taken or are planning to take:**
A separate smoking facility is now provided so the visitors room is now available for resident use and their families.

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**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:*
Ensuring there is appropriate storage space available for cleaning and laundry trolleys to be stored, so as to keep emergency exits clear at all times.

**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 practise has ceased, the trolleys are no longer brought onto the corridor.

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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:*
Inspectors were not satisfied by observing practice, reviewing the rotas and taking into
account the dependency needs of residents' that sufficient staffing was available to meet the care needs of all the residents.

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

**Please state the actions you have taken or are planning to take:**
A new rota is in place, this will be reviewed again in 6 weeks.

**Proposed Timescale:** 11/06/2014

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure there are sufficient staff on duty every day to attend to cleaning and laundry duties, and eliminate laundry tasks from the care assistant on night duty; to allow time to attend to resident's needs during the night.

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

**Please state the actions you have taken or are planning to take:**
After first visit this practice had ceased

**Proposed Timescale:** 11/06/2014

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge shall ensure that a staff rota showing staff on duty is accurate, clear and transparent. Staff that are redeployed into other roles during their shifts must be recorded on the appropriate roster,

**Action Required:**
Under Regulation 16 (3) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

**Please state the actions you have taken or are planning to take:**
Format of rota has changed
**Proposed Timescale:** 11/06/2014  

**Theme:**  
Workforce  

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The Working Time Act 1997 states: An employee shall be entitled to a rest period of not less than 11 consecutive hours in each period of 24 hours during which he or she works for his or her employer. This regulation is not been adhered to with the current rostering arrangements within the centre.

**Action Required:**  
Under Regulation 17 (3) you are required to: Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

**Please state the actions you have taken or are planning to take:**  
Our policy is to adhere to working time act of 1997, on a few occasions this has not been met but now is addressed with new rota.

**Proposed Timescale:** 11/06/2014