

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Shannagh Bay Nursing Home
Centre ID:	OSV-0000095
Centre address:	2-3 Fitzwilliam Terrace, Strand Road, Bray, Wicklow.
Telephone number:	01 286 2329
Email address:	info@shannaghbay.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Shannagh Bay Healthcare Limited
Provider Nominee:	Pauline Smith
Lead inspector:	Gary Kiernan
Support inspector(s):	Sheila Doyle
Type of inspection	Unannounced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	3

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 January 2015 15:45	20 January 2015 19:30
21 January 2015 10:00	21 January 2015 15:00

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 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was a triggered further to information of concern received by the Authority regarding the welfare of residents and the care provided to them. As well as the issues raised in the information of concern, inspectors followed up on the actions required from the previous inspection in October 2014.

Inspectors were very concerned at the findings from this inspection. There continued to be an unacceptable level of non compliance in a number of areas. This had direct negative outcomes for residents in relation to infection control and the management of personal laundry and personal possessions. The provider and person in charge were required to take immediate action in relation to two separate areas of immediate concern on both day one and day two of this inspection. Both of the areas requiring action posed immediate infection risks to residents and were addressed prior to inspectors leaving the centre.

Inspectors had ongoing concerns regarding the assessment and care planning process in place for the management of residents' various health and social care needs, some of which were very complex. Practice in relation to wound management, continence care, restraint and moving and handling was not

satisfactory. The documentation of care provided to residents was not satisfactory.

Residents' privacy and dignity was severely compromised as a result of the use of communal personal care items. Ventilation within the centre was not adequate and foul odours were very noticeable in a number of areas.

While some progress in the overall governance and management of the centre had been achieved through the appointment of a clinical nurse manager there were continued concerns regarding the monitoring of the safety of care provided to residents. Improvements were also required in the complaints management process. The number and skill mix of staff on duty was satisfactory at the time of inspection.

The required improvements were not implemented and sustained, despite four inspection events, involving nine inspection days, since April 2014. In addition to inspections, the Authority used a range of regulatory tools to engage with the provider and promote compliance. However, despite undertakings received, issues requiring significant improvement continued to be identified.

These matters are discussed further in the report and in the action plan at the end of the report.

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):

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

Findings:

There were ongoing concerns regarding the adequacy of governance and management systems in the centre.

The previous inspection identified concerns regarding the governance and management arrangements in place to address staffing challenges within the centre. Inspectors found that some improvements had been made in this area. For example, a new clinical nurse manager (CNM) had recently commenced full time employment in the centre. While there continued to be a high turnover of staff within the centre inspectors found that there were better plans in place to address this. There were sufficient staffing resources to ensure that the roster was covered and the required number and skill mix was maintained.

There were a number of other areas where it was evident that the provider had not put efficient management system in place to oversee the quality and safety of care provided to residents. Inspectors were concerned that a number of the areas where significant improvements were required, had previously been brought to the attention of the provider as part of previous inspections. For example after an inspection on 21 October 2014, the provider stated action had been taken to address deficiencies in wound management. The provider stated that the required improvements had been made and were completed. However, during this inspection, this was found not to be the case. Inspectors had concerns with regard to the ability of the provider to consistently implement and maintain appropriate management systems.

Inspectors found that, while the person in charge was gathering some data such as residents' falls risk and maintaining an up to date restraint register there was a need for continuing improvement in this area. It was evident that an improved system was in

place for monitoring care plans, however, at the time of this inspection, this system had not delivered the required improvements. A survey of bedrails had been carried out to ensure they were safe.

Inspectors found that there was insufficient oversight of the quality and safety of care as there was no system to monitor key critical areas such as the number of accidents and incidents in the centre, the number and type of falls and no systems for auditing compliance with the centre's policies. For example, there was no overall system in place to monitor infection control practices in the centre. As discussed under outcome 8 (Health and Safety) this resulted in significant risk to residents and staff. Additionally, as highlighted under outcome 13 the person in charge did not have sufficient oversight of the complaints received for the centre and therefore it was not possible for inspectors to review all complaint information received or identify any trends with regard to issues raised.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The area for improvement identified at the previous inspection had been addressed.

Inspectors read a number of contracts of care which had been agreed and signed with residents after their admission to the centre. The contracts of care dealt with the services to be provided to the resident for an agreed fee. In response to the previous inspection, a schedule of all those services which incurred additional fees for example toiletries, were now added to the contracts in an appendix. The provider explained that residents had been written to in order to provide further information on this addition to the contracts.

One of the contracts which the inspectors read and which had been signed was not a valid contract as a number of pages were missing. The person in charge addressed this at the time of inspection with the resident.

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):

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

Findings:

The risk management policy was not being adhered to and implemented in the centre.

The action from the previous inspection which related to risk management procedures for residents who smoked had been addressed. Inspectors were shown an up to date risk register of all residents who smoked. This documented described the necessary interventions needed to keep the residents safe while smoking. This document was available to the staff.

However, the risk management policy was not implemented with regard to the requirement to maintain a record of all accidents and incidents involving residents. Inspectors noted that in the case of a resident who had sustained cuts to the hand and forehead no incident record had been completed. The person in charge stated that these injuries were due to self injurious behaviour, however in the absence of appropriate documentation it was not possible to review relevant details such as the date of this event the treatment given or any patterns in the behaviour. The person in charge under took to address this matter.

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):

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

Findings:

Improved systems were in place to ensure that residents were protected from all forms of elder abuse. However, the management of restraint required improvement.

Inspectors remained concerned about the use of restraint. This was identified at previous inspections and had been addressed at the last inspection. However, although improvements were noted, some practices had reverted and further improvement was required.

The person in charge had completed a survey of all the bedrails to ensure that they were safe for use. These included ensuring gaps between the rails were appropriate. Several residents were using either bedrails or lapbelts. Individual assessments were also completed. In some cases this identified what alternatives had been tried. In other cases however this section was incorrectly completed.

In addition regular checks were not consistently carried out when the restraint was in use as required by the centre's policy. Some staff spoken with were not aware of the need to complete these while others were able to show inspectors where the information was recorded. The care plan for some of these residents did not outline this care requirement either.

Inspectors had concerns at the previous inspection regarding some charges to charges to residents which were not compatible with demonstrating that residents were protected from the risk of financial abuse. The provider had taken steps to agree these fees with residents through the provision of additional information and updating contracts as described in outcome 2. Inspectors also observed that an improved system of billing was in place to ensure that only residents who directly availed of physiotherapy sessions were charged. The person in charge gave assurances that she was now monitoring charges to residents on an ongoing basis in order to ensure their accuracy.

The training records indicated that all staff had attended training in protection and safeguarding. Staff spoken to by inspectors were knowledgeable about identifying abuse, the different forms of abuse and the appropriate actions to be taken in the event of a incident or suspicion of abuse. Residents told inspectors that they felt safe in the centre and they attributed this to the kind nature of the staff and the fact that the building was secure at night.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

Inspectors identified a number of concerns in this area during this inspection.

Inspectors were very concerned that residents and staff were exposed to an unacceptable level of risk due to poor infection control procedures. Inspectors observed that in the case of a shared en suite bedroom there was a lack of basic infection control precautions and cleaning to prevent the spread of infection. Staff were aware there was a risk of multiple blood borne infections due to the infection status of one of the residents in this bedroom, however appropriate precautions were not in place. Inspectors observed a number of important lapses in infection control including a used urinary catheter bag and tubing stored on shelving adjacent to personal hygiene products such as toothbrushes and toothpaste. The floor in the ensuite bathroom was stained with urine and an uncovered bottle of urine was stored on the bedside table top. Inspectors brought this to the attention of staff however it was not removed and inspectors were required to alert the person in charge before it was eventually disposed of.

Inspectors issued an immediate action to the person in charge on day one of this inspection directing that these immediate infection control risks be addressed. The person in charge immediately took action and carried out cleaning and disinfection before the inspectors left the centre. The person in charge stated that she had alerted the staff to the relevant precautions and that she had initiated a system of hourly checks for infection control to address the situation. However, there was a need to ensure that protocols were in place to ensure consistent safe practice in this area. Staff told the inspectors that there were two residents who had blood borne infections which were transmissible, however, this matter had not been addressed through appropriate protocols and care planning documentation. There was an infection control policy in place and this risk had been identified in the risk register, however, checks were not carried out to ensure that policy was being implemented and appropriate interventions followed.

As highlighted under outcome 17, there were a number of issues which adversely affected residents' right to receive care in a dignified way. Some of these issues also posed an infection risk. For example, the practice of using a shared personal hygiene trolley, which was pushed from bedroom to bedroom to facilitate morning personal care, also posed an infection control risk. In particular, inspectors were concerned that unlabelled underwear was carried on this trolley. The person in charge said that the

these garments should have been stored and laundered in a laundry bag which was individually labelled, however, this system was not adhered to. As a result residents were provided with underwear which did not belong to them. Additionally, the trolley also contained two communal hair brushes and a communal comb. Staff told the inspectors that these hair brushes should be frequently sterilised in the ultraviolet sanitising units. However, inspectors noted that both of these units were out of order. A second immediate action plan was issued to the provider to address these infection control risks on day two of this inspection. Inspectors saw that steps were put in place to provide individual products and clothing before close of inspection.

Inspectors followed up on the action which related to fire safety training since the previous inspection. Inspectors found that a number of fire safety training sessions had taken place. The staff training record indicated that all staff had up to date training in fire safety. Staff spoken to by inspectors were knowledgeable about what to do in the event of a fire.

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:

Inspectors remained concerned that there was a potential for inconsistent care delivery and negative outcomes for residents. This had also been highlighted at previous inspections and although the agreed timescales had elapsed improvements were still required.

Inspectors were concerned that residents' healthcare needs were not routinely assessed and care plans had not been updated and reviewed when residents' needs changed. For example, appropriate assessments and care plans had not been put in place for a resident who had returned from an outside clinic with detailed instructions regarding the required oral care of the resident. Inspectors found that all staff members were not aware of these instructions. In the absence of updated care plans there was a potential for inconsistent care delivery and negative outcomes for the resident.

There were other examples where care plans had not been updated in response to residents' changing needs. A resident had recent changes to his wound care regime and these were not consistently being followed. In addition the wound assessment information did not accurately describe the current wound status. Staff spoken with were unclear why various inaccurate descriptions were included in the assessments. Wound management had been identified at the previous inspection, corrective action had been agreed and the timescale had elapsed. Despite this, improvements were still required.

Inspectors were concerned regarding lack of accessible information on moving and handling. This was previously identified at inspection and improvements were noted at the last inspection. At that time in response to findings from the previous inspection, residents' moving and handling assessments had been assessed and instructions for assisting residents to mobilise were available for staff. At this inspection however, staff were not aware of where the instructions were or in some cases there was no evidence that an assessment had been completed.

Inspectors were also concerned because staff seemed very unsure of the computerised care planning system in use and some struggled in accessing the information required. For example, inspectors were reviewing incontinence management but staff were unable to find the assessments that had been completed.

Inspectors reviewed the management of other care needs such as nutritional needs including where alternative methods of feeding were required and were satisfied that the procedures followed were in order.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. 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):

No actions were required from the previous inspection.

Findings:

While most parts of the premises appeared clean at the time of inspection, foul odours were evident.

This was particularly evident on some of the corridors where bedrooms were located

and in the main sitting room. The provider gave assurances that building works aimed at extending and renovating the premises were due to commence in accordance with building plans and undertakings given to the Authority further to a previous inspection in 2014. However, the existence of these odours was not acceptable in the interim period. There was inadequate ventilation and the carpet floor covering in the sitting room was stained and did not allow for the level of deep cleaning which was necessary. Inspectors noted that works were ongoing to renovate and upgrade a number of bedrooms. The bedrooms which were already completed were found to have been finished to a high standard.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

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

Findings:

There continued to be unsatisfactory practice in relation to the management of complaints.

Inspectors requested the complaints log. However, the person in charge explained that no complete complaints record was available as two computerised recording systems had been in use and she was having difficulty in retrieving the data. The person in charge said that one of these systems was found have been ineffective and she was intending to revert to the centre's old system.

The person in charge gave inspectors hard copies of two recent complaint records including one complaint which had been under investigation at the time of the previous inspection. While it was evident that action was taken to investigate and address these matters all required information had not been recorded. For example, in the case of both records seen by inspectors, it was not recorded if the complainant was satisfied with the outcome of the complaint investigation. The person in charge undertook to address this matter.

Judgment:

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors were very concerned that residents' right to dignity was not promoted through the appropriate management of personal possessions and laundry.

As highlighted under outcome 8 some aspects of the care delivered to residents required significant improvement in order to address infection control issues. However, these issues also impacted on residents' right to receive dignified care and to have their personal property respected. In addition to the communal personal care items, including communal underwear, hair brushes and toiletries, clothes which were provided to some residents, were heavily stained. In particular, inspectors observed three garments which were being returned to residents' rooms after laundering and found that these pieces of clothing were excessively stained and did not provide for dignified care of the resident.

Inspectors had additional concerns in relation to the treatment of personal belongings of deceased residents. Inspectors observed that clothing, toiletries and personal records of a deceased resident were stored in a black refuse sack in a bathroom off the main entrance hall. This is not acceptable practice and is not in accordance with evidence based end of life care. This matter was indentified as an area requiring action during a previous inspection. Despite assurances from the provider that this matter would be addressed this improvement had not been sustained. The person in charge showed inspectors canvass bags which had been acquired for the return of personal items to the family, however they had not been used in this case.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

Some improvements were noted in staffing since the previous inspection.

Inspectors followed up on the action from the previous inspection which related to the negative outcomes for residents due to inadequate numbers and skill mix of staff. The number and skill mix of staff was found to be satisfactory to meet the needs of residents at the time of this inspection. Inspectors noted that there were two nurses on duty at all times. In addition to the newly appointed CNM the person in charge stated that former staff member was planning to return to work in the centre as a CNM. Residents told inspectors that there were sufficient staff to attend to their needs. Residents said that they were not left waiting when they rang the bell or asked for assistance.

However, it was noted that there continued to be a high turnover of staff. The provider and person in charge gave assurances that this issue was being closely monitored and contingency and action plans in place.

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:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Shannagh Bay Nursing Home
Centre ID:	OSV-0000095
Date of inspection:	20/01/2015 and 21/01/2015
Date of response:	17/02/2015

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:

Satisfactory systems were not in place to monitor the safety of the care provided to residents.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

1. One system is now in place to monitor all accidents and incidents – going forward these will be audited monthly and all findings will be used to improve practice. All falls will be discussed at the meetings of the Fall Prevention Group and detailed plans will be put in place for all residents who, following assessment are considered at high risk of falling, - this will be on-going.
2. A new assessment tool has been identified and will be used for all residents who, following the primary assessment for falls, have been identified as being at high risk. This assessment will help to identify the issues which increase the risk of falls and will include a plan to reduce/eliminate the risks. All new assessments and plans will be completed by 27/02/15
3. Infection control audits will be carried out weekly with immediate plans put in place to deal with any identified issues. On-going
4. Infection Control training is scheduled for 19/02/15 and all staff who are due to update their training will be facilitated to attend this session.
5. In house training on our Management of Blood Borne Viruses will take place this week and next week to reinforce trainings already completed with staff – this will be completed by 19/02/15 – this will take the form of reading through and explaining the policy each day/night with the staff on duty until such time as all staff are fully knowledgeable about the policy and the procedures/guidelines included in the policy. The PIC will audit the outcome of the training by questioning the staff on aspects of the policy and ensuring all staff have very good working knowledge of the policy. On-going
6. All wounds have been fully re-assessed since this inspection and the identified care plans have been reviewed and more detailed specific plans are now in place to guide care and also to promote healing and foster improved Quality of Life for the residents. Completed
7. The on-going system of monitoring care plans will continue and a more rigorous follow-up plan will be implemented to include disciplinary action if the documentation is not completed within the specified time. On-going
8. All complaints will also now be documented on one system which will allow for a simpler and more complete system of follow-up and complaint resolution. On-going

Proposed Timescale: 27/01/2015

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 risk management policy was not implemented and adhered to with regard to the recording of accidents and incidents involving residents.

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:

1. As stated above; One system is now in place to monitor all accidents and incidents – going forward these will be audited monthly and all findings will be used to improve practice. All falls will be discussed at the meetings of the Fall Prevention Group and detailed plans will be put in place for all residents who, following assessment are considered at high risk of falling, - this will be on-going.
2. A new assessment tool has been identified and will be used for all residents who following the primary assessment for falls, have been identified as being at high risk. This assessment will help to identify the issues which increase the risk of falls and will include a plan to reduce/eliminate the risks. All new assessments and plans will be completed by 27/02/15
3. Detailed reports of each witnessed incident will also be recorded for any resident who has a propensity to self-harm. Un-witnessed incidents for any resident who has a propensity to self-harm will be documented but may not contain much detail and the staff will have to use their own judgement in ascertaining what has happened. These will also be audited monthly and all findings will be used to direct care and to further develop the care plans for the individuals involved. On-going

Proposed Timescale: 17/02/2015

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 consistently used in accordance with the centre's own policy or with national policy as published on the website of the Department of Health from time to time.

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:

1. All staff have now received training from the PIC on the use of restraint, they are aware that the restraint must be released a minimum of two hourly and this must be

recorded each time it is released. Completed

2. An audit of the use of restraint will be completed weekly (until such time as the PIC is happy that the policy is being followed correctly and will then revert to monthly audit). While many of our residents request the use of bedrails as it gives them a sense of comfort it is still considered by the PIC to be an area of risk and will always be an item on the agenda at the monthly MDT meeting.

On-going

3. A number of the residents now use crash mats beside their bed instead of the bedrails but some residents are quite adamant that they wish the bedrail to be in place while they are in bed.

4. Care plans to support the safe use of the bedrails are in place for each resident who has been assessed for the use of same. Completed

5. All assessments for the safe use of bed-rails and lap-belts have been reviewed and all assessments identified as needing additional information, have been completed.

Proposed Timescale: 17/02/2015

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:

Standard infection control precautions for residents who had blood borne infections were not adhered to. The use of communal shared personal care products posed an infection risk. Appropriate procedures and monitoring checks were not in place to support satisfactory infection control.

Action Required:

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

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

1. As stated above; Infection control audits will be carried out weekly with immediate plans put in place to deal with any identified issues. On-going

2. Infection Control training is scheduled for 19/02/15 and all staff who are due to update their training will be facilitated to attend this session.

3. In house training on our Management of Blood Borne Viruses will take place this week and next week to reinforce trainings already completed with staff – this will be completed by 19/02/15 – this will take the form of reading through and explaining the policy each day/night with the staff on duty until such time as all staff are fully

knowledgeable about the policy and the procedures/guidelines included in the policy. The PIC will audit the outcome of the training by questioning the staff on aspects of the policy and ensuring all staff have very good working knowledge of the policy. On-going

4. A number of residents have also received basic training in Infection Control and have been given information leaflets to read, to reinforce this training. Residents who consistently use their room throughout the day have been reminded to ring the call bell each time they use the urine bottle to that staff are aware and can follow the correct procedure. Completed

5. A schedule of checks has been put in place for all areas identified to be at high risk – these checks will be carried out hourly, during the day (08.00 – 20.00 hours) and two hourly, at night (20.00 – 08.00) Completed

6. These checklists will be audited weekly (initially, until PIC is happy that the checks are being carried out as detailed – will then revert to monthly audits when compliance has been established) On-going

7. A detailed care plan is in place for each resident who has a blood borne virus, detailing the correct protocols to use and procedures to follow. Completed

8. Each resident, has all necessary/required personal hygiene items in their room, these are checked daily and replaced as required. This is also checked by the PIC and audits will be carried out routinely. Completed

9. Each resident has their own underwear in their own room, this is to be sent to the laundry in the net bags supplied (which have the resident's name attached). All unnamed underwear has been discarded. This procedure will also be audited and if any issue is identified, action will be taken immediately to address the non-compliance. This action may include disciplinary action. Completed

Proposed Timescale: 27/02/2015

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:

Moving and handling assessments had not been completed in some cases and staff were unclear how to access the information.

Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

1. Individual resident information sheets are being completed for each resident and these will be located in the resident's room to ensure all staff have easy access to the necessary knowledge to provide all care as required. This will include all moving and handling requirements. (It is important to note that, all the staff know all the residents and are aware of each resident's needs and that these information sheets are only used to confirm information and also for newer members of staff to confirm their knowledge.) Permission will be sought from each resident to allow this information to be located in their room and if they refuse this will be documented in their care plans. For any resident who does not wish this information to be kept in their room, the information sheets will be available in the nurse's office. This item will be completed by 27/02/15

2. Each resident who has any mobility problems has been assessed for their moving and handling requirements and this information has been used to inform their plan of care. All staff are aware of the moving and handling requirements for each resident and if they need to confirmation, the information can be found in the resident's chart.

Proposed Timescale: 06/03/2015

Theme:

Effective care and support

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

Residents' healthcare needs were not routinely assessed and care plans had not been updated and reviewed when residents' needs changed.

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

1. All residents who return from a hospital appointment will have all information/changes to care, documented in their care plan immediately and this information will be passed on to all staff at daily hand-over meetings. On-going

2. All residents who return from hospital following an admission to hospital will be fully re-assessed and care plans up-dated to reflect any changes. This information will also be passed on to staff at the daily hand-over. On-going

3. All care plans will be updated to reflect the changing needs of each resident – these will be updated as required and/or 4 monthly at a minimum. On-going

Proposed Timescale: 17/02/2015

Theme:

Effective care and support

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

Appropriate assessments and care plans had not been put in place for a resident who had returned from an outside clinic with detailed instructions regarding the required oral care of the resident.

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:

1. As stated above; All residents who return from a hospital appointment will have all information/changes to care, documented in their care plan immediately and this information will be passed on to all staff at daily hand-over meetings. On-going

2. All residents who return from hospital following an admission to hospital will be fully re-assessed and care plans up-dated to reflect any changes. This information will also be passed on to staff at the daily hand-over. On-going

Proposed Timescale: 17/02/2015

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:

The floor cover in the main sitting room did not allow for the appropriate level of deep cleaning. Ventilation in the centre was not adequate to prevent the build up of foul odours in the 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:

1. The carpet in the main sitting room is being taken up and is to be replaced by a wooden floor. To be completed by 07/03/15

2. All staff have been instructed to open windows and doors on all the floors once the residents are up for the day to allow air to circulate (weather permitting) this, in conjunction with the replacement programme all carpets, should eradicate all stale odours. On-going

Proposed Timescale: 06/03/2015

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:

A complete record of complaints received was not available. The satisfaction of the complainant with the outcome of complaint investigation was not recorded.

Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

1. As stated above; All complaints will also now be documented on one system which will allow for a simpler and more complete system of follow-up and complaint resolution. On-going

2. Each complaint received in Shannagh Bay is taken very seriously and every effort is taken to resolve the matter as quickly as possible and to the satisfaction of the complainant – on occasion it has been difficult to get feed-back from the complainant following a suggested resolution but every effort is taken to follow-up. On-going

3. Currently there are no un-resolved complaints

Proposed Timescale: 06/03/2015

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Residents did not have control over their own clothes. Communal items of clothing were in use. Residents' own clothing was not returned to them.

Action Required:

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

1. Each resident has their own underwear in their own room, this is sent to the laundry in the small net bags supplied (which have the resident's name attached). All unnamed underwear has been discarded. This procedure will also be audited and if any issue is identified, action will be taken immediately to address the non-compliance and disciplinary action may follow. Completed

2. All items of clothing are returned to the residents and an audit has been carried out on this and the score was 100%. No items of personal clothing are lost here in the home.

3. All personal belongings of deceased residents will in future be placed in appropriate bags prior to returning to the resident's family.

Proposed Timescale:

Theme:

Person-centred care and support

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

Clothing items which were not adequately laundered and which were stained were returned to residents.

Action Required:

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

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

1. Every effort is taken to ensure the resident's clothes are cared for in the correct manner, but due to certain physical conditions that affect some residents i.e. spilling food, it is very difficult to ensure undergarments such as vests are kept as stain free as we would like – however it is important to point out that the identified vests were freshly laundered, were in good condition and fit for purpose (as in, were thermal vests and were suitable to provide warmth for the resident). The family of this resident was contacted re: replacing said garments and their reply is attached.

2. Every effort is been taken to ensure clothes are stain free. Aprons are used during meals to protect the resident clothes (where the resident is happy to wear the apron).

3. Additional stain removing products are used in the laundry to improve the stain removal system.

4. A system has now been put in place to identify any items of clothing that are stained. Either the resident or their next of kin will be informed of the condition of their clothes and we will be guided by their opinion.

5. We will carry out research in an effort to identify where additional funding is available to help any resident who needs to have items of clothing replaced but do not have the funds themselves to do so.

Proposed Timescale: 17/02/2015