

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Kieran's Care Home
Centre ID:	OSV-0000432
Centre address:	Rathcabban, Roscrea, Tipperary.
Telephone number:	057 913 9069
Email address:	stkieransnh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Kieran's Nursing Home Limited
Provider Nominee:	Matthew Gormally
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	5

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 02 September 2015 09:00 To: 02 September 2015 19:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

The purpose of the inspection was to review the 29 actions identified by the inspection of 30 June 2015. That inspection had been undertaken to ascertain the providers actions following as outlined in his response to the notice of proposal issued by the Authority in May 2015. The Notice of Proposal stated that admissions to the centre should cease until a plan to reconfigure the physical environment was submitted to and accepted by the Chief Inspector.

As part of this inspection inspectors reviewed policy documents, residents medical record and care plans, staff training and recruitment records rosters , accident and incident reports. Inspectors’ spoke with residents and staff and observed practices.

The commentary from residents was again very positive in relation to the care they received and the fact that they felt very safe in the centre. Of the twenty seven actions reviewed on this inspection eleven had been satisfactory completed. These included ensuring that residents had timely access to health care professionals, satisfactory assessment admission and discharges procedures, support for residents

with cognitive impairment, fire training for staff, the holding of fire drills and reviews of residents medication. Actions partially completed included safe recruitment practices, policy development and implementation.

Actions not completed satisfactorily included risk identification and management systems, transparency in the management of residents fee payments and completing the shower room and the remainder of the double bedrooms to make them suitable for use. While the time frames for the actions on the premises had not expired the inspectors were not satisfied that the provider was demonstrating a commitment to improving the physical environment for the residents' safety and comfort.

The provider has been requested on a number of occasions to forward evidence of time lines and in particular access to funding in order to undertake the proposed extension and renovation. This is necessary in order that the Authority can make a decision as the suitability of the interim measures for the short term while the renovations and extension is completed. This has so far not been forthcoming.

Additional actions were also identified on this inspection in relation to infection control risks in the premises and additional risks to residents by the unrestricted access of machinery to the site which was not connected to the designated centre.

Inspectors observed that staff were very kind, respectful and supportive of the residents.

Improvements were still required in the following areas:

- systems for identification of risk and learning from accidents and incidents
- deployment of staff
- staff recruitment procedures
- transparent management of residents finances
- reporting procedures in the event of allegations of abuse
- The overall suitability of the premises

The actions required by the provider are detailed at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

The action required from the previous inspection had been partially resolved. The rosters demonstrated that the person in charge had not worked excessively as the nurse on duty. There was also evidence in Outcome 11 Health and Social Care that the person in charge was in a position to supervise and monitor the delivery of care to the residents.

The reporting structures had remained with both formal and informal meetings taking place. Overall inspectors were satisfied that systems were satisfactory. While no further audits had been implemented there was a system of monitoring of critical clinical factors including monthly details on and analysis on resident's weights falls wounds, infection and dependency levels. The data collated indicated a low incidence of falls, and no pressure wounds. Staff meetings to monitor practice continued to take place. The system for review of the service included the views of the residents via the resident's forum. Currently no other systems such as surveys were used to ascertain the residents views and no annual report was available.

The continued delays in implementing the interim measures necessary for the premises, and the implementation of the planned extension does not demonstrate that there are sufficient resources available to ensure the effective delivery of care.

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):

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

Findings:

The person in charge had been appointed since April 2015 but had previously been the person in charge of the centre when it was first registered.

Inspectors found that her knowledge of the regulations had also been addressed. There was an effective on-call system and also a suitably qualified and experienced person to act in the absence of the person in charge.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

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

Findings:

This action had been partially resolved. This outcome was not examined in detail but inspectors found that the records required by regulation in relation to residents, including medical records and nursing record were up to date, easily retrieved with some minor improvements required. These related to the accurate documentation of the care plans for residents to reflect the care provided. Improvements had been made in the policy on the use of restraint. The policy on the management of behaviour that

challenges had not as yet been revised and implemented. The health and safety statement was signed and current. Some of the documentation required for staff was not available.

Judgment:

Non Compliant - Moderate

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

Some but not all actions had been resolved since the previous inspection. While staff had not yet had the training agreed on the care of persons with cognitive impairment and dementia this was scheduled to take place with an external agency for October 2015. The person in charge stated that attendance by all staff at this was considered mandatory.

The policy on the management of behaviours that challenge had not been revised and implemented. Although the draft guidelines seen by the inspectors demonstrated an evidenced based approach with the emphasis on understanding of the meaning of behaviours and the most appropriate strategies to use. The care plans in relation to this were generic and did not in fact demonstrate the strategies used by staff on daily basis. From a review of resident daily records, medical records and speaking with staff inspectors were satisfied that effective strategies were implemented. These included recognition of the most stressful times for the residents and planning for these. Access to psychiatric clinical support was also evident.

Reviews of psychotropic medication by these specialists was also evident. A review of Pro-re-nata (as required) medication demonstrated that medication was not used to manage behaviours and was monitored and reviewed on this inspection.

Policy on the use of restrictive practices had been revised and was found to be in line with national guidelines. A number of low beds were used rather than bed rails. The assessment tool was satisfactory in that it outlined the rational for the use of the bed rail, the safety measures required to ensure residents were safe and regular checking of the residents. Where such usage was contra-indicated it was not used. The assessment

tool remained satisfactory in that it outlined the rationale for the use of the bed rail, the safety measures required to ensure residents were safe and regular checking of the bed rails and the residents was evident. The use of bed-rails as restraint measures had been reduced following a trial and residents' relatives and GPs were involved in this decision. There was low usage of bed rails in the centre and no other restrictive practices were used.

Improvements were still required in safeguarding measures by formalising procedures in relation to the transparent recording, documentation and invoicing of resident's fee payments by either cheque or cash. Records of monies held for safe keeping on resident's behalf were found now to contain signatures of the resident or relative for return or spending of the monies.

Inspectors found that the function of the statutory agencies and reporting structures in relation to safe guarding was not clearly understood. The provider had acted appropriately and with the resident's consent had sought the intervention of one agency with statutory responsibility. However the HSE designated person for the protection of older persons had not been informed. The person in charge rectified this during the inspection with the consent of the resident. The concern related to matters external to the centre.

Judgment:

Non Compliant - Moderate

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

Theme:

Safe care and support

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

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

Findings:

Some but not all of the actions from the previous inspection had been resolved. There were policies and procedures in place to promote the safety of residents and the health and safety statement had been updated, signed and current as required. The risk management policy was available and this was compliant with the regulations.

An infection control policy was in place and was satisfactory. While the overall systems were satisfactory there were some risks identified in the procedures implemented for specific infection risks which required improvement. A barrier nursing protocol was put in place for one resident. Access to the resident's single room was curtailed. There were discreet notices in place and these did not breach the residents confidentially.

Laundry and clinical waste was managed according to guidelines. However, the gloves and aprons required for staff were not in a strategic location and inspectors noted that when the waste bin was emptied staff did not actually remove their protective equipment before leaving the room.

In addition, the finishing on the floor in the residents en suite toilet was unsuitable, the sink was not sealed appropriately and a rusty free standing assistive device was in place neither of which were suitable for robust infection control and prevention purposes.

The systems for learning and reviewing accidents and incident still required improvement and the system for identification of risk in a proactive manner was not robust. A staff member had been appointed as health and safety officer but the role had not been formalised or implemented.

Risks remained unidentified or actioned:

These included;

- infection control measures in regards to the bathrooms and sluice room.
- no smoking risk assessment had been undertaken on residents
- all doors had break glass key boxes in place. However, only one staff carried the keys and some keys were located on the top of the doors which could be accessed by residents who may then be placed at risk.

The flooring remained a falls risk as various additional joining seams were still raised. The inspectors observed a tractor and front loader entering the narrow drive way, and passing the front of the centre to gain access to a nearby field. Staff informed inspectors that this was a regular occurrence and on one occasion all cars had to be moved to allow access for a combine harvester. There had been no risk assessment of this ongoing access with this type of machinery by a person unconnected to the centre.

As agreed by the previous inspection a fire drill for all staff had taken place on 2 July and a further drill was scheduled for September 2015. The laundry room had been connected directly to the fire alarm system.

However, the emergency lighting was last serviced in February 2015 and not on a quarterly basis as required. The compartment fire door on the corridor was wedged open to allow staff ease of access to the sluice room and the hoist storage area. There was no individual evacuation plan for the residents who might require this due to their mobility status.

Fire procedures were displayed and staff spoken appeared to be knowledgeable on the procedures to be followed in such an event.

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):

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

Findings:

The action required had not been fully resolved within the agreed time frame. However, the person in charge provided evidence that she had sourced a pharmacist with whom they were in negotiations to provide a more robust method of dispensing and administration of medication. This would ensure that there was a easy reference for staff to correctly identify the medication prior to administration and as described was more suitable.

Prescriptions were found to be in order and all medications including medications discontinued were seen to be signed by the prescribing clinician. Systems for the receipt of, management, administration, storage and accounting for controlled drugs remained satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication. There was evidence on records that medication was reviewed three monthly or more often for individual residents where this was deemed necessary. No medication errors were reported in the intervening period.

Judgment:

Substantially Compliant

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):

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

Findings:

From a review of six residents' records and speaking with staff and residents inspectors

were satisfied that the actions from the previous inspection had been satisfactorily addressed by the person in charge. There was evidence of updated medical reviews for the residents and also evidence that where they required medical treatment or consultation outside of this it was facilitated promptly.

The care plans reviewed by inspectors had been updated and were reflective of the residents' assess needs. While some were not detailed enough, for example plans for the management of residents with dementia, or the management of catheters, nursing records confirmed the interventions and care provided. Therefore the inspector was satisfied that these were primarily documentary deficits in the care delivered.

There was regular access to allied services including speech and language, physiotherapy, occupational therapy and psychiatry of old age, chiropody, ophthalmic and dentistry. Advice and guidance from skin care specialists was available where necessary and incorporated into the residents care plans.

Five residents had been admitted for respite care since the previous inspection. Inspectors saw evidence that the person in charge had revised the admission process as required to ensure accurate and complete information was available in order to make an informed decision. No unplaced discharges had taken place and a revised discharge process had been implemented.

Judgment:

Compliant

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:

Actions from all previous inspections had identified that there were deficits in the premises which impacted on resident's quality of life and privacy and dignity. One of the purposes of the last inspection was to ascertain the actions the provider had taken as outlined in his response the Notice of Proposal issued by the Authority on 12 May 2015. The measures outlined by the provider were interim only based on the fact that the provider stated it was his intention to undertake a significant extension and renovate the

entire premises to a higher standard. The premises remains unsuitable for the number and needs of residents and while the changes outlined will make some improvements they are only suitable in the short term.

The actions from the previous inspection and the Notice of Proposal related to the suitability of the twin rooms for residents and the lack of sufficient and suitable toilets and shower rooms and easy access to the garden.

That inspection found that the provider had undertaken the following works as outlined in his response to the Notice of Proposal at that inspection:

- One extra toilet had been provided by re-locating the sluice room and converting the room in to a single toilet which is wheelchair accessible.
- The provision of suitable sliding doors/shared wardrobe space in four of the double rooms which allow access to the sinks and ease of mobility for residents and staff.
- The provision of suitable screening in four of the double boardrooms.

Tasks completed on this inspection included:

One shower/toilet had been renovated with new flooring and shower installed. The hoist which was identified as requiring servicing had been duly serviced.

Tasks outstanding at this inspection included:

- The remaining four double bedrooms still require to have suitable screening and wardrobes fitted.
- The provision of suitable safe and hygienic flooring and wall tiling in the second shower room which is currently unfit for use.
- Safe and hygienic flooring, shelving and hand-wash sinks were required in the sluice room.
- Removal of unsafe door saddles/ joining strips on the corridors.
- Access to the courtyard from the day room was still impeded by a high door step and a drop on the other side again posing a risk of falls.

The provider had commenced renovating the bedroom deemed to be only suitable for residents who were independently mobile. He had installed a small equipment storage area in a section of this room. He had informed inspectors that it was his intention to use the current staff office as a two bedded room in lieu of this bedroom. This is of concern as from observation inspectors saw that it was extremely difficult to negotiate this ramp with the drug trolley which would be stored in this room if it is used as the staff office. The person in charge stated that the oratory would then be used as a visitors or private room for residents. However, this room is also accessed via the steep ramp and therefore residents could not access this unassisted.

While the overall time frames for the completion of these actions had not expired the only task completed was one shower room. Inspectors were informed that this had taken three weeks when the shower room could not be used which left the residents access to an unsuitable shower room for that length of time.

The quality of the work undertaken was not of a good standard. For example, exposed piping and old plumbing was evident in the bedrooms and bathrooms. Tiles were replaced with non-matching tiles rather than a full replacement being undertaken. Paint work in all areas need to be refreshed. Toilet and shower room doors had been painted to help residents recognise them easily. However the paint was very poorly finished and streaked. The inspectors opened one of the new wardrobe doors and found that a residents' fingers would easily be caught as there were no handles on the doors.

- There remains no private space for residents such as a visitor's room apart from the bedrooms.

The sluice room is a considerable distance from the majority of the bedrooms and necessitates staff bringing the equipment down the corridors beside the dining and day rooms.

Storage remains a problem with hoist and other equipment being stored in what was the oratory.

There were a number of other impediments also identified and outstanding:

- The laundry room floor contained unsuitable cement flooring which could not be adequately cleaned. Sinks and storage presses in the laundry were worn and could not be adequately cleaned.

Judgment:

Non Compliant - Major

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

The actions required from the previous inspection had been resolved although the lack of space for residents and visitors and appropriate screening remains an issue in the premises. Very personal information and business matters in relation to residents was stored in a safe which only the person in charge had access to protect the resident confidentiality. This was at the residents request and was respected by the person in charge.

A policy on resident's right to privacy, confidentiality and possessions had been introduced by the person in charge and implemented with staff. Inspectors were assured that no actions such as staff accessing resident's mail or personal belongings without their consent had taken place. There was no evidence that this had occurred on this inspection.

Suitable locking mechanisms had been installed on the shower room /toilet doors and interconnecting doors to these facilities had been locked on one side to prevent someone entering accidentally.

Workforce:

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:

No changes had been made to the numbers and deployment of full-time nursing staff to ensure consistency of care for the residents. In total, there were four full-time nursing staff available with up to five others undertaking a variety of part time hours. While the quota of staff was satisfactory, the rostering arrangements showed a dependence on a small number of regular nursing staff, some of whom were seen to work up to 72hrs without a day off. There were then significant periods where irregular staff were on duty for long numbers of days and this did not support continuity of care for the residents.

There was a satisfactory number of health care assistant staff catering and housekeeping staff available.

Recruitment processes were still not in line with the requirements of the regulations and did not support safeguarding practice. There were gaps in employment history for all staff files viewed which had not been clarified. While some outstanding references had

been sourced a number were not from the last employer and information was not verified.

An Garda Síochána vetting for staff including the person in charge had only been applied for 6 weeks following the previous inspection. The person in charge stated that she had decided to update all vetting while seeking the vetting for the new staff. The provider agreed that no system of verification of the information given were used. An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff were in place.

The required training for staff in the support of staff with cognitive impairment was scheduled for October 2015.

While staff were supervised on a day-to-day basis by the nurse on duty there was no formal supervision system in place and this situation remained. However inspectors were satisfied that the person in charge was monitoring the delivery of care and addressing any issues with staff which emerged. Staff spoken with during the day were knowledgeable in relation to the residents' needs, their own roles, visible, available and engaging in a supportive and respectful way with the residents.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Kieran's Care Home
Centre ID:	OSV-0000432
Date of inspection:	02/09/2015
Date of response:	14/10/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Use of the available resources such as staff was not satisfactory to ensure the consistent delivery of care.

1. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

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

Currently the centre has been redecorated and bathroom and bedrooms upgraded. The new extension under the requirements will be completed and functioning by July 2016.

Proposed Timescale: 02/10/2015

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:

Policy on the management of behaviour that challenges was not devised and implemented.

2. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

The policy on the Management of Challenging Behaviour has been revised and implemented.

Training to all members of staff on Management of Challenging Behaviour scheduled for Tuesday the 20th of October 2015.

Proposed Timescale: 20/10/2015

Theme:

Governance, Leadership and Management

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

Record required by Schedule 2 pertaining to staff and schedule 3 pertaining to residents were not maintained in a manner to ensure completeness.

3. 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:

Residents care plans were revised and updated conveying individualised person centre care.

Proposed Timescale: 06/09/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Systems for the management and recording of residents fees and monies paid to the provider was not transparent to ensure residents were safeguarded.

4. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

A more robust recording system implemented.

Proposed Timescale: 05/09/2015

Theme:

Safe care and support

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

Additional training is required to ensure the correct reporting systems for potential or alleged abuses are implemented on any occasion where this is required.

5. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

The policy on Detection and Prevention of and response to abuse revised as per the national policy and procedures of Safeguarding Vulnerable Persons at Risk of Abuse and implemented.

Staff training on the policy scheduled for the 20th October 2015.

Proposed Timescale: 20/10/2015

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 system for identification of risk and implementing suitable control measures was not satisfactory. Risk had not been identified.

6. 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:

Risk assessments carried out within the centre as indicated.

Proposed Timescale: Ongoing

Proposed Timescale:**Theme:**

Safe care and support

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

The procedure implemented and the condition of some areas of the premises do not promote affective infection control measures.

7. Action Required:

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

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

The bathrooms upgraded and sluice relocated to improve infection control measures.

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:

Emergency lighting was not serviced quarterly as required.

8. Action Required:

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

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

Contract in place with the electrician for emergency lighting to be serviced quarterly.

Proposed Timescale: 02/09/2015

Theme:

Safe care and support

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

A fire door was wedged open which posed a risk to the residents in the event of a fire.

9. Action Required:

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

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

Wedge removed from fire door.

Proposed Timescale: 02/09/2015

Outcome 12: Safe and Suitable Premises**Theme:**

Effective care and support

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

The premises did not meet the needs of the residents for the following reasons:

The remaining four double bedrooms still require to have suitable screening and wardrobes fitted.

The second shower room is unsuitable for use as it does not have suitable safe and hygienic flooring and wall tiling.

Safe and hygienic flooring, shelving and hand-wash sinks were required in the sluice room.

The linen cupboard was contained within the new sluice room which was a risk of infection.

The laundry room flooring was not suitable for infection control purposes as it was concrete.

There are unsafe door saddles/ joining strips on the corridors.

There was a lack of suitable and easily accessible storage space for equipment such as hoists.

Access to the small uneven patio area outside was still restricted due to the step and drop in the other side.

There is inadequate space for residents to meet visitor's or have quiet time away from the group.

The premises was not maintained in a good state of repair.

10. 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:

Remaining four double bedrooms both wardrobes and screening fitted-08.09.2015.

Shower room refurbished-28.09.2015.

Sluice room been relocated therefore the linen room will not be a risk of cross infection 16.10.2015.

New flooring in laundry room-11.09.2015.

Extra storage space sourced-04.09.2015.

Step removed, patio door replaced and patio surface replaced-12.09.2015.

Proposed Timescale: 16/10/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Deployment of full-time nursing staff was not satisfactory to ensure consistency of care for the residents.

11. Action Required:

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

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

In the process of recruiting a full time RGN via a recruitment agency.

Proposed Timescale: Ongoing

Proposed Timescale: