### Centre Details

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>New Houghton Hospital</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000603</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Hospital Road, New Ross, Wexford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>051 420 553</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:beryl.mckee@hse.ie">beryl.mckee@hse.ie</a></td>
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<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Barbara Murphy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Batan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Louisa Power</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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</tbody>
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#### Inspection Details
- **Number of residents on the date of inspection:** 42
- **Number of vacancies on the date of inspection:** 2
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 1 day(s).

The inspection took place over the following dates and times
From: 10 June 2015 10:30  To: 10 June 2015 16:30

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

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<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This inspection which was conducted as a follow up to the registration inspection that occurred over two days on 03 and 04 March 2015. On the previous inspection inspectors were not assured that medication management practices were robust. Therefore the medicines management inspector accompanied the inspector on this inspection and focused on the outcome of medication management which remained non compliant on this inspection also.

The follow up inspection took place to inspect against the actions from the previous inspection. As part of the inspection the inspectors met with the provider, person in charge, and staff. The inspectors followed up on actions from the previous inspection and reviewed documentation such as care plans, training records, rosters, policies and procedures and medication management documentation.

On the follow up inspection the inspectors found that out of the 12 non compliant outcomes from the previous inspection two were now compliant, two outcomes were major non compliant, eight continued to have moderate non compliances and there
was one additional outcome that was now substantially compliant.

Overall, while some improvements were noted the inspectors found that the service remained significantly non compliant in some areas of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, contraventions included:

Medication management
restraint
care planning
premises
end of life.
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:
On the previous inspection effective management systems were seen to be in place in the centre during the inspection. The person in charge was suitably qualified and demonstrated knowledge of the Regulations and the Authority's Standards.

Only the components in relation to the risk management strategy and the review of quality and safety of medicines management were considered. Inspectors found that improvements in auditing practices were required to identify pertinent deficiencies.

A newly devised risk management strategy had been developed which outlined the governance arrangements to be put in place to manage risk and quality. The risk management strategy outlined a process for serious adverse events where the regional clinical risk manager was to complete a review of the event with robust investigations. However this process had not yet commenced. The terms of reference of the Quality and Safety Committee were made available to the inspectors. Inspectors saw that this committee will manage and review measurable quality key performance indicators.

Additionally, on the previous inspection the audit process was not sufficiently comprehensive to monitor the quality and safety of care in the centre. On this inspection inspectors saw that this remains the same as it is supported by the findings of this inspection that identified deficits in a number of areas including medication management, restraint, consent, and care planning, all of which will be discussed in further detail under the relevant outcomes of this report. The results of the monthly medicines management audits were made available to inspectors. Inspectors saw that the audits were limited in scope and did not review the entire medicines management cycle. Therefore, pertinent deficiencies could not be identified.

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspectors were satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated a commitment to improving outcomes for the resident group.

However, the person in charge does not have the required experience of three years experience of nursing older persons within the previous six years to meet regulatory requirements. This remains the same as on the previous inspection.

**Judgment:**
Non Compliant - Moderate

**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
As outlined in outcome 9, inspectors observed that the medicines administration sheets
were left blank on occasion where medicines was due to be administered. Therefore, there was not a complete record of each medicine administered signed and dated by the nurse administering the medicines.

Judgment:
Substantially 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:**
Only the components in relation to positive behaviour support and restraint were considered and inspectors found that improvements were required in order to provide residents with support that promotes a positive approach to behaviours that challenge. The use of restraint was not in line with the national policy on restraint.

The person in charge informed inspectors that she had experienced challenges in sourcing suitable training to address the deficits previously identified in managing behaviour that is challenging. The person in charge provided inspectors with documentary evidence.

In relation to positive behaviour support, inspectors confirmed that a multidisciplinary team meeting had organised to discuss the measures required to support individual residents with behaviours that challenge. Attempts had been made to organise an up to date psychological assessment. Staff with whom inspectors spoke confirmed that incidents were being reported but that evidence based tools, such as ABC (Ancedent Behaviour Consequence) charts, were not being used to log and monitor behaviour to track trends and aid understanding of the behaviour.

Based on a sample reviewed, inspectors noted that documentation in relation to chemical restraint was not in accordance with "Towards a Restraint Free Environment in Nursing Homes", a policy document published by the Department of Health. Where psychotropi or benzodiazepine medicines were prescribed on an ‘as required’ basis, the indication was not specified nor had care plans been developed to guide staff in the appropriate administration of the medicine.
Where chemical restraint was used, nursing notes and records did not outline sufficient detail in relation to an episode where a PRN benzodiazepine medicine was administered. Alternative strategies trialled, for example reassurance or diversion, were not outlined. Therefore, it was not clear from the documentation if episodes of challenging behaviour were managed in a manner that was least restrictive in this case, if alternative strategies had been ineffective and the use of restraint had been reviewed after use.

Judgment:
Non Compliant - Major

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

Theme:
Safe care and support

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

Findings:
Only the components relating to fire safety and the prevention and control of healthcare associated infections were considered. Inspectors found that procedures for the management of an invasive medical device, in line with the standards for the prevention and control of healthcare associated infection published by the Authority, were not consistently implemented.

Inspectors saw evidence that fire training had been facilitated for staff. All but one staff member had attended training and the outstanding staff member was booked to attend on 30 June 2015.

Inspectors reviewed care plans and supporting documentation for a resident at risk of developing a healthcare associated infection due to the presence of an invasive medical device. Clear management protocols for this device had been outlined to staff by the specialist team but this had not been included in her care plan. Records of daily inspection of the device were absent and systems were not in place to track the management of the medical device from the date of insertion.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
Inspectors found that the centre-specific medicines management policy was in line with evidence-based practice. However, inspectors observed that improvements were required in relation the transcribing, storage, stock control and documentation practices. The centre-specific policy on medicines management was made available to inspectors and had been reviewed in August 2012. The policy was comprehensive and evidence based. Staff with whom inspectors spoke demonstrated an awareness of this document. However, as outlined in outcome 18, some nursing staff did not demonstrate adequate medicines management knowledge. Inspectors noted that medicines were stored in a locked cupboard or medicines trolley. Medicines requiring refrigeration were stored appropriately.

The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was to be monitored and recorded daily. However, as outlined in outcome 11, there were gaps in documentation noted by the inspectors. Medicines for residents were supplied by the pharmacy department in an acute hospital. The person in charge confirmed that a process was being implemented to ensure that residents were given a choice of pharmacist. Inspectors noted that the handling of controlled drugs within the centre was in accordance with current guidelines and legislation. However, staff with whom inspectors spoke outlined a practice for receipt of controlled drugs that did not maintain a robust chain of custody as per the Misuse of Drugs Regulations.

The practice of transcription was not in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais; this is covered in outcome 11. An inspector reviewed a sample of prescription records. Where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the medical practitioner on the prescription chart. Times for administration were not recorded on a number of prescriptions and there was no evidence that these had been clarified prior to administration. Based on a sample reviewed, an inspector noted that medicines administration sheets identified the medicines on the prescription sheet and allowed space to record comments on withholding or refusing medicines.

However, the medicines administration sheets examined were not always complete and accurate; this is covered in outcome 5. Staff reported that medicines which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. However, inspectors noted that robust procedures were not in place to ensure effective and efficient stock control. Staff with whom inspectors spoke stated that there were no agreed maximum or minimum stock levels to ensure that adequate stock is maintained that is not excessive and that only medicines required by residents were held in stock. Inspectors saw that there was a system in place for reviewing and monitoring
safe medicines management practices. Results of audits in relation to medicines management were made available to inspectors. However, as outlined in outcome 2, the audits were not sufficient to identify pertinent deficiencies.

**Judgment:**
Non Compliant - Major

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**Outcome 10: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**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:**
On the previous inspection, the person in charge did not ensure a written report was provided to the Chief Inspector at the end of each quarter in relation to any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used as required by legislation.

The person in charge had submitted a report on chemical restraint in use. However, the report did not specify on how many occasions the restraint was used and the rationale for use of restraint was not clearly indicated.

**Judgment:**
Non Compliant - Moderate

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**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 found that improvements were required in care planning practices and to ensure that medicines management practices were in line with guidance issued by An Bord Altranais agus Cnáimhseachais.

Inspectors noted that professional guidance issued by An Bord Altranais agus Cnáimhseachais was not followed in relation to medicines management. There were gaps in the documentation of the temperature and reliability of medication refrigerators. Transcribed records reviewed did not always contain the date of transcription. 30% of transcribed records reviewed contained a least one spelling error.

Care plans were not developed in line with each resident’s individual needs. For example, a resident with epilepsy did not have a care plan to guide staff in the management of epilepsy and seizures. Also on the previous inspection there was no evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan when reviewed or updated. The inspector reviewed a sample of care plans on this inspection and found that there inconsistent evidence of resident/relative involvement in the plan of care.

On the previous inspection, inspectors saw that residents did not have access to occupational therapy (OT) services. Inspectors observed a number of residents in the upstairs dayroom sitting in therapeutic chairs not recommended for them. Documentation seen by inspectors demonstrated that multiple requests for review of residents’ chairs had been sent to the community occupational therapy in the last 12 months. This remains the same to date.

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:
On the previous inspection inspectors found that the premises posed some difficulties in
the provision of care due to the lack of private space and facilities for residents. The majority of residents were accommodated in four-bedded rooms which afforded little privacy or room for personal storage.

Residents are still accommodated in four-bedded rooms and there were no definitive plans in place to reduce the number of residents in each room. The person in charge outlined that extra storage space would be provided for residents by adapting areas in other storage rooms to accommodate extra clothing should the need arise.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
On the previous inspection there were four complaints and each related to a resident threatening other residents with assault or physically assaulting them. In all cases it was unclear what the outcome of the complaint was. There was not any recording of whether the complainant was satisfied or not. On this inspection inspectors observed that the management and recording of complaints was in line with the Regulations.

**Judgment:**
Compliant

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**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:**
On the previous inspection, inspectors saw that care needs were identified on admission and documented accordingly there was no evidence of any advance planning to ensure the expressed preferences of residents were taken into account prior to them becoming unwell.

This outcome remains non compliant as in a sample of care plans reviewed by the inspector there was no evidence of any advance care planning. Inspectors were still not assured on this inspection of the process used to obtain a valid consent in accordance with legislation and current best practice guidelines.

There was evidence in medical records that end-of-life care and decisions regarding resuscitation were discussed by the consultant geriatrician in a timely manner with residents and families. The decisions reached were recorded in the medical records. However, there was no evidence of discussion or input from residents or relatives on the record or on a separate consent form to confirm this decision. Inspectors did not observe that these decisions were reviewed or updated which is not in accordance with best practice.

As outlined under outcome 12 the majority of residents are accommodated in four bedded rooms therefore the option of a single room in the event of more than one resident requiring end of life care could not always be guaranteed for residents.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The majority of the residents share multi-bedded rooms where there was insufficient space for personal possessions and lockable storage was not available to all residents. As outlined under Outcome 12 the person in charge told inspectors of the plan in place to adapt current storage to meet the needs of residents. Lockable storage is now provided to all residents.

**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):

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

### Findings:

Not all mandatory training such as fire training and manual handling was up to date. Training records did not demonstrate that staff had attended recent training on the use of physical restraint and behaviours that challenge as previously outlined in the report as areas requiring improvement to ensure staff provided care in accordance with contemporary evidenced-based practice.

On this inspection as outlined under the relevant outcomes there were still some deficits in training. However, inspectors acknowledge that the timescale had not yet elapsed in relation to challenging behaviour training. Inspectors observed that there was no formal support and supervision available for staff which would identify training needs of individual staff members. The process of formal support and supervision has not yet commenced.

### Judgment:

Non Compliant - Moderate

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### 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:

Ide Batan
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 report**

<table>
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<tbody>
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<td>Centre ID:</td>
<td>OSV-0000603</td>
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<tr>
<td>Date of inspection:</td>
<td>10/06/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>10/07/2015</td>
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**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:**
Medicines management audits were limited in scope and did not review the entire medicines management cycle. Therefore, pertinent deficiencies could not be identified which would ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Action Required:**

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:
Expanded comprehensive Medication Management Audits has been introduced and the first audit has been completed 16/06/2015 and will be followed up on a monthly basis to ensure compliance. The CNMII and ADON have been trained to undertake expanded audits going forward.

Proposed Timescale: 16/06/2015

Outcome 04: Suitable Person in Charge

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge does not have the required experience of three years experience of nursing older persons within the previous six years to meet regulatory requirements.

Action Required:
Under Regulation 14(3) you are required to: Ensure the person in charge is a registered nurse with not less than 3 years’ experience of nursing older persons within the previous 6 years, where residents are assessed as requiring full time nursing care.

Please state the actions you have taken or are planning to take:
This person has been in charge in this hospital for 18 months and previously worked with older people in Waterford University Hospital. She has completed her Dementia Champion and attended courses to ensure that she is well advised with evidence based practice in Nursing of Older People.

Proposed Timescale: 10/07/2015

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:
Medicines administration sheets were left blank where medicines was due to be administered.

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:**
Medication management education sessions and audits have commenced. A new prescription book has been introduced to ensure compliance with schedules 2, 3 and 4.

**Proposed Timescale:** 08/07/2015

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<td><strong>Theme:</strong> Safe care and support</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Training in responding to and management of behaviour that is challenging had not yet commenced.

**Action Required:**
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

**Please state the actions you have taken or are planning to take:**
Training has been sourced to ensure that staff are given the skills to manage behaviour that is challenging to commence in July 2015 and completion in August 2015.

**Proposed Timescale:** 30/08/2015

| Theme: Safe care and support |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Prescriptions for ‘as required’ psychotropic or benzodiazepine medicines did not specify the indication for administration nor had care plans been developed to guide staff in the appropriate administration of these medicines.
It was not clear from the documentation if episodes of challenging behaviour were managed in a manner that was least restrictive in this case, if alternative strategies had been ineffective and the use of chemical restraint had been reviewed after use.

**Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.
Please state the actions you have taken or are planning to take:
A system is now in place to ensure that where restraint is being used it is in accordance with National Policy and that documentation is maintained. Restraint training has commenced to ensure all staff are updated in policy and procedures.

Proposed Timescale: 30/07/2015

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:
Procedures for the management of an invasive medical device, in line with the standards for the prevention and control of healthcare associated infection published by the Authority, were not consistently implemented.

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:
A guideline has been introduced to ensure that procedures are consistent with the Standards for the Prevention and Control of Healthcare Associated Infections.

Proposed Timescale: 16/06/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had attended fire training.

Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
100% fire training and evacuation are to be carried on regular basis
## Proposed Timescale: 30/06/2015

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<thead>
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<th>Outcome 09: Medication Management</th>
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<tr>
<td><strong>Theme:</strong> Safe care and support</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The practices for the receipt of controlled drugs that did not maintain a robust chain of custody as per the Misuse of Drugs Regulations.

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

**Please state the actions you have taken or are planning to take:**
A robust system has been put in place to ensure that the custody of controlled drugs is maintained as per the Misuse of Drugs Regulations.

## Proposed Timescale: 16/06/2015

| Theme: Safe care and support |

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the medical practitioner on the prescription chart. Times for administration were not recorded on a number of prescriptions and there was no evidence that these had been clarified prior to administration.

### 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:**
Meeting held with medical officer to discuss the importance of maintaining compliance with regulations and legislation.
Medication management audit has commenced and also education has commenced and all staff to complete HSE Land medication management training.

## Proposed Timescale: 30/08/2015

| Theme: |

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Page 20 of 26
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The there were no agreed maximum or minimum stock levels to ensure that adequate stock is maintained that is not excessive.

**Action Required:**
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:
Practices have been reviewed and minimum and maximum levels of prescribed medicines have been put into practice. Procedures have been put in place regarding the return of medicinal products that are no longer required to hospital pharmacy. Policy has been amended to reflect reviewed practices.

**Proposed Timescale:** 19/06/2015

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**Outcome 10: Notification of Incidents**

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had submitted a report on chemical restraint in use. However, the report did not specify any occasions restraint was used and the rationale for use of restraint was not clearly indicated.

**Action Required:**
Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

Please state the actions you have taken or are planning to take:
The quarterly report will be compliant with Schedule 4

**Proposed Timescale:** 31/07/2015

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**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 developed to address residents’ needs for example epilepsy.

**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:**
To ensure comprehensive assessment and personalisation of all care plans for all residents in the unit, the introduction of the DML care plan (Minimum Data Set Care Planning) has commenced

**Proposed Timescale:** 10/07/2015

**Theme:**
Effective care and support

### Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector reviewed a sample of care plans on this inspection and found that there inconsistent evidence of resident/relative involvement in the plan of care.

**Action Required:**
Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

**Please state the actions you have taken or are planning to take:**
To ensure comprehensive assessment and personalisation of all care plans for all residents in the unit, the introduction of the DML care plan (Minimum Data Set Care Planning) has commenced

**Proposed Timescale:** 10/07/2015

**Theme:**
Effective care and support

### Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was evidence that some residents were in an unsuitable care environment here and would be more suited to residential accommodation with daily activity facilitated by qualified social care workers.
### 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:**
Referral made to mental health team to provide mental health assessment and following this report a multi-disciplinary professional meeting to discuss the needs of the client shall be held.

#### Proposed Timescale: 30/07/2015

#### Theme:
Effective care and support

#### The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors saw that residents did not have access to occupational therapy (OT) services.

**Action Required:**
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

**Please state the actions you have taken or are planning to take:**
Funding has been approved to access OT services for residents.

#### Proposed Timescale: 10/07/2015

#### Theme:
Effective care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Professional guidance issued by An Bord Altranais agus Cnáimhseachais was not followed in relation to medicines management.

**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:**
To ensure comprehensive assessment and personalisation of all care plans for all residents in the unit, the introduction of the DML care plan (Minimum Data Set Care...
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 inspectors found that the premises posed some difficulties in the provision of care due to the lack of private space and facilities for residents. The majority of residents were accommodated in four-bedded rooms which afforded little privacy or room for personal storage.

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:
The proposal from estates would have 4 double rooms and 16 single rooms giving 24 patients on the ground floor. The first floor would also have 4 double rooms and 18 single rooms giving 26 patients. The total compliment of beds would be increased to 50 and the proportion of single rooms to the total number of patients would be 68%. The proposed site layout indicates the extension would comfortably fit on the site. This proposal is to be sent out to tender to procure a design team. Following this funding will need to be sourced nationally.

Proposed Timescale: 31/07/2015

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While care needs were identified on admission and documented accordingly there was no evidence of any advance planning to ensure the expressed preferences of residents were taken into account prior to them becoming unwell.

Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.
Please state the actions you have taken or are planning to take:
To ensure comprehensive assessment and personalisation of all care plans for all residents in the unit, the introduction of the DML care plan (Minimum Data Set Care Planning) has commenced

**Proposed Timescale:** 10/07/2015

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The majority of residents were accommodated in four bedded rooms therefore the option of a single room in the event of more than one resident requiring end of life care could not always be guaranteed for residents.

**Action Required:**
Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident’s condition, with the resident’s consent. Permit them to be with the resident and provide suitable facilities for them.

**Please state the actions you have taken or are planning to take:**
End of life policy been rolled out to ensure that all family and friends are aware and appropriate facilities are offered to clients

**Proposed Timescale:** 27/07/2015

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some nursing staff were unable to demonstrate adequate knowledge in relation to medicines management.

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

**Please state the actions you have taken or are planning to take:**
Medication management education has commenced and all staff must complete HSEland medication management training
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<th>Proposed Timescale: 30/08/2015</th>
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<tr>
<td><strong>Theme:</strong> Workforce</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong> Ensure that staff are appropriately supervised.</td>
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<td><strong>Action Required:</strong> Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> Performance appraisal has commenced which will ensure appropriate supervision and education needs</td>
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<td><strong>Theme:</strong> Workforce</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong> There are still some deficits in training. Ensure that staff have access to mandatory training and other continuous professional development to meet the needs of the resident population.</td>
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<tr>
<td><strong>Action Required:</strong> Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.</td>
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<td><strong>Please state the actions you have taken or are planning to take:</strong> Mandatory training is ongoing and additional sessions have been organised</td>
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