

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Queen of Peace Nursing Home
Centre ID:	OSV-0000379
Centre address:	Churchfield, Knock, Mayo.
Telephone number:	094 938 8279/ 094 938 8659
Email address:	queenofpeacecare@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	MMM Partnership
Provider Nominee:	Gerard Meehan
Lead inspector:	Patricia Tully
Support inspector(s):	Lorraine Egan;
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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 inform a registration renewal decision. 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:
17 November 2014 19:38	17 November 2014 20:52
18 November 2014 09:20	18 November 2014 16:45

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
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 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of this inspection Inspectors met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, and policies and procedures.

The person in charge had changed since the previous inspection and an interview with her took place during this inspection. Inspectors were concerned the person in charge had not complied with her responsibilities under the legislation and had not ensured staff compliance with relevant regulations and standards as evidenced in outcomes 5, 7, 9 and 11. The person in charge had not ensured that the clinical needs of residents had been met through appropriate care planning. Medication management practices and care planning documentation had not sufficiently improved since the last inspection.

Non compliances were found in the areas of governance and management, information for residents, health and safety, risk management, medication management, documentation to be kept at the designated centre including recording of restraint and staffing over the 24 hours to ensure adequate care was provided at all times.

The findings are covered in the report under the relevant outcomes and improvements required with the provider's response are included 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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

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

Findings:

The statement of purpose had been reviewed and amended and included a statement of the aims, objectives and ethos of the designated centre. However, it was not a clear and accurate reflection of the facilities and services provided for residents. All of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 was not clearly set out in the statement of purpose.

Judgment:

Non Compliant - Minor

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 was a clearly defined management structure that identified the lines of authority

and accountability. However, management systems in place did not ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored as evidenced by the findings in outcomes 5, 7, 9 and 11.

There were no resource issues identified on this inspection that impacted on the effective delivery of care in accordance with the statement of purpose. Considerable upgrading of the centre had been carried out.

Residents and their representatives were consulted with during resident meetings and on a daily basis. Suggestions and comments were welcomed.

While there was some monitoring of quality and safety of care, the oversight of the centre was not adequate to ensure the residents were receiving a safe standard of care, which was consistent with their needs. Improvement was required to resident assessments and care plans and to medication management practices.

The temperature of the refrigerator used for storing medication was not being recorded on a daily basis. The person in charge had recorded the temperature as being 'slightly too warm' and there was no indication this had been addressed. The temperature had not been recorded as having been checked for two consecutive days following identification of the refrigerator temperature being above the recommended temperature.

A record of medication errors identified in the centre were viewed. One error had been identified which related to medications which had not been signed as administered on drug recording sheets. The person in charge had identified this error and had documented that staff nurses had been spoken with. However, it was evident that this had not adequately addressed the error as an inspector found the same issue on this inspection.

The person in charge had not identified additional issues identified by inspectors during the inspection. Issues of concern which related to governance in the centre are discussed further under outcomes 5, 7, 9 and 11.

Judgment:

Non Compliant - Major

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):

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

implemented.

Findings:

The centre's resident guide had been amended in compliance with the regulations and was available to residents. The guide included:

- (a) a summary of the services and facilities,
- (b) the terms and conditions relating to residence,
- (c) the procedure respecting complaints, and
- (d) the arrangements for visits.

Each resident had a written contract agreed. Contracts reviewed dealt with the care and welfare of each resident in the centre. The contract set out the services to be provided however, in a sample of contracts reviewed by an inspector, all fees being charged to the resident was unclear and not all residents were clear on what they were paying for.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

While this outcome is compliant in that there was a full-time nurse in charge of the designated centre who had a minimum of three years experience in the area of nursing of the older person within the previous 6 years.

Inspectors were concerned that the person in charge was not fully engaged in the governance, operational management and administration of the centre on a regular and consistent basis. For example the person in charge had not complied with her responsibilities under the legislation and had not ensured staff compliance with relevant regulations and standards as evidenced in outcomes 5, 7, 9 and 11.

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:

An inspector found that all aspects reviewed pertaining to documentation required further improvement.

The policy on the prevention, detection and response to abuse was not clear and therefore did not provide adequate guidance for staff. For example, the use of abbreviations in the policy resulted in staff members being unclear of the guidelines outlined in the policy.

The policy did not provide clear guidelines regarding the response which would be taken if an allegation of abuse was received. Staff training which was outlined in the policy had not been provided.

Medication administration records did not clearly identify the signatory of nurse. The signatory sheet viewed differed from some signatures in the administration records. A staff nurse acknowledged it was difficult to see which staff nurse had administered medication. She said the staff roster would need to be consulted to identify which staff nurse was on duty on specific dates.

Health care assistants were administering prescribed nutritional supplements and were ticking a record to indicate they had administered the supplements. The administration of nutritional supplements by care assistants was not included in the centre's medication administration policy. As a tick system was in use it was not clear which care assistant had administered the nutritional supplements.

The restraint register was viewed by inspectors. The register maintained was not adequate. It maintained detail of residents who were prescribed/using restraint. It did not detail the required information pertaining to the use of restraint in the centre. The

person in charge was not clear regarding the use of the restraint register.

Judgment:

Non Compliant - Major

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

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

Findings:

Suitable arrangements were not in place at the last inspection, should an absence of the person in charge arise. A clinical nurse manager (CNM) had been appointed and she supported the person in charge in her role.

While a CNM was now in post, she was still familiarising herself with the role and was not knowledgeable of the regulations as would be required of a person in charge of the centre in the absence of the person in charge.

Judgment:

Compliant

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:

There were measures in place to safeguard residents and protect them from abuse. The provider and person in charge reported that staff had been trained in the policy and

procedures in place for the prevention, detection and response to abuse. There were no reported incidents, allegations or suspicion of abuse at the time of the inspection.

The policy and procedures for the prevention, detection and response to abuse had not been reviewed and updated as outlined in the previous action plan response. Further improvement was required to the policy and this is discussed further under outcome 5.

Best practice was not adhered to in the use of restraint. A restraint free environment was not promoted. The use of chemical restraint was not in accordance with "Towards a Restraint Free Environment in Nursing Homes", a policy document published by the Department of Health.

A full assessment of the resident prior to each episode of chemical restraint, monitoring of residents during any episode of chemical restraint, adverse events resulting from chemical restraint and a detailed record of each episode of chemical restraint was not documented.

The policy and procedures in place for managing behaviour that is challenging was not reviewed on this inspection.

The systems in place to safeguard residents' money and valuables were not reviewed on this inspection.

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):

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

Findings:

Some issues identified by the inspectors on the last inspection had been addressed including the fitting of new floor covering in the corridors, cleaning of hand gel dispensers, improved storage of oxygen cylinders, glove and apron dispensers had covers in place and installation of restrictors on windows. However, inspectors were concerned at finding eight fire doors wedged open on the first evening of the inspection and an immediate action was issued to the person in charge. The person in charge removed the wedges and undertook to instruct staff on the risks and to not use any wedges in future. The provider stated that six door holding devices with automatic closing in the event of fire alarm being activated were on order.

Procedures for the prevention and control of healthcare associated infections had improved with use of more appropriate waste bins in bedrooms, installation of a wash had basin in the cleaning store and signposting. Staff were observed using hand gels frequently however, other measures were not consistent with the standards published by the Authority. Some cleaning equipment continued to be stored in the sluice room as the cleaning room provided did not have a mop sink.

Residents presenting with a known or suspected communicable/transmissible disease, including Healthcare Associated Infections, were not managed in a prompt and efficient manner in line with national guidelines and evidence-based best practice. For example, the use of single and shared rooms where infection was present did not follow best practice.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. Sufficient learning from incidents involving medication management had not taken place. Poor medication management practice is covered in outcome 9.

Written confirmation from a competent person that all the requirements of the statutory fire authority are complied with was not available as required by the regulations for registration renewal.

Judgment:

Non Compliant - Major

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

An inspector found that significant improvement was required to medication practices and oversight in the centre. There was insufficient evidence that medication management had adequately improved following the registration inspection in June 2014 and the follow up inspection in September 2014.

A sample of residents' drug administration recording sheets were viewed. The recording sheets were not always signed to indicate that prescribed medication had been administered and some medications were not documented as administered as frequently as prescribed. Medications which required specific time intervals had been signed as

administered outside of these timeframes.

Residents were receiving prescribed medication outside of the time of the prescription. For example, a resident received medication one hour and 30 minutes past the recorded prescription time. In addition, the record of administration showed the medication had been documented as administered at the prescribed time.

Nutritional supplements were not always documented as administered. An inspector viewed the drug administration sheets and the record maintained by care assistants and found that none of the residents were documented as receiving their nutritional supplements as frequently as prescribed.

A nutritional supplement which required disposal after a specific time period did not have a date of opening and it was therefore not evident if the supplement had been administered past the date of disposal.

The protocol outlining the administration of a medication to be administered in the event of a medical emergency was not adequately clear and consistent with the prescription sheet. As a result a staff nurse spoken with was not clear regarding the dose to be administered in the event this medication was required.

A nurse was observed administering medication to residents. The nurse was observed leaving the medication trolley unattended with a medication stored external to the locked medication trolley and therefore accessible to residents and other staff members.

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:

The care and support provided to residents did not reflect the assessed needs and wishes of residents.

An inspector reviewed medication management and residents' assessments and care plans and found that improvements were required. Medication management is also discussed under outcomes 2, 7, 8 and 9.

Medication Management

A sample of resident prescription sheets were viewed. Medications which had been discontinued were not always signed and dated by the GP.

A staff nurse spoken with was not adequately clear regarding some residents medication. For example, an inspector was told that a PRN (as required) medication was included in the regular medication pharmacy packed aid and was administered regularly to a resident. The person in charge and staff nurse later stated this was inaccurate and the medication was packed and administered from a separate pharmacy packed aid.

The medication refrigerator was used for storing blood samples on the day of the inspection. A staff nurse told an inspector that the samples were stored in the refrigerator until such time as they were collected.

A staff nurse was observed touching medication with her ungloved fingers when counting it.

Resident care plans

Care plans required improvement as identified on the previous inspections. An inspector viewed a sample of residents care plans and assessments and found that although the person in charge had introduced new assessments and care plans these were not adequate. Care plans were not sufficiently detailed to ensure that evidenced based nursing practice was delivered and that the needs of the residents were being fully met. Some assessments identified a need and there was no corresponding care plan in place.

Examples are:

- there was no guidance given in care plans on how to achieve goals such as preventing the spread of infection
- infection control measures were not identified and best practice was not being adhered to in preventing cross infection
- a personal hygiene and skin health care plan was not cross referenced to the infection control care plan.

When issues were discussed with the nursing staff and person in charge, differences of opinions with medically prescribed treatment were expressed.

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):

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

Findings:

The provider had continued with the refurbishment programme since the last inspection.

Works completed:

- Alterations to convert a store room to a single bedroom with ensuite were completed
- Window restrictors have now been put in place.
- Storage for assistive equipment has been put in place.
- The amount of furniture in rooms had been reviewed to allow ease of access with assistive equipment.
- New flooring has been had been fitted.
- A visitors room and public toilet had been provided.
- Additional assistive equipment had been purchased.
- A wash hand basin had been put in the cleaning store.

The layout of some bedrooms still pose problems due to their size which may impact on meeting the needs of residents. Some rooms would not accommodate specialised/assistive equipment or furniture that a resident might require. These rooms are only suitable for independent ambulant residents.

Some grab rails are required in shower and toilet areas.

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):

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

Findings:

Residents' end of life care plans were not adequate to ensure residents' needs and wishes at end of life would be fulfilled. An end of life care plan referenced dying in pain with no clear guidance on pain management at end of life. A Do Not Resuscitate (DNR) sheet was signed by a relative however, the medical documentation record to support the DNR was documented in separate medical notes. This is actioned under outcome 11.

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:

There was access to fresh drinking water and juices at all times. Meals and snacks are available at times suitable to residents. A choice of food was available however, the second choice of food had not been cooked. A second choice was not available to those on a modified diet.

The kitchen and cooking utensils were not sufficiently clean for the safe preparation of food when visited on the first evening of the inspection.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

A room for residents to meet with visitors in private had been provided since the last inspection.

Privacy in shared bedrooms continued to be an issue due to the positioning of some the curtains. The provider was undertaking works to improve the curtain divisions.

Judgment:

Non Compliant - Minor

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

At the last inspection, staffing between 21:15 and 23:00 was identified as requiring review as there was one nurse and one carer on duty during a time when medication was administered. The person in charge had agreed to carry out a staffing review to ensure that staffing levels were appropriate over the 24 hours as residents spent long periods in their rooms and in bed. No report of this review was made available.

Staffing had changed in that three carers worked in the evening with one finishing at 20:00 and one at 22:30. The third carer and a nurse remained on night duty until 08:00. The inspectors found that the majority of residents were in bed by 20:30 which was confirmed by the person in charge. No residents were sitting in the communal rooms in the late evening and no activities were on-going in the evening. Management stated that this was by choice. There was no documentary evidence in care plans to support this. Residents spent long periods in their rooms and in bed as a result.

The CNM was familiarising herself in her role and the centres policies and procedures. She stated that she was going to attend additional training in the new year.

Judgment:

Non Compliant - Moderate

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:

Patricia Tully
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:	Queen of Peace Nursing Home
Centre ID:	OSV-0000379
Date of inspection:	17/11/2014
Date of response:	07/01/2015

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not clearly and accurately contain all of the information set out in Schedule 1.

Action Required:

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

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 Statement of Purpose has been updated to reflect the requirements of the 2007 Act.

Proposed Timescale: 01/12/2014

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Management systems did not fully support effective oversight of care delivery and systems within the centre.

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 monitored.

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

Improvements to resident assessments and care plans and to medication management practices. Assessments and care Plans have been completely & updated.

A new medication management policy and procedure has been created.

Nursing staff will be required to familiarise themselves with the P&P. This P&P will be audited continually to ensure full compliance.

The temperature of the fridge will be taken and recorded numerically on a daily basis.
19/11/2014

All medication errors will be acted upon in accordance with best practice. Medication errors will be brought to the attention of the PIC.

Proposed Timescale: 14/01/2015

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

All fees being charged to the resident was unclear in the contract of care.

Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in

regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

Resident contracts will be updated to reflect all fees payable.

As NTPF rates change in January 2015 this will coincide with the issuing of new contracts.

Proposed Timescale: 30/01/2015

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 policy on the prevention, detection and response to abuse had not been amended as per the previous action plan response. The policy was not clear and did not provide adequate guidance for staff and clear guidelines regarding the response which would be taken if an allegation of abuse was received. Staff training which was outlined in the policy had not been provided.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

This P&P has been replaced to reflect the issues raised in the report. Re training will commence in the prevention, detection & response to abuse on 5th January 2015

Proposed Timescale: 12/01/2015

Theme:

Governance, Leadership and Management

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

Medication administration records did not clearly identify the signature of the nurse who had administered medication.

It was not clear which care assistant had administered residents' prescribed nutritional supplements and the nutritional supplements were not always documented as administered.

The restraint register did not detail the required information pertaining to the use of restraint in the centre.

Action Required:

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

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

Nurses and HCAs have been advised as to the importance of clear signatures' The Restraint Register will reflect all of the required information to inform clinical decisions.

Proposed Timescale: 14/01/2015

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 chemical restraint was not in line with the national policy on restraint.

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:

The P&P will reflect National Policy on mechanical and chemical restraint.

Proposed Timescale: 12/01/2015

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:

Sufficient learning from incidents involving medication management had not taken place.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording,

investigation and learning from serious incidents or adverse events involving residents.

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

A QMS has been introduced to the home. This will identify, investigate and analyse adverse incidents which will be recorded using a CAR.

Proposed Timescale: 12/12/2014

Theme:

Safe care and support

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

Residents presenting with a known or suspected communicable/transmissible disease, including Healthcare Associated Infections, were not managed in a prompt and efficient manner in line with national guidelines and evidence-based best practice. For example, the use of single and shared rooms where infection was present did not follow best practice.

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:

The Infection Control P&P will reflect National Guidelines for the management of infection and HCAI.

Proposed Timescale: 12/01/2015

Theme:

Safe care and support

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

Written confirmation from a competent person that all the requirements of the statutory fire authority are complied with was not available as required for registration renewal.

Action Required:

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

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

A competent person has been engaged since June 2014 . All necessary information will be forwarded to the authority on completion.

Proposed Timescale: 30/01/2015

Theme:

Safe care and support

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

Fire doors were wedged open on the first evening of the inspection and an immediate action was issued to the person in charge.

Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The person in charge removed the wedges and undertook to instruct staff on the risks and to not use any wedges in future. The provider stated that six door holding devices with automatic closing in the event of fire alarm being activated were on order. Fire doors will not be wedged open and staff have been informed accordingly.

Proposed Timescale: 18/11/2014

Outcome 09: Medication Management

Theme:

Safe care and support

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

A medication was not stored securely while the medication trolley was left unattended.

Action Required:

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

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

All nurses have been advised as to the importance of having the drug trolley locked when unattended. Problem addressed in house and online training completed.

Proposed Timescale: 12/01/2015

Theme:

Safe care and support

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

Medication administered to residents was not signed for contemporaneously.

The protocol outlining the administration of a medication to be administered in the event of a medical emergency was not adequately clear.

Nutritional supplements were not always documented as administered.

A nutritional supplement which required disposal after a specific time period did not have a date of opening and it was therefore not evident if the supplement had been administered past the date of disposal.

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:

All nurses are to receive additional training in the administration of medication on 14/1/2015. A review of all GP prescription sheets & MARS has taken place and will take place monthly to ensure 100% accuracy.

The protocol for administering medication in the event of an emergency has been reviewed and staff will be training appropriately on the 14/1/2015 to ensure a clear understanding of the procedure.

All nurses have been made aware of their responsibility to document medication contemporaneously.

Nutritional supplements will only be given by and documented by the nurse on duty 29/12/2014

Proposed Timescale: 14/01/2015

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:

Care plans were not sufficiently detailed to ensure that evidenced based nursing practice was delivered and that the needs of the residents were being fully met.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All care Plans will fully reflect the changing needs of the residents.

Proposed Timescale: 07/01/2015

Theme:

Effective care and support

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

Medication management required improvement.

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:

Issues highlighted on the day of inspection have been addressed and medication is been audited to highlight issues occurring, all nurses will partake in a supervised drug round and corrective actions issued where required. All nurses will complete online training on medication management and training has been provided and will take place on 14th January 2015. All nurses in the centre have been made aware of their obligation to adhere by An Bord Altranais agus Cnáimhseachais.

The procedure in place for the collection of blood has been reviewed and staff have been made aware of this.18/11/2014

Proposed Timescale: 14/01/2015

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:

The layout of some bedrooms still posed problems due to their size which may impact on meeting the needs of residents. Some rooms would not accommodate specialised/assistive equipment or furniture that a resident might require. These rooms are only suitable for independent ambulant residents.

Some grab rails were required in shower and toilet areas.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The layouts of bedrooms can be changed to accommodate resident's needs as required. Toilet and shower rooms have been accessed and extra grab rails fitted where required.

Proposed Timescale: 19/11/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Residents requiring modified diet did not have a choice at mealtimes.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

Residents requiring a modified diet will have a choice at mealtimes.

Proposed Timescale: 18/11/2014

Theme:

Person-centred care and support

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

The kitchen and cooking utensils were not sufficiently clean for the safe preparation of food.

Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

The practices and procedures in place for the safe preparation of food has been reviewed and implemented accordingly.

Proposed Timescale: 18/11/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Privacy in shared bedrooms continued to be an issue due to the positioning of some of the curtains.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

All shared rooms have now been fitted with suitable screening to allow residents to undertake personal activities in private.

Proposed Timescale: 01/12/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

A staffing review is required to ensure that staffing levels were appropriate over the 24 hours as residents spent long periods in their rooms and in bed.

Action Required:

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

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

Resident care/activity plans are in place and highlight resident wishes in regards to activities and bed times. All residents are encouraged to exercise their own personal choice in regards to bed times. Staffing levels are calculated in line with dependency levels and resident wishes.

Proposed Timescale: 07/01/2015