<table>
<thead>
<tr>
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<th>Marian House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000693</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Holy Faith Convent, Glasnevin, Dublin 11.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 837 6165</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:marianhouse_hfc@yahoo.ie">marianhouse_hfc@yahoo.ie</a></td>
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<tr>
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<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Paula Philips</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jim Kee</td>
</tr>
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<td>Support inspector(s):</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 18 September 2015 09:10
To: 18 September 2015 19:40

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk</td>
<td>Substantially Compliant</td>
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<tr>
<td>Management</td>
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<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
This was an unannounced inspection of the centre to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. As part of the inspection, the inspector met with residents, and staff members. The inspector observed practices and reviewed documentation such as care plans, accidents and incident forms, medical records, policies and procedures, and staff files.

The person in charge was on a rostered day off at the time of the inspection, but attended the centre when informed of the inspection. The provider nominee was working in the centre on the day of the inspection. Overall the inspector was satisfied with the governance and management of the centre, the standard of care provided, measures to promote residents' safety, and that there were sufficient resources to ensure the effective delivery of care.

Evidence of good practice was found across all outcomes with 4 out of 9 outcomes deemed to be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2013. Outcomes judged to be fully compliant included the suitability of the person in charge, safeguarding and safety, complaints and suitable staffing. The centre was managed by a suitable
qualified and experienced nurse manager. There were measures in place to protect residents being harmed or suffering abuse. Complaints were well managed within the centre. The levels and skill mix of staff were sufficient to meet the needs of residents at the time of this inspection.

The outcome on governance and management was deemed to be moderately non compliant. There was a clearly defined management structure that identified the lines of authority and accountability, and all staff with whom inspectors spoke knew the reporting structure within the centre. The inspector found that the quality of care and the experience of the residents were monitored and assessed on an on-going basis, and that there were sufficient resources to ensure the effective delivery of care. There was an annual review of the quality and safety of care delivered to residents available but this required further development, including the review being made available to residents.

The outcome on health and safety and risk management was found to be in substantial compliance with the Regulations. There were policies and procedures in place for risk management, emergency planning and health and safety within the centre. However, the risk management policy required updating to include the risk of abuse.

The outcome on medication management was moderately non compliant. The findings of a recent medication check completed within the centre indicated that medication administration practice within the centre required further review. The inspector also noted that aspects of prescribing and documentation relating to PRN (as required) medicines required improvement.

The outcome on health and social care needs was substantially compliant with the Regulations. Each resident's wellbeing and welfare was maintained by a high standard of evidence based nursing care, and appropriate medical and allied health care. However the inspector did note that one resident had no care plan in place for an assessed need.

The outcome on food and nutrition was moderately non compliant with the Regulations. There were processes in place to ensure residents' nutritional needs were met, but there was no documentation system in place to ensure that all staff, including kitchen staff had access to current information on residents' special dietary requirements.

The action plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's standards.
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):
No actions were required from the previous inspection.

Findings:
There was a clearly defined management structure that identified the lines of authority and accountability, and all staff with whom inspectors spoke knew the reporting structure within the centre. The inspector found that the quality of care and the experience of the residents were monitored and assessed on an ongoing basis, and that there were sufficient resources to ensure the effective delivery of care. There was an annual review of the quality and safety of care delivered to residents available but this required further development, including the review being made available to residents.

The inspector reviewed the audits conducted within the centre, that included a monthly audit of incidents, audits of catheter use, audits of residents who spent significant periods of time in bed or chairs, audits of pressure sores, health care acquired infections, audits of residents experiencing moderate to severe pain, audits of residents' weights. Safety crosses were on display within the centre to enable everyone within the centre to be aware of quality and safety indicators including health care acquired infections, and these were updated on a daily basis by the nurse on night duty.

There were regular meetings between the provider and the person in charge within the centre, to discuss a variety of issues including falls, infections and nutrition. The provider was working as the nurse on duty on the day of the inspection, due to sick leave, and was well known to the residents and staff within the centre. One of the full time nurses had recently been appointed as the assistant nurse manager and was named as a person participating in the management of the centre. The person in charge and the provider worked together to address the needs of the residents.

The annual review for 2014 was reviewed by the inspector. This report on the quality and safety of care of residents included reviews of bed occupancy, admissions and discharges and also included information on training, complaints, maintenance issues, catering, cleaning and staffing issues. The report also included an action plan to address
falls within the centre. The annual review required further development to ensure that it comprehensively reviewed the quality and safety of care delivered to residents to ensure that the care was in accordance with relevant standards, and to ensure that recommendations for improvement resulted from the review process. Resident satisfaction surveys had been distributed to residents within the centre but the resultant analysis of these surveys had not been incorporated into the annual review in a format that had been made accessible and available to residents.

**Judgment:**
Non Compliant - Moderate

**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:**
The person in charge was the nurse manager of the centre, a registered nurse and worked full time within the centre. The person in charge was on a day off on the day of the inspection but when informed of the inspection, came to the centre and remained there for the rest of the inspection. The person in charge was well known to the residents, very knowledgeable of the individual residents and clearly focussed on delivering a high standard of person centred care.

**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):**
No actions were required from the previous inspection.
Findings:
The inspector found that measures were in place with regard to the safeguarding of residents.

Measures were in place to protect residents from being harmed or suffering any form of abuse, including a policy outlining measures to prevent, detect and respond to any allegation of abuse. The inspector discussed the need to update this policy to reflect the current national policy with the person in charge and the provider nominee at the feedback held at the end of the inspection. Staff with whom inspectors spoke were knowledgeable with regard to their responsibilities in this area, and had attended training on recognising elder abuse. Residents stated that they had no concerns regarding their safety in this centre, and all residents spoken to during the inspection were complimentary of the care provided within the centre.

A restraint free environment was very much promoted within the centre with relevant policies and procedures in place. There was minimal use of bed rails with only one resident having one bed rail in place.

There were systems in place to safeguard residents' finances, and the inspector was satisfied having reviewed the procedures and documentation with the person in charge that the current system was sufficiently transparent and secure.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
There were policies and procedures in place for risk management, emergency planning and health and safety within the centre. The risk management policy required updating to include the risk of abuse.

The inspector reviewed the health and safety statement that was on display within the centre, and also reviewed completed risk assessments. Fire drills were completed on a regular basis and any issues identified were addressed. Fire evacuation instructions were clearly displayed within the centre and all fire exits were unobstructed. Personal emergency evacuation plans were in place for residents that detailed daytime and night time modes of evacuation. There was an emergency plan in place detailing procedures
to be followed in the event of fire, flood, a gas leak, and in the event of an intruder.

Staff spoken with were all knowledgeable regarding fire safety and evacuation procedures, and had completed fire safety training. The records showed that there was regular servicing of the fire detection and alarm system, the fire equipment, and the emergency lighting system. A documented system of in-house checks relating to fire safety was also in place.

There was a falls committee in place, and post falls assessments were completed. Review of incidents and accidents indicated that risk control measures were implemented following internal review of the incidents. Staff had completed manual handling training. Records were available of three monthly checks of lifting equipment within the centre. Residents' mobility was regularly assessed and instructions for assisting residents to mobilise were available and accessible to staff.

Staff had completed hand hygiene training. Health care acquired infections were monitored within the centre and infection issues were discussed by the person in charge and the provider nominee at management meetings.

The risk management policy was reviewed by the inspector and included measures and actions to control the risks of self harm, managing episodes of violence and aggression, management and prevention of resident elopement and also included safety awareness and falls prevention. The policy reviewed by the inspector on the day of the inspection did not include the measures and actions in place to control the risk of abuse.

Risk assessments were also completed for residents outings and for staff working with residents who required extensive assistance. There was a system of in house safety checks conducted within the centre that included monthly water temperature checks, and monthly checks of the window restrictors. The door to the sluice room on the first floor of the centre was found to be open by the inspector which posed a risk to residents safety. This hazard had not been identified as a risk within the centre.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
There were written operational policies implemented within the centre relating to the
ordering, prescribing, storage and administration of medicines to residents. The inspector was satisfied that the system in place for handling and administration of medicines was safe, although the inspector was concerned by the findings of a recent medication check completed within the centre that indicated that medication administration practice within the centre required further review. The inspector also noted that aspects of prescribing and documentation relating to PRN (as required) medicines required improvement.

Medicines were supplied to the centre by a retail pharmacy business in original packs were possible. All medicines were stored securely within the centre, and a fridge was available for all medicines or prescribed nutritional supplements that required refrigeration. Each resident had a separate section on the medication trolley within which their individual medicines were stored. Photographs of the resident were printed on individual labels and were attached to the residents medicines as a safety measure. All controlled (MDA) medicines were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances checked and signed for by two staff each day.

The inspector observed medication administration and observed that the nurse was knowledgeable regarding residents’ individual medication requirements, and all medicines were seen to be administered in line with professional guidelines. Records were maintained of refusal of medicines by residents, and the inspector noted that for one resident a medication needs care plan was in place that addressed non compliance issues with medication due to cognitive impairment, that included a plan to encourage the resident to take the prescribed medicines. The prescription sheet contained space for the prescriber to document medication reviews, and reviews were documented on a regular basis.

The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis to conduct audits of medication management.

Nurses had completed medication management training, and medication errors were recorded and reviewed within the centre. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines. Random medication checks were conducted within the centre to audit the quantities of medicines in stock against the expected quantities of medicines based on prescribed dosage regimens. There was a significant level of variance in a recent audit reviewed by the inspector which raised concern regarding administration practices. The cause of this variance had not been definitively established at the time of the inspection, but medication administration practice required further review to ensure that all medicines were administered as prescribed.

The inspector reviewed a number of the prescription and administration sheets and identified issues relating to PRN (as required) medicines that did not conform with appropriate medication management practice:
-The indication for use of PRN (as required) medicines was not consistently documented on the prescription sheet and there were no associated resident specific care plans in place for these medicines to guide staff in the administration of these medicines (in
some cases residents had been prescribed more than one medicine on a PRN basis to manage epileptic seizures but the prescription did not indicate which medicine was to be administered first and there were no protocols in place to guide practice to ensure appropriate consistent administration).

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Each resident’s wellbeing and welfare was maintained by a high standard of evidence based nursing care, and appropriate medical and allied health care. However the inspector did note that one resident had no care plan in place for an assessed need.

Residents had good access to general practitioner (GP) services, and GP's attended the centre on a regular basis. The community geriatrician was also available to residents, and the person in charge confirmed that the centre had good access to the community medicine for older persons service. Residents had access to a wide range of allied health professional services including, physiotherapy, occupational therapy, speech and language therapy, chiropody, and dietetics.

The inspector reviewed a number of the residents' files which contained details of all completed assessments and care plans and found that these contained the required information to guide the care of the majority of the residents, and were updated to reflect the residents' changing care needs. The care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment, skin integrity and dependency levels. However one resident who was recently admitted to the centre had been assessed as being at risk of developing pressure sores, but there was no care plan in place related to skin integrity. The inspector noted that staff were appropriately monitoring pressure areas for any signs of deterioration.

There were care plans in place to address a number of issues including communication and cognition, mood and behaviour, mobility, psychosocial well being, personal care,
sleep and rest, nutrition and hydration, medication, elimination, skin condition, pain, religious and spiritual care and end of life planning. There was a documentation system in place outlining the re assessments completed at four monthly intervals or in response to a change in condition. Assessments and clinical records indicated that residents' health care needs were met through timely access to medical treatment. The centre utilised a pain assessment tool for residents with advanced dementia who may be unable to communicate any pain or discomfort verbally, and also used a geriatric depression assessment. A number of the care plans reviewed by the inspector were comprehensive, clearly outlining the necessary interventions required to address an identified need in a practical, person centred manner demonstrating an in depth knowledge of the resident concerned.

Judgment:
Substantially Compliant

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

Theme:
Person-centred care and support

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

**Findings:**
There was a written operational policy and procedure for the management of complaints. The inspector examined the complaints records maintained within the centre and found that detailed records were kept of the complaint, actions taken and the outcome. It was clear from these records that complaints were addressed promptly and records of meetings/discussions held with the complainant were also maintained. The person in charge also recorded if the complainant was satisfied with the outcome of the complaint. The complaints procedure was on display within the centre.

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

Findings:
Each resident was provided with food and drink in quantities adequate for their needs. There were processes in place to ensure residents’ nutritional needs were met. However the inspector was concerned that there was no documentation system in place to ensure that all staff, including kitchen staff had access to current information on residents' special dietary requirements.

The inspector talked with residents during the lunchtime meal and residents stated they were happy with the food provided in the centre. The food provided was nutritious, hot, and attractively presented. Residents were offered a choice of main courses, cold drinks, desserts, and tea or coffee. The inspector found the mealtime to be a social and unhurried experience. Nursing and care staff monitored and provided assistance to residents in a discreet and appropriate manner when required.

Residents' weights were checked monthly or more frequently if required. The centre used a screening tool to identify residents at risk of malnutrition, and referrals were made to the dietician if necessary. Food and fluid intake records were maintained when required. Nutritional supplements were prescribed if necessary and their administration was documented. The inspector spoke to the chef who was knowledgeable with regard to residents' special dietary requirements, and those residents who had been assessed as requiring a modified consistency diet. However staff working in the kitchen did not have access to a current record of these requirements that was updated as necessary. There were a number of residents who required fortified diets as detailed in their individual nutrition and hydration care plans. Similarly nursing and care staff did not have easy access to a current record of residents' dietary requirements to ensure recommendations regarding modified consistency food and fluids and any other special dietary requirements were implemented. There was no up to date quick reference guide available to staff providing food and drinks to the residents in the dining, communal areas or in the residents' bedrooms. Menus were prepared on a weekly basis, adjusted seasonally and accommodated residents' food choices. All food was prepared in the centre kitchen and the chef confirmed that alternative meal choices were available for all residents, and that snacks were available at all times. The inspector observed residents being offered a variety of drinks and snacks throughout the day.

Judgment:
Non Compliant - Moderate

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best
recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**
The inspector found that the levels and skill mix of staff were sufficient to meet the needs of residents at the time of this inspection.

Staff rosters were made available to the inspector, and these detailed the hours rostered for all staff within the centre, and also detailed any changes to the planned roster to reflect the actual hours worked. Inspectors observed that staff on duty during the inspection were familiar with the needs of the residents, and provided care in a considerate and respectful manner. There was always one nurse on duty within the centre, and the inspector reviewed the registration status of each nurse to confirm up to date registration with their professional body.

The inspector reviewed the training plan for staff for 2015, and all necessary mandatory training was scheduled for staff as necessary. Staff spoken to by the inspector reported that training and education was provided on an on going basis. Records reviewed by the inspector confirmed that staff had received training in fire, recognising elder abuse, health and safety training, manual handling, CPR, hand hygiene, and medication management. A number of staff had also attended a dementia awareness workshop. A number of staff were also booked to attend training on wound management, continence promotion and holistic dementia care. Two of the staff were trained to deliver Sonas, and four staff had been trained on providing hand massages to residents.

There was a clear management structure in place within the centre that consisted of the provider nominee, person in charge (nurse manager), and a newly appointed deputy nurse manager who was named as a person participating in the management of the centre. Staff were appropriately supervised, and appraisals were conducted by the person in charge. Staff files reviewed during the inspection met all the requirements of Schedule 2 of the Regulations. The centre had an internal staff newsletter to keep staff informed of any new developments and any other relevant information.

There were a number of volunteers, including several from the order of Holy Faith Sisters who regularly attended the centre. All volunteers had been appropriately vetted and their roles and responsibilities were clearly outlined in writing.

**Judgment:**
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

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<td>18/09/2015</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:
The annual review required further development to ensure that it accurately reviewed the quality and safety of care delivered to residents to ensure that the care was in accordance with relevant standards, and to ensure that recommendations for improvement resulted from the review process.

1. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
• The Annual Review has been further developed to include quality improvement plans

Proposed Timescale: 14/10/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review had not been made available to residents.

2. Action Required:
Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:
• A copy of the Annual Review is now available at Reception for residents to access and residents have been informed through the Residents Newsletter.

Proposed Timescale: 12/10/2015

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:
The policy reviewed by the inspector on the day of the inspection did not include the measures and actions in place to control the risk of abuse.

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

Please state the actions you have taken or are planning to take:
• The Risk Management Policy now includes the measures and actions in place to control the risk of abuse.
**Proposed Timescale:** 16/10/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The door to the sluice room on the first floor of the centre was found to be open by the inspector which posed a risk to residents safety. This hazard had not been identified as a risk within the centre.

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

**Please state the actions you have taken or are planning to take:**
- A risk assessment has been completed regarding the sluice room door.
- A digital lock has now been placed on this door.

**Proposed Timescale:** 09/10/2015

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**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:**
There was a significant level of variance in a recent medication audit reviewed by the inspector which raised concern regarding administration practices. The cause of this variance had not been definitively established at the time of the inspection, but medication administration practice required further review to ensure that all medicines were administered as prescribed.

**5. 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:**
- Clinical supervision regarding medication administration practices.
- Daily auditing of medicines to be carried out for a defined period to identify reasons for variances.
- Identification of any further training and education needs through individual performance management.
Proposed Timescale: 30/11/2015

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector reviewed a number of the prescription and administration sheets and identified issues relating to PRN (as required) medicines that did not conform with appropriate medication management practice:
- The indication for use of PRN (as required) medicines was not consistently documented on the prescription sheet and there were no associated resident specific care plans in place for these medicines to guide staff in the administration of these medicines (in some cases residents had been prescribed more than one medicine on a PRN basis to manage epileptic seizures but the prescription did not indicate which medicine was to be administered first and there were no protocols in place to guide practice to ensure appropriate consistent administration)

6. 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:
• Prescription sheets will include the indications for administration of all PRN medications.
• The GP’s instructions on the prescription sheets will guide practice to ensure appropriate, consistent administration of PRN medication.

Proposed Timescale: 30/11/2015

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:
One resident recently admitted to the centre had been assessed as being at risk of developing pressure sores using a recognised assessment tool, but there was no care plan in place related to skin integrity.

7. 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.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A Care Plan is now in place to address this assessed need.</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 21/09/2015

<table>
<thead>
<tr>
<th><strong>Outcome 15: Food and Nutrition</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The documentation system in place apart from information listed in residents main files to ensure that all staff, including catering staff had access to current information on residents' special dietary requirements including information on fortified diets, allergies, modified consistency foods and fluids as recommended by speech and language therapists, dietetic staff or other health care professionals.

<table>
<thead>
<tr>
<th><strong>8. Action Required:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A list of residents on modified/special diets or with food allergies is now on display in the kitchen as a quick reference guide for the catering staff.</td>
</tr>
<tr>
<td>• Staff will continue to be briefed on residents’ special dietary requirements at each handover and at the daily practice development meetings.</td>
</tr>
<tr>
<td>• Quick reference guides will be placed in relevant bedrooms, these will be placed discreetly to ensure privacy and dignity of residents.</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 16/10/2015