<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Nazareth House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000368</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Fahan, Lifford, Donegal.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>074 936 0113</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:john.omahoney@nazarethcare.com">john.omahoney@nazarethcare.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Sisters of Nazareth</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>John O'Mahoney</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>48</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>10</td>
</tr>
</tbody>
</table>
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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 December 2014 09:00</td>
<td>08 December 2014 16:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 09: Medication Management</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which mainly focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for thematic inspections providers attended an information seminar and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff during the inspection and discussed aspects of both outcomes. The delivery of care and the service of meals were observed. Documents such as training records, care plans and staff rotas were reviewed.

The inspector found that compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland had improved in the selected areas since the inspections conducted during 2013 when deficits in staffing, recording clinical interventions, medication record keeping and care planning were all found to require significant improvements. The action plans in relation to these areas were also reviewed during this inspection.

An audit on end of life care, nutritional needs and care planning had been completed in July 2014 as part of a quality improvement exercise. The report produced indicated that overall good standards prevailed across all outcomes. A series of good practice recommendations were made and the inspector found that a number of
these were in place during this inspection such as improved methods for completing fluid and nutritional records, ensuring appropriate seating for residents at meal times and in the case of end of life care ensuring that care plans were available for all residents.

Residents expressed overall satisfaction with their care and were positive about how staff cared for them. End of life care was incorporated into the care planning arrangements for the majority of residents. Staff had discussed future care needs with residents and family members were also appropriately involved. Residents that the inspector talked to were positive about the way staff provided pastoral care, the way their wishes for end of life care were discussed and the way they experienced how care had been delivered to other residents and how they had been supported and involved at this time.

Residents’ comments on the food provided were positive with many comments describing how catering staff prepared dishes according to individual requirements and also providing a wide choice on the menu. Residents described the food as “well prepared and tasty”, “lovely flavour and well presented” and said that the catering staff knew their preferences and dislikes and ensured that they were served food that they liked. There were systems in place to ensure that particular dietary needs were accommodated and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. There were systems in place to refer residents to allied health professionals for specialist advice. The inspector found that staff facilitated meal times in a coordinated way to enable all residents to eat in comfort.

The inspector found that the staff team were well informed about residents care needs. The allocation and deployment of staff was appropriate to the needs of residents during the inspection day and the deployment of staff to dining room duties and to assist residents who preferred to have their meals in their rooms ensured that residents had their meals in a timely way. The revision of staffing levels had been the subject of an action plan in the registration inspection conducted on 8 October 2013. Increased staffing levels were found to be in place during a follow up inspection conducted on 4 December 2013 and the increased staff numbers were found to have been sustained since then and were on duty during this inspection.

The policies and procedures on nutrition and end of life care provided adequate guidance for staff and the procedures had been read by staff according to the verification lists available.

The Action Plan at the end of this report identifies mandatory improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The improvements include better attention to information in care plans so that in the case of end of life they outline residents specific wishes rather than good practice actions to be followed and better monitoring of premises issues so that the heating is adequate throughout particularly the larger communal areas which were cool at times during the day.
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:
The inspection conducted on 4 December 2013 resulted in an immediate action plan being issued in relation to fire training for staff some of whom had not completed training. This was addressed on the evening of the inspection. The staff training records provided during this inspection confirmed that all staff receive fire training annually and that some have been trained to fire warden standard. A further session for 2014 was scheduled for later in December to complete the annual schedule.

A fire register was in use. The inspector saw that fire fighting equipment had been serviced in November 2014 and emergency lighting was serviced in June 2014. The fire alert equipment was tested weekly at varied times and from varied points in the premises. The inspector noted that the emergency lighting was checked weekly and all fire doors were checked daily. No gaps were evident in the records of these checks. Fire drills were undertaken and include residents. A drill conducted in March included the person in charge, two staff and eighteen residents. The outcome was positive with residents very pleased to have been involved and reassured that it could be completed quickly to ensure safety.

There was a health and safety policy in place. Moving and handling assessments were completed for all residents. All staff were noted to have completed training and had appropriate and varied equipment to use as residents needs required. The policy in place to guide staff would benefit from revision to state that training is provided within the required legislative time frames. The inspector noted that in some sitting rooms furniture was arranged in a way that caused an obstacle and possible trip hazard to residents who walked around and this should be reviewed to avoid accidents.

Judgment:
Non Compliant - Minor
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:
The report of the inspection conducted on 8 October 2013 outlined an action plan in relation to medication management. This action was found to have been addressed. All prescriptions were printed and all items prescribed were individually signed. The inspector noted that medication was administered by nursing staff in a safe manner that met good practice guidance. Residents were given time to take medication and their queries were answered clearly and in an informed way.

The training records confirmed that four nurses had attended medication training on 23 April 2014.

Medication was administered from the original containers and each residents’ medication is stored in separate containers. The administration records were noted to need review as there was no space to record if medication was refused or not given for any reason. While this information was recorded in progress notes it needs to be available in the medication record so that nurses administering medication are aware of medications administered.

Judgment:
Non Compliant - Minor

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:
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:
Care plans were maintained for all residents. There was a good range of evidence-based assessments in use to inform care plans and these included assessments for pressure area vulnerability, nutrition risk, falls prevention, fluctuating behaviours and pain. The inspection report of the inspection conducted on 10 October 2013 conveyed that assessments and care plans had not been sufficiently reviewed and updated to aid evaluation or describe specific interventions and care provided and/or recommended. Records including fluid and food intake, administration and completion of prescribed supplement drinks, assessments and interventions were not sufficiently reviewed. A requirement to keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals was outlined.

The inspector noted that good progress had been made in this area. Care plans were generally well developed and were linked with the range of assessments to provide a good overview of care requirements. The exception was some care plans for end of life care that described the good practice interventions that would be put in place and did not outline personal needs and wishes for care at end of life.

Judgment:
Non Compliant - Minor

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:
Person-centred care and support

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

Findings:
The premises were noted to be clean and tidy during the inspection. The centre is a large old building that has been adapted over the years to ensure appropriate accessibility and space for residents. On the day of the inspection the rear part of the dining room was noted to be cold. This was brought to the attention of the person in charge who said the problem may have been related to a leak in the plumbing system that was under repair that day. The inspector concluded that issues with the premises should monitored to identify problems so that those that directly impact on residents can be rectified expediently.
Judgment:
Non Compliant - Moderate

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
Staff had training and residents were supported to discuss end of life wishes and preferences. There was a policy and procedure document in place to guide staff through varied aspects of end of life care. This had been reviewed during 2014. The centre had established an end of life forum/committee to review and update end of life practices as part of the learning for the thematic inspections. The staff team could describe the arrangements in place for end of life care and prioritised comfort, pastoral and spiritual care and the management of pain as key aspects of end of life care. The inspector found that overall the standards of care provided at end of life met requirements and good practice standards in most aspects. The inspector reviewed three care plans to determine compliance with Regulation 14 - End of Life Care. There was evidence that this had been discussed with all residents or with family members if residents were too frail or lacked capacity to make informed decisions. Care plans reviewed described a range of care needs and end of life considerations were generally outlined well. There were some very detailed care plans that described a range of personal thoughts and actions that residents wished to adhere to when their death was imminent. For example one care record described the clothing a resident wished to wear, where the wake and funeral were to take place and burial arrangements. While some care plans provided very detailed and relevant information on residents’ wishes there were other records that described the good practice standards to be followed such as ensuring comfort, not leaving the resident alone, ensuring that “her needs are met” and that open visiting is facilitated but did not capture the individual residents’ wishes or end of life preferences.

Residents were supported to remain in the centre if that was their wish. Thirty eight residents had died during the last two years. Thirty one had died in the centre and seven had been transferred or were receiving care in the acute hospital at the time of death. Relatives visiting during the inspection described the staff as respectful, caring, helpful and compassionate. They said they valued the many ways their relatives were supported by staff who ensured their comfort particularly with pain relief and companionship. They said that staff particularly carers spent long periods with them so they were not alone or in distress when they had periods of illness.

The self assessment returned to the Authority indicated that overnight facilities were available for relatives who wished to remain with a dying resident. All staff the inspector
talked to were aware that facilities were always provided for a number of family members to ensure that both the resident and family had the support and comfort of each other’s presence at this time.

Training on end of life care had been undertaken by a number of staff. Three nurses and nine carers had attended training on end of life care including the use of specialist equipment such as syringe drivers. Six nurses and two carers had received training on responding to critical events such as cardiac episodes, choking, the immediate management of stroke and resuscitation. Further training on aspects of end of life care were planned later in December to ensure that continued to update their skills and had up to date knowledge. There was information in the procedure documents that informed staff on how to return personal possessions to families and symbols from the Irish Hospice Foundation were available for use to remind staff and others that end of life care was in progress. A letter expressing sympathy is sent to family members following a death and there was a range of other information provided that outlined bereavement supports, the contact details for funeral undertakers and how to register a death. A review of all deaths is undertaken to inform practice and to identify good practice and any shortfalls that need to be rectified.

There was up to date and consistent information recorded in care plans and medical notes about decisions on resuscitation status. The inspector saw that these decisions were reviewed regularly. Some records indicated that decisions made in April 2014 were reviewed again in August 2014 and there was information that the discussions included nurses, family members and the doctor. There were systems in place to ensure that all records reflected this vital information, that it was readily accessible to staff and discussed at hand-overs. Residents had access to palliative care services. The centre had established good contact with the local palliative care service. Daily progress notes completed by nurses described the contacts and decisions made in conjunction with members of the palliative care team to ensure optimal comfort and symptom management. The inspector concluded that while the majority of care plans for end of life were appropriate and reflected residents wishes, some needed to be more rigorous to ensure that this information was recorded as far as possible for all residents.

Residents’ spiritual needs were met. Records conveyed that staff knew and supported residents to fulfil their religious commitments. The centre had a large church that was accessible, appropriately furnished and quiet for people who wished to spend time in prayer and reflection. Local clergy and the community of sisters who continue to reside on site were available to visit residents and ensure their spiritual needs were met. Residents told the inspector that they valued the spiritual ethos of the centre and that this was a significant factor in their decision to reside there. An annual remembrance service is held during November and residents said that this is a lovely occasion as it enables relatives and the centre’s community to recall and remember those who died during the year.

Judgment:
Compliant
Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
Inspections conducted in July and October 2013 found serious deficits in some of the required records particularly in relation to the assessment and management of nutrition. The records of the food and fluid provided for residents were not maintained in sufficient detail to enable any person inspecting the record to determine whether the diet is satisfactory, in relation to nutrition (supplements) and otherwise, and of any special diets prepared (served) for individual residents. An action plan had been included in the reports of these inspections requiring that records maintained under Schedule 3 (records in relation to residents) and Schedule 4 (general records) were completed in a manner so to ensure completeness, accuracy and ease of retrieval. The inspector found that this requirement had been addressed. Staff now had a system in place that ensured all records for nutrition in daily use were taken to the dining room or residents’ rooms at main meal times and were updated at the end of each meal with the amount of diet and fluids consumed. Additional updates were made at tea and coffee times and when any nutrition was provided. The records in use were noted to be up to date during the inspection and fully complete for the previous week.

The inspector found that the arrangements in place to provide residents with a varied and balanced diet that met their needs and preferences were satisfactory. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified and monitored closely. There was a food and nutrition policy in place which was centre specific. The policy provided detailed guidance to staff and is supported by a range of procedures that included health promotion, the management of fluids and hydration, percutaneous endoscopy nutrition systems, medication management and the care of residents with specific conditions such as diabetes. Staff were familiar and knowledgeable about this policy and were aware that it had been updated earlier in the year.

The inspector talked to residents about the menus and arrangements to have drinks and snacks. Residents told the inspector that the food provided was “very good and home-made”, “tasty and there is at least two choices available at each meal”. There was a planned menu over a four week period. The catering staff said that there were some variations made to reflect residents’ choices. The inspector reviewed the menu and discussed the options available to residents. There were two choices of cooked meal at midday and in the evening. The variety of dishes was noted to be good and there was
little repetition across the cycle. Nutritious snack options were available between meals to ensure sufficient and adequate calorie intake particularly where residents were on fortified diets. The fortification of food was noted to include yoghurt, milk puddings and extra butter. Fresh fruit was available and was served daily in a variety of ways including liquid formats such as smoothies. Staff had access to the kitchen to prepare snacks for residents during the night. Liquids, including water, juices and soft drinks were readily available in communal areas and by residents’ beds.

The inspector observed how the mid day and tea time meals were served. Dishes were served hot and food was attractively presented. Meals were adapted to meet residents’ choices for example portions sizes reflected what residents said they preferred and choices were offered by staff at each meal. The menu choices were clearly displayed in the dining room. Residents’ food likes and dislikes were recorded and kept in the kitchen. This included choices for cooked breakfasts which catering staff said they prepared frequently. Fried eggs were particularly popular with some residents.

The inspector noted that food that was pureed or in a soft consistency was attractively presented and in accordance with the menu of the day. The instructions for foods and liquids that had to be served in a particular consistency to address swallowing problems were outlined in care plans and catering and care staff were aware of the residents that had particular requirements. Staff interviewed could describe the different types of meals that were served and the textures that had to be adhered to for safe swallowing. On the day of inspection there were seven pureed and five soft diet options, seven meals with reduced butter and salt and eleven diabetic meals prepared. Six residents were being monitored closely due to low weights under 50 kilogrammes. There were monitoring systems in place to reduce the risk of deterioration. Referrals and assessments to allied health professionals had been made and the instructions outlined were being followed by staff.

The centre had a large dining room that the majority of residents used at meal times. Tables were varied in size and accommodated small groups which supported social interaction and staff sitting by residents who needed encouragement or assistance to eat. Some residents choose to remain in their rooms to have their meals. The inspector saw that there were several staff up to eight at times available to assist at mealtimes. Staff sat with residents who required help with meals, chatted with them as they provided assistance and encouraged them to do as much as they could for themselves. Plenty of time was devoted to meal times so residents could eat at leisure. The community of sisters came in to help at meal times and to chat to residents. This added to the meal time experience and was valued by residents who said they were always pleased to see the sisters and to talk to them.

Records reviewed showed that residents’ nutritional status was assessed using a recognised evidence based tool and reviewed as necessary. Care plans to address specific nutritional needs were in place and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. The inspector found that care needs were reviewed at three month intervals in accordance with legislation that the evaluations provided a clear summary of the resident’s condition at the time of review. The monitoring arrangements including monthly or weekly weights and the need for nutritional supplements and their impact were described. Access to
appropriate allied health professionals was available and there were extensive records that outlined the advice and guidance to be followed following consultations which the inspector found were being adhered to by staff. Two residents interviewed described the particular diets they had to follow and said that staff had helped them develop a good understanding of their nutrition needs and had explained fully why the limitations /fortification measures were in place.

The inspector found that staff had made significant efforts to ensure the processes in place to manage residents’ nutrition needs were appropriate. Mid meal snacks were available throughout the day and staff were observed to offer residents drinks and snacks regularly. There was a commitment to ensuring that there were no excessive gaps between meals that would present risk to some residents particularly people with diabetes.

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):**
This was the centre’s first inspection by the Authority.

**Findings:**
During previous inspections conducted during 2013, inspectors found that there was inadequate staff on duty to effectively meet the needs of residents.

A follow up inspection conducted in December 2013 found that this matter had been addressed. Extra nurses had been employed and there were two nurses on duty at all times during the day. The person in charge told the inspector that there had been some departures from the nursing team but the organisation had been able to recruit replacements so the situation had remained stable. On the day of inspection there were two nurses on duty as well as the person in charge and eight carers, one of whom was a care supervisor.

There were two nurses on duty throughout the day until 22.00 hours and from this time one nurse remained on duty. There were four carers on duty until 21.00 hours when
one departed. Three carers were on duty until 23.00 hours and then two remained on duty with the nurse throughout the night.

During the day there were three catering staff, two dining room staff, three houskeeping staff, two laundry staff, one staff in administration, one in maintenance and an activity facilitator on duty during the day in addition to the staff outlined above.

The inspector concluded the allocation and deployment of staff was adequate to meet the needs of residents accommodated during the inspection. There were thirty eight residents accommodated and there were ten vacancies at the time.

**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:**

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Nazareth House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000368</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08/12/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>02/04/2015</td>
</tr>
</tbody>
</table>

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 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:
The procedures and policy for moving and handling required amendment to describe that training is provided for all staff within the required time frames.

Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The procedure and policy for moving and handling was amended to reflect that training is provided for all staff within the required timeframe. The Hazard Identification and Risk Assessment manual also reflects the frequency for staff moving and handling training.

**Proposed Timescale:** 21/04/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The arrangement of furniture in some communal areas required review as it created obstacles for residents who moved around independently and for those with visual impairment.

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

Please state the actions you have taken or are planning to take:
The furniture in some communal areas has been rearranged since the inspection in order to avoid creating obstacles for residents who move around independently and for those with visual impairment.

**Proposed Timescale:** 21/04/2015

**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:**
The medication administration charts required review to include space to record when a medication is refused or not given to appropriately advise nurses when administering medication.

**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:
Following meetings with our pharmacist, all medicinal products will be 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. The administration records will be amended in consultation with the pharmacist allowing for a space to record if medication was refused or not given for any reason. While this information was recorded in progress notes it will be available in the medication record so that nurses administering medication are aware of medications administered.

Proposed Timescale: 21/04/2015

Outcome 11: Health and Social Care Needs
Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some care plans for end of life care described good practice interventions that would be put in place and did not outline personal needs and wishes for care at end of life.

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 Person in Charge will endeavour to put in place an outline of the residents personal needs and wishes for care at end of life. While every effort is made to compile this information, there are exceptions where a resident does not wish to discuss or outline their end of life care and the resident’s wishes are respected in these situations.

Proposed Timescale: 21/04/2015

Outcome 12: Safe and Suitable Premises
Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The heating in part of the dining room was not working properly and the area felt cold.

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:**
During any future repair works to the premises, the whole of the premises will be monitored to identify problems so that those that directly impact on residents will be rectified immediately.

**Proposed Timescale:** 09/12/2015