Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	The Moyne Nursing Home
Centre ID:	OSV-0004373
Centre address:	The Moyne, Enniscorthy, Wexford.
Telephone number:	053 923 5354
Email address:	carolinearle@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Whitewood Carela Limited
Provider Nominee:	Caroline Earle
Lead inspector:	Mairead Harrington
Support inspector(s):	Caroline Connelly;
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	6

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:	To:
04 November 2014 09:30	04 November 2014 17:00

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

Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an unannounced follow-up inspection to a registration inspection in January of this year. This was the second inspection for The Moyne Nursing Home since coming under the management of Whitewood Carela Ltd. A copy of the previous report can be found at hiqa.ie under ID 256.

As part of the inspection the inspectors met with residents, one of the providers, the person in charge, relatives and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. A new person in charge had been appointed since the last inspection who was suitably qualified and experienced and able to demonstrate a satisfactory level of knowledge in relation to statutory requirements and responsibilities for the role.

The findings of the inspection are set out under 12 outcome statements. These outcomes set out what is expected in designated centres and are based on 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.

Overall, inspectors were satisfied the centre was operating in general compliance with the conditions of registration granted. A number of issues identified during the registration inspection had been satisfactorily addressed, including staffing levels and the appointment of a person in charge, mandatory training, contracts of service and delivery of care to residents.

Outstanding and additional issues which needed to be addressed in order to bring the centre into compliance included the updating of documentation on policies and procedures, recording issues in relation to medication management, issues around premises and effective management systems to support governance and leadership.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the 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 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Findings:
The inspectors were satisfied that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The person in charge worked full-time and was engaged in clinical duties on the floor with a half shift dedicated for management administration. The person in charge was also supported in the administration of management by a director of nursing. One or both of the co-providers were a regular presence on-site and senior staff reported that they were actively engaged in the day-to-day management of the centre.

Overall the governance structure was supportive of senior staff and the person in charge with effective communication systems in place. Management meetings were held on a monthly basis and records of regular staff meetings were also seen.

Action had been taken in relation to the review of quality of care including audits on medication management and reviews of care plans. The providers had also retained the services of a quality management consultancy and a cohort of measures was being rolled-out on an on-going basis in relation to the implementation and monitoring of systems to manage, audit and review information relevant to all aspects of care planning. At time of inspection the person in charge was newly appointed and, though specific management roles were allocated, there was a lack of clarity around the delineated functions of all persons participating in management which the director of nursing explained would be addressed as part of the quality management system being implemented.

Inspectors noted a regular roster of residents' meetings were in place with mechanisms for feedback including surveys and questionnaires in use. A system of consultation with residents and relatives was also in place.

Judgment:
Non Compliant - Minor

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
Actions from the previous inspection had been implemented and contracts of care had been updated appropriately to reflect arrangements with the current service provider. Each resident had a written contract, signed and dated, which had been updated since the last inspection to included details of the overall fees to be paid and services to be provided in relation to care and welfare. An up-to-date residents' guide was also available.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
Actions in relation to the appointment of a person in charge, in keeping with regulatory requirements, had been addressed since the last inspection.

The person in charge was employed full time and was a nurse with more than three years experience, in the previous six, in the area of nursing of the older person. The person in charge had authority, accountability and responsibility for the provision of service and retained a strong clinical role in the delivery of services to residents. In the course of the inspection the person in charge demonstrated an effective knowledge of

residents, their care needs, and a strong commitment to the on-going improvement of the centre and the quality of services to be provided. Staff reported that the person in charge was available and supportive to the conduct of their duties while residents spoken with could identify and recognise the person in charge. Throughout the inspection, the inspectors found that the person in charge demonstrated a strong clinical knowledge and an effective understanding of the relevant legislation and associated statutory responsibilities. The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and appropriate deputising arrangements were in place for periods of absence.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
A number of issues were identified in relation to the development and review of documentation and policies required in accordance with schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013; these findings are detailed in the associated outcomes on safeguarding and safety, risk management, the management of medication and procedures for complaints.

Judgment:
Non Compliant - Moderate

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
Action had been taken on previous issues identified around training needs and all members of staff were up-to-date in relation to training on the safeguarding of residents. Staff spoken with understood what constituted abuse and, in the event of such an allegation or incident, were clear on the procedure for reporting the information. There was a policy on, and procedures in place for, the prevention, detection and response to abuse dated 8 November 2013. This policy required revision to cover circumstances that included peer-on-peer abuse and abuse involving management, visitors and other persons in a position of trust. This finding and associated action is recorded against outcome 5 on documentation.

Residents spoken with stated they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. There was no record of any allegations of abuse having been reported.

A current policy and procedure was also in place in relation to restraint and managing challenging behaviour dated November 2013. The training matrix indicated staff had received training in this area with a signed record of training receipt available for reference. Staff spoken with understood how to respond to, and manage, challenging behaviour using appropriate techniques. Where restraints such as bed-rails or lap-belts were in use appropriate risk assessments had been undertaken. Inspectors saw evidence that due consideration was also given to other strategies with bed wedges being trialled in some cases as an alternative. A sample of care plans reviewed by the inspector contained documented assessments and consent forms. A restraint register was in use and nursing notes reflected regular monitoring and review of restraints in accordance with standard requirements.

A policy was in place for the management of residents' personal belongings and valuables and appropriate procedures were in place to safeguard this process including the secure storage of valuables. Where the centre operated as agent for residents transactions were recorded and signed and documentation was maintained in an appropriate manner.

Judgment:
Compliant

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:
Previous actions in relation to staff training and the maintenance of floor surfaces had been appropriately addressed.

Significant measures were being taken by the provider with management to overhaul all documentation in relation to policies, procedures and systems of audit around risk management and health and safety. A quality management consultancy had been retained to review and revise policies and procedures which was a work in progress. The inspectors were able to view draft versions of a comprehensive risk management policy which included the specific risks of assault, injury, aggression and violence and self-harm. A safety statement was available which, though current, was overdue for review and the director of nursing explained that this would also be captured as part of the overall review currently in process. Similarly a comprehensive emergency plan was also in place though it too was overdue review as of 1 November 2014. Satisfactory procedures consistent with the standards published by the Authority were in place for the prevention and control of healthcare associated infections though the policy on this was also overdue for review. Action in respect of these findings is recorded against outcome 5 on documentation.

Monthly governance meetings had commenced as of 1 November 2014 as part of the quality management system supporting processes to investigate and learn from serious incidents and events involving residents.

Staff training was up-to-date in relation to fire prevention and precaution. Records indicated weekly inspections of furniture/upholstery and monthly checks of fire fighting equipment. An evacuation drill had been documented for 12 June 2014 with records verifying quarterly servicing of the fire alarm system and a daily test of the fire panel. Corridors were kept clear and exits were unobstructed. Evacuation plans were also clearly displayed.

Judgment:
Compliant

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:
Site specific, written operational policies and procedures were in place for the safe ordering, prescribing, storing and administration of medicines to residents. However, the medications policy was due for review as of 1 June 2014 with no record available that this had taken place. The director of nursing explained that these policies would be revised as part of the review of quality management systems that were currently in train. Action in this respect is recorded at outcome 5.

Practices observed in relation to the storage of medication were in keeping with policy, current guidelines and legislation and included suitably secure storage in the case of controlled drugs. The inspectors noted that medications were generally prescribed and administered in accordance with best practice though it was noted that some morning medications prescribed for 8.00am were being administered by the night staff as early as 6:00am; the person in charge told the inspectors this practice was under review with morning medications to be administered by day staff to ensure residents were not woken unnecessarily and were receiving medications in accordance with the time prescribed by the GP. Documentation was available in relation to the prescribing and administration of medication though in some instances medication was being crushed on administration when it was unclear that the instruction was appropriately authorised or signed by the prescribing GP.

Medication administration sheets contained the signature of the nurse administering the medication and prescription sheets contained the necessary biographical information including a photograph, name, dosage and route of administration. There was adequate space to include comments in instances where residents refused medication or it was withheld.

A system was in place for reviewing and monitoring safe medication management practices with an administration audit dated 7 August 2014 and a review with the designated pharmacist on 5 September 2014. A documented procedure and process was also in place for recording and reviewing medication errors.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
The inspectors reviewed a selection of care plans and saw evidence of a pre-admission assessment undertaken for all residents. On admission activities of daily living such as mobility, cognition, nutrition and communication were assessed. There was evidence that care plans were reviewed on a quarterly basis or as assessed needs required, or on request by the resident and family. A sample of care plans reviewed by the inspectors were seen to be individualised and person-centred and contained appropriate assessments using evidence based tools where applicable. Appropriate wound assessments were in place with input and review by a tissue viability nurse also in evidence. Reviews were conducted in a timely manner with directions for care clearly recorded and where necessary wound dressing plans were in place for reference by staff.

Where bed rails were in use assessments had been completed and monitoring was regular and in accordance with policy. Effective mechanisms were also in place to support staff in recording changes in the needs of a resident and to ensure the information was communicated to other staff to alert them to the changes, for example as needs were identified care plans were 'tagged' for communication at handover meetings. Records on care plans reviewed indicated that residents and their family were consulted with, and participated in, communication and decisions around healthy living choices including daily activities and personal preferences such as food and when or where they took their meals.

A medical practitioner attended the centre regularly. The services of allied healthcare professionals were also available including a speech and language therapist, a dietician and an occupational therapist. Care plans that were reviewed contained recorded assessments using standardised tools and referrals based on these assessments were made in a timely manner. Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible.

Judgment:
Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:
Significant progress had been made previously by the current providers in relation to issues around premises and further improvements had been made since the last inspection including enhanced kitchen storage and a refurbishment of the kitchen facility was due to commence the following week. However, a number of the issues previously identified in relation to the design and layout of the premises had not been fully addressed. These issues related to several double bedrooms where the dimensions and layout did not meet the needs of the residents in relation to the provision of adequate personal storage and did not facilitate the use of assistive technologies such as hoists. The provider explained to the inspectors that planning proposals had been drafted to address these issues pending approval by the appropriate planning authorities. The provider undertook to provide the inspector with specific, time-bound planning proposals in relation to these works.

Judgment:
Non Compliant - Major

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
During the current inspection it was noted that a complaints policy dated 1 November 2013 was on display in the entrance area of the centre but this policy was scheduled for

an annual review which was overdue. Action in this regard is recorded against outcome 5 on documentation.

The policy cited relevant legislation and included a clear outline of the procedure to follow in making a complaint such as who to approach and the expected time frames for resolution. Although it summarised the complaints process, including information on the appeals process to the Ombudsman in instances where complaints cannot be resolved locally, the nominated complaints officer was off-site and not an appropriate person for the purpose of the process. The complaints log was reviewed by the inspector and contained a record of complaints along with investigations undertaken and communication of the outcome to complainants.

Judgment:
Non Compliant - Minor

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Previous issues in relation to the inappropriate use of CCTV and infection control signage had been addressed.

The inspectors found the atmosphere at the centre to be relaxed and homely. There was a good level of visitor activity throughout the day; the providers, person in charge and staff were known to visitors and those spoken with reported positively on their experience of visiting the centre.

Staff were seen to have a good level of personal knowledge about residents and interactions were respectful and courteous.

Appropriate resources were seen to be available such as televisions in various locations, radios and newspapers.

Care plans reviewed clearly documented the preferences of residents and their routines and staff were seen to respect these. For example, the inspectors saw that some residents liked to take a rest in bed after lunch and this was seen to be facilitated.

Staff were aware of the different communication needs of residents and were seen to engage appropriately and patiently with residents when establishing needs and conveying information. The inspectors spoke to a number of residents who all reported that they were happy with the staff and the care they received, they reported that the food was very good and that there was plenty going on at the centre to keep them occupied. The minutes of residents' committee meetings were available and included reference to on-going actions around laundry, premises, staffing and activities.

Judgment:
Compliant

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

Findings:
Previous issues identified in relation to the maintenance of staff records had been addressed and a sample of staff files reviewed were compliant with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. There was evidence of effective recruitment procedures including the verification of references. A record was maintained of current registration details of nursing staff.

There was a registered nurse on duty at all times and a planned duty roster was in place. Based on a review of the roster, and the observation of staff operational levels, the inspectors were satisfied that the staff numbers and skill-mix were appropriate to meet both the assessed needs of the residents and the effective operational management of the service. There was evidence that operational requirements were regularly reviewed; for example following a falls audit the director of nursing explained that a potential risk had been identified and addressed by the addition of a further staff member rostered from 10am to 10pm. The person in charge was directly involved in the delivery and supervision of care and services to residents and there was also evidence of more formalised systems of staff supervision with newly appointed staff subject to an induction process.

Staff training records demonstrated a proactive commitment to the development of staff knowledge and competencies. The training programme reflected mandatory requirements and was in keeping with the profiled needs of residents. All staff employed had attended fire training and elder abuse training. Further education and training completed by staff included infection control, pain management, end of life care, and nutrition.

Judgment:
Compliant

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:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	The Moyne Nursing Home
Centre ID:	OSV-0004373
Date of inspection:	04/11/2014
Date of response:	09/01/2015

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 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 management structure, including areas of responsibility and demarcation, was not fully defined.

Action Required:
Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and

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

details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
Please state the actions you have taken or are planning to take: Our PIC, in conjunction with our DON, has come up with a management system that clearly defines each of their roles and responsibilities. This ensures that they are each given adequate time to fulfil their management duties. Our new PIC will also complete a nursing home management course in the coming months.

Proposed Timescale: 08/03/2015

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 policy on prevention, detection and response to abuse, as required in Schedule 5 of the Regulations, required review and update to include direction in the event of peer-on-peer abuse, abuse by visitors, members of management or others in a position of trust.

Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
As discussed with inspectors at the time of inspection all our policies were undergoing review by a consultancy firm and our elder abuse policy was being updated by them to include all requirements as set out in schedule 5. The review date on this policy had only just passed as the date for review was four days prior to the date of the inspection.

Proposed Timescale: 08/01/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Policies and procedures referred to in regulation 4(1), including health & safety, infection control, managing complaints, risk management, responding to emergencies and the management of medications, required updating or review in accordance with best practice.

Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
As discussed on the date of inspection, all our policies were undergoing review by a consultancy firm and are currently being updated by them. Medication management policy has been updated by the pharmacy and they have been advised that this should be done annually.

Proposed Timescale: 16/01/2015

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:
Medications were not always administered in accordance with the directions of the prescriber in that
(i) medications prescribed for 8.00am were sometimes administered at 6.00am and
(ii) medications were sometimes crushed when it was unclear whether this was prescribed.

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:
(i) We have liaised with the pharmacy and the morning medication round time has now been changed to 0700. We checked with the Pharmacist also and he advised that none of our residents' medications are time specific so we do not have to wake any resident specifically for medication administration. Day nurses feel they would not have uninterrupted time when they come on duty to do a full medication round but they are willing to give medication to those residents who request them at a later time, in line with the ethos of the nursing home, which is to give residents as much choice as possible. We have introduced a HCA to come on duty at 0700 so that the night nurse can carry out her medication round uninterrupted.
(ii) it was brought to the GP's attention that every prescribed medication had to state whether the medication could be crushed and that it was insufficient to have a general order on crushing. The medications now state individually whether it can be crushed.

Proposed Timescale: 26/01/2015

Outcome 12: Safe and Suitable Premises
Theme: Effective care and support **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** Several double occupancy rooms did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre. **Action Required:** Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre. **Please state the actions you have taken or are planning to take:** We are aware that the building is an old building and while it complied with building regulations that were in place when it was constructed, these regulations have been amended and improved in the intervening years. We took over ownership of the nursing home 15 months ago, and have made considerable progress on correcting the legacy non-compliance issues we inherited. In relation to improving the design and layout of the facility, as you are aware, we are currently in talks with the NTPF to discuss the increase in rates we will require to finance the higher compliance costs. The current fair deal rate of €670 per week was negotiated by our predecessor, and this was a large reason for the long non- compliant list we discovered when we took over the nursing home. The negotiations are complex and will take a number of months to conclude.
Proposed Timescale: 31/7/2015

Outcome 13: Complaints procedures
Theme: Person-centred care and support **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The nominated complaints officer was not an appropriate person for the purpose of the process. **Action Required:** Under Regulation 34(1)(c) you are required to: Nominate a person who is not involved in the matter of the subject of the complaint to deal with complaints. **Please state the actions you have taken or are planning to take:** The Nurse on Duty is the person that we have nominated to deal with complaints which reflected in our complaints policy.
Proposed Timescale: 08/01/2015