

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Colmcille's Nursing Home
Centre ID:	OSV-0000165
Centre address:	Oldcastle Road, Kells, Meath.
Telephone number:	046 9249733
Email address:	tomryan01@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Colmcilles Nursing Home Limited
Provider Nominee:	Thomas Ryan
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	2

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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 August 2014 09:00 To: 26 August 2014 17:00

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

Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was unannounced and took place over one day. The purpose of this inspection was to follow up on the action plan and provider's/person in charge's response and subsequent communications to the previous inspection carried out 18 February 2014. Therefore, all outcomes were not inclusively inspected.

The inspector examined issues outlined in unsolicited information submitted to the Health Information and Quality Authority (Authority) and followed up on notifications submitted since the last inspection.

Since the last inspection a renewal of registration was granted for this centre and subsequently the absence of the person in charge had occurred. A deputy appointed to assume responsibility in the person in charge's absence was in place and on duty on the day of this inspection.

While some actions had been addressed and others progressed since the last inspection, further and additional improvements were required and are outlined in the body of this report and in the Action Plan at the end.

In particular, significant improvements were required in relation to:

- the appointment of a suitable person in charge
- the recognition, investigation and reporting of allegations of abuse
- management of complaints
- identification, recognition, assessment and management of risks
- supervision of staff supporting and delivering direct care to residents

As part of the inspection the inspector met with residents and staff members, observed practice and reviewed documentation such as care records, contracts of care and staff records.

There were 39 residents in the centre which has maximum capacity for 42 residents. The inspector was informed that one resident was in hospital due to deterioration in general condition and appetite. The purpose of the inspection was explained to the nurse in charge and matters arising from the previous inspection and monitored events were discussed and examined.

On enquiry, the inspector was informed that two complaints were received since the last inspection that had since been resolved; one resident had developed a pressure ulcer; three residents were being monitored due to weight loss; one resident was near end of life; up to nine residents used bedrails following assessments; three residents displayed behaviours that challenged and a 15 residents had a diagnosis of dementia.

Actions following the previous 18 Outcome inspection carried out 18 February 2014 were required in seven outcomes which related to the following:

- incomplete agreed contract of care
- deficiencies in maintenance of records and communication of allied health care recommendations
- policy on medication management did not reflect practice
- poor risk management associated with inconsistent monitoring and recording of neurological observations post un-witnessed falls
- absence of a risk assessment having fire evacuation procedures via resident bedrooms
- an inadequate end of life policy and care planning strategy, and
- a lack of sufficient contingency plans to cover staff planned and unplanned leave.

The inspector was informed that the person authorised on behalf of the provider was due to visit the centre the following day. The nurse in charge and a member of the administration team received feedback at the end of this inspection.

The inspector met the provider nominee on the following day while in a separate centre operated by the same provider nominee who confirmed that he had received feedback following this inspection. The role and responsibilities of a person in charge specific to the management requirement for this centre was discussed and clarified.

The inspector was informed that the recruitment, selection and appointment of a suitable person in charge should be completed by mid to end of October 2014.

Interviews had been arranged for a number of applicants soon after this inspection. The provider nominee was made aware of the requirement to notify the Authority and complete the necessary Schedule 2 requirements on appointment of a suitable person in charge.

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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

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

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

Findings:

The sample of contracts of care reviewed set out the name and details of services to be provided within the weekly fee relevant to care and accommodation and services which may be excluded.

Examples of services that may incur additional charges were outlined and fees to be charged or applied for additional services were summarised.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The absence of the person in charge had occurred since the last inspection. Therefore, the governance structure and reporting mechanism for this centre was subject to change. The overall findings following this inspection suggest a lack of sufficient governance and operational management systems.

The provider nominee was aware that the Authority required written notification in relation the appointment of a suitable person in charge that meets the requirements of

the regulations.

Judgment:

Non Compliant - Moderate

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

Measures were put in place to address failings in the maintenance of records previously highlighted; however, further improvements were required.

The communication of recommendations made by specialist health professionals following residents' eating and drinking assessments was lacking in the last inspection. In addition and since the last inspection one resident required hospitalisation as a result of being given an incorrect textured food/sweet that contradicted specialist recommendations. While the matter had been responded to in a timely manner and the resident had recovered, the incident was preventable. Staff conveyed they had learned from the incident and had put in place additional means of communicating residents' specific dietary needs during staff handover and reporting. This matter requires ongoing review to ensure risks to residents are mitigated and learning from incidents demonstrate positive outcomes. This was previously reported and is restated in the action plan.

Not all records listed in Schedules 3 and 4 of the Regulations were maintained in a complete and accurate manner in accordance with relevant professional guidelines.

The following records were found to be lacking significant information:

- neurological observations were not available following all un-witnessed falls or incidents. This was previously reported as a risk which will be restated in the action plan
- clinical observation records were incomplete and without names or dates
- accident forms were incomplete and a reference to an irregular clinical observation reading was not adequately recorded to ensure or demonstrate sufficient follow up

- additional information and discussion records related to end of life arrangements had not been signed or dated
- general practitioner (GP) entries in medical notes were not consistently signed
- health care professional decisions that opposed each other were not signed to confirm change prescribed
- nurses did not consistently sign the evaluation of care records
- a contract of employment was not available for one rostered nurse

Judgment:

Non Compliant - Moderate

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

During the course of the inspection the inspector was notified by residents regarding an allegation of abuse made since the last inspection. On enquiry with the nurse in charge, and following a review of available records, the allegation made previously in June 2014 was confirmed; however, the Health Information and Quality Authority (Authority) had not been notified as required under the regulations.

On further examination, the inspector found that staff had not recognised this matter as an allegation of abuse and had not implemented the policy in response to allegations of abuse. The allegation had not been sufficiently investigated, documented or reported in accordance with best practice guidelines in order to safeguard residents'. The inspector requested that the nurse in charge take appropriate action to address the allegation made.

In addition and as outlined in outcome 5, since the last inspection one resident required hospitalisation as a result of being given an incorrect textured food/sweet by a staff member that contradicted specialist recommendations. While the matter had been responded to in a timely manner and the resident had recovered, the incident was preventable.

Judgment:

Non Compliant - Moderate

Outcome 08: 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(s):

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

Findings:

A health and safety statement and risk management policy was available. However, the Inspector found a number of hazards that posed a risk to residents care and welfare which included the following:

Operational risks

- one resident was seen being transported along a corridor on a commode in the company of two care staff. This is discussed further in outcomes' 16 and 18
- two hoists were out of service for up to five days without replacement
- hoists were not easily accessible and one was seen stored behind up to 10 wheelchairs that required moving in out of the store room in order to get the hoist
- some hoist slings in use were worn and had not been reported for replacement
- wheels were wet and casters rusted on equipment used to transport and move residents
- commodes and equipment used to transport or move residents were stored in bathrooms inappropriately
- shower and bathroom floors were found to have pools of water left unattended to after use
- the floor of a main corridor and bathroom was wet and had no sign to warn residents or staff
- an unexplained absence of one resident had occurred since the last inspection; however, a missing person drill had not been practised since to inform staff in the event of re-occurrence.

Risk of Infection

- a wash hand basin was not available in one communal shower room
- wipes and gloves were openly stored in communal bathrooms
- hand operated communal bins were found in shared bathrooms that when highlighted was later replaced with pedal operated bins
- the metal frame and wheel casters of commodes were rusty
- staff confirmed that residents were showered while sitting on commodes

Fire safety risk

- some staff members were not aware of evacuation procedural changes made and outlined in the plans displayed

Judgment:

Non Compliant - Moderate

<p>Outcome 09: Medication Management <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Since the last inspection, the medication management policy was updated to reflect changes in practice.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: As outlined in outcome 7, an allegation of abuse in June 2014 had not been notified the Authority within three days as required under the regulations.</p>
<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 11: Health and Social Care Needs <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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.</i></p>
<p>Theme: Effective care and support</p>

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected in detail. However, in a review of residents notes following a disclosure and allegation of abuse the inspector found that care plans had not been completed based on residents assessed and identified needs to monitor the need, plan care and guide practice.

Judgment:

Non Compliant - Moderate

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(s):

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

Findings:

A policy was in place and procedure displayed to manage complaints.

The inspector was informed by the nurse in charge that two complaints were received, managed and resolved since the last inspection. The allegation of abuse referenced in outcome 8 was not included in the register of complaints.

On a review of the complaint register the inspector found records of investigations to be incomplete and one complaint had been concluded prior to a full or complete investigation. Satisfaction levels of complainants following complaints were not recorded as required under the regulations.

Judgment:

Non Compliant - Moderate

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(s):

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

Findings:

The policy and guidance documents related to end of life care had improved and training for staff in relation to end of life care was facilitated.

Some improvement was noted in the overall approach of planning care towards the end of life. However, as indicated in outcome 5, information and discussion records related to end of life arrangements were incomplete and were not signed or dated to demonstrate who was involved in the discussion and when or how the recorded intentions and preference were gathered.

Further improvement was required to ensure arrangements at the end residents' lives involve all relevant parties, with decisions accurately documented and reviewed accordingly.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

As stated in outcome 8, one resident was seen being transported along a corridor while seated on a commode in the company of two care staff. The inspector confirmed with staff that this resident's privacy and dignity was not adequately maintained having been observed not fully or appropriately dressed while seated on a commode in a public area. The dependent resident was transferred from a bedroom at one end of the corridor to a bathroom at the opposite end.

The inspector requested to cease and review this practice immediately.

Judgment:

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

Since the last inspection the absence of the person in charge had occurred. A deputy appointed to assume responsibility in the person in charges' absence was on duty on the day of this inspection. However, the deputy was not in addition to nursing hours and was involved in the direct delivery nursing care to residents. The staff rota showed that five management days were allocated between two deputies over a two week period, which was confirmed by the nurse in charge. The overall findings following this inspection suggest a lack of sufficient governance and operational management systems. This action is reported in outcome 4.

At the time of the last inspection, the lack of contingency measures to substitute planned and unplanned nurse leave was found and reported which resulted in the person in charge working nursing shifts to cover nursing staff leave. Since then one full and one part time nurse was employed. The supervision of staff was found to be lacking on this inspection.

Mandatory and relevant staff training had been provided since the last inspection and as indicated in the action plan response. Future training dates were arranged and planned based on a training needs analysis maintained by administration.

A sample of staff files was reviewed. In the main they were complete, however, as indicated in outcome and action plan 5; a contract of employment was not available for one nurse named on the rota.

Since the last inspection the nature and extent of volunteer roles and responsibilities were agreed in writing, as required.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Colmcille's Nursing Home
Centre ID:	OSV-0000165
Date of inspection:	26/08/2014
Date of response:	01/10/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Suitable Person in Charge

Theme:

Governance, Leadership and Management

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

The overall findings following this inspection suggest a lack of sufficient governance and operational management systems.

Action Required:

Under Regulation 14(1) you are required to: Put in place a person in charge of the designated centre.

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

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

New Person in Charge to commence employment on October 6th 2014

Proposed Timescale: 06/10/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Not all records listed in Schedules 3 and 4 of the Regulations were maintained in a complete and accurate manner in accordance with relevant professional guidelines.

The following records were found to be lacking significant information:

- neurological observations were not available following all un-witnessed falls or incidents. This was previously reported as a risk which will be restated in the action plan
- clinical observation records were incomplete and without names or dates
- accident forms were incomplete and a reference to an irregular clinical observation reading was not adequately recorded to ensure or demonstrate sufficient follow up
- additional information and discussion records related to end of life arrangements had not been signed or dated
- general practitioner (GP) entries in medical notes were not consistently signed
- health care professional decisions that opposed each other were not signed to confirm change prescribed
- nurses did not consistently sign the evaluation of care records
- a contract of employment was not available for one rostered nurse

Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

All Staff were informed via a notice displayed of neurological observations & Clinical observations which were incomplete on the incident forms and on GCS scale which was highlighted on day of inspection. Documentation & Record keeping training is scheduled for 20th October 2014.

The Accident Report form is amended to document clinical observation, please see attached copy

End of life arrangements have been signed & dated post inspection for concerned Resident

The GP was informed to sign medical notes on each entry as highlighted in report.

Health Care professional decision was documented in error by the staff nurse on the end of life care plan, same rectified and signed by staff nurse. Same will be highlighted in scheduled training.

All Staff were reminded to sign evaluation of care, a random audit of care plans was completed on 26/09/2014.

A contract of employment is now signed for concerned rostered nurse - completed 02/09/2014

Proposed Timescale: 20/10/2014

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Staff failed to recognise an allegation of abuse and had not implemented the safeguarding policy in response to allegation of abuse.

Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Elder Abuse training took place post inspection – 10/09/2014

A re-investigation of allegation was completed; safeguarding policy was implemented with regard to concerned Resident.

Proposed Timescale: 10/09/2014

Theme:

Safe care and support

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

An allegation of abuse had not been sufficiently investigated, documented or reported in accordance with best practice guidelines in order to safeguard and assure residents'.

Action Required:

Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

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

A Re-Investigation of allegation was completed post inspection; a follow up report was forwarded to the Authority.

Proposed Timescale: 29/08/2014

Theme:

Safe care and support

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

One resident required hospitalisation as a result of being given an incorrect textured food/sweet by a staff member that contradicted specialist recommendations.

Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Staff training took place on Dysphasia & Modified diets following the incident. All staff are reminded at daily handover regarding modified diets. Information is displayed in dining room to remind staff of same. Further training is scheduled for meal & meal times for people with dementia on 10/10/2014.

Proposed Timescale: 10/10/2014

Outcome 08: 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:

A number of hazards were found that posed a risk to residents care and welfare which included the following:

Operational risks

- one resident was inappropriately transported along a corridor on a commode in the company of two care staff
- two hoists were out of service for up to five days without replacement
- hoists were not easily accessible and one was seen stored behind up to 10 wheelchairs that required moving in out of the store room in order to get the hoist
- some hoist slings in use were worn and had not been reported for replacement
- wheels were wet and casters rusted on equipment used to transport and move residents
- commodes and equipment used to transport or move residents were stored in bathrooms inappropriately

- shower and bathroom floors were found to have pools of water left unattended to after use
- the floor of a main corridor and bathroom was wet and had no sign to warn residents or staff
- an unexplained absence of one resident had occurred since the last inspection; however, a missing person drill had not been practised since to inform staff in the event of re-occurrence.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The practice of transporting Residents on commodes has ceased since inspection - immediate

Shower chairs are in place, all staff were informed via general staff meeting and reminded daily during handover to transport residents appropriately. Same discussed at Elder Abuse Training.

The service company was contacted immediately on Thursday. We were advised that the earliest they could be on site would be Monday / Tuesday. A risk assessment was completed on same. 3 hoists were in working order at this time. The other 2 out of service hoists were repaired the following Tuesday.

Staff are reminded to report any malfunctioning equipment to the staff nurse on duty and record same in the maintenance book.

Designated areas for hoists have been allocated

commodes are no longer stored in bathrooms

The worn hoist slings were taken out of use and replaced – please see attached.

All equipment was checked and repaired / replaced by maintenance staff post inspection.

The floor in the shower room was raised to prevent wet floors and pools of water.

Training on trips & outings took place following the incident of unexplained absence of a Resident. The policy was amended to reflect learning from the incident.

A missing person's drill was scheduled for 17/09/2014, however it had to be postponed, and a further date is scheduled for 17/10/2014.

A staff meeting was held for all staff on 27/08/2014, all staff were informed with regard to inspection findings.

Proposed Timescale: 17/10/2014

Theme:

Safe care and support

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

Risk of Infection

- a wash hand basin was not available in one communal shower room
- wipes and gloves were openly stored in communal bathrooms
- hand operated communal bins were found in shared bathrooms that when highlighted was later replaced with pedal operated bins
- the metal frame and wheel casters of commodes were rusty
- staff confirmed that residents were showered while sitting on commodes

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

A wash hand basin will be available in communal shower room – 31/10/2014

A storage cupboard will be available in communal bathrooms – 31/10/2014

All bins are now pedal operated – completed

All wheel castors are checked by maintenance weekly

The practice of showering Residents whilst sitting in commodes has ceased immediately post inspection. Spot checks and supervision of same is ongoing by the staff nurse on duty.

All staff were informed via staff meeting. Same discussed at training on 10/09/2014

Proposed Timescale: 31/10/2014

Theme:

Safe care and support

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

Some staff members were not aware of evacuation procedural changes made and outlined in the evacuation plans displayed

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

The staff have been informed of evacuation procedures and the change of the evacuation plan at a staff meeting.

Fire evacuation training was scheduled for 17/09/2014, which had to be postponed, training is re-scheduled for 17/10/2014

Proposed Timescale: 17/10/2014

Outcome 10: 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:

An allegation of abuse in June 2014 had not been notified the Authority within three days as required under the regulations.

Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

All staff are aware that all allegations of or suspected incident of elder abuse is to be reported without delay to the Authority as per guidelines.

Proposed Timescale: 01/10/2014

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:

In a review of one resident's notes following a disclosure and allegation of abuse the inspector found that care plans had not been completed based on residents assessed and identified needs to monitor the need, plan care and guide practice.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Care plans are prepared based on assessment no later than 48 hours of admission.

A care plan regarding concerned Resident is completed and in place post inspection.

Proposed Timescale: 27/08/2014

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:

On a review of the complaint register the inspector found records of investigations to be incomplete and one complaint had been concluded prior to a full or complete investigation. Satisfaction levels of complainants following complaints were not recorded as required under the regulations.

Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

All complaints received will be closely monitored, Complaints will be fully and properly recorded and details of investigations, findings & outcomes will be recorded. The satisfaction of the complaint will be documented; same will be recorded in the family communication record.

Proposed Timescale: 01/10/2014

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Information and discussion records related to end of life arrangements were incomplete and were not signed or dated to demonstrate who was involved in the discussion and when or how the recorded intentions and preference were gathered.

Action Required:

Under Regulation 13(2) you are required to: Following the death of a resident make appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical.

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

The end of life arrangements are now complete for the concerned Resident and a care plan to reflect same is signed and dated.
End of Life Care & Care of the Dying training is scheduled for 13/11/2014

Proposed Timescale: 28/08/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Resident's privacy and dignity was not adequately maintained having been observed not fully or appropriately dressed while seated on a commode in a public area, and transferred from a bedroom at one end of the corridor to a bathroom at the opposite end.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

All Staff were informed via staff meeting with regard to Residents privacy & dignity. Same is emphasised on each hand over. Privacy and Dignity was discussed in depth at recent elder abuse training on 10/09/2014. All Staff are aware that each Resident is to undertake personal activities in private.

Proposed Timescale: 10/09/2014

Theme:

Person-centred care and support

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

Resident's privacy and dignity was not adequately maintained by the actions of two members of staff.

Action Required:

Under Regulation 09(4) you are required to: Make staff aware of the matters referred to in Regulation 9(1) as respects each resident in a designated centre.

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

The privacy & dignity of all Residents was discussed in depth at staff meeting and is emphasised daily at handover, all staff are aware that the privacy & dignity of all Residents is to be maintained at all times.

Random spot checks are ongoing by the staff nurse on duty.

Proposed Timescale: 01/10/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The supervision of staff and contingency measures to substitute nurse leave required review.

Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

The new Person in Charge to commence employment – 06/10/2014

New bank staff to commence employment as part of contingency measures.

Proposed Timescale: 31/10/2014