

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Shannagh Bay Nursing Home
Centre ID:	ORG-0000095
Centre address:	2-3 Fitzwilliam Terrace, Strand Road, Bray, Wicklow.
Telephone number:	01 286 2329
Email address:	info@shannaghbay.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Shannagh Bay Healthcare Limited
Provider Nominee:	Pauline Smith
Lead inspector:	Gary Kiernan
Support inspector(s):	Conor Brady;
Type of inspection	Announced
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	4

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.

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 April 2014 10:30	15 April 2014 17:00
29 April 2014 09:00	29 April 2014 19:30

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 monitoring inspection was carried out in response to a serious incident which took place in the centre. As part of the monitoring inspection inspectors met with residents, relatives and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Inspectors had a number of concerns with regard to the care and welfare of residents and there was an unsatisfactory level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Immediate risks to residents

were identified on the first day of this inspection and an immediate action plan was issued to the provider. A satisfactory response to this action plan was received on 17 April 2014. While the provider took steps to address the immediate risks, inspectors had ongoing concerns, with regard to non compliances in the centre, particularly in the area of risk management. As a result the provider was required to attend a meeting in the Authority's offices and was required to give signed undertakings to the Chief Inspector with regard to identified non compliances.

The management of risk was not satisfactory and sufficient steps had not been taken to promote safety health and welfare of residents. Inspectors were concerned that the provider had failed to address this area despite this issue being identified during previous inspections. Inspectors were also concerned that the response of the provider to a serious incident in the centre was not proportionate to the risk identified and did not result in appropriate action to protect other residents. Inspectors had continuing concerns regarding the systems in place to ensure the safety of residents who smoke. The management of risk associated with falls was also identified as an area for improvement.

There were concerns with regard to the management of residents' healthcare needs. The provider failed to ensure that residents were provided with suitable and sufficient care especially in the areas of:

- care planning
- wound prevention and management
- restraint management
- nutritional management
- participation in meaningful activities

Inspectors were not satisfied that the privacy and dignity needs of residents were met. It was also found that residents were not adequately consulted about the operation of the centre.

The premises did not meet the needs of residents and parts of the premises were not well maintained and had been allowed to fall into disrepair. Parts of the premises were not maintained in a clean condition and foul odors were evident on both days of inspection.

Areas for improvement were also identified with regard to medication management, complaints, notifications to the Chief Inspector and training for staff.

These matters are discussed further in the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 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:

No actions were required from the previous inspection.

Findings:

There was a statement of purpose in place which met with the requirements of the Regulations.

Inspectors read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided with a satisfactory level of detail. The statement of purpose accurately reflected services and facilities provided and described the aims, objectives and ethos of the service.

Judgement:

Compliant

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:

No actions were required from the previous inspection.

Findings:

Residents were provided with contracts of care which had been drawn up in line with the requirements of the Regulations.

Inspectors read a sample of completed contracts and saw that they had been agreed and signed by the resident within the legislative timeframe following admission. The weekly fee payable by the resident was clearly stated. Additional charges for any

additional services not included in the weekly fee were also outlined in the contracts.

Judgement:

Compliant

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While the requirements for the role of person in charge were met, with regard to qualifications and experience, inspectors had a number of concerns regarding this outcome.

The person in charge was a registered general nurse. She worked full-time at the centre since 2010. She had the relevant length of experience as required by the Regulations. She participated in some ongoing professional development by attending study days covering topics such as nutrition and palliative management.

While the person in charge demonstrated a commitment to meeting the requirements of the Regulations and the Authority's Standards, this was not consistently evident in practice. Inspectors were concerned that the management and clinical governance arrangements in the centre were insufficient to ensure that the assessed needs of residents were consistently met. For example, the care provided in the area of restraint, pressure area care and behaviours, as described under Outcome 11 Health and Social Care Needs, was not satisfactory and did not follow evidence based practice. Inspectors were also concerned that the person in charge had failed to oversee and implement a satisfactory system of care planning to ensure that residents' assessed needs were consistently met. Non compliances attributable to the person in charge were also identified under Outcome 18 Suitable Staffing.

The person in charge was present in the centre five days per week and was fully engaged in the management of the service. Satisfactory deputising arrangements were in place. The person in charge was supported in her role by a clinical nurse manager (CNM) who deputised in the absence of the person in charge. The CNM was not present in the centre during any part of this inspection, however, she was found to demonstrate satisfactory knowledge of her roles and responsibilities during previous inspections.

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:

No actions were required from the previous inspection.

Findings:

Inspectors found that there were satisfactory systems in place to maintain complete and accurate records while the required policies were in place.

Inspectors read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff. However inspectors found that some staff members were not knowledgeable with regard to the contents of some of these policies for example in the area of behaviours that challenge. The matter is also discussed under Outcome 18 Suitable Staffing. Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner. An up-to-date directory of residents was maintained.

Judgement:

Compliant

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:

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such 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:

No actions were required from the previous inspection.

Findings:

Inspectors found that measures were in place to protect residents from suffering any form of abuse, however, inspectors were concerned that due to insufficient action taken by the provider in response to the serious incident residents were at risk of harm.

A serious incident occurred in the centre and following review of the actions taken by the provider, inspectors were very concerned that the actions were not proportionate to the risk. Inspectors were also concerned that the provider had not put in place all actions as outlined to the Authority in the report submitted to them on 3 March 2014. This is discussed in more detail under Outcome 7 Health and Safety and Risk Management.

A policy relating to elder abuse and whistle-blowing was in place. The policy provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made.

All residents spoken to said that they felt safe and secure in the centre and said they could speak openly to the person in charge if they had any concerns. The inspector found that staff on duty on the day of inspection, were knowledgeable with regard to their responsibilities in this area. Inspectors reviewed the training records which showed that seven current staff members had not attended training in this area in accordance with the centre's policy. The human resources manager told inspectors that all seven staff members were relatively new to the centre and she stated that she had organised for their training to be delivered on 8 May 2014.

Judgement:

Non Compliant - Moderate

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:

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

Findings:

Inspectors had a number of concerns regarding risk management and the safety, health and welfare of residents in the centre, some of which have been discussed under outcome 6. As a result of these concerns the inspectors issued an immediate action plan to the provider on day one of this inspection as inspectors had serious concerns regarding risks to residents.

The immediate action plan directed the provider to take immediate steps to ensure the safety of all residents who smoke. Inspectors were concerned that further to a serious incident which occurred in the centre on 1 March 2014 the provider had not reacted in a proportionate and responsible way to ensure the safety of residents. Risk assessments and associated documentation pertaining to all residents who smoke had not been reviewed and re-evaluated even though the provider had indicated to the Authority that this would be carried out. Despite this, no checks had been carried out to ensure that care plans for residents who smoked accurately reflected their actual care needs while smoking despite staff being aware of discrepancies in this area. Systems had not been put in place to ensure that appropriate care and supervision for smokers was being delivered in practice.

While a smoking register, indicating which residents required supervision when smoking, dated 11 February 2014 was in place, inspectors were concerned that staff members were not aware of the contents of this document and the provider and person in charge had not put systems in place to monitor if it was being adhered to in practice. Staff members, spoken to by inspectors gave conflicting accounts of which residents required supervision and which residents did not. Staff members did not know how many residents smoked on day one of this inspection.

On day one of this inspection, inspectors found that the provider had taken some proactive steps in relation to the serious incident which took place on 1 March 2014. This included a 30 minute documented check on the smoking room and a documented system which required some residents to be signed in and out of the smoking room. However, the overall response by the provider was not proportionate to the risk which had been identified. As highlighted above, it was not evident that all staff were aware of residents' individual supervision requirements. Inspectors were also deeply concerned that the provider had failed to introduce a number of interventions, which the provider had identified as being necessary. The provider had notified the Authority of her intention to implement these interventions on 3 March 2014. However, inspectors were very concerned to discover that these interventions had not been implemented when

inspectors visited the centre on 15 April 2014. For example, the provider had not installed a safe ignition source for cigarettes, aimed at removing the necessity for lighter and matches. Similarly, risk assessments regarding the flammability of residents clothing and contacts between the provider and residents who smoke, had not yet been implemented.

On day one of this inspection, inspectors were also concerned that the risk management policy, the smoking risk policy and the risk register had not been updated having regard to the incident which took place on 1 March 2014. The provider and person in charge had not carried out a good quality investigation into the incident which took place on 1 March 2014. For example, the person in charge had not interviewed a number of important witnesses to the event and a number of important pieces of information remained unclear to inspectors.

A satisfactory written response to the immediate action plan and assurances was received from the provider on 17 April 2014. Day two of the inspection was carried out on 29 April 2014. Inspectors followed up on the issues identified in the immediate action plan and found that further to a revaluation of risk assessments and care plans, for residents who smoked, the provider had identified additional residents who needed active supervision while smoking. Additional interventions, such as using a smoking apron, had also been identified as being necessary for some residents. While inspectors found that improved arrangements were in place for residents who smoked, it was still unclear if all staff had been made aware of the revised arrangements. The person in charge showed inspectors a memo which staff members were required to sign in order to acknowledge the revised safety arrangements which were in place. However, inspectors were concerned that approximately one third of staff members had not signed this document in order to acknowledge that they had read and understood these arrangements. Staff members present at the time of inspection knew the revised arrangements.

There was a safety statement and associated risk register in place. On day two of the inspection, inspectors observed that the risk register had been updated with regard to the smoking risk. However, the risk register had not been reviewed and updated, with regard to the other areas of risk in the centre, in line with the centre risk management policy.

There was a system in place for the recording of accidents, incidents and near misses. Records of accidents were maintained and the recording form included a section on learning outcomes and interventions to prevent reoccurrence. However, as highlighted above, in the case of a recent serious incident, all relevant details had not been documented and there was no evidence that a comprehensive review of this incident had taken place in order to inform learning. In case of a resident who was using a lap belt as restraint inspectors noted that there had been two recent incidents involving this resident and the lap belt. Inspectors were concerned that there had been a failure to review the safety arrangements in place for this resident given that the use of this lap belt had resulted in an injury to the resident. Inspectors brought this matter to the attention of the person in charge and found that on Day 2 the resident had been reviewed and was no longer using this form of restraint.

Inspectors reviewed the management of falls and found that improvements were required despite this matter having been raised at a number of previous inspections. In response to the previous inspection and action plan the provider stated a new system of falls management and associated documentation was being introduced. However, at the time of this inspection this had not been put in place despite the agreed timeframe for this action having elapsed. The person in charge showed the inspectors the falls documentation which she had prepared and stated that it would be implemented in the near future. Inspectors reviewed the records of a resident who had experienced a recent fall. Inspectors found that an appropriate post falls assessment had not been carried out and the resident did not have an up-to-date care plan in place which had been updated within the previous three months or after the most recent fall. Inspectors were concerned that there had been no meaningful assessment of the existing falls prevention measures which were in place in order to ascertain if they were adequate or if more needed to be done to protect the resident.

Inspectors reviewed fire safety procedures and associated records. Fire orders were prominently displayed, fire exits were unobstructed. The majority of staff members, spoken to by the inspectors, were knowledgeable with regard to the procedures to follow in the event of fire. However, on day one of inspection, some staff members were unsure of how to evacuate certain parts of the building. This matter was brought to the attention of the provider who undertook to address this through additional training and fire drills. On day two of inspection, inspectors found that this matter had been addressed and staff had the appropriate knowledge. The training records showed that all staff regularly attended training in fire safety and evacuation while records were also in place to show that regular fire drills took place. Inspectors also reviewed the records with regard to servicing of equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system and of fire fighting equipment. A documented system of in-house checks on fire exits and the fire detection system was also in place.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of evacuation and foreseeable emergencies such as loss of heat and power. The plan provided detailed information with regard to evacuation procedures, however it did not detail alternative overnight accommodation and means of transport in the event that this was needed.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation which was readily accessible to the appropriate staff.

Judgement:
Non Compliant - Major

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that some elements of the designated centre's policies and procedures for medication management protected residents but there were also a number of improvements required in this area.

Inspectors found a medication management policy was in place within the designated centre which provided a satisfactory level of guidance to the staff. The inspectors observed medication practices and observed some good practices.

Inspectors read completed prescription records and saw that the provider was transcribing residents' prescriptions without an appropriate checking system as required by best practice guidelines. The inspector observed the staff nurse being interrupted on several occasions by other staff members while administering a number of residents' medication, this is not in line with best practice guidelines.

Medications were stored appropriately. Staff had received training and regular audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available which showed that three-monthly reviews were carried out and this process involved the pharmacist as well as the GP and the nursing staff.

Medications that required strict control measures (MDAs) were appropriately stored and accounted for.

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:

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents was not satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. However, inspectors were made aware of two injuries to a

resident which required notification and had not been communicated to the Chief Inspector in accordance with the requirements of the Regulations.

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:

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

Findings:

The system of reviewing the quality and safety of care required some improvement.

The person in charge had introduced a system of auditing in response to the findings of the previous inspection. Audits were carried out in areas such as medication, clinical documentation and nutrition. Some of the audits were focussed on bringing about improvement, for example, the medication audit had been used to bring about some improvements in practice. However, in the case of other audits such as the nutrition audit, where a high level of non compliance had been identified, no plan had been put in place to address the findings and bring about improvement.

As highlighted under Outcome 16 Residents' Rights, Dignity and Consultation, it was also found that when issues affecting the quality of residents lives were brought up during residents' meetings satisfactory steps were not taken to address the issues for residents in all cases where it was reasonably practicable to do so.

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:

Outstanding requirement(s) from previous inspection:

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

Findings:

Overall inspectors were not satisfied that resident's health and social care needs were met fully and noted the need for substantial improvements in the management of a range of resident's needs and in the care planning processes. A number of these matters were previously highlighted to the provider at a number of previous inspections.

Residents had access to general practitioner (GP) services at regular intervals. Inspectors reviewed a number of residents' medical notes and care planning documentation which contained updated entries regarding GP assessment and recommendations. Residents had good access to some health professionals such as the dietician. A full time occupational therapist (OT) was employed in the centre.

However, the inspector was not satisfied that referrals to other allied health professionals were consistently followed up. For example a resident, who was described as displaying behaviours that challenge, was recommended by the GP to be referred to psychiatry services in September 2013. This recommendation was based on a high number of incidents/behavioural outbursts by this resident. However, the resident was not seen by the psychiatrist. The staff nurses had no knowledge of any assessment or guidance regarding this referral and displayed very limited knowledge in terms of the management of behaviours that challenge. For example, staff could not demonstrate knowledge of any assessment led protocol or procedure regarding the management of this resident's behaviours that challenge. Inspectors were also concerned that this resident's care plan was not consistently reviewed at three monthly intervals in response to ongoing behavioural issues and in line with the requirements of the Regulations.

The residents' care plans were in electronic format and samples were reviewed in the company of staff on duty. Inspectors were concerned that some staff members had a very limited understanding of the use of this system and were therefore unable to access a number of the residents' care plans and records. For example, staff demonstrated an inability to locate residents' assessments, monitoring tools and health information. In addition to this, staff were not appropriately knowledgeable regarding how to complete assessment tools, for example in the area of wound management. Inspectors were concerned that this could adversely affect the delivery of consistent care to residents.

Improvements were required for residents who were identified as being at a high risk of skin break down and who had pressure care needs. In the case of one of these residents who was a high risk, inspectors found that no care plan had been developed to guide this care need. Inspectors reviewed the wound management documentation and care plans relating to a resident who had wounds and pressure care needs. Inspectors noted that a wound management record and a care plan were in place. The resident had also been seen by an expert in tissue viability. However, the care plan did not

accurately reflect the number of wounds which the resident had and did not reflect changes in the resident's condition. Inspectors were also concerned that staff did not have sufficient knowledge of the specialised dressing system which had been put in place for the resident. It was apparent that this mechanised dressing system was not functioning satisfactorily on day two of inspection. Inspectors were very concerned of the impact this was having on the quality of life of the other resident who was sharing the bedroom. In particular inspectors were concerned that the resident, who was sharing the bedroom, was served food in this room. Staff stated that the resident had dementia and would not cooperate to dine in the dining room. Inspectors found that this was not an appropriate response to meet the needs of a resident who had dementia and it did not allow the resident to dine in a dignified way.

Improvements were required in the management of residents' nutritional needs. For example, in the case of a number of residents who had nutritional assessments which indicated close observation and continuous weight checks, it was found that this was not carried out. Inspectors also observed that where residents had been reviewed by the dietician, the care plans had not been updated with the dietician's recommendations. Inspectors also had concerns with regard to the management of a resident who was on a percutaneous endoscopic gastrostomy (PEG) feeding regime. Inspectors found that this resident's care plan had not been updated further to a review by the dietician. The care plan did not provide clear guidance on the feeds to be provided to the resident and also failed to describe the steps staff should take in order to monitor and care for the stoma site.

Inspectors found that the management and use of restraint required improvement. Staff reported that bedrails and lap belts were the only two forms of restraint used in the centre. There was a policy in place however it was not fully implemented in practice. There was an inconsistent approach to the management of residents who were using restraint and the appropriate restraint assessment documentation was not completed for all residents. Not all assessments reviewed included the risks associated with the use of restraint. As a result the person in charge could not demonstrate that restraint was managed in line with national guidelines in restraint. As highlighted under Outcome 7 Health and Safety and Risk Management, timely action was not taken to manage restraint further to an injury to a resident.

Inspectors found residents had a diverse range of needs in the centre and the provider and person in charge had made some arrangements to meet their social care needs. There were three activities coordinators in place who facilitated an activities programme. Inspectors observed activities such as bingo, knitting, reading, jig-saws and watching television. The inspectors were informed that sometimes people also went out for walks. The inspector noted that participation levels in certain activities was quite low and there was no evidence of individual assessment of social care needs in residents care plans reviewed. For example, individuals who did not partake in the group sessions appeared to have very little choice to participate in alternative activities appropriate to his or her interest and capacities which is a requirement of the Regulations. Inspectors were also concerned that there was a lack of appropriate activities and social engagement for residents who had dementia. For example, in the case of a resident who had dementia and was confined to bed no social assessment had been carried out and there was no care plan in place to meet the needs of this resident for meaningful engagement.

Judgement:

Non Compliant - Major

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:

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

Findings:

Inspectors found that the physical environment did not meet the needs of residents in a number of respects. Issues were also identified with regard to the state of repair of some areas and the level of hygiene.

Issues concerning the physical environment identified at previous inspections remained outstanding. The provider stated that there had been delays in initiating building work which was aimed at addressing these deficits. Ongoing premises issues included:

- No outdoor space for residents
- Lack of adequate ventilation and lighting in some parts of the premises
- Lack of storage space
- Two multi-occupancy bedrooms for more than two persons which did not meet the requirements of the Authority's standards. In the case of one of these bedrooms there was very limited space and natural light in the bedroom did not meet the residents' needs of privacy and dignity.
- No toilet facilities for residents on the floor where the dining room was located.
- No changing facility for staff.

Inspectors were not satisfied that there was suitable and sufficient communal space for residents. On day one of the inspection the residents' smaller sitting room, which was intended as a room where residents could meet their visitors in private, was not accessible as it was being used for storage. This was later addressed during the course of the inspection. Inspectors noted that the conservatory room became uncomfortably hot at certain times of the day. A wall mounted air conditioning unit had been installed, however it was evident on both days of inspection that it was difficult to control the room temperature using this device. A number of residents commented that the room was frequently too hot or too cold. Inspectors found that the remaining sitting room was frequently crowded and did not meet the needs of all residents as it became noisy during some periods.

Inspectors were not satisfied that all parts the centre were maintained in a clean condition. Inspectors identified toilets which were not clean. A fridge in the sitting room was not maintained in a clean condition as well as the large patio windows in this area. A mattress in one of the bedrooms was found to be heavily stained. Inspectors noted stale odours on all floors in the centre over the two days of inspection. Some parts of the premises had been allowed to fall into a state of disrepair. The wall and wood finishes in the hall way near the main sitting room and outside the lifts were particularly worn and defective. The carpets were heavily stained in a number of areas which included some bedrooms. There were stains on the ceiling tiles in a number of rooms including the main sitting room.

Inspectors were concerned at the lack of appropriate waste storage. The waste stage area was located directly adjacent to the front door. On both days of inspection, inspectors observed the bin to be overflowing with a large number refuse sacks stored around the bin and close to the front door. Inspectors found that this was an unacceptable practice which was not well managed by the provider.

Judgement:

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:

No actions were required from the previous inspection.

Findings:

Inspectors found that the designated centre had a complaints policy and procedures in place however improvements were required in the management of individual complaints.

Inspectors found that written operational policies and procedures relating to the making, handling and investigation of complaints were in place and this included information on an independent appeals process. The complaints procedure was displayed in a prominent position and residents were aware of how to make a complaint.

On reviewing the complaints log inspectors found that there was no evidence of investigation, action, outcome or follow up regarding a resident's complaint. This is not in line with the designated centres own complaints policy and procedures and does not meet the requirements of the Regulations.

Judgement:

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:

No actions were required from the previous inspection.

Findings:

The inspector found that staff members were sensitive to the needs of residents who were at end of life, however, some areas of improvement were identified.

The provider and person in charge had undertaken a review of this area in advance of this inspection in order to identify any areas for improvement. As part of this process some members of staff had attended training in palliative management and a programme of training was being developed for all members of staff in the nursing home. There was a centre specific policy on end-of-life care which was detailed.

Improvements in care planning and the documentation of residents' end of life wishes were identified. Inspectors found that end of life care plans had not been developed for all residents who required them and there was absence of detail with regard to residents' spiritual needs and preferences regarding end of life arrangements.

The nursing staff stated that the centre maintained strong links with the local palliative care team and all were aware of how to initiate contact with the service.

The person in charge stated that the residents had access to a priest or other religious ministers as required and residents spoken to by the inspector confirmed this. There were no facilities to allow family members to stay overnight, however, the person in charge said they tried to accommodate this through the provision of comfortable chairs or with a mattress in the smaller sitting room.

Inspectors were concerned to note that the belongings of three deceased residents were stored in black sacks in one of the bathrooms. Inspectors found that this was not an acceptable way for returning residents' belongings to family members and was not in line with recent advice and training given to providers by the Authority. Inspectors brought this matter to the attention of the person in charge and found that the matter had been addressed on day 2 of the inspection.

Judgement:

Non Compliant - Moderate

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:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents received a varied and nutritious diet that offered choice.

Inspectors observed residents being served a range of meals over the two days of inspection and spoke to residents who stated they were very happy with the choice and quality of food offered to them. The food provided was nutritious, hot and attractively presented. For the most part residents had a choice at each meal time and individual preferences were readily accommodated. However, inspectors found that residents who required a modified consistency diet did not have the same choice as other residents for the evening meal. Inspectors discussed this with the person in charge who undertook to address this.

The inspector saw residents being offered a variety of drinks throughout the day. Inspectors found that staff members were knowledgeable with regard to monitoring for signs of dehydration. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. A documented system was in place to communicate residents' dietary requirements and preferences to catering staff. The inspector found that the chef was very aware of and knowledgeable about all residents' preferences, likes and dislikes as well as those requiring modified diets. The chef was also aware of those residents who were at risk of poor nutrition and found that some options for fortification had been considered for these residents. As discussed under Outcome 11 Health and Social Care, residents at risk of poor nutrition were prescribed supplements as appropriate. The person in charge discussed further ways in which she was planning to introduce fortification of food for residents who required this. Residents who required assistance with their meals were aided in a discrete and respectful manner.

Judgement:

Non Compliant - Moderate

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:

No actions were required from the previous inspection.

Findings:

The arrangements for the promotion of residents' privacy and dignity and the arrangements for consultation with residents about the operation of the centre were not satisfactory.

While staff were observed interacting with residents in a courteous and caring manner inspectors had a number of concerns regarding the arrangements for meeting residents' privacy and dignity needs. A highlighted in Outcome 11 Health and Social Care, the resident who was consuming their meal in a room, where there were identified issues regarding wound care, was not provided with the appropriate level of dignity. Inspectors were also concerned to observe that a number of bedroom doors remained open on both days of inspection. While the provider stated that this was the preference of residents, inspectors found that alternative arrangements had not been put in place to meet the privacy needs of residents while doors were open. For example, this was evident with regard to a resident who was observed not to be fully clothed and who was visible on a number of occasions from the hallway. As described under Outcome 12 Safe and Suitable Premises one of the multi-occupancy rooms did not meet the needs of the residents for privacy and dignity.

The person in charge stated that there was frequent informal consultation with residents regarding the operation of the centre. Regular residents' committee meetings were held and inspectors read the minutes of these. Inspectors were concerned that where residents had raised issues there was insufficient action on the part of the person in charge and provider to address them. Many of the issues raised were relatively minor but impacted on the quality of residents' lives. For example, residents requested to go outside more or requested adaptations to toilet facilities. However, these matters were not adequately addressed despite being repeatedly raised at residents' meetings. The person in charge stated that it was not possible to facilitate some of these concerns due to safety concerns. However, inspectors did not find evidence of alternative plans being put place with the aim of addressing residents' concerns.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Inspectors noted that some residents were supported to leave the centre independently and visit family and friends. Residents had access to telephone, news papers and television.

Judgement:

Non Compliant - Moderate

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:

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

Findings:

Inspectors found that adequate provision had been made for the management of residents' clothing, however, there were ongoing issues with regard to the provision sufficient personal space in one of the bedrooms.

In response to the previous inspection bedside units had been sourced and provided in one of the multi-occupancy bedrooms where it was found that there was insufficient space by the bed for personal possessions. However, inspectors were not satisfied that this matter had been addressed as these furniture units had been moved away from the beds and were being used to store incontinence wear at the time of inspection.

Inspectors visited the laundry and found that it was well organised and appropriate equipment was provided. There was sufficient space to facilitate infection control and clean and soiled laundry was handled and stored separately. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

Judgement:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory. Improvement was required with regard to staff training.

Inspectors observed staffing levels and skill mix on the day of the inspection and referred to the rosters and found evidence of good practice. Nursing cover was provided 24 hours each day. The person in charge said that she based staffing levels on the assessed dependencies of the residents and changes to the roster were made in response to changes in residents' needs.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. Inspectors requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

A training schedule was in place and staff stated they were encouraged to attend courses. However, inspectors were concerned that staff had not been provided with the appropriate training to meet the needs of residents. On both days of inspection staff members had difficulty using the centre's online systems of care planning and document management. As a result, inspectors found that they had not been provided with an appropriate level of training in the use of this system. Inspectors also found that staff members had not been provided with sufficient training to meet the needs of residents with behaviours that challenge. The records showed that a range of training had been facilitated for staff and this included relevant areas such as nutrition and palliative care. Much of the training which was facilitated was self led, on-line training. However, there was no system in place to assess if staff had attained the required level of proficiency following this training.

No volunteers were attending the centre at the time of inspection, however, the provider was aware of the documentation requirements for volunteers.

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:

Gary Kiernan
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:	Shannagh Bay Nursing Home
Centre ID:	ORG-0000095
Date of inspection:	15/04/2014
Date of response:	22/05/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 06: Safeguarding and Safety

Theme:

Safe Care and Support

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

Satisfactory and sufficient steps has not been take to promote safety of residents following a serious incident in the centre.

Action Required:

Under Regulation 6 (2) (b) part 2 you are required to: Take appropriate action where a resident is harmed or suffers abuse.

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

1. The following measures shall be put in place to promote the safety of residents following the serious incident:

- All residents who smoke shall be supervised at all times by designated staff member.

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

The supervising staff member shall be clearly identifiable.

- The smoking room shall be closed when not in use and only opened when a staff member is supervising the smoking
- Resident are no longer permitted to have any lighter, matches or other materials that could be used to light cigarettes in their rooms or other non-smoking areas. Lighters etc shall only be provided by a nurse on request when the resident is using the smoking area or is leaving the centre. The resident shall be required to return the lighter when finished smoking or returns to the centre to a nurse. This new policy shall be outlined in a new contract for smokers that shall be produced to outline the new smoking measures.
- A new non-flame cigarette lighting system shall be installed in smoking areas.
- New resident smoking jackets shall be purchased.
- The clothes of residents who smoke shall be assessed for high flammability and control measures to be put in place if required.

This action was completed on 8 May 2014

2. A response plan to serious/high risk incidents shall be developed to outline the measures that need to be taken to promote the safety of residents. This shall be outlined in a new incident management policy.

Proposed Timescale: 30/05/2014

Outcome 07: Health and Safety and Risk Management

Theme:

Safe Care and Support

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

The risk management policy was not being implemented.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

1. The risk register shall be updated to reflect the incident that took place on 1 March 2014 in accordance with the Centre's policy. This was completed on 12 May 2014
2. Compliance with the risk management policy shall be audited by the registered provider on an annual basis.

Proposed Timescale: 23/05/2014

Theme:

Safe Care and Support

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

the following respect:

The system in place for managing falls required improvement. The systems in place for ensuring the safety of residents who smoke required improvement.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

1. The following measures shall be put in place to promote the safety of residents following the serious incident:

- All residents who smoke shall be supervised at all times by designated staff member. The supervising staff member shall be clearly identifiable.
- The smoking room shall be closed when not in use and only opened when a staff member is supervising the smoking
- Residents are no longer permitted to have any lighter, matches or other materials that could be used to light cigarettes in their rooms or other non-smoking areas. Lighters etc shall only be provided by a nurse on request when the resident is using the smoking area or is leaving the centre. The resident shall be required to return the lighter when finished smoking or returns to the centre to a nurse. This new policy shall be outlined in a new contract for smokers that shall be produced to outline the new smoking measures.
- A new non-flame cigarette lighting system shall be installed in smoking areas.
- New resident smoking jackets shall be purchased.

This was completed on 8 May 2014

2. A new falls prevention programme shall be fully implanted to manage and prevent falls more effectively. This was completed on 23 May 2014

3. A full risk assessment of the environment shall be conducted, this shall include identifying potential risks to the health and welfare of residents. All current controls will be identified and additional measures shall be put in place where required. The environmental risk assessment shall be reviewed on a monthly basis and fully updated every three months. This was completed on 12 May 2014

4. An individual risk management plan shall be developed for each resident to identify all the specific risks and control to protect the health and welfare of the resident. Each plan shall be reviewed every 3 months or as required.

Proposed Timescale: 30/05/2014

Theme:

Safe Care and Support

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

A satisfactory emergency plan was not in place.

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:

The emergency plan shall be updated to meet the requirements of the regulations and support staff respond effectively to emergencies. In particular the accommodation options for residents if the Centre needs to be evacuated.

Proposed Timescale: 30/05/2014

Outcome 08: Medication Management**Theme:**

Safe Care and Support

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

Improvements were required in medication management as described under Outcome 8.

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:

The following measures shall be put in place to improve medication management:

1. All nurses carrying out a drug round shall have protected time and to be identified by an apron indicating that they are not to be disturbed while on the round.
2. The Centre's electronic patient record system shall be set up to ensure double signature takes place before they are checked and signed by the GP.

Proposed Timescale: 06/05/2014

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:

The Chief Inspector was not notified of serious injuries to residents.

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:

1. The notification referred to in the report shall be sent to HIQA. This was completed in April 2014
2. Training will be provided to the PIC and the registered provider regarding the notification process.

Proposed Timescale: 06/06/2014

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 system for improving the quality and safety of care was not satisfactory.

Action Required:

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

1. The following measure shall be put in place immediately:
 - A monthly audit schedule covering the main HIQA themes.
 - Five KPIs to be identified to measure the quality of care to be collected each month.
 - An incident trending report to be developed with key learning outcomes on a monthly basis, the first report shall be produced for month of May.
 - An external agency shall be utilised to develop a new Quality and Safety Management System.

This was completed on 12 May 2014

2. A new quality and safety management system shall be developed commencing in May 2014 running until April 2015. This shall include the following:
 - a. Full gap analysis of the current system and develop prioritised quality improvement plans
 - b. Implementation of an electronic incident management, documentation control, audit management and quality improvement system.
 - c. New suite of evidence based policies and procedures
 - d. New governance and risk management structures and processes
 - e. Comprehensive training programme for all staff
 - f. Support the refurbishment and new build plans

Proposed Timescale: 30/04/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

Satisfactory care was not provided for residents with behaviours that challenge and for residents who had dementia.

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:

1. The care of residents provided for residents with behaviours that challenge and for residents who had dementia shall be reviewed by the Director of Nursing. This shall include conducting new assessments of the residents. This was completed on 12 May 2014
2. Any gaps in care identified shall be implemented in full to ensure each resident care needs are being met. This shall be documented in their care plans. This was completed on 12 May 2014
3. All staff shall be required to read the Centre's policy on behaviours that challenge and the Centre's policy on dementia. The Director of Nursing shall review care staff's understanding of how to care for residents with be behaviours that challenge and dementia.

Proposed Timescale: 30/06/2014

Theme:

Effective Care and Support

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

Care plans were not developed for all residents' identified needs.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

1. All care plans shall be reviewed and updated to ensure the care plans reflect each resident's needs. This shall be informed by new assessments of each resident. This shall

be conducted every two months for six months and every three following this. This was completed on 12 May 2014

2. Nursing staff shall be provided training on the care planning process. This was completed on 12 May 2014 and on going

3. The Director of Nursing shall develop a care planning guidance document for nursing staff to support the care planning process. This was completed on 7 May 2014

4. The Director of Nursing shall regularly review the quality of the care plans and implement any opportunities for improvement.

Proposed Timescale: 23/05/2014

Theme:

Effective Care and Support

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

Care plans were not updated when there was a change in the condition of the resident.

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:

1. All care plans shall be reviewed to ensure that no care plan review is overdue and that all changes in each residents condition is reflected in the care plans. This shall be conducted every two months for six months and every three following this. This was completed on 12 May 2014

2. Nursing staff shall be provided training on the care planning process, to include the importance of compliance with review dates and updating care plans following changes in the resident's condition. This was completed on 12 May 2014

3. The Director of Nursing shall regularly review compliance with the review dates for care plans to ensure no review dates are missed.

Proposed Timescale: 23/05/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective Care and Support

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

the following respect:

The premises did not meet the needs of residents as described under Outcome 12.

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:

A refurbishment programme for the centre and a new build programme shall be commenced to meet the needs of each resident. Detailed plans shall be submitted to the Authority outlining the projects that shall be undertaken. Refurbishment programme – commence 8 May 2014, New build programme – commence 1 August 2014

Proposed Timescale: 30/06/2015

Theme:

Effective Care and Support

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

The premises was not maintained in a good state of repair.

Action Required:

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

1. An assessment of the internal and external building shall be conducted to identify the areas for improvement to ensure the building is in a good state of repair. A prioritised refurbishment action plan shall be the outcome with clear timelines for completion. This was completed on 8 May 2014
2. One multi-occupancy room has been decommissioned, it is now being fully refurbished and will open as a double room. This was completed on
3. An environmental risk assessment shall be conducted to identify controls that may be required for exiting deficits in the building. This was completed on 12 May 2014

Proposed Timescale: 31/07/2014

Theme:

Effective Care and Support

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

Appropriate communal areas were not available to residents.

Action Required:

Under Regulation 19 (3) (e) part 1 you are required to: Provide adequate private and communal accommodation for residents.

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

1. Additional outside communal space shall be provided immediately for residents to the front of the building. This was completed on 8 May 2014
2. The clutter and superfluous furniture shall be removed from the living room to increase available space. This was completed on 8 May 2014
3. Additional and new internal communal space shall be provided via the new build and refurbishment programme. This commenced 8 May 2014, completion – June 2015, New build programme – will commence 1 August 2014, completion – March 2015

Proposed Timescale: 30/06/2015

Theme:

Effective Care and Support

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

Parts of the premises were not maintained in a clean condition.

Action Required:

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

1. The cleaning schedule and checklist shall be reviewed and improved to ensure it supports an effective cleaning service. This was completed on 6 May 2014
2. An external agency shall be utilised to support the in house cleaning team carry out a deep clean. This was completed on 12 May 2014
3. The current cleaning service shall be reviewed for effectiveness and opportunities to enhance the service shall implemented. This was completed 7 May (initial cleaning audit) but there will be monthly audits carried out
4. A cleaning audit shall be carried out and then conducted each month with clear actions arising to improve the service.

Proposed Timescale: 30/06/2014

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:

Not all complaints were appropriately investigated.

Action Required:

Under Regulation 39 (6) you are required to: Investigate all complaints promptly.

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

1. A complaints received in the past 12 months shall be reviewed to ensure they were appropriately investigated.
2. All new complaints received shall continue be fully investigated in accordance with the Centre's policy. This was completed 8 May 2014
3. All complaints shall be reviewed at the management team meetings.
4. The registered provider shall ensure this process is adhered to and shall review the complaints process each month.

Proposed Timescale: 06/06/2014**Theme:**

Person-centred care and support

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

A record of the investigation of all complaints was not maintained. The complainant's satisfaction with the outcome of a complaint was not recorded in all cases.

Action Required:

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

1. All formal complaints will continue to be investigated, verbal complaints will continue to be logged in the complaints log.
2. The outcome and satisfaction of the verbal complaint referred to be the report shall be stated in the complaints log. This was completed 30 April 2014
3. The complaints log will be reviewed at each management team meeting.

Proposed Timescale: 23/05/2014**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:

There was a lack of consultation with residents regarding their end of life issues.

Action Required:

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

1. The Director of Nursing will ensure the end of life wishes of each resident is discussed with each resident and documented in their records and care plans developed where required. This shall include the residents' choice as to the place of death. The Registered Provider shall ensure all reasonable steps shall be taken to facilitate a single room for a resident who is actively dying or facilitate returning the resident to their home. This will be completed by 30 June 2014
2. The new build and refurbishment programme will provide additional space for patient end of life needs and privacy.

Proposed Timescale: 15/06/2014

Outcome 15: Food and Nutrition**Theme:**

Person-centred care and support

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

Residents who required a modified consistency diet did not have sufficient choice of meals.

Action Required:

Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

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

Additional meal choices shall be developed by the Head Chef for residents on a modified consistency diet.

Proposed Timescale: 08/05/2014

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:

Residents were not provided with privacy as described under Outcome 16.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

1. All staff will ensure that measures are taken to maximise each residents privacy when they are undertaking personal activities, including maximising the screens available in multibed rooms during intimate care etc. This was completed 8 May 2014
2. A refurbishment programme of the centre and a new build programme shall be commenced to provide additional space and privacy for residents.

Proposed Timescale: 30/06/2015

Theme:

Person-centred care and support

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

The arrangements for consulting residents, as described under outcome 16, were not satisfactory.

Action Required:

Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

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

The following measures shall be put in place to consult with and involve residents in the operation of the Centre:

1. The residents committee shall take place every month. This will commence May 2014
2. A terms of reference for the residents committee shall be developed, this will outline how residents can contribute to the operation of the centre. This was completed 8 May 2014
3. The minutes for each residents committee meeting will be shall available to residents in an easy to understand format. This will commence May 2014
4. A quarterly resident/family questionnaire will be conducted (June 2014 for next survey).
5. Residents will be given the opportunity to be involved in informing the new build and refurbishment programme via the residents committee and via the questionnaire.

Proposed Timescale: 30/06/2014

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

Person-centred care and support

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

the following respect:

There was inadequate space by the bed for residents' possessions.

Action Required:

Under Regulation 7 (3) you are required to: Provide adequate space for a reasonable number of each residents personal possessions and ensure that residents retain control over their personal possessions.

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

1. Care staff shall ensure that the residents' storage space is always available for their possessions. This was completed on 6 May 2014
2. A refurbishment programme of the centre and a new build programme shall be commenced to provide additional space and privacy for residents.

Proposed Timescale: 30/06/2015

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

Staff were not provided with satisfactory training in the area of behaviours that challenge and in care planning.

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:

1. All staff shall be provided with training on behaviour that challenges to ensure they can effectively care for all residents with behaviour that challenges. The effectiveness of this training shall be assessed by the Director of Nursing and the HR Manager. ABI training scheduled for June/July 2014 for all staff
2. All nursing staff shall be provided with training on the use and operation of the Centre's electronic record system. The effectiveness of this training shall be assessed by the Director of Nursing and additional training shall be scheduled as required. This was completed on 6 May 2014

Proposed Timescale: 31/07/2014