

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cherryfields Housing with Care Scheme
Centre ID:	ORG-0000750
Centre address:	2D Cherryfields Lawn, Hartstown, Clonsilla, Dublin 15.
Telephone number:	01 857 2362
Email address:	fiona.mcanespie@foldgroup.co.uk
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Fold Housing Association Ireland Limited
Provider Nominee:	Martina Conroy
Person in charge:	Rosaleen Behan
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	53
Number of vacancies on the date of inspection:	0

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 decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 May 2014 09:30	15 May 2014 18:00
16 May 2014 09:00	16 May 2014 11:00

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

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

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members in the centre were also sought.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). Although there were delays in receiving a complete application and some

clarifications may be subsequently required the documents submitted by the provider, for the purposes of application to register were found to be satisfactory. This was the first inspection of Cherryfields Housing with Care Scheme a 56 bed centre which forms part of a diverse range of services delivered by the provider Fold Ireland Limited.

As part of the Authority's assessment of fitness process, the nominated person on behalf of the provider and person in charge were interviewed and found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to meet the range of needs of residents which the centre intends to meet under its current statement of purpose.

A number of residents' questionnaires were received by the Authority prior to the inspection. The opinions expressed through both the questionnaires and in conversations with the inspector on site were broadly satisfactory with services and facilities provided. In particular, residents were very complimentary on the manner in which staff delivered care to them commenting on their good humour, patience and respectful attitude. Relatives also expressed a high level of satisfaction through the questionnaires citing staff as caring friendly and professional and pointing out their commitment to the residents through for example assisting on outings on their personal time.

Overall, evidence was found that residents' healthcare needs were met. Residents had access to general practitioner (GP) services within the centre. Access to allied health professionals such as public health nurses, physiotherapy speech and language therapists and to other community health services were available.

The inspector found there were aspects of the service that needed improvement such as risk management, medication management care planning policies and procedures staff training and resources.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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

Outstanding requirement(s) from previous inspection:

Findings:

A written statement of purpose was available which required to be fully reviewed in order to ensure it is fully reflective of the service provided in the centre and that it contained all of the information required by Schedule 1 of the Regulations. Information not contained in the statement of purpose included;

- name and address of the provider and person in charge
- professional registration; qualifications and experience of the provider nominee and person in charge
- maximum number who will be and can be accommodated
- total staffing complement by grade and in whole time equivalents
- organisational structure
- age range and gender of residents
- range of needs
- criteria for admission including policy and procedures for any emergency admissions
- size of all rooms
- details of specific therapeutic techniques and arrangements for their supervision if any
- arrangements for respecting privacy and dignity of residents
- any separate day care facilities.

Assurances were given by the provider nominee that the statement of purpose would be kept under review and any changes which would affect the purpose and function of the designated centre would be communicated to the Chief Inspector in writing prior to being implemented.

Judgement:

Non Compliant - Moderate

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

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

On review of a sample number it was found that of those reviewed, each resident had a written contract agreed with the provider, and signed by the provider, resident or their next of kin or nominated advocate. The contract included details of the services to be provided and the fees to be charged. Details of any additional charges were also included.

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:**Findings:**

The person in charge known in the centre as the manger, works full-time and held sufficient authority, accountability and responsibility for the provision of the service. She holds a degree in Social Care studies with several years experience of working with older persons and persons with disabilities with varying care needs in a range of settings and has held the current position for over three years. The person in charge was found to be engaged in the governance, operational management and administration of the centre on a daily basis.

During the inspection and the fit person process knowledge of the Regulations was demonstrated. The person in charge was supported in the role by a management team consisting of a care services manager, human resources officer, administrator, care staff, maintenance, kitchen and household staff. Staff were familiar with the organisational structure and confirmed that good communication existed within the staff team. All staff facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

Judgement:

Compliant

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

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

Records required by the Regulations were available and kept in a secure place. A copy of the insurance cover in place was provided although the information did not reference the limitation of liability per resident in order to fully meet the requirements of the Regulations.

The directory of residents was reviewed and was not found to meet the requirements of the Regulations. All of the matters required in Schedule 3 were not included in the directory such as;

- address, gender and marital status;
- name address and phone number of next of kin or person authorised to act on their behalf
- name address and phone number of general practitioner and/or any health service executive officer whose duty it is to supervise the resident
- date of initial admission
- dates of discharge and any transfers
- date time and cause of death
- name and address of any authority or organisation or other body who arranged the resident's admission

All other records required under Schedule 3 of the Regulations were maintained in the centre however, improvements were required in respect of maintaining clinical records in accordance with professional standards and linking clinical assessments and risks with care plans to aid evaluation. This is referenced in detail under Outcome 11 of this report. Improvements were also found to be required to medication management records and this is referenced under outcome 8 in this report

Although not all records were reviewed on this visit, it was found that general records as

required under Schedule 4 of the Regulations were maintained including key records such as staff rosters, accident and incidents, nursing and medical records.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations with the exception of a policy on admissions including emergency admissions and the creation of, access to, retention of and destruction of records. Policies including health and safety and risk management were available, and policies such as end of life care, medication management and management of complaints were reviewed. However, some policies required to be revised to ensure they gave sufficient guidance to staff, reflected evidence-based practice and the meet the requirements of the regulations in particular the fire safety policy, medication management policy and the emergency plan. These policies are further referenced under outcomes 7, 8, 11 and 13 in this report.

The procedures to be followed in the event of a fire also required to be updated to reflect safe processes in the event of an evacuation this is referenced in detail under Outcome 7 of this report.

A resident's guide was available in the centre however, the guide did not contain all of the information as required under regulation 21 including;

- summary of the statement of purpose
- summary of complaints procedure
- name and address of the Chief Inspector

In addition a copy was not provided to every resident.

Judgement:

Non Compliant - Moderate

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

The person in charge has not been absent for more than 28 days which required notification to the Authority. The nominated person on behalf of the provider and person in charge were aware of their reporting requirements and the nominated person on behalf of the provider replaces the person in charge in the event of an absence.

Judgement:
Compliant

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:

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. In conversation with some staff members, the inspector found they were competent in their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse. In conversations with them some residents expressed feeling safe and could tell the inspector the names of staff they would confide in if they had a problem. Although all residents spoken too were unable to express feeling safe, inspectors observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

The inspector discussed the management of notifications received by the Authority from the provider. On review of the documentation of investigations undertaken and communications between the person in charge, the resident and family during and further to completion of the investigations, it was found that management of incidents notified were appropriate and sufficiently robust to ensure resident safety going forward.

A transparent system was in place to manage small sums of monies on behalf of residents and their relatives to ensure their comfort. This system was reviewed on a previous inspection in January 2014. This 'petty cash' system was retained for a very small number of residents assessed as having capacity to manage their own monies. All transactions were appropriately documented with lodgements and withdrawals. A bank account separate to the centre's main account was provided for the monitoring of monies belonging to residents and all transactions were appropriately recorded.

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:**Findings:**

Risk management and health and safety policies and procedures were available and implemented throughout the centre. The health and safety statement was reviewed annually and reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre were found. Arrangements were also in place for investigating and learning from serious incidents/adverse events involving residents

A risk register was maintained and available which in general covered the identification and management of environmental risks in the centre.

The entrance to the centre was secure and a visitors' log was in use to monitor the movement of persons in and out of the building. Inspectors observed this record to be in use. Closed circuit television (CCTV) was found to be operating externally for security purposes. The provider had adequate signage in place to inform residents and visitors to the building that the CCTV system was in place.

The environment was noted to be clean and clutter free and there were measures in place to control and prevent infection. Maintenance of equipment was verified through invoices viewed on a previous visit in January 2014 for equipment such as regular servicing of beds, hoists, pressure relieving equipment water heating and call bell system.

Smoke detectors were located in all bedroom and general purpose areas. Emergency lighting and fire exit signage was provided throughout the building. The inspector reviewed service records which showed that fire equipment, the fire alarm system, and emergency lighting were regularly serviced. Fire escape routes were unobstructed. Written confirmation from the provider and a competent person that all the requirements of the statutory fire authority have been complied with was received as part of the registration of this centre.

Although overall good risk management processes were found and no serious risks to residents' safety were observed during the visit, some issues in respect of fire evacuation practices in the centre were found. An emergency plan in relation to fire evacuation was available but was not sufficiently specific to guide staff on the evacuation of all residents or on the resources or arrangements in place to provide supports and back up in the event of such an emergency. In conversation with them staff were knowledgeable on the procedures in place to evacuate residents' including immobile residents or those with limited mobility however, it was found that the

procedures to be followed in the event of a fire were not displayed and suitable equipment to ensure the safe assisted evacuation of immobile residents or those with limited mobility was required.

The inspector was told that the emergency evacuation procedures instructed staff to use a two person lift or to use bed sheets or duvet covers to bring immobile residents out of the centre to safety. This raises concerns for the safety of both staff and residents in relation to safe moving and handling practices. Although the inspectors were told that staff training in fire safety was provided on an ongoing basis and at induction, evidence of the mandatory training delivered annually was not found. This issue was discussed in full with the management team and with the Director of Fold Ireland Limited prior to the end of the inspection.

Moving and handling practices were observed and did not reflect evidence based practice or the care plans in place to manage residents assessed mobility needs. The inspector observed staff using an underarm lift to transfer one resident from an armchair to a wheelchair. This was discussed with the person in charge who confirmed that staff should have used appropriate equipment identified in the resident's mobility assessment and available in the centre. The person in charge addressed this with staff immediately following discussion with the inspector.

Judgement:

Non Compliant - Moderate

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:

Findings:

Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place however, it was found that all prescribing and administration practices were not in line with best practice or professional guidance.

The medication trolley was stored securely in the treatment room and the processes in place for the storage of controlled drugs, were safe and in accordance with current guidelines and legislation. There were appropriate procedures for the handling and disposal for unused and out of date medicines. Care staff had received safe administration of medications training (SAM)

However, a system for reviewing and monitoring safe medication management practices

was not in place and the following issues were found;

- original prescriptions or in house prescription kardex with GP original signature not in place for all medications
- transcribing practices by non nursing staff from copies or faxed prescriptions which are not subsequently signed by the GP for up to one month later.
- the maximum dose of pro re nata (PRN) or as required medications was not always stated.
- a GP signature was not in place for all discontinued medication.
- where medication was crushed this was not identified or signed by the general practitioner on the prescription

A senior care worker was observed during a medication round and safe administration practice in line with best practice guidelines was found. However, it was found that where medication was prescribed as PRN or 'as required' and included a maximum dosage, these medications (with the exception of analgesia or laxatives) were being administered regularly each day to the maximum dosage prescribed.

Judgement:

Non Compliant - Moderate

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:

Findings:

A record of all incidents occurring in the designated centre was maintained however, to date the person in charge had not notified the Chief Inspector of the occurrence of those incidents as required under regulation 36. Quarterly notifications had not been submitted to the Authority as required and within the appropriate time frame.

Judgement:

Non Compliant - Moderate

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:**Findings:**

Some systems to review monitor and improve the quality and safety of care and the quality of life of residents were found to be in place. However, these primarily related to review of processes in place for risk management or health and safety such as environmental reviews and included an audit on property, maintenance, procurement processes and HR management systems by an external auditing company. These audits were found to be focused and improvements were being implemented as a result.

Quality of care reviews in relation to infection prevention and control and medication management were conducted, the former was an unannounced audit by the nominated provider on hand washing practices and policy review in 2013 and the latter was an audit process by the pharmacist. However, further quality reviews specific to the resident profile in areas of care such as pain management, diabetes management, end of life care or behaviour that challenges had not been undertaken.

The need to commence reviews on these aspects of care which informs and improves standards of care delivered through trend identification, analysis recommendations made and implemented and review of learning derived and made available in the form of a report to the Chief Inspector on request is required. The establishment of a system to review the quality and safety of care and quality of life should also include a process for consultation with residents and his or her representatives.

Judgement:

Non Compliant - Moderate

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:**Findings:**

Residents had good access to GP services. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians,

dentists and chiropody services. Access to palliative care specialists, physiotherapy, public health nurses, dietician services and speech and language were available through the primary care and acute hospital services.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A small number of core risk assessment tools to evaluate levels of risk for deterioration were also completed but assessments were not in place for every identified need. In addition, care plans and risk assessments were not always linked, did not reference if referral to allied health professionals was required or had occurred and where residents were seen by external specialists or consultants did not include their recommended interventions. Although in general, residents healthcare needs were met, significant areas for improvement were identified in the documentation of care given and there was a need to develop a system to ensure that care plans reflected the care delivered and were reviewed in response to changes in residents' health and that care plans, evaluations of those plans and progress notes were appropriately linked to give a clear and accurate picture of residents' overall health. It was also found that most although not all care plans were generic in nature and were not person centred.

Efforts to focus on more person-centred care elements were noted, particularly in relation to end of life care plans but aspects of documentation which in totality provide an overview of the resident's condition and the care interventions required and delivered to ensure safe and sufficient care were not linked or sufficiently specific to make an informed determination of the quality of care delivered.

Evidence of a high standard of evidenced based nursing practice was not sufficient to ensure the management of complex needs or care of those residents exhibiting signs of clinical deterioration. For example;

- all risk assessment tools in use (such as moving and handling) were not evidenced based and did not include all of the indicators required to determine a residents level of ability and identify appropriate interventions and supports required to manage risks
- an adequate record of each residents' health and condition was not completed on a daily basis

Although the inspector found that staff knew residents well care plans in place to manage identified needs, such as general health and well being did not provide an overview of the residents current health status. For example where residents were susceptible to recurrent urinary or respiratory infections resulting in frequent acute admissions and frailty. Specific care plans to identify and manage signs of clinical deterioration were not in place.

A requirement to improve clinical governance to ensure resident's healthcare needs were appropriately identified, assessed, managed and reviewed by a qualified and experienced clinician is further referenced under outcome 18 in this report.

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:**Findings:**

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.

Cherryfields is a two storey purpose built centre which opened in 2006. The centre consists of 28 bedrooms on both floors all with en suite containing toilet, wash-hand basin and shower. Each floor has a dedicated entrance secured through key code access which is remotely linked to a hand held device carried by all staff on duty. All external doors are linked to the fire and security alarm systems.

On the ground floor other facilities included a variety of separate communal spaces for use by residents such as a large atrium which is used as a sitting area and activity space, sitting room, oratory, visitors/quiet room and three dining rooms. Areas of diversion and interest through the provision of seated alcoves or areas of rest were spaced throughout the ground floor to facilitate residents with tendency to constantly mobilise to take frequent rests.

Also situated on the ground floor were a reception area, two additional assisted bath/shower rooms with toilet and wash hand basin, smoking room, one cleaning room and store rooms, main kitchen catering store room cleaning room and change area, person in charge office administration office, laundry and staff canteen

The layout of the first floor is similar to the ground floor as described above. Additional facilities include a nurses' office hairdressing area, clinicians office, person in charge office, treatment room, visitor toilet laundry and storerooms.,

All bedrooms and communal areas were found to meet the needs of the current resident profile in relation to size and spatial requirements. However, it was noted that some minor issues required to be addressed such as provision of wash hand basin and lockable storage for chemicals in both the cleaning store rooms and hairdressing room and lockable storage for chemicals in order to ensure the centre meets the requirements of the National Standards for Residential Care Settings for Older Persons in Ireland by 2015.

A private maintenance service was engaged to ensure the upkeep of the centre both internal and external which was found to be of a good overall standard. They attend to daily reports and upkeep of the premises. A good standard of operational and household hygiene was found and the centre was found to be clean and hygienic. A high standard of household management was in place with a housekeeping and laundry staff team. Assistive equipment was in place and available for use, service records were found to be up to date and maintenance contracts were in place. Adequate storage was in place and corridors were uncluttered and were safe for residents mobilising.

Resident's accommodation is described by the provider as a 'flatlet'. Essentially the accommodation consists of spacious L-shaped rooms which consist of a small kitchenette on entry consisting of a kitchen sink and fridge with cupboards and worktop. Opposite the 'kitchenette' are built in wardrobes with a dresser to the side. The main aspect of the room usually contains a sitting area and bed with side locker. A full ensuite adjoins the room.

Each room is furnished by the resident individually and to their taste, with beds, bedside table/locker, armchairs, footstools, small dining table, TV's radio, DVD, vases, pictures, photos, lamps and other personal items. Where residents wish to do so and are assessed as having capacity, some also furnish their kitchenette with microwave, kettle, toaster or other small appliances.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

Findings:

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. The procedure identified the nominated person to investigate a complaint. There was also a nominated person who holds a monitoring role to ensure that all complaints were appropriately responded to, and records were kept. At the time of this inspection there were no records of any complaints in the centre. The policy and procedure for making complaints was prominently displayed and staff spoken with were aware of the process.

Some improvements to the policy was required in order to meet the regulations such as the inclusion of an appeals process.

Judgement:

Non Compliant - Minor

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

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

There were no residents receiving end-of-life care at the time of this inspection. However, there was evidence that arrangements were in place to meet the needs of residents at the end of life and respect their dignity and autonomy as far as practicable. It was noted that residents family and friends could be facilitated and religious and cultural preferences respected. Access to specialist palliative care services was available as appropriate.

The inspector reviewed a sample of care plans on end of life care noted that they were very person centred and reflected residents specific preferences and wishes.

The inspector found staff were aware of the importance of good communication with families and involvement of relatives and friends was found. Appropriate respectful and caring interactions between staff and residents were observed.

Judgement:

Compliant

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

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

Residents were provided with food and drink at times and in quantities adequate for their needs. Food was properly served and was hot and well presented. The inspector

observed that assistance was offered to residents in a discreet and sensitive manner.

The dining experience was conducive to conversation with round tables to facilitate conversation, Menus showed a variety of choices for starters and main courses and dessert choices on offer. The three week rolling menu in place provided a variety of meals to residents.

Drinks such as juices, milk, tea and coffee were available and staff were attentive to the needs of all residents. Meals were served in a pleasant and helpful manner. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate.

All residents had high praise for the excellence of the food provided to them by the external catering team. They welcomed and were very appreciative of the efforts the team make on a daily basis to provide them with tasty, well cooked and presented food. They were also keen to praise staff on their efforts to facilitate changes to resident's choice and meet personal preferences and taste.

A good communication process to ensure catering staff were aware of the changing dietary needs of all residents was in place. In conversation with the head chef it was found that the catering team were familiar with residents usual choices and clear on the specific types of specialised diets required by resident's such as, high calorie or fortified diets.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

Findings:

There was evidence that a residents' consultation process was in place and they could receive visitors in private. Minutes of meetings held with residents were viewed which showed ideas brought forward by residents were discussed and actioned such as; outings to Farmleigh house, Croke Park and Powerscourt booked for later in the year.

The inspector observed that resident's were addressed by staff in an appropriate and respectful way and that there were mutually warm interactions between residents and

staff. Staff were observed to respect residents privacy and dignity through closing doors when providing assistance with personal care.

It was noted that resident's choice and independence was promoted and enabled and this was confirmed in conversations with residents.

Residents had opportunities to participate in activities appropriate to their abilities and preferences. A varied programme of social and recreational activities was scheduled weekly to take place throughout the centre. These were led by all members of the social care team, all of whom had or were scheduled to undergo training on activity promotion and co ordination. Residents were observed engaged in a variety of activities such as attending prayer services, reading, knitting, watching television, playing games or engaging in physical exercise programmes with staff.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

Findings:

The inspector saw that there was adequate space provided for residents' personal possessions and clothing was noted to be neatly and appropriately stored. Residents' had a locked facility in their bedrooms. There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents. In a sample of those reviewed a record of residents' personal possessions was in place although this was not found to be updated or signed by the resident or representative as required by the regulations.

Judgement:

Non Compliant - Minor

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:**Findings:**

The inspectors found that at the time of this inspection, that although there were sufficient numbers of staff available, a review of the skill mix of staff were required to meet the needs of residents. Inspectors checked the staff rota and found that it was maintained with all staff that work in the centre rostered and identified. Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement.

The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner. A sample of staff files were reviewed on the last inspection and found that all of the requirements of Schedule 2 were met with the exception of documentary evidence of relevant qualifications and mental/physical fitness of all recently employed staff.

Training for all staff in areas of practice which require mandatory training such as fire safety, moving and handling and prevention of elder abuse were found to be delivered however, the inspector learned that all elements of this training was provided on the same day and was not delivered as frequently as recommended. For example, fire safety training was only delivered on a three yearly basis along with the moving and handling training.

Further training specific to the current residents profile was also found to be required where gaps in staff knowledge and understanding were found during the inspection, specifically in; moving and handling practices (as referenced under Outcome 7) management of clinical deterioration; medication management and assessment and care planning. A review of the content and detail of the mandatory training currently provided to ensure it meets the needs of staff and assures their competency was also recommended.

Evidence that the skill mix of staff to ensure the provision of safe suitable and sufficient care in a safe and timely manner to the current resident profile was not found to be adequate on this inspection. Although residents were well presented and staff endeavoured to deliver good care it was found that there was a lack of clinical knowledge available to provide guidance and direction to staff on the management of

complex care needs. It was also found that there was a lack of clinical knowledge available to provide guidance and direction to staff on the management of complex care needs. This issue was discussed at length throughout the inspection with both the provider nominee and person in charge and also with the director of Fold Ireland Limited. Although the centre's statement of purpose and function states that the range of needs to be met does not include nursing needs, the inspector found that the level of needs for some residents had changed since their admission and several now required ongoing or regular nursing inputs. Both the person in charge and provider nominee acknowledged that some residents had been re assessed as now requiring full nursing care but due to their age and obvious contentment in the centre the GP were not in favour of their transfer.

A full and immediate review of the number and skill mix of staff specifically in relation to the requirement for a qualified and experienced senior nurse is required to provide clinical guidance and assure the appropriate and timely review assessment and management of complex clinical needs of residents.

Judgement:

Non Compliant - Moderate

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Cherryfields Housing with Care Scheme
Centre ID:	ORG-0000750
Date of inspection:	15/05/2014
Date of response:	15/07/2014

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 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 contain all of the information required under 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:

The Statement of purpose is currently under review to include all of the requirements as defined in regulation 5 1(c).

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

Proposed Timescale: 07/07/2014

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

Theme:

Leadership, Governance and Management

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

A resident's guide was available in the centre, however, the guide did not contain all of the information as required under regulation 21 including;

- summary of the statement of purpose
- summary of complaints procedure
- name and address of the Chief Inspector

Action Required:

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.

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

Residents guide currently under review and all above summaries and information noted will be included.

Proposed Timescale: 31/08/2014

Theme:

Leadership, Governance and Management

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

The directory of residents was reviewed and was not found to meet the requirements of the Regulations. All of the matters required in Schedule 3 were not included in the directory.

Action Required:

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.

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

Residents directory currently under review, PIC in consultation with EPIC Systems to

ensure all information required for directory can be input onto one system.

Proposed Timescale: 30/09/2014

Theme:

Leadership, Governance and Management

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

Records maintained in respect of prescription and administration of medications were not kept under review by the provider and were not in line with relevant professional guidelines and issues identified under outcome 8 in the body of this report require to be addressed including;

- a prescription record with general practitioner's original signature was not in place for all medications administered to residents
- transcribing practices by non nursing staff from copies or faxed prescriptions which are not subsequently signed by the general practitioner for up to one month later
- the maximum dose of pro re nata (PRN) or as required medications was not always stated
- a general practitioner's signature was not in place for all discontinued medication
- where medication was crushed this was not identified or signed by the general practitioner on the prescription

Action Required:

Under Regulation 25 (1) (d) you are required to: Maintain, in a safe and accessible place, a record of each drug and medicine administered in respect of each resident, giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by a medical practitioner and the nurse administering the drugs and medicines in accordance with any relevant professional guidelines.

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

All prescriptions going forward will be signed by the GP with the original signature in place. We intend to ensure this by resending these to the GP if they come in without a signature.

Management are liaising with GP's regarding the transcribing of residents medications. GP's are currently reluctant to carry out this as they already sign the prescription sheet. We are working to resolve this with the GP's. One particular GP has refused and has agreed to meet with the inspectors if necessary. An option may be requesting residents to change GP in order to accommodate this request. We have written to GP to ask if they will issue 2 prescriptions – one for the pharmacy and one for the residents file in Cherryfield. We will then have an original signed prescription on site. We will keep this under review and will notify HIQA if we are unable to resolve this issue with the GP's.

Proposed Timescale: 30/09/2014

Theme:

Leadership, Governance and Management

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

All of the written operational policies as required by Schedule 5 of the Regulations were not available including a policy on admissions including emergency admissions and the creation of, access to, retention of and destruction of records.

Action Required:

Under Regulation 27 (1) you are required to: Put in place all of the written and operational policies listed in Schedule 5.

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

New policies on above are being drafted to meet with the regulatory requirements.

Proposed Timescale: 30/09/2014

Theme:

Leadership, Governance and Management

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

Some policies required to be revised to ensure they gave sufficient guidance to staff, reflected evidence-based practice and the meet the requirements of the regulations in particular the fire safety policy, medication management policy and the emergency plan.

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:

In order to comply with above, the Fire Safety Policy and Fire Evacuation procedure are currently been updated and rolled out to staff. Staff Fire safety training has taken place on 7th July 2014. Fire Evacuation practice and training will commence week 14th July 2014 in Cherryfield.

Procedures are in place for all staff to sign they have read and understand policy and procedure. The updated Fire Safety Plan & updated Fire Evacuation Plan will be displayed around the scheme for visitors and resident reference. An evacuation plan for each resident will be attached to the back of the policy being displayed around the scheme for ease of access to the information. At the next residents meeting due 25th July 2014, the Fire Safety Policy and Emergency Evacuation Plan will be on the agenda.

Proposed Timescale: 30/09/2014

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:

An emergency plan in relation to fire evacuation was available but was not sufficiently specific to guide staff on the evacuation of all residents or on the resources or arrangements in place to provide supports and back up in the event of such an emergency.

Action Required:

Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

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

As mentioned above the Fire Safety Policy and Fire Evacuation Procedure have been updated. Staff Fire safety training has taken place on 7th July 2014, and Fire Evacuation practice and training has started week commencing 14th July in Cherryfield. The Fire Safety Policy is currently being rolled out to staff. Procedures are in place for all staff to sign they have read and understand the policy and Procedure. The updated Fire Safety Plan & updated Fire Evacuation Procedure will be displayed around the scheme for visitors and resident reference. An evacuation plan for each resident will be attached to the back of the policy being displayed around the scheme for ease of access to the information. At the next residents meeting due Friday 25th July 2014, the Fire Safety and Emergency Evacuation Procedure n will be on the agenda.

Proposed Timescale: 31/08/2014

Theme:

Safe Care and Support

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

A review of the adequacy of arrangements in place and equipment available, to ensure the safe assisted evacuation of immobile residents or those with limited mobility was required.

Action Required:

Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

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

Provider currently in consultation with an external company to obtain fire blankets to move dependent residents, training will be provided on to how use blankets. We have sourced a company who are sending us a sample ski sheet for immobile residents.

Proposed Timescale: 31/08/2014

Theme:

Safe Care and Support

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

Although the inspectors were told that staff training in fire safety was provided on an ongoing basis and at induction, evidence of the mandatory training delivered annually was not found.

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:

Going forward staff will be trained annually in Fire Safety.

Proposed Timescale: 31/12/2014

Theme:

Safe Care and Support

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

The procedures to be followed in the event of a fire were not displayed.

Action Required:

Under Regulation 32 (3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

Fire Procedures are now displayed in each scheme and when the fire evacuation policy has been completed this will also be displayed.

Proposed Timescale: 31/07/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

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

Evidence was found that all prescribing and administration practices were not in line with best practice or professional guidance such as;

- original prescriptions or in house prescription kardex with GP original signature not in place for all medications
- transcribing practices by non nursing staff from copies or faxed prescriptions which are not subsequently signed by the GP for up to one month later.
- the maximum dose of pro re nata (PRN) or as required medications was not always stated where maximum dosage was stated the medication was administered on a regular basis.
- a GP signature was not in place for all discontinued medication.
- where medication was crushed this was not identified or signed by the general practitioner on the prescription

Action Required:

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

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

We are currently liaising with the GP's to implement and ensure that all KARDEX's are signed by the GP within 72 hours. Care staff will not be transcribing onto main prescription sheets in any circumstance going forward.

- The PRN medication has been reviewed and discussed with the residents GP's
- All residents discontinued medication will be signed by the GP going forward
- All crushed medications will be prescribed as crushing on the prescription signed by the GP.

Proposed Timescale: 31/08/2014

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:

Notice had not been given to the Chief Inspector of the occurrence of incidents as listed under regulation 36.

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:

Going forward, Under Regulation 36 (2) (c) all incidents will be reported to Chief Inspector as required.

Proposed Timescale: 24/06/2014

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:

The establishment of a system to review the quality and safety of care and quality of life on these aspects of care which informs and improves standards of care delivered through trend identification, analysis recommendations made and implemented and review of learning derived and made available in the form of a report to the Chief Inspector on request is required.

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:

Going forward, management will carry out quarterly unannounced audits on all aspects of the residents care and the affiliated documentation i.e epic care records, satisfaction surveys etc. Management will select a sample of residents at random (with their permission) and family members of residents with dementia and will ask a series of questions around their satisfaction with the care. The results will be compiled into an audit report and kept on the premises for ease of access should the Chief Inspector wish to view it.

Proposed Timescale: 30/09/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

The documentation of care did not provide an overview of the resident's condition and the care interventions required and delivered to meet residents needs to evidence that safe suitable and sufficient care was being delivered.

Action Required:

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

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

FOLD Ireland has engaged with an external provider to provide training around the completion of care planning and assessments. This training will be offered to the management team. New assessment tools will be implemented to reflect the extent of each resident's dependency and needs. We anticipate this being completed in 9 months. All care plans will need to be reviewed however we intend to begin with our dementia units initially. Expected completed date 31/03/2015.

We have currently sent out Care Plans to the external provider to review. We are awaiting the external provider to come back to us. We are expecting a response by the end of July 2014. Training will then commence. All staff will need to be trained on all new procedures. To ensure best training for all 6 senior staff and 2 managers taking into account holidays and changing of rosters, We aim to complete this training by the end of Sept 2014. New assessment tools will have to be sent to Epic to be uploaded onto the Epic Care System. This should also be completed by the end of Sept 2014. Once the Epic System is updated staff will commence from Sept 2014 on the updating of the residents care plans. There are 56 Care Plans to be reviewed and updated with new assessment tools. We aim to have new Care Plan for all residents in place by the end of March 2015.

Proposed Timescale: 31/03/2015

Theme:

Effective Care and Support

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

Evidence of a high standard of evidenced based nursing practice was not sufficient to ensure the management of complex needs or care of those residents exhibiting signs of clinical deterioration. Examples include;

- all risk assessment tools in use were not evidenced based
- adequate record of each residents health and condition was not available
- care plans were not sufficiently specific to manage the needs identified.

Action Required:

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

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

New assessment tools will be implemented and FOLD Ireland intends to employ a nurse for clinical governance. We are going out to recruitment for a nurse in August 2014. HR is currently drafting a job description. This job needs to advertise for 2 weeks, short listing of candidates then needs to take place, and interviews should take place at the end of August. The successful candidate will have to be Garda Vetted and this currently takes approx 12 weeks. This will take up to December 2014. We hope to fill this position to employ a nurse to oversee clinical governance in both schemes by January 2015

Proposed Timescale: 31/03/2015

Theme:

Effective Care and Support

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

Significant areas for improvement were identified in the documentation of care given and there was a need to develop a system to ensure that care plans reflected the care delivered and were reviewed in response to changes in residents' health.

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:

Care plans are under review and FOLD Ireland is providing further training for the management team through an external body.

Proposed Timescale: 23/06/2015

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:

Provision of wash hand basin and lockable storage for chemicals in both the cleaning store rooms and hairdressing room and lockable storage for chemicals is required.

Action Required:

Under Regulation 19 (1) you are required to: Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

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

Maintenance has installed lockable storage units for cleaning materials in the locked cleaning cupboards. We have received quotes for extra wash hand basins and we anticipate this work to be completed within the next 2 weeks.

Proposed Timescale: 10/07/2014

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complaints policy did not contain all required information such as the inclusion of an appeals process.

Action Required:

Under Regulation 39 (2) you are required to: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centres policies and procedures.

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

This has been completed as per above.

Proposed Timescale: 24/06/2014

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:

Although a record of residents' personal possessions were in place this was not found to be updated or signed by the resident or representative as required by the regulations.

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:

The contents list will be updated. Residents and relatives have been advised to inform management if additional possessions have been brought into the scheme so as the contents list can be updated.

Proposed Timescale: 31/07/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

A full and immediate review of the number and skill mix of staff specifically in relation providing clinical guidance to ensure the appropriate and timely review, assessment and management of complex needs and clinical deterioration of 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:

FOLD Ireland care staff will all have FETAC level 5 by the end of January 2015. FOLD Ireland will employ a nurse within the next 6 months.

Proposed Timescale: 31/12/2014

Theme:

Workforce

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

Further training specific to the current residents profile was also found to be required specifically in; moving and handling practices management of clinical deterioration; medication management and assessment and care planning.

A review of the frequency content and detail of the mandatory training currently provided to ensure it meets the needs of staff and assures their competency is also required.

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:

Manual Handling training will be provided annually going forward.

- As mentioned above management team are being provided with care planning
- Senior staff regularly undergo medication training
- A Nurse will be recruited for clinical governance

Once we recruit a nurse, we intend for him/her to educate staff in the management of clinical deterioration and the management of medication. Nurse will also carry out regular audits on the medication and care plans.

Management are currently in process of sourcing training for all staff in challenging behaviour. Diabetes training will take place Monday 14th July & 21st July.

Proposed Timescale: 31/12/2014

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Most but not all of the requirements of Schedule 2 were met such as relevant qualifications and mental/physical fitness of all recently employed staff.

Action Required:

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

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

Recruitment process has been changed to include a medical prior to commencement of employment. The first person following the new process will be a bank kitchen assistant who has been appointed and is due to commence work on 30/6/14.

Proposed Timescale: 24/06/2014