

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Anne's Private Nursing Home
Centre ID:	OSV-0000387
Centre address:	Sonnagh, Charlestown, Mayo.
Telephone number:	094 925 4269
Email address:	kathsmyth@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Kathleen Smyth
Provider Nominee:	Kathleen Smyth
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Lorraine Egan
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with 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: 04 November 2014 10:00 To: 04 November 2014 20:45

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
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 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an unannounced inspection which took place over one day and was for the purpose of following up on a series of actions given for two unannounced inspections in June and September 2014 where significant non compliances had been found.

An inspection carried out in June 2014 had found a significant level of non compliance in Outcomes relating to risk and hazard identification, fire safety, medication management and safe storage of medications. Health care plans were not adequately updated and the person in charge did not work in the role on a full time basis.

The September 2014 inspection had a specific focus on medication management in the centre. During that inspection an immediate action was given relating to medications not administered as prescribed, including omissions in administration over a number of days and medications not given at the time or frequency prescribed.

On this inspection inspectors found that the provider had not met many of the requirements of 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. Inspectors had serious concerns

relating to fire safety, safe evacuation of residents in the event of a fire, inadequate numbers and skill mix of staff working in the centre and recruitment systems for staff working in the centre that required improvement.

Inspectors issued five immediate actions relating to risks identified on the day of inspection. These related to staffing numbers at night time, fire evacuation procedures, accommodation of residents on the first floor of the centre, staff training on fire safety and inadequate systems in place for the containment of a fire, for example, a set of fire doors were not connected to the fire alarm system and therefore could not block the spread of a fire throughout the premises.

The provider, by accommodating residents on the first floor of the premises, was operating the business of a designated centre outside the conditions of their registration.

Of the nine Outcomes reviewed on the day of inspection, eight demonstrated Major non-compliance with one Outcome demonstrating Moderate non-compliance.

The provider and person in charge had not promoted the safety of residents. The person in charge could not demonstrate to the inspectors how she could adequately evacuate residents from the centre. She was unable to demonstrate how residents, who were inappropriately accommodated on the first floor of the centre, could be evacuated. Before the end of the inspection, following an immediate action given by an inspector, the person in charge made provisions for residents accommodated on the first floor to be moved to the ground floor of the centre.

Areas for improvement are discussed further in the report and are included in the Action Plan at the end of this 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 2013 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Not all aspects of this outcome were reviewed on this inspection.

Residents were being inappropriately accommodated on the first floor of the centre. The registration of the centre was issued on the understanding that all accommodation for residents was on the ground floor. The provider, by accommodating residents on the first floor of the designated centre, was carrying on the business of a designated centre in contravention of a condition of the registration of the designated centre.

The person in charge was given an immediate action to move residents, accommodated on the first floor of the centre, to the ground floor. This action was completed before the end of the inspection.

Judgment:

Non Compliant - Major

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

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:

Not all aspects of this outcome were reviewed on this inspection.

On a previous unannounced monitoring inspection of medication management in September 2014, the inspector was not satisfied as to the validity of the medication management audits. Audits did not identify medication management issues the inspector identified during the inspection.

From that inspection, an action was given relating to improvement in the quality and frequency of medication management audits. The response from the provider indicated monthly medication management audits were being carried out by the person in charge and the registered provider was monitoring these audits, indicating one for October 2014 had been completed.

On this inspection the inspector requested to see the completed October 2014 medication management audit. The audit for October 2014 was not available for the inspector to review on the day of inspection as the person in charge and the person participating in management informed the inspector that it had been completed, but could not find the audit.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The action from the previous unannounced inspection had not been satisfactorily addressed.

The previous action given in June 2014 related to the person in charge working in a staff nurse capacity on a regular basis and therefore was not fulltime in her role as person in charge.

The action plan response from the provider stated a person participating in management had been appointed. This would ensure the person in charge could fulfil her responsibilities. A notification had been submitted indicating that a person participating in management had been appointed.

On the day of inspection an inspector reviewed the planned and actual duty rosters for the month of October 2014. The person in charge had worked as the only staff nurse on duty for nine days in October 2014. The person in charge still did not work full time as person in charge.

Given the level of risk and non compliance found on the day of inspection and from previous inspections, the person in charge did not demonstrate sufficient knowledge of her statutory obligations.

Judgment:
Non Compliant - Major

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):

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

Findings:

During the September 2014 inspection, there had been a lack of clarity as to what medication management policy was in use in the centre. The inspector observed two different medication management policies available to staff. On this inspection, the person in charge identified there was a centre specific medication management policy in place, it was dated February 2013.

In the June 2014 inspection, an inspector had found not all documents required under Schedule 2 were contained in personnel files for agency staff that regularly worked in the centre. The provider indicated during the inspection that the nursing agency had not submitted An Garda Síochána vetting and photographic identification to them. The provider response to the action plan stated, the agency had submitted the vetting and photographic identification to the centre on the 1st July 2014.

On this inspection, an inspector found not all documents required under Schedule 2 were contained in the sample of personnel files for staff directly employed by the provider and there was no confirmation that staff employed from an agency had been suitably vetted. From a sample of four files reviewed, there was no evidence of vetting for two files, no documentary evidence of qualifications in one file, no full employment history for all four files reviewed and no written references, nor a reference from the

staff member's most recent employer, in all four files reviewed.

There were also further non compliance found relating to records for staff nurses working in the centre. There was no documented evidence of some nurses' PIN (personal identification number relating to nurse registration) kept on file.

Judgment:

Non Compliant - Major

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):

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

Findings:

An action had been given on the previous inspection in June 2014 relating to residents' monies. Although a system was in place to safeguard residents' monies there was improvement needed to ensure logs were clearly documented and receipts securely maintained. At that time the provider acted as an agent for residents.

The action plan response from the provider indicated each resident would have individual logs clearly documenting balances in future. Receipts issued would be attached to the log.

In October 2014 the provider was requested to provide to the Chief Inspector, an outline of how residents' finances and monies were managed in the centre.

On the day of inspection, an inspector reviewed how residents' finances and monies were being managed. The provider was no longer acting as an agent for any resident. This had stopped at the beginning of October 2014. Family members now acted as agent for residents' monies and bills were sent directly to them.

In the June 2014 inspection a number of residents presented with behaviour that was challenging, had not been referred to allied health professionals with specific expertise relating to behaviour that is challenging to assist in the development of care plans. The inspector found evidence to show that residents presenting with behaviour that is challenging now had care plans in place.

From the sample reviewed, the inspector noted they had been drawn up by the person participating in management. Plans identified triggers and de-escalation techniques

specific to the resident. There was evidence to show residents had received intervention from later life psychiatry.

In the June 2014 inspection an assessment had not been completed for all residents that used restraint. There was insufficient evidence to show that alternatives had been trialled or that consultation with the resident's GP and allied health professionals had occurred as part of the assessment.

On this inspection, there was evidence to show restraint assessments had been completed for residents that used bed rails. The use of restraint was not clearly assessed or reasons for its use recorded. The assessments used for restraint were not robust enough as they did not outline the risk associated with its use. They did not guide the person in a decision making process in relation to the risks associated with their use. Therefore, without adequate assessments, risks had not been identified for residents and appropriate risk reduction measures and checks were not being implemented.

Judgment:
Non Compliant - Major

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):

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

Findings:

Actions given on the inspection in June 2014 had been addressed. Fire compliant door stops had been fitted throughout the centre to replace the use of wedges holding open doors. The step leading from the dining room to the staff quarters had been replaced by a ramp with a platform and a support rail. A fire compliant unit to hold a key for a fire door was now in place.

However, the inspectors had serious concerns in relation to fire safety on the day of inspection.

No resident had a documented personal evacuation plan. Residents' evacuation needs had not been assessed or documented. The person in charge informed an inspector that a resident, accommodated on the first floor, had been recommended an emergency evacuation chair by a manual handling trainer. However, this was not in place and had not been ordered. The person in charge informed an inspector, that the provider was out of the country and she did not have the authority to order such equipment.

Some fire exits were obstructed or inaccessible for some residents. For example, a fire exit in the dining room was obstructed by a table and chairs. A resident accommodated on the first floor could not independently move towards or access the fire exit. They did not have the physical ability to use the fire exit steps from the first floor of the building.

The person in charge informed inspectors that fire drills had not been taking place as there had been staff shortages. Staff spoken with on the day of inspection did not demonstrate sufficient knowledge of residents' evacuation needs. They did not know which residents required fire evacuation equipment.

The fire prevention and management policy stated 'progressive evacuation' took place in the centre. However, the person in charge and staff spoken with did not demonstrate adequate knowledge of the policy or how they would carry out progressive evacuation. The person in charge was asked how residents accommodated on the first floor would be evacuated in the event of a fire. She was unable to give an adequate account of how they would be evacuated.

Residents that smoked had not been risk assessed and risk reduction measures related to smoking had not been adequately put in place. Residents were observed holding a box of matches throughout the day. Inspectors observed loose matches on a dresser and small table in the centre.

The smoking room did not have adequate risk reduction measures in place. For example, the door to the smoking room was not a fire door. The door did not close fully unless it was pushed closed. Cigarette smoke escaped from the room onto the corridor. Vases without sand or water added were used as ash trays. Residents used timber wood chairs for seating in the room. A fire exit door located in the smoking room was locked. Residents did not have access to a call bell in the room in case they needed assistance. Residents did not have access to a fire retardant apron for use whilst smoking to prevent fire related injury. Residents that smoked were not supervised and no supervision arrangements were documented.

The centre had an Oratory in which the inspectors observed lit candles. The doors to the Oratory were not fire compliant. An inspector brought the issue of unsupervised lit candles to the attention of the secretary of the centre who took action and extinguished them.

An inspector requested the person in charge set the fire alarm off to check if the fire compliant door stops worked. However, the person in charge was unable to set the alarm off and made three attempts to set the alarm off using a lighter and a candle. The inspectors were concerned that documentation indicated fire alarm checks were being carried out yet; the person in charge was unable to set the alarm system off.

An inspector brought their concern to the attention of the person in charge and asked them how they set the fire alarm for the documented checks. The person in charge then informed the inspectors that she used the smoke from a lit cigarette to set the alarm. The person in charge used cigarette smoke to activate the fire alarm on the day of inspection.

Inspectors observed the fire compliant units did not work for all bedroom doors. Residents' bedroom doors did not close fully when the fire alarm sounded. This rendered the fire doors to their bedrooms inactive as they would not block smoke or fire from entering residents' bedrooms. A set of fire doors between two zones were not connected to the fire alarm system. This meant a fire could spread from one zone to another.

The inspectors were concerned not enough staff worked in the centre at night time to adequately evacuate residents in the event of a fire.

The inspectors issued five immediate actions to address the issues found on the day of inspection one of which was to move residents, accommodated on the first floor of the centre, to the ground floor. Other immediate actions related to staffing levels, staff knowledge of evacuation procedures for residents, evacuation plans for residents, review of inactive fire doors.

Judgment:
Non Compliant - Major

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

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:

An inspector observed a pot of medications on a resident's table while they ate their breakfast at 10.40am. A risk was identified by the inspector, and brought to the attention of the person in charge. The medications administered had not been consumed by the resident and could be consumed by another resident if left unsupervised.

On review of the resident's medication administration chart, it indicated the medications had been administered to the resident at 8.30am, by the person in charge. No near miss incident form was completed by the person in charge at the time. The medications were brought to the nurses' office and administered to the resident when they requested them shortly after.

An inspector followed up on actions that were given in the previous unannounced inspections of June and September 2014 relating to medication management.

In the September 2014 inspection an immediate action had been given relating to medications not administered as prescribed, including omissions in administration over a

number of days and medications not given at the time or frequency prescribed.

An inspector reviewed medication prescription charts on this inspection. They indicated medications had been administered as prescribed. There was a revised arrangement with the pharmacy that supplied medication to the centre. The person in charge outlined how the pharmacy now held onto residents' prescription scripts and supplied the centre as per residents' prescribed medication needs. If the prescription was due to run out the pharmacy contacted the person in charge, who in turn requested the resident's GP to review the resident's medication and where appropriate write a new script. This arrangement meant residents were receiving medications as prescribed.

On the previous inspection of June 2014, there had been a number of issues relating to the safe storage of medication in the centre. There was no lock on the fridge door to ensure safe storage of medications and restrict unauthorised access. There had also been no restrictions on the door to the room that stored medications, the nurses' office.

The action plan response from the provider in June 2014 indicated a lock had been fitted to the fridge door and nurses' office door. During the September 2014 inspection, an inspector noted further medication storage issues, the lock to a press that stored medication in the nurses' office was not secure and the nurses' station was observed to be unlocked on a number of occasions. An action had been given and the provider response indicated secure locks were in place for medication cupboards and the nurses' office was now locked at all times.

On this inspection, there was a lock fitted to the fridge door. Presses that stored medication had more secure locks fitted and there were no longer boxes of powdered laxatives for example, on open shelves in the nurses' office as found on the June 2014 inspection. However, the door to the nurses' office, that stored medications, was left open, no lock had been fitted. It was not kept locked at all times.

In the June 2014 inspection, maximum dosage in a 24 hour period for PRN (as required) medication was not documented on residents' prescription charts. The provider response indicated Doctors had been informed regarding PRN (as required) medications and would rectify same ensuring drug sheets stated the maximum dosage of PRN medications in a 24 hour period. An audit would also be carried out to ensure compliance with this and would be carried out on a regular basis. (Please refer to Outcome 2 in relation to auditing of medications)

On this inspection this action had not been adequately addressed. From a sample of prescription charts reviewed, the maximum dose in 24 hours for PRN (as required) medication had not been documented. For example, the maximum administration dosage in 24 hours for a PRN (as required) medication indicated for agitation (chemical restraint), was documented as 'daily'. This did not outline the maximum dose the resident could receive in a 24 hour period.

An action had been given during the September 2014 inspection relating to the storage of expired medicines in the refrigerator not segregated from other medicinal products. On this inspection an inspector was unable to review if the action given by the provider had been completed. The keys to the medication fridge were broken meaning the fridge

could not be accessed to review if the action had been completed satisfactorily.

On the June 2014 inspection, the practice of transcribing medications was not in line with the centre's policies and procedures. Nurses had not signed transcribed prescription charts. An inspector for the September 2014 inspection had also found the practice of transcription was not in line with professional guidance issued by An Bord Altranais agus Cnáimhseachais.

The response from the provider indicated new charts implemented on 1st July 2014. The nurse's signatures and doctor's signatures were documented clearly, where nurses have transcribed medication from doctor's prescriptions.

On this inspection, an inspector found that nurses' signatures were documented clearly however, the practice of transcription was still not in line with professional guidance issued by An Bord Altranais agus Cnáimhseachais. The signature of the second person checking the prescription transcribed was not present on the sample of transcribed prescription charts.

Judgment:

Non Compliant - Major

Outcome 11: Health and Social Care Needs

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.

Theme:

Effective care and support

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

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

Findings:

It was identified during the June 2014 inspection that improvements were required for residents' health and social care needs.

Care plans did not adequately reflect the current status of residents. Care plans were not updated regularly. The provider's response indicated there were new residents' integrated clinical files being introduced. Care plans would be kept updated.

An inspector reviewed a sample of care plans. There was evidence to show residents' care plans had been updated since the previous inspection with review dates for many assessments dated July 2014. However, they had not been adequately updated since then. For example, a resident had been assessed for pressure ulcer risk in July and

August 2014 but had not been updated since.

There were however, examples of up to date comprehensive notes and intervention by allied health professionals, for example, physiotherapy, speech and language therapy and dietician recommendations and notes.

An inspector noted some residents' weights, Body Mass Index (BMI) and nutritional risk assessments were not monitored with enough frequency. Residents' Body Mass Index (BMI) was not calculated each time they were weighed. Nutritional risk assessments had not been calculated in response to low weights and BMI scores documented.

The inspector brought this to the attention of the person participating in management who in turn used a nutritional risk assessment to assess a resident with a low body weight and BMI. The assessment identified them to be at risk. A dietician was due to review residents in the centre the day after the inspection. The person participating in management documented for the resident to be for review.

Residents with wound care plans prescribed had not received regular assessment and change of dressings as per documented recommendations. While some residents refused nursing interventions, this was not documented in the resident's nursing notes to indicate that an attempt had been made to dress the resident's wound.

Judgment:

Non Compliant - Major

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:

Not all aspects of this Outcome were reviewed on this inspection.

An action relating to staff shortages had been given in the June 2014 inspection, due to staff shortages appropriate staffing levels and skill mix had not been consistently maintained. On this inspection, inspectors had concerns in relation to the number of

staff working in the centre at night time given the high level of risk identified in Outcome 7.

An immediate action was given by an inspector to the provider and person in charge to increase the numbers of staff working in the centre at night time. The person in charge could not assure inspectors that two staff working in the centre at night time, could adequately evacuate or move residents in the event of a fire.

In the September 2014 inspection records made available to the inspector outlined that 40% of nursing staff had no recorded medication management training which was significant in light of other findings relating to medication management. On this inspection, the person in charge informed an inspector that a query relating to medication management training had been made. The person in charge showed an inspector an email of information relating to training scheduled for 11 November 2014, however, the email did not indicate if nurses working in the centre had been booked on the course.

In the June 2014 inspection, it was identified staff did not have the training to provide activities to residents with cognitive impairment. The provider response to this action indicated there would be two staff trained in Sonas, (a therapeutic activity designed for people with cognitive impairment such as dementia) and also a staff member would undertake a train the trainer course, they would train other staff in house in how to carry out the programme. The course was due to start on September 12th 2014. The person in charge informed the inspector she and another staff member had commenced training in a programme specifically designed for residents with cognitive impairment such as dementia. No staff member had commenced the other 'train the trainer' course at the time of inspection.

Judgment:
Non Compliant - Major

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:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	St Anne's Private Nursing Home
Centre ID:	OSV-0000387
Date of inspection:	04/11/2014
Date of response:	01/12/2014

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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

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

Residents were being accommodated on the first floor of the centre. The registration of the centre was issued on the understanding that all accommodation for residents is on the ground floor. The provider, by accommodating residents on the first floor of the designated centre, was carrying on the business of a designated centre in contravention of a condition of the registration of the designated centre.

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

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

Beds have been removed from first floor and the room is converted to meeting/training room. One bed is left for the visitors/staff in case of emergency for staying overnight. Stair lift has been removed.

Proposed Timescale: 04/11/2014

Outcome 02: Governance and Management**Theme:**

Governance, Leadership and Management

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

The results of a medication management audit for October 2014 were not available for the inspector to review on the day of inspection.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

A medication audit is being carried out by the person in charge checked by nurse manager and vice versa, to assess and evaluate the quality of care delivered to improve medication management in the nursing home. It is kept in a filing cabinet in the nurses' station available to be reviewed on inspection days.

Proposed Timescale: 05/12/2014

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 role of the person in charge was not full time.

Action Required:

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

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

The role of the person in charge is now a full time role. A nurse manager has been appointed as an additional role the person participating in management (PPIM), who will be in charge of the day-to-day running of the centre liaising with the provider to ensure the provision of high standard care and service is maintained. There is a nurse on duty working with the person in charge.

Proposed Timescale: 05/12/2014

Theme:

Governance, Leadership and Management

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

The person in charge did not demonstrate sufficient understanding of her statutory obligations given the level of risk and non compliance found on the day of inspection and from previous inspections.

Action Required:

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

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

A nurse manager has been appointed. There is a nurse on duty working with person in charge/nurse manager. The person in charge (PIC) is still the same and a additional role of nurse manager been given to the PPIM who will be in charge of the day to day running of the centre liaising with the provider and person in charge

Proposed Timescale: 05/12/2014

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:

The provider had not ensured that records as set out in Schedule 2 pertaining to staffing files were kept in the centre.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

the Chief Inspector.

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

Staffing files kept in the centre are now kept available for inspection. Staffing files are updated and all information required has been obtained.

Proposed Timescale: 05/12/2014

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:

The use of restraint was not clearly assessed or reasons for its use recorded. The assessments used for restraint were not robust enough as they did not outline the risk associated with its use and they did not guide the person in a decision making process in relation to the risks associated with their use.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

An updated and clear restraint assessment is now used which is detailed to help make a decision for the residents to be restrained and the person in charge ensures restraints are used as required and care plans are drawn by nurses for restraints.

Proposed Timescale: 05/12/2014

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:

Residents were inappropriately placed at risk by being accommodated on the first floor.

Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Residents were moved to the ground floor on the day of the inspection .Fire safety inspection and fire and evacuation training been given to staff on the 12/11/2014. It was recommended that we put extra fire alarm sounders More door guards (fire compliant door stops) in line with fire precaution have been put in place. All door guards are activating properly when a fire drill is being carried out. A replacement fire door with a window for the smoking room has been ordered. A letter conforming order in file is available for inspection. New fire door in Oratory fitted.

Proposed Timescale: 04/11/2014

Theme:

Safe care and support

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

Appropriate fire drills had not been carried out and staff had not received appropriate fire prevention, detection and management training.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire check inspection on fire doors was done by an engineer. He advised to get more sounders. Fire and emergency evacuation training been given to staff on 12/11/14, 21/11/14 and 28/11/14.

New fire door fitted at the Oratory and more stoppers in line with fire precaution have been put in place, the doors are fully closing when the fire drill is being carried out. Fire drills are carried out and recorded on weekly basis keys in all break glass units in place.

More fire alarm sounders have been ordered to increase the noise to make the doors close more quicker.

Proposed Timescale: 28/11/2014

Theme:

Safe care and support

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

The person in charge and staff did not demonstrate adequate knowledge of the policy or how they would carry out progressive evacuation.

The person in charge was unable to give an adequate account of how residents accommodated on the first floor would be evacuated in the event of a fire.

Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Fire safety and fire and evacuation training been given to staff. Written documentation regarding residents dependency levels and what equipment to use on each residents in the event of fire in place. This record of plan is made available for staff and the staff has signed and dated that they have been trained read the action plan available in the nurse's station. Adequate fire equipment have been bought ski sheets, extra wheelchairs, smoke apron for smokers, more fire alarm sensor door stoppers in place and checked and working. One extra staff in place for night duty.

Proposed Timescale: 28/11/2014

Theme:

Safe care and support

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

Some fire exits were obstructed or inaccessible for some residents.

The inspectors were concerned not enough staff worked in the centre at night time to adequately evacuate residents in the event of a fire.

Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

Adequate fire equipment has been bought, ski sheets, extra wheelchairs, smoke apron for smokers.

Keys for 'break glass units' and more fire alarm sensor door stoppers in place and checked and working.

All fire exits are kept clear at all times and the nurse manager or director of nursing monitoring that on dial basis.

Proposed Timescale: 05/12/2014

Outcome 09: Medication Management

Theme:

Safe care and support

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

The keys to the lock for the medication fridge were broken.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

A new lock for the medication fridge has been fitted.

Proposed Timescale: 21/11/2014

Theme:

Safe care and support

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

No lock had been fitted to the door of the nurses' station. The door was left unlocked throughout the course of the inspection.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

The door at the nurses' station was removed and adjusted it now closes fully without catching.

A key code lock has been put in place in the nurses door, the door is kept locked and closes behind nurse and nurses are monitored by nurse manager and provider to ensure the door is always locked.

Proposed Timescale: 21/11/2014

Theme:

Safe care and support

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

The practice of transcription was not in line with professional guidance issued by An Bord Altranais agus Cnáimhseachais.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Person in charge/nurse manager are supervising the administration and recording of all drug records.

Nurses attended a Medication Management course on the 19/11/2014 and topic covered included Prescribing, transcribing, documenting, dispensing, administration and monitoring, two nurses now core sign the transcribed drugs charts.

A new and updated drug chart drawn up by nurse manager post the course and in use.

Proposed Timescale: 21/11/2014

Theme:

Safe care and support

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

Medication administration practices in the centre did not adequately ensure medicinal products were administered in accordance with the directions of the prescriber of the resident concerned.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Nurses attended a Medication Management course on the 19/11/2014. Person in charge doing spot checks and monthly drug prescription and administration charts audit.

Proposed Timescale: 28/11/2014

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:

Residents' health care assessments were not reviewed with enough frequency to identify health care risks.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The health care needs are assessed every 3 months by the designated nurse for their assigned residents and if there is any change in the health condition of residents the needs are reviewed and care plan is updated. As person in charge is now on a full time role who will review the assessments without exceeding the time limit.

Proposed Timescale: 05/12/2014

Theme:

Effective care and support

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

Some residents had not been adequately identified as being at nutritional risk. Nutritional risk assessments had not been completed with enough frequency and accuracy to ensure they received appropriate intervention and health care.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

MUST (nutritional risk assessment tool) training is arranged for all the nurses on the 7th of January 2015 in house.

The Director of Nursing educated the nurses on MUST score for the time being. MUST scores are carried out monthly and nutrition care plans in place for required residents which is reviewed by the Director of Nursing.

The MUST tool is attached to the file which will be reviewed every month and when required.

Proposed Timescale: 21/11/2014

Theme:

Effective care and support

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

Residents prescribed wound care plans by relevant allied health professionals, had not received nursing care in line with the prescribed plan. There was not enough documented evidence to indicate attempts had been made to carry out prescribed care.

Action Required:

Under Regulation 06(2)(b) you are required to: Make available to a resident medical treatment recommended by a medical practitioner, where the resident agrees to the recommended treatment.

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

Person in charge is ensuring and supervising that the care plans and resident medical treatment, recommended by the medical practitioner, is available for residents. The medical practitioners are made aware of the refusal of care interventions and are documented in the files.

Proposed Timescale: 21/11/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The provider had not ensured that the number and skill mix of staff were appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre. An immediate action was given on the day of inspection to increase staffing numbers at night time.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The person in charge is ensuring skill mix of staff is appropriate for resident needs and staff numbers have increased at night by one according to the standards of care and the dependency level of the residents.

Proposed Timescale: 05/12/2014

Theme:
Workforce

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

The person in charge showed an inspector an email of information relating to medication management training scheduled for 11 November 2014, however, the email did not indicate if nurses working in the centre had been booked on the course.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Nurses attended a Medication Management course on the 19/11/2014.

Proposed Timescale: 19/11/2014