<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Fairlawns Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000136</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Cavan Road, Bailieboro, Cavan.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>042 966 5930</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:fairlawnsnursinghome@gmail.com">fairlawnsnursinghome@gmail.com</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Fairlawns Nursing Home Limited</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Susan O'Reilly</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>PJ Wynne</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>36</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>1</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: 13 October 2015 08:45
To: 13 October 2015 17:50

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
The inspector met with the provider, person in charge and staff members. The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff.

The inspector reviewed progress on the action plan from the previous inspection carried out in July 2014. Notifications of incidents received since the last inspection was also considered and reviewed on this visit.

There were 36 residents in the centre during the inspection and one vacancy. All residents were residing in the centre for long term care with the exception of one resident. The inspector judged there was an adequate staff complement with the proper skills and experience to meet the assessed needs of residents at the time of this inspection.

The inspector evidenced that residents were receiving responsive healthcare to meet their assessed needs. The staff supported residents to maintain their independence.
where possible. The physical environment meets the needs of residents. The building was comfortably warm. Residents have access to a safe enclosed garden.

A total of 11 Outcomes were inspected. The inspector judged one Outcome as moderately non compliant. These included Information for Residents. Nine Outcomes were judged as substantially compliant with the Regulations and one compliant with the Regulations. As identified in Outcome 14, End of Life Care all staff were not trained on end of life care. As discussed under Outcome 7, Safeguarding and Safety, training in care of the elderly with dementia was not completed by all staff.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided. The statement of purpose was last updated in July 2014.

It was not revised after the centre’s registration was renewed to include the new date of expiry of registration and the updated registration number. More recently a new deputy was appointed to manage the service in the absence of the person in charge. This change in governance arrangements was not outlined in the statement of purpose.

**Judgment:**
Substantially Compliant

**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):**

**Findings:**
The inspector found that the management structure was appropriate to the size, ethos,
and purpose and function of the centre. There was an organisational structure in place to support the person in charge.

There was evidence of quality improvement strategies and monitoring of the services. Clinical data was collected and reviewed by the person in charge. This included information on physical restraint management, falls, hospital admission and the reason for admission, referrals to allied health specialists and any infection experienced by residents. Data was maintained on the amount and type of psychotropic and night sedative medication administered to residents.

Aspects of the quality assurance program reviewed required further development. Action plans were not developed to evidence individual enhanced outcomes for residents from clinical data collected and reviewed. In some audits the data was not reviewed until the end of a 12 month period to identify trends.

The audit findings were collated into a quality and safety of care report with copies made available to the residents or their representative for their information as required by the Regulations. This was an area identified for improvement in the action plan of the previous inspection.

**Judgment:**
Substantially Compliant

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**Outcome 03: Information for residents**

*A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The contract of care was revised as this was an area identified for improvement on the last inspection. The cost of additional expenses incurred by residents was set out in the revised contract of care. This identified charges payable per items not included in the overall fee.

The system to ensure each resident admitted to the service has a contract outlining the terms and conditions of their occupancy requires review. At the time of this visit there was one resident admitted to the centre for short term care. An agreed contract was not in place specifying the terms and conditions of occupancy and care.

A contract for respite admission was available. However, this requires review to clearly define the terms and conditions of occupancy for admission of a short stay duration.
contract references the Fair Deal Scheme which is applicable to long term admissions. Some admissions may only occur for a one week period. As per point 13 in the sample contract reviewed it requires residents to give two weeks’ notice of their intention to return home.

**Judgment:**
Non Compliant - Moderate

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**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 has not changed since the last inspection in July 2014. She is a registered nurse and holds a full-time post. She was well known by residents. She had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She has maintained her professional development and attended mandatory training required by the Regulations.

She has maintained her clinical skill up to date. Since the last inspection she has attended courses in dementia care, medication management and leadership communication.

**Judgment:**
Compliant

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**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.*

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Page 7 of 21
### Theme: Governance, Leadership and Management

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

#### Findings:
Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff. Policies requiring review from the previous inspection were updated.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner and easily retrievable.

A sample of staff files were reviewed. The files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed. Valid photographic identification as required from the action plan of the last inspection was in staff files reviewed.

The systems in place to maintain complete and accurate records requires review. The moving and handling needs communication sheet available to care staff did not accurately reflect the current level of assistance required. Evacuation needs of recently admitted residents was not updated on the fire register.

#### Judgment:
Substantially Compliant

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

#### Findings:
There was a policy on adult protection in place. The policy was revised since the last inspection. Residents spoken with stated that they felt safe in the centre. There was a visitors log in place.
Staff to whom the inspector spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. There was an ongoing program of refresher training in safeguarding vulnerable adults in place.

Measures are in place to ensure the residents are safeguarded. The contact details of the HSE senior case worker for adult protection are available to nursing staff.

Garda Síochána vetting had been applied for all staff members. This was evidenced by a review of returned Garda Siochana vetting forms examined by the inspector.

There is a policy on the management of behaviour that is challenging. Staff spoken with were very familiar with resident’s behaviours and could describe particular interventions well to the inspector for individual residents. Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. Sixteen staff had undertaken training in care of the elderly with dementia. However, all staff were not trained at the time of this inspection.

There was a policy on restraint management (the use of bedrails and lap belts) in place. The percentage of residents with a raised bedrail has decreased from 59% to 47% at the time of this visit. A new risk assessment was developed to take cognisance of a broader range of issues to include risks from challenging behaviour, intermittent confusion and medical conditions. However, there was limited multi disciplinary involvement in the risk assessment. There was limited detail why alternatives trialled were unsuccessful. The rationale in each assessment was not always detailed to outline how the raised bedrail supported the resident and ensured an enabling function.

On the last visit there were 23 beds where the bedrail was independently attached to the bed. This is now reduced to one and remains in place at the choice of the resident. Checks to ensure the safe positioning of the bedrails were completed to minimise the risk of entrapment.

Judgment:
Substantially 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:
The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by Regulation 26 and Schedule 5 to guide staff. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy and health and safety statement.

There was an emergency plan and this was found to be appropriate with identification of services and emergency numbers in the event of a range of possible occurrences. A missing person’s policy was in place. Hand testing indicated the temperature of dispensing hot water did not pose a risk of burns/scalds.

The inspector reviewed the fire safety register and training records. Staff to whom the inspector spoke confirmed their attendance at fire training and gave accounts of their understanding of fire procedures in the event of an outbreak of fire. All staff had completed refresher training in fire evacuation since the last inspection. Further training was planned for 2015.

Fire safety equipment including the fire alarm, fire extinguishers, emergency lighting and smoke detectors were provided. Contracts were in place for the servicing of fire fighting equipment. Illuminated fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed. Escape route plans were displayed on corridors to show the nearest escape exit.

There was one resident who smoked at the time of this inspection. A risk assessment was completed. Cigarettes and lighters were held in safekeeping by staff both during the day and at night.

The training records showed that staff had up-to-date training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents needs. The moving and handling risk assessments detailed the type of hoist and sling size required. This was an area identified for improvement in the action plan of the last inspection. However, it was not detailed on the communication sheet provided to care assistants outlining their daily work allocation.

There were procedures in place for the prevention and control of infection. Hand gels were located around the building. Cleaning checks of the building were completed at intervals to ensure the centre was clean. A separate cleaning and sluice room was provided. Access was restricted in the interest of safety to residents and visitors.

The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. As required from the action plan of the previous inspection neurological observations were recorded where a resident sustained an unwitnessed fall or a head injury was suspected

Judgment:
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):**
No actions were required from the previous inspection.

**Findings:**
There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

Each resident’s medication was dispensed from individual packages. These were checked on arrival against a list of each resident medication developed from the prescription sheets in the signed kardex. This was completed to ensure all medication orders received were correct for each resident.

The inspector reviewed a sample of drugs charts. The prescription sheets reviewed were legible and distinguished between PRN (as needed) and regular medication.

Medication was being crushed for some residents. A generic statement at the top of the prescription indicated drugs can be crushed. However, each drug was not individually prescribed as suitable for crushing.

The medication administration sheets viewed were signed by the nurse following administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. There were three residents on a controlled drugs at the time of this inspection. The inspector checked a selection of the balances and found them to be correct.

**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
**Theme:**
Effective care and support

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

**Findings:**
There were 36 residents in the centre during the inspection and one vacancy. All residents were residing in the centre for long term care with the exception of one resident. There were ten residents with maximum care needs. Seven residents were assessed as highly dependent and eight had medium dependency care needs. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Eight residents had a diagnosis of dementia or Alzheimers.

Twelve resident had low dependency care needs. Moving and handling assessment indicated 17 residents were independently mobile. These residents required the assistance of one member of staff or prompting only with their personal hygiene care needs.

The arrangements to meet residents’ assessed needs were set out in individual care plans. The inspector found a good standard of care and appropriate medical and allied health care access. There was a good emphasis on personal care and ensuring personal wishes and needs were met.

A range of risk assessments had been completed and were used to develop care plans. Recognised assessment tools were used to evaluate residents’ progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and continence.

The inspector reviewed three resident’s care plans in detail and certain aspects within other plans of care. This included the files of residents with nutritional issues, protective dressing, potential behaviour that challenges, high risk of falls and two recently admitted residents, one whom had a hospital admission.

Staff demonstrated good knowledge and understanding of each resident’s background in conversation with the inspector. There was documentary evidence that residents or their representative were involved in the development and review of their care plan. In the sample of care plans reviewed there was evidence care plans were updated at the required intervals or in a timely manner in response to a change in a resident’s health condition.

Care plans were in place for all identified needs. However, further work is required to develop care plans that are more person-centred and individualised. As an example, care plans for residents with psychological needs to include those with dementia, anxiety or behaviours that challenge required review to ensure they are more person centred. These care plans generally stated ‘maintain maximum mental health, avoid fear or
frustration’.

In many cases the degree of confusion or anxiety was not outlined. There was no information that indicated how this impacted on daily life. Information such as who the resident still recognised or what activities could still be undertaken which guide staff practice was not always evident. Plans of care to meet the psychosocial needs of residents with behaviours that challenge require review to ensure they are person centred and linked to the resident's life history and outline preventative and reactivate strategies.

Residents had good access to GP services and there was evidence of medical reviews when required. It was evidenced in medical files newly admitted residents were seen by the GP within a short timeframe of admission.

Access to allied health professionals to include speech and language therapist, dietetic service and occupational therapy were available.

A number of residents were provided with air mattresses. Care staff completed repositioning charts for residents with poor skin integrity or whose who spent significant periods of time in bed due to fragility.

Residents had care plans for nutrition in place. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition. There was ongoing monitoring of residents nutrition. Nutritional screening was carried out using an evidence-based screening tool. All residents were weighed regularly. Resident identified at risk were weighed on a more frequent basis. At the time of this inspection four residents were being weight weekly and nine every two weeks.

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

**Findings:**
There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise. A multi disciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team.
Since the last inspection a system has been devised to ensure all residents with a do not resuscitate (DNR) status in place have the DNR status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

Each resident had a plan of care for end-of-life. The care plans contained good detail of personal or spiritual wishes. Decisions concerning future healthcare interventions require review. Resident’s preferences with regard to transfer to hospital if of a therapeutic benefit were not documented in all of the end-of-life care plans.

All staff were not trained on end of life care. The person in charge had identified staff requiring training. Arrangements were being made to train all staff on end of life care.

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

Findings:
The inspector judged there was an adequate complement of nursing and care staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees and complete Garda Siochana vetting.

Information available conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on cardio pulmonary resuscitation, infection control and food hygiene.

However, as identified in Outcome 14, End of Life Care all staff were not trained on end
of life care. As discussed under Outcome7, Safeguarding and Safety training in care of the elderly with dementia was not completed by all staff.

**Judgment:**
Substantially Compliant

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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:**

PJ Wynne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Requirements

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

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

Outcome 01: Statement of Purpose

Theme: Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Statement of Purpose was not revised after the centre’s registration was renewed to include the new date of expiry of registration and the updated registration number. A new deputy was appointed. The change in governance arrangements was not outlined in the statement of purpose.

1. Action Required:
Under Regulation 03(2) you are required to: Review and revise the statement of

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
purpose at intervals of not less than one year.

**Please state the actions you have taken or are planning to take:**
The statement of purpose has been updated on 23/11/15

**Proposed Timescale:** 02/12/2015

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**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:**
Aspects of the quality assurance program reviewed required further development. Action plans were not developed to evidence individual enhanced outcomes for residents from clinical data collected and reviewed. In some audits the data was not reviewed until the end of a 12 month period to identify trends.

**2. Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
Information is presently collected at monthly intervals. This information will be collaborated in the form of an action plan at the end of each month and trends will be summarised at 4 monthly intervals. First 4 monthly data available on 20/2/16 – monthly available at end of each month presently

**Proposed Timescale:** 20/02/2016

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**Outcome 03: Information for residents**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The system to ensure each resident admitted to the service has a contract outlining the terms and conditions of their occupancy requires review.

**3. Action Required:**
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.
Please state the actions you have taken or are planning to take:
Each resident admitted to the care centre for short or long term care has a contract outlining terms and conditions of their occupancy.

**Proposed Timescale:** 02/12/2015

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The contract for respite admission requires review to clearly define the terms and conditions of occupancy for admission of a short stay duration. The contract references the Fair Deal Scheme which is applicable to long term admissions.

4. **Action Required:**
Under Regulation 24(2)(a) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.

Please state the actions you have taken or are planning to take:
Each resident admitted to the care centre for short term care has a contract outlining terms and conditions of their occupancy.

**Proposed Timescale:** 02/12/2015

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The systems in place to maintain complete and accurate records requires review. The moving and handling needs communication sheet available to care staff did not accurately reflect the current level of assistance required. Evacuation needs of recently admitted residents was not updated on the fire register.

5. **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:
The communication sheet is colour coded to guide staff daily and is updated. The detailed moving and handling needs are detailed in residents care plans and are
entered within 48 hours of admission.
The evacuation plan is updated following new admissions or discharges.

**Proposed Timescale:** 02/12/2015

**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:**
There was limited multi disciplinary involvement in the restraint risk assessments. There was limited detail why alternatives trialled were unsuccessful. The rationale in each assessment was not always detailed to outline how the raised bedrail supported the resident and ensured an enabling function.

6. **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:**
This is now included in the risk assessment for example when bed rails are used to enable function.
It is intended to discuss the safety element use with the G.P and O.T.

**Proposed Timescale:** 02/12/2015

**Outcome 09: Medication Management**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Medication was being crushed for some residents. However, each drug was not individually prescribed as suitable for crushing.

7. **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:**
The overall directive the G.P wrote to crush medication on the residents prescription
has been now added to each individual prescription.

**Proposed Timescale:** 02/12/2015

### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Further work is required to develop care plans that are more person-centred and individualised.

**8. 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:**
We are always working on care plans to improve the person-centre care needs and we will continue to do so. Further training and discussion will take place in January 2016

**Proposed Timescale:** 31/01/2016

### 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:**
Decisions concerning future healthcare interventions require review. Resident’s preferences with regard to transfer to hospital if of a therapeutic benefit were not documented in all of the end-of-life care plans.

**9. 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:**
Presently all residents are admitted to hospital for care if acutely ill, unless they are terminally ill, receiving end of life care, or comfort care that can be managed in the centre. The directive for this will have been discussed with the resident, family and G.P while residing in the care centre or at the time of illness. This will be stated in the medical notes. The DRN status is documented in the end of life care plan and medical notes.
Proposed Timescale: 02/12/2015

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff were not trained on end of life care.

10. 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:
End Of Life care training took place on 14/10/15 and all staff have received this training.

Proposed Timescale: 02/12/2015

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Training in care of the elderly with dementia was not completed by all staff.

11. 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:
Dementia care training was carried out on 26/2/15 . Staff who were unable to attend this have now received training in dementia care.

Proposed Timescale: 02/12/2015