

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Conna Nursing Home
Centre ID:	OSV-0004447
Centre address:	Conna, Cork.
Telephone number:	058 59 876/59 888
Email address:	connanursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Conna Nursing Home Limited
Provider Nominee:	Pat Beecher
Lead inspector:	Mary O'Mahony
Support inspector(s):	Aoife Fleming;
Type of inspection	Announced
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
22 April 2015 09:30	22 April 2015 18:30
23 April 2015 09:00	23 April 2015 20:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Non Compliant - Moderate
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 06: Absence of the Person in charge	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 14: End of Life Care	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This inspection of Conna Nursing Home by the Health Information and Quality Authority (HIQA or the Authority) was the eighth monitoring event of the centre since 2009. Previous inspection reports may be viewed on the website www.hiqa.ie. The centre had applied for a change of entity from a partnership to a company and all 18 outcomes were inspected against. The most recent inspection in 2014 was a thematic inspection.

Conna Nursing Home was a single-storey, purpose-built centre which provided continuing care, respite and convalescence care for older adults. It was located on the edge of Conna village in a rural and scenic location. It was first established in 2003. It accommodated 50 residents and there were 48 older adults in residence at the time of inspection. There were two vacant beds. The entrance to the centre comprises of extensive grounds which were landscaped and well maintained. There was adequate space for car parking. The main entrance was bright and spacious with several seating areas. There was a nurses' station, dining room, lounge, library, oratory, smoking area, hair salon and therapy room located off a central foyer. Bedroom areas were located in three corridors, Aghern Suite, Douglas Suite and Castle Suite. There were 18 single bedrooms and three twin-bedded rooms with en suite facilities and a further 24 single rooms sharing en suite facilities. There were two single bedrooms without en suite facilities. There was a communal shower room and communal toilets in the centre also.

The centre was currently owned by a partnership of seven people. One of these personnel was the managing director and the designated provider. The person in charge was previously supported in her role by a nurse in charge. However, the provider and the person in charge informed inspectors that she had stepped down from the role. Inspectors were informed that the provider was actively recruiting a new deputy person in charge. There were staff nurses, care staff, laundry staff, cleaning staff and kitchen staff employed in the centre. Throughout the two day inspection inspectors met residents, family members, and a number of the aforementioned staff groups. Residents and family members were appreciative of the care provided in the centre and of the activities which were organised on a regular basis. Staff were seen to be attentive and knowledgeable about the residents and were observed interacting with residents in a kind manner. There was evidence of individual resident's needs being met and staff were observed supporting residents to maintain their independence.

Although inspectors viewed a number of improvements, which were highlighted throughout the report, there were a number of actions identified on previous inspections that had not been implemented. This was despite reassurances and responses from the provider giving completion dates, which had expired. These included, notifications, medication management, audits, policies, risk management, contracts and complaints, among others. Records were not easily retrievable and not all records required to be maintained in the centre, were available to inspectors. These records and actions were required 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. The non compliances were described under the outcome statements and related actions were set out in the action plan under each outcome. An immediate action plan was given to the person in charge who had not submitted any notifications to the Authority since December 2013. A satisfactory response was received to this action plan, within the time frame set out by the Authority. The relevant notifications, NF05, NF06, NF03, NF01 and NF39 were submitted, retrospectively, for the previous 18 months.

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 was viewed by inspectors. However, as it was last reviewed in 2012 and an annual up date was required. The statement of purpose contained most of the information required by Schedule 1 of the Regulations. However, the medical and allied health care professional services, provided in the centre to meet the needs of the residents, were not set out. The complaints procedure did not include the name of an independent complaints appeals person. The organisational structure required revising to accurately outline the lines of accountability in the centre. The floor size of the three double rooms required revision as two double rooms were not 22.5 metres squared as indicated in the statement of purpose. They were measured by inspectors as 15 metres squared.

Judgment:

Non Compliant - Moderate

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:

Actions not completed since previous inspections:

- Inspectors required clarity around roles and responsibilities to ensure effective governance of the centre particularly in relation to the absence of the person in charge.
- There were no audit systems in place to assess the quality of life and safety of care.
- A yearly review of the quality and safety of care had not been undertaken.
- In January 2013 the inspector had requested that a report be submitted with the quarterly notifications in respect of any future reviews conducted and any changes implemented in practice. This had not been received by the Authority.

During this inspection the management structure was not clear as the person in charge informed inspectors that the senior nurse no longer worked in the post of her deputy. She informed inspectors that the centre was actively recruiting a new deputy person in charge. The person in charge worked full time in the centre and stated that she needed the support of a second person in the management of the centre. She informed inspectors that she held regular meetings with the provider. Residents and their representatives were observed to be familiar with the person in charge.

Inspectors saw minutes of staff meetings however, they were not being undertaken on a regular basis. The minutes of the last meeting with staff nurses were dated 10 February 2014, the minutes of the carers meeting were dated 19 June 2014 and the record of the meeting with housekeeping staff was dated 18 June 2104. There was evidence of consultation with residents and relatives in the minutes of residents' and their representatives' meetings, the most recent of which was held on 01 April 2015.

There were no systems in place to assess the quality of life and safety of care in the centre, as also found on previous inspections. A yearly review of the quality and safety of care had not been undertaken and any report of this was not available to inspectors as required by Regulations. This was identified on the 2012 inspection and the provider had stated that this action would be completed by 1 October 2012. In the absence of the aforementioned audit and review there was no evidence that improvements had been brought about as a result of any findings.

Inspectors were informed that there were no audits completed by the person in charge and staff members, on medication management, health and safety issues or infection control, among others.

Judgment:

Non Compliant - Major

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

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

Findings:

Action not completed from a previous inspection: Fees in the contracts were not itemised and clearly set out.

The Resident's Guide, which set out a summary of the services and facilities in the centre, was viewed by inspectors.

The contracts of care for residents were viewed and outlined the services to be provided to residents in the centre. However, the additional fees for items being charged to residents, such as hairdressing, chiropody and physiotherapy were not clearly set out and itemised. The arrangements under the Nursing Home Support Scheme were not outlined where appropriate, as required by the Regulations. In some contracts, the original fee was crossed out and a new fee inserted, but this amendment was not signed or dated, thus it was uncertain whether this newer fee had been signed off on the contract by the resident.

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 an experienced director of nursing and had held this role since the centre opened in 2003. She was very involved in the day-to-day organisation and management of the centre. She had a good reporting system in place to ensure that she was always aware of residents' changing needs. The nursing and care staff all reported to the person in charge whom they said was approachable and flexible with staff. The person in charge stated that she spoke with all residents on a regular basis,. Relatives and residents informed inspectors that she was accessible to them. However, she informed inspectors that she required support in her role.

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:

Actions not implemented since the previous inspection included:

- Records were not easily retrievable or accessible.
- Staff files did not contain all the required information

Policies, procedures in the centre were in line with the requirements of Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, inspectors noted that not all the policies were adopted or implemented correctly, for example, the policy on the procedures to be followed in the event of an allegation of abuse, the policy on complaints and the policy on medication management as outlined under Outcome 9: Medication management. In addition all the records required under Schedule 3 of the Regulations as regards medication needs of residents, Schedule 3 Part 4 (b) were not maintained. This was addressed under Outcome 9 and referred to medication errors and the maintenance of records of any plan for the administration of, indication for, and effect of PRN (when required) medication. The person in charge informed inspectors that the centre did not have a falls prevention policy despite the fact that inspectors observed that there was a pattern of residents' falls recorded in the incident book. There was no centre specific policy on infection control and the policy in use in the centre was the health service executive (HSE) guidelines on infection control dated 2005.

Inspectors reviewed a sample of staff files and found that they contained most of the information required under Schedule 2 of the Regulations. However, one staff file did not contain photographic identification of the staff member and a second staff file did not contain training certificates for a staff member. This was addressed under Outcome 18: Staffing.

A directory of residents was maintained in the centre. It contained most of the information required under Schedule 3 (3) (a) to (h) of the Regulations. However, the address and phone numbers of all residents' general practitioners (GPs) and all residents' next of kin were not recorded as required. Residents' records were securely stored and the person in charge assured inspectors that residents had access to their files. This was confirmed with inspectors by residents and their representatives. The centre was adequately insured against injury to residents according to the insurance certificate viewed by inspectors. This was dated 25 September 2014. Fire safety records were seen and were found to have met the requirements of Regulations as regards testing and maintenance of the system. The staff roster was viewed and it correlated with the staffing levels which the person in charge had outlined to inspectors.

Inspectors were shown an up-to-date complaints and incident book. A number of complaints were documented and they were investigated. However, the satisfaction or not of complainants was not always recorded. In addition, inspectors viewed a sample of complaints recorded which indicated that allegations, which could be construed as allegations of abuse, had been investigated as complaints. These records had not been maintained as per the requirements of Schedule 3 (4) (j). Inspectors found that staff had not implemented the procedures set out in the policy on the prevention of elder abuse. In addition, the Authority had not been notified of these allegations, within the specified time-frame, as set out in legislation. These failings will be addressed under Outcome 7: Safeguarding and Safety and Outcome 10: Notifications and outcome 13: Complaints.

A nursing note of residents' health, condition and treatment was maintained daily in narrative form as required by Regulations and in the guidelines from An Bord Altranais agus Cnaimhseachais na hEireann Recording Clinical Practice Guidance for Nurses and Midwives 2002. However, residents' decisions not to receive or to refuse certain treatments, such as cardio-pulmonary resuscitation (CPR), were not always recorded. This will be addressed under Outcome 11: Health and social care needs and Outcome 14: End of life care. In addition, inspectors noted that the narrative notes did not always reflect significant events. For example, a resident who had absconded, unnoticed, did not have this event noted in the narrative notes for that day. This was seen by inspectors to be recorded in the incident log and will be addressed under outcome 10: Notifications. A further incident where a resident had expressed to inspectors that she had pain that morning had not been recorded in the notes reviewed. This will be addressed in more detail under Outcome 11: Healthcare needs.

Judgment:

Non Compliant - Major

***Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

Theme:

Governance, Leadership and Management

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

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

Findings:

The centre did not have adequate arrangements in place for the management of the centre in the absence of the person in charge for 28 days or more. The person in charge informed inspectors that the provider was in the process of recruiting a new deputy person in charge.

Judgment:

Non Compliant - Major

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:

The system for safeguarding residents' finances in the centre was not robust as all payments into and out of the residents' finances were not documented in a log and were not signed off by two staff members. This was significant in view of the fact that large amounts of money were held for some residents. In addition, inspectors noted that a notebook set aside for one resident's financial records was blank even though the resident had a large sum of money in safekeeping. During the course of the inspection the person in charge prepared a ledger to document all future transactions in the interest of safe management of residents' finances.

Two incidents involving money going missing from resident's bedrooms were noted in the complaints log. The centre did not notify the Authority regarding these allegations of financial abuse. There was a record of involvement of the Gardaí in one incident only and the incident remained unresolved according to records seen. This incident allegedly involved a significant sum of money.

Most staff were trained in the prevention of elder abuse and those spoken with were aware of what do in the event of an incident or allegation. However, some members of

staff had yet to complete this training. Due to the lack of a training matrix of training records and training sign-in sheets for the 84 members of staff, it was not possible for inspectors to ascertain if all members of staff had received up-to-date training

Inspectors viewed the care plans for a number of residents with behaviour that challenges. There were no specific care plans in place to provide guidance for staff in supporting these residents in managing their behaviour. Not all staff had training in de-escalation techniques and management of behaviours that challenge.

The centre did not maintain an up to date log of all residents on restraint as required under Schedule 3 part 4 (h) of the Regulations. The majority of residents in the centre were using bed rails and residents' assessment forms and consent forms for the use of bed-rails were available in their nursing notes. The consent form indicated that a multidisciplinary team (MDT) meeting and assessment was held in each case. However, there was no written confirmation of involvement from any member of the MDT team. In addition, assessment forms seen by inspectors were primarily signed by the resident or relative and nurse with no signature of a member of the MDT team present. For two residents using lap-belts, there were no assessments or consent forms to support this form of restraint. In addition, there were no daily restraint observation records maintained in the centre. Inspectors observed that there were no relevant records available in the care plan of a resident who had a lap belt in use, at the time of inspection.

There were occasions where chemical restraint (psychotropic medication) was administered to two residents to manage their behaviour. As there was no restraint register there was no log maintained of these occurrences. Furthermore, notifications of chemical restraint had not been made to the Authority in the quarterly notifications, in line with Regulations. The care plans, nursing notes and medical notes for two residents whose behaviour issues had increased in frequency over recent weeks, were viewed. The documentation did not set out the individualised strategies which had been implemented for the resident before medication was considered and administered. In some cases, medication was increased, to manage behaviours that challenge, including for a resident who attempted to leave the centre.

Judgment:

Non Compliant - Major

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

Theme:

Safe care and support

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

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

Findings:

Some actions were not implemented since the previous inspection for example: the risk management policy did not comply with the Regulations and all risks in the centre had not been identified or assessed.

During this inspection, inspectors observed that there was a health and safety statement (HS) in the centre which was dated 2012 and was prepared by an outside agency. According to the provider it had not been updated since that date. In addition, inspectors noted that a member of staff, who was identified in the safety statement as the health and safety representative, was not aware that this role was part of her remit. Furthermore, there was no health and safety committee in the centre or no health and safety meetings, even though the HS statement advised the holding of formal HS meetings guided by an agenda. The person in charge informed inspectors that issues of health and safety would come up for discussion at staff meetings.

The risk management policy did not incorporate the controls required for the risks specified under Regulation 26 (1) (c). Hazard identification and assessment of risks throughout the centre was not robust. There was no risk register in the centre to enable the identification of hazards and the developments of control measures to mitigate any risks identified.

Examples of risks not identified, not assessed or not having the required controls in place were as follows:

- -the sluice room practices
- -smoking in the centre
- -unlocked cleaning/ linen cupboards
- -trailing wires in bedrooms
- -the use of personal electric heaters in bedrooms
- -privacy and dignity issues
- -cleaning practices
- -soiled pads in bathroom bins
- -latex gloves storage
- -hepatitis A or B risk assessment
- -clinical waste management
- -staff room unlocked
- -maintenance room unlocked
- sluice room unlocked
- -un-labelled creams and toiletries in shared bathrooms and bedrooms
- windows were not restricted
- use of fire door wedges
- inappropriate storage of nebuliser masks
- inappropriate storage of clean linen
- unlocked hairdressing salon
- shared toiletries and razors

The environment was generally clean and well maintained. However, there were inadequate systems in place for the segregation and disposal of waste, including clinical waste. Clinical waste, such as soiled wound dressings, was not placed in yellow clinical

waste bags but was seen by inspectors in alternative striped plastic bags. The procedures in place for infection prevention and control were not consistent with the standards for infection prevention and control as set out in the standards published by the Authority. This particularly applied to the practices in the sluice rooms, for example, there were no bedpan washers in place in either of the two sluice rooms. Inspectors observed a staff member cleaning a commode pan with a hose and emptying it into the sluice room toilet. The staff member was not wearing a protective apron over her uniform to prevent cross contamination. This member of staff informed inspectors that she had not received training in this practice but one staff member would inform another of how to clean commode pans. In addition, there was no policy or guidelines available in the centre to guide staff in best practice. There were inadequate supplies of aprons and gloves in the sluice room also. Commode pans were stored on the floor of one sluice room. Inspectors observed that the sluice rooms were unlocked at various times during the inspection and that the trolleys with supplies of clean linen were stored in the sluice room. This was highlighted by inspectors to the person in charge. However, on day two of the inspection this practice was seen to be continuing.

Inspectors observed an unclean suction machine in the bedroom of a resident who had a serious chest complaint. The suction tubing of this machine was lying on the bedroom floor. There was stained water in view in the machine and there was no protocol seen for the cleaning of this machine or the proper storage of the suction tubing and the nebuliser mask which was also in use. Inspectors found unlocked cleaning and store cupboards where cleaning products and insect powders were stored. This was pointed out to a staff member accompanying the inspectors. However, these remained unlocked on day two of the inspection. In addition, there was a bucketful of water, for floor cleaning, stored in one of these cupboards and a staff member said that it would be used to clean floors if there was a spill at lunch time. The staff member accepted that the bucket should have been stored empty until required.

The staff room was unlocked and this was significant in view of the fact that inspectors noted cigarettes and a lighter on the top of a staff handbag. One communal, residents' bathroom had a large supply of incontinence wear stored in an open alcove and this had implications for the preservation of residents' privacy and dignity. In addition, in this communal bathroom/toilet area, inspectors observed a locker in which nebuliser masks were stored. This was pointed out to a staff member who agreed that they should be stored elsewhere. Furthermore, one of the masks had clearly been used previously. However, when inspectors checked this on day two of the inspection, the masks were still in place and the used, dirty mask had not been removed. There were residents' communal toilets near the entrance hall of the nursing home. However, these were not identifiable as being for residents use only and inspectors saw that the small hand operated bathroom bins within were used to dispose of wet or soiled incontinence pads. This was observed by inspectors on the second day of inspection also. This had serious implications for the privacy and dignity of any resident involved and also created a risk of cross-contamination. Urinals were seen on the window sill in one toilet area and in the aforementioned shared bathroom off the entrance hall area. In addition, large unlabelled open jars of ointment were seen in this toilet as well as two open bottles of skin ointment which were stored on the floor behind the locker.

There was a linen cupboard in the centre. Inspectors observed an old microwave oven

stored on a shelf within and there were a number of half empty bottles of water on the shelves. Inspectors also noted that there were razors, hairbrushes and containers of shaving gel which had been used previously, in a communal container in this room. The presence of sharp items had not been risk assessed. This was significant in view of the fact that this room was unlocked on both days of inspection. A similar container of unmarked personal items was noted in the shared communal bathroom for two residents, who did not have en suite facilities. There were three unmarked disposable razors in a container in this bathroom also. These issues presented a risk of cross contamination and potential injury. In addition, inspectors formed the view that the unmarked personal items would have a negative impact on the privacy and dignity of residents.

Incidents were recorded in the accident book. However, this system was not sufficiently robust in the following aspects: incidents resulting in injury to residents and resultant medical review had not been notified to the Authority: audit and review of accidents and incidents had not taken place to identify trends and to support staff training and learning. In addition, a resident who had absconded from the centre did not have a note to this effect in his daily communication notes of either 17 March or 18 March when this event had occurred. Furthermore, a notification of the absconsion had not been made to the Authority with the required three day period. This resident had climbed out the window on another occasion and had been prescribed psychotropic medication as a result of the 'behaviour that challenged'. This event had not been notified to the Authority from the point of view of the second absconsion or the use of chemical restraint, both of which are notifiable events. These issues were addressed under Outcome 10: Notifications.

There was a plan in place for responding to emergencies and this identified a safe placement for residents in the event of fire or other major emergency.

Due to the lack of a training matrix of training records for the 84 members of staff, as already discussed in Outcome 7, it was not possible for inspectors to ascertain if all members of staff had received up-to-date training in safe manual handling practice and fire safety. The person in charge informed inspectors that there were certificates available in each individual staff members file. The administration staff member created a list of people that had attending training over the last three years while inspectors were present, however, in the absence of training sign-in sheets these could not be verified. Fire safety awareness training had been conducted on 22 November 2014 and this had included a demonstration of the use of fire fighting equipment. Inspectors noted that a fire drill had been held on 10 April 2015. However, not all members of staff spoken with on the day of inspection had received fire safety training in the centre.

Inspectors reviewed fire safety records that demonstrated the appropriate maintenance of fire safety equipment, fire alarm system and emergency lighting. There were adequate measures in place for reviewing fire safety through fire safety checks and fire exits were seen to be unobstructed on the days of inspection. There were records available of fire drills and staff members to whom inspectors spoke were knowledgeable of what to do in the event of a fire. However, inspectors noted the use of fire door wedges on four fire-doors during the inspection. These were removed when the practice was highlighted by inspectors.

Judgment:

Non Compliant - Major

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

Inspectors viewed an up to date, centre specific policy on the ordering, prescribing, storing and administration of medications.

The centre maintained a register of controlled drugs and a spot check found that the stock balance matched the balance documented in the register. The controlled drugs balances were checked twice daily by two nurses at the start of each shift. Controlled drugs were stored securely. The temperature of the fridge for storing medications was recorded on a daily basis.

Documentary evidence of three monthly medication reviews by the general practitioner, the pharmacist and nurse was seen. Residents had a choice of pharmacy. However, there was no record of medication errors or medication audits occurring in the centre.

An inspector viewed a sample of medication prescription and administration sheets. Some prescription sheets did not have the residents' allergy status documented and maximum doses were not prescribed for all PRN (as required) medications. Medications that were to be crushed for certain residents were prescribed as such by the general practitioner.

However, in one resident's file a prescription only painkiller had been administered for two weeks without a prescription. The inspector requested that this be reviewed by the resident's GP immediately and a prescription was obtained during the course of the inspection. However, the prescription had different directions for administration and the inspector highlighted that a new dispensing label would need to be obtained from the pharmacist, to prevent a medication error.

One resident was receiving their medication by covert administration and that this had been arranged with the general practitioner. The inspector requested that a documented assessment of the reasons for covert administration, the medications being administered and signed by the multi-disciplinary team be prepared for the resident's medical file.

Significant stocks of previously dispensed medications were on the medication trolley

even though these products were no longer prescribed for the resident. Some of these medicinal products did not have a dispensing label. There were many tubes of anti-fungal and antibiotic creams and large pots of emollient creams without dispensing labels, to indicate who the products had been prescribed for. Eye-drops were found not stored in the fridge, as was required for that product. A bottle of eye-drops which had been open for longer than 28 days was also found by the inspector. During the course of the inspection, the staff thoroughly reviewed all medicinal products in stock and documented the return of any items, that were no longer required, to the pharmacy.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

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

Findings:

Actions not implemented since the previous inspection:

The person in charge had been issued with an action on the lack of notifications to the Authority following a previous inspection of 1 and 2 August 2012 and this action had been submitted as 'completed' following that inspection.

On this inspection, due to the serious nature of this continued not compliance with Regulations, the person in charge was issued with an Immediate Action Plan on the first day of the inspection. In response to the Immediate Action Plan the person in charge submitted retrospective notifications, within the timeframe set out by the Authority.

All notifications required to be submitted to the Authority had not been made, in line with the Regulations, on this occasion since December 2013.

Notifications had not been provided to the Authority within three days of the occurrence of any incident set out in paragraphs 7 (10) (a) to (j) of Schedule 4. For example two NF05 notifications had not been submitted for a resident who had absconded, two NF06 notifications had not been submitted where alleged financial abuse could have occurred and a significant number of NF03 notifications had not been submitted for injuries to residents which required medical treatment. NF01 notifications had not been submitted following the deaths of residents in the centre. Quarterly reports had not been provided to the Authority to notify of any incident set out in paragraphs 7 (2) (k) to (n) of Schedule 4 of the Regulations on three occasions.

Judgment:

Non Compliant - Major

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

Inspectors viewed a number of residents' nursing notes containing assessments and care plans. The care plans were generic in nature and did not set out the resident's individual needs and choices. For example, the care plan of a resident who was losing weight did not set out clearly the recommendations from the dietician to ensure that these would be implemented in practice. The weight of the resident was recorded regularly and had decreased significantly in a year. However, the malnutrition universal screening tool (MUST) score of the resident had last been recorded in October 2014. This score indicated that the resident was at high risk of malnutrition. This result had been recorded when the dietician had last assessed the resident in October 2014. The most recent speech and language therapy (SALT) review for the resident took place in May 2014, even though the resident had considerable weight loss, recurrent chest infections and had an impaired swallow. In addition, a resident who had pain and was prone to urine infections had not received medical attention promptly. Inspectors noted that staff had documented that her GP was away. This was discussed with the person in charge at the feedback meeting at the end of the inspection.

Inspectors observed that the care plans were not individualised and had pre-typed recommendations for managing the issue, rather than resident focused, specific recommendations for care. Entries were made to the evaluation or implementation of care plans on a regular basis, at least four monthly. However, updates were not made to the recommendations for care set out at the start of the care plan.

Residents' medical and nursing assessments were included in their nursing notes and were updated regularly. However, assessment tools were not in utilised for residents with certain care needs. For example, a resident with pain who was on prescribed painkillers did not have a pain assessment tool, even though the pain relief had been increased. Residents had a choice of GP.

There was evidence that care plan evaluations had been discussed with residents and

residents had signed these where possible. Relatives' signatures were also noted where residents were unable to sign. There was evidence of multidisciplinary access in the care plans, for example, SALT and dietician.

There was a variety of social events and activities in the centre. Residents were seen sitting in groups in the hall and sitting room chatting and socialising. Health was promoted by a wholesome and varied diet and there was regular monitoring of each resident's health status. Residents received regular checks of their weight, blood pressure and pulse. Inspectors observed that residents were encouraged to maintain their independence whenever possible and many residents were seen freely walking around the building using various aids to support mobilisation.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was a purpose-built single storey building and inspectors observed that it was furnished and decorated to a high standard throughout. The high ceilings in the foyer and natural light coming in through the large windows facilitated a sense of space and brightness in the centre. The design and layout of the premises promoted the residents' independence and wellbeing. The corridors were wide with very good accessibility for residents in wheelchairs and those using walking frames and hand-rails were in place for support and balance. There were three corridors of bedroom accommodation in the centre, Douglas suite, Aghern suite and Castle suite. Inspectors observed residents moving about independently using their individual aids. There was appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists, pressure-relieving mattresses and walking frames. Service contracts for all equipment were up-to-date. There was a maintenance staff member for the centre and the maintenance log viewed by inspectors indicated a timely response to requests.

Landscaped gardens and courtyards with suitable seating were available for residents' and relatives' use. Trees were planted in the garden, which had been donated in

memory of some residents who had died, and there was an oratory for prayer and religious ceremonies if required. The person in charge explained to inspectors that an oak tree was planted in honour of any resident who celebrated their one hundredth birthday while residing in the centre.

The kitchen was clean, well stocked and well managed. The chef had been working in the centre for a long time and demonstrated a good knowledge of the dietary requirements of residents. Inspectors observed a good standard of cleanliness and residents reported satisfaction with the facilities provided and stated that they had a sense of safety and security. There was a large communal sitting room in which activity staff members were seen to be engaged with a large group of residents. Residents also used the wide corridor area to sit and converse as well as read the daily papers supplied by the provider. There was a nicely decorated library in the centre which was furnished with tables and comfortable armchairs. There was a hairdressing salon on the premises. However, this was unlocked and some contents such as peroxide creams and hair curling tongs required risk assessment, which was addressed under Outcome 8: Health and safety and risk assessment.

Closed circuit TV (CCTV) cameras had recently been installed in the resident corridor areas and a policy had yet to be developed to support its use in line with data protection guidelines. For example, the identification of the data protection manager for the centre and any controls to be in place to minimise impact on residents' privacy and dignity, due to camera placement in bedroom hallways. Inspectors asked the person in charge to arrange for signage to be put in place to alert people that CCTV was in use in the centre. Signage was in place before the inspection was completed.

While most of the bedrooms in the centre were single occupancy there were a number which were double occupancy. Some bedrooms had a shared 'en suite type' bathroom. However, inspectors observed that the door locking mechanism in place to protect one resident from entering the bathroom while another resident was using it was faulty in a number of these shared bathrooms. In addition, there were unmarked toiletries in these shared bathrooms, which created difficulties for staff and residents to identify their belongings. This was also addressed under Outcome 8: Health and safety and risk management. This impacted negatively on the privacy and dignity of residents involved. Furthermore, details in the statement of purpose indicated there were three double en suite bedrooms each of which measured 22.5 sq. metres. Inspectors observed that one of these bedrooms appeared to be small as there was no room at the sides of both beds for a locker or bedside chair. On measuring the room inspectors found that it measured 15sq meters. There was a shared wardrobe in this room. There was no individual lockable storage space available for residents. The provider was asked to amend the statement of purpose to reflect the discrepancy in the measurement of the room.

Judgment:

Non Compliant - Moderate

***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):

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

Findings:

On a previous inspection the complaint log was not sufficiently robust in that it did not outline the outcome of all complaints and whether or not the resident was satisfied, as is required by legislation. In addition, the independent appeals person was not identified.

During this inspection there were similar findings of non compliance even though the action plan from the previous inspection had stated that these actions had been addressed. There was a complaints policy available for residents and their relatives and the complaints process was outlined in the Resident's Guide. However, it was not in line with the requirements of Regulation 34. For example, a copy of the complaints procedure was not displayed in a sufficiently prominent position in the centre. Inspectors observed that it was placed very high up in the porch in the entrance hallway and it was difficult to read the details. There was no named independent appeals officer on this notice and no contact details for complaints personnel.

Inspectors viewed the complaints log and noted that the investigation into all complaints, the outcome of all complaints, the satisfaction or not of each complainant had not been recorded.

Complaints related to alleged missing money had not been notified to the Authority as incidents of alleged financial abuse. In one instance, where the Gardaí were involved, inspectors noted that there was no outcome of the complaint recorded and the follow up had not been completed. This complaint involved the alleged loss of a significant amount of money. Investigation records into this event were not produced to inspectors.

There was no procedure in place for audit of complaints and no evidence of learning from complaints.

Inspectors noted that inappropriate language was used on some occasions when recording details of relatives' complaints. There was no evidence that staff received training in complaints management and response to complaints. This complaints policy in the centre however, stated that training would take place and that the nature and number of complaints would be audited.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

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

Findings:

Action not implemented since the previous inspection:

Following the thematic inspection in 2014 the policy on end of life care was identified as requiring to be augmented to include the physical care of the person during the end of life stage. However, inspectors observed that this action had not been implemented.

During this inspection, inspectors were informed that on admission to the centre, an assessment of the residents' spirituality and wishes for end of life were documented and signed by the resident or a relative, where appropriate. Family and friends were facilitated to be with residents at end of life. Most of the rooms in the centre were single occupancy which afforded privacy and dignity to residents and their representatives at this time.

Inspectors noted that timely and appropriate care was being given to a resident at end of life. However, care plans were generic in nature and did not set out specific, individualised recommendations for the resident in terms of food and fluid intake, oral care and physical care.

Specialist palliative care services were available when required. The multidenominational oratory was available for residents' quiet reflection and mass was held weekly. Prayers also took place at different times. Residents confirmed their enjoyment of these services. A minister visited residents from other religious denominations as required.

Following the death of a resident, the person in charge informed inspectors that relatives were provided with support from staff. Tea and refreshments were provided to relatives. Residents in the centre were facilitated to pay their respects and this was seen to have been discussed at residents' meetings. End-of-life training was provided for nurses and care staff.

Judgment:

Non Compliant - Moderate

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:

Inspectors observed meal times at the centre and saw that residents were assisted in a dignified and caring manner. Food was seen to be nutritious, freshly prepared and well presented. Meal times were noted to be social occasions with staff interacting and chatting with residents on a one to one basis. Residents informed inspectors that the food was appetising and that there was choice on offer at each meal. Snacks, tea, coffee, juice and drinking water were readily available throughout the day.

The kitchen was viewed by inspectors and was found to be clean, well organised and had an ample supply of fresh food and home baking. Inspectors spoke with the chef who was very familiar with the residents' individual likes and dislikes. An up to date list of residents' specific dietary requirements and assessments by the speech and language therapist, were available in the kitchen. The chef had relevant training in all required courses and was trained in food safety and hygiene.

Residents who required nutritional supplements had them prescribed on their prescription sheet. However, inspectors observed that health and social care needs, the recommendations of dieticians and speech and language therapy (SALT) were not always followed through into the care plan. In addition, regular reviews were not always conducted where required. This was already addressed under Outcome 11: Healthcare needs.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Residents had access to independent advocacy services in the centre. Notices and phone numbers of this service were displayed in the centre.

There was no restriction on visiting times to the centre and inspectors saw visitors coming to visit residents throughout the inspection. There were adequate facilities available for residents to receive visitors in private as there was a library and oratory available in the centre.

Residents had access to private telephones with many residents having a large touchpad phone installed in their bedroom.

The centre was involved in local and community events with several residents being facilitated to attend weekly outings to card playing, the local day centre and coffee mornings. There was an ample supply of newspapers available in the centre for residents.

The centre had an activities coordinator to oversee the organisation of activities. There was a wide range of activities available for residents such as flower arranging, art sessions, music, singing and prayers. These sessions were well organised and residents had the choice to attend or not, depending on their preference. Inspectors spent time speaking with and observing residents enjoying some of these activities, such as flower arranging and music sessions.

Residents spoken with by inspectors reported being happy in the centre and said their choices and preferences were taken into account. Some residents told inspectors that they were facilitated to go to bed at a time of their choice and sometimes would stay up late to watch favourite TV programmes.

Minutes of a relatives meeting dated 1 April 2015 were viewed by inspectors. There were discussions on religious tolerance and restraints issues at this meeting. Minutes of the last residents' meeting were also viewed. These were dated 15 January 2015. There were discussions recorded about noise at night time and other issues of concern to residents. Over 40 residents were recorded as attending this meeting.

However, not all staff spoken with were aware of the external advocacy arrangements for residents.

Judgment:

Substantially Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A record of residents' clothing and personal property was compiled on admission to the centre. However, there were a number of personal items kept in the safe which had not been returned to residents after they had deceased. These had been in the safe for several years and the person in charge said that they had been unable to return these to relatives as there were no records kept of the owner of these items. This was addressed in more detail under Outcome 7: Safeguarding and safety.

Most residents had ample space to store their personal belongings with adequate wardrobe and locker space. However, in two of the double rooms residents were sharing one wardrobe. Two residents' bedside lockers were not situated beside the bed and did not have lockable storage. These lockers were not easily accessible to the residents involved. The shared wardrobe did not promote the privacy and dignity of residents as items in one side of the wardrobe could be viewed by the other resident or their representative.

The laundry system was viewed by inspectors and was found to be well organised. Staff informed inspectors that all residents' clothes were labelled, however there was a complaint recorded in a resident's nursing notes about clothes being mixed up with those of another resident. The clothes involved had been labelled with the wrong name by staff in the centre. Lists of possessions were available for a large number of residents, as set out in the policy in the centre. However, this list was not available in the personal plans of all residents. This was significant in the context of residents' unclaimed possessions stored in the safe, which were not returned, as ownership could not be established.

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):

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

Findings:

On a previous inspection not all the requirements of Schedule 2 were in place in staff files.

During this inspection, inspectors viewed a sample of staff files and found that the requirements of Schedule 2 were in place for the majority of staff. However, one staff file did not have photographic identification and a second file did not have training certificates on file.

There was no staff performance appraisal system in place. The person in charge informed inspectors that an external agency will be engaged to carry out appraisals and supervision in the future.

A sample of the staff roster was seen.

A staff training matrix was not maintained and there were no staff sign in sheets available to confirm attendance at training.

Many of the staff in the centre were working there for many years and were familiar with residents and their likes and dislikes. They were responsive to inspectors. For example, one staff member showed inspectors the audit form she intended to use for medication management. Another staff member outlined the plans to commence a risk register. Staff were seen to be kind and caring to the residents and attended promptly when call bells were ringing.

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:

Mary O'Mahony

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Conna Nursing Home
Centre ID:	OSV-0004447
Date of inspection:	22/04/2015 and 23/04/2015
Date of response:	29/07/2015

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The medical and allied health care professional services provided in the centre to meet the needs of the residents were not set out. The complaints procedure required updating to name the independent complaints person. The organisational structure required revising to accurately outline the lines of accountability in the centre. The floor size of the three double rooms required revision as one room was not 22.5 metres squared as indicated in the statement of purpose.

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

1. Action Required:

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

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

The statement of purpose will be updated detailing the medical and allied health care professional services. The complaints procedure will contain the name of the independent complaints person and the organisational structure will be revised. The floor size will be corrected in the double rooms.

Proposed Timescale: 31/08/2015

Theme:

Governance, Leadership and Management

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

As the statement of purpose was last reviewed in 2012 an up date was required.

2. Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of 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 will be reviewed annually.

Proposed Timescale: 31/08/2015

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 centre had not put in place a clearly defined management structure that identified the lines of authority and accountability, specified roles, and detailed responsibilities for all areas of service provision.

3. Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

Management systems have been revised with the appointment of an Assistant Director

of Care, who will deputise for the person in charge.

Proposed Timescale: 29/07/2015

Theme:

Governance, Leadership and Management

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

The centre had not put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored: for example, there was no consistent auditing system in place and no learning identified from the results of any audits.

4. 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:

Management systems have been revised with the appointment of an Assistant Director of Care, who will monitor and audit all aspects of Nursing care throughout the year.

Proposed Timescale: 15/01/2015

Theme:

Governance, Leadership and Management

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

The centre had not ensured that there was an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care was 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.

5. Action Required:

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

Quarterly audits will be undertaken and an annual review will take place.

Proposed Timescale: 15/01/2016

Theme:

Governance, Leadership and Management

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

The provider had failed to prepare the review referred to in Regulation 23(1)(d) in consultation with residents and their families.

6. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

Residents meeting will now take place monthly and relatives meeting quarterly. Records will be kept and actions taken in response to any issue arising.

Proposed Timescale: 30/09/2015

Theme:

Governance, Leadership and Management

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

The provider had failed to make available a copy of the review referred to in regulation 23(d) to residents and, when requested, to the chief inspector.

7. 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 review will be made available to the Chief Inspector.

Proposed Timescale: 31/10/2015

Outcome 03: Information for residents**Theme:**

Governance, Leadership and Management

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

The additional fees for items being charged to residents, such as hairdressing, chiropody and physiotherapy were not clearly set out and itemised.

8. Action Required:

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

regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

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

The contract of care will include details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme. All other services will be itemised.

Proposed Timescale: 30/09/2015

Theme:

Governance, Leadership and Management

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

The arrangements under the Nursing Home Support Scheme were not outlined where appropriate, as required by the Regulations.

9. Action Required:

Under Regulation 24(2)(c) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.

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

Contract of care will be amended to include details of the arrangements of the application for or receipt of financial support under the Nursing Home Support Scheme including the arrangements for the payment or refund of monies.

Proposed Timescale: 30/09/2015

Theme:

Governance, Leadership and Management

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

In some contracts, the original fee was crossed out and a new fee inserted, but this amendment was not signed or dated, thus it was uncertain whether this newer fee had been signed off on the contract by the resident.

10. 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:

An agreement will be made in writing with each resident on the admission of that resident to the centre, the terms on which that resident shall reside in the centre.

Proposed Timescale: 30/09/2015

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 medication policy required to be reviewed to ensure it complied with best practice guidelines for example: there was no timeline indicated as to when an original prescription was required to replace a faxed or telephoned prescription.
The complaints policy required updating with the name of the independent appeals officer.

11. Action Required:

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

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

The policies and procedures will be reviewed and updated in accordance with best practice.
Ongoing

Proposed Timescale: 29/07/2015

Theme:

Governance, Leadership and Management

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

The person in charge failed to ensure the directory of residents included the information specified in paragraph (3) of Schedule 3.

12. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

The Directory of Residents will include all relevant information.

Proposed Timescale: 29/07/2015

Theme:

Governance, Leadership and Management

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

The provider failed to ensure that all the records set out in Schedules 2, 3 and 4 were kept in the designated centre and were available for inspection by the Chief Inspector.

13. 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:

All records set out in Schedules 2, 3 and 4 will be kept in the centre. To facilitate this a new updated filing system will be installed.

Proposed Timescale: 01/09/2015

Theme:

Governance, Leadership and Management

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

The provider failed to ensure that the records required under Schedule 2, 3 and 4 were maintained in an accessible manner.

14. Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

All records will be maintained in a safe and accessible manner.

Proposed Timescale: 01/09/2015

Outcome 06: Absence of the Person in charge

Theme:

Governance, Leadership and Management

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

The name of the person who will be or was responsible for the designated centre during the absence of the person in charge supplied to the Authority, was no longer

correct as that person was no longer participating in the management of the centre.

15. Action Required:

Under Regulation 33(2)(c) you are required to: Give notice in writing to the Chief Inspector of the name, contact details and qualifications of the person who will be or was responsible for the designated centre during the absence of the person in charge.

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

The person who will deputise for the person in charge has been appointed and all documentation pertaining to this person has been submitted to the Authority.

Proposed Timescale: 27/07/2015

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:

Where restraint was used inspectors formed the view that it was not applied in accordance with national policy as published on the website of the Department of Health from time to time.

16. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

The restraint policy is under review and will only be used in accordance with Department of Health guidelines. Staff will receive training on the use of restraint.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

The provider failed to ensure that staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

17. Action Required:

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

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

Training on how to respond to behaviour that is challenging will be provided for all staff.

Proposed Timescale: 31/10/2015

Theme:

Safe care and support

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

The management and response to behaviour that was challenging or posed a risk to the resident concerned was not in line with best practice, as inspectors saw documentation to indicate that medications were used prior to other non medical alternatives being attempted. Care plans for behaviours that challenge were not specific to the requirements of each resident's behaviour needs and alternatives were not listed to avoid restrictive practices in all cases.

18. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

A risk register is in place and all risks will be assessed. Potential residents will be assessed prior to admission.

Ongoing

Proposed Timescale: 29/07/2015

Theme:

Safe care and support

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

Where alleged financial abuse had occurred for residents safeguarding plans had not been put in place for those residents to prevent a reoccurrence.

19. 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 safe is provided for residents monies. All residents are advised against having large sums of cash on their persons or in their rooms. A lockable drawer is provided in bed side lockers.

Proposed Timescale: 31/07/2015

Theme:

Safe care and support

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

Not all staff in the centre were trained in the protection of vulnerable older adults and prevention of elder abuse.

20. 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:

All staff attended training in the prevention of abuse. Records are available. Further training will take place in October 2015.

Proposed Timescale: 30/11/2015

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 risk management policy in the centre as set out in Schedule 5 did not include hazard identification and assessment of risks throughout the designated centre. For example:

- the sluice room practices
 - -smoking in the centre
 - -unlocked cleaning cupboards and hairdressing salon
 - -trailing wires in bedrooms
 - -the use of personal electric heaters in bedrooms
 - -privacy and dignity issues
 - -cleaning practices
 - -soiled pads in bathroom bins
 - -latex gloves storage
 - -hepatitis A or B assessment
 - -clinical waste management
 - -staff room unlocked
 - -maintenance room unlocked
 - -un-labelled creams and toiletries in shared bathrooms and bedrooms
- windows were not restricted
- fire door wedges in use

- inappropriate storage of clean linen and nebuliser masks
- shared hairbrushes and disposable razors

21. 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:

The risk management policy will be updated.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

The risk management policy in the centre as set out in Schedule 5 did not include the measures and actions in place to control the risks identified.

22. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

A risk management policy will be in place to minimise all risks to residents and staff.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

The risk management policy set out in Schedule 5 did not include the measures and actions in place to control abuse as specified in Regulation 26(1)(C)(i)

23. 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 will include measures and actions to control abuse.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

The risk management policy set out in Schedule 5 did not include the measures and actions in place to control the unexplained absence of any resident.

24. Action Required:

Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

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

The risk management policy will include measures and actions to control the unexplained absence of any resident.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

The risk management policy set out in Schedule 5 did not include the measures and actions in place to control accidental injury to residents, visitors or staff.

25. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The risk management policy will include measures and actions to control accidental injury to residents, visitors and staff.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

The risk management policy set out in Schedule 5 did not include the measures and

actions in place to control aggression and violence.

26. Action Required:

Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

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

The risk management policy will include measures and actions to control aggression and violence.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

The risk management policy set out in Schedule 5 did not include the measures and actions in place to control self-harm.

27. Action Required:

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

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

The risk management policy will include measures and actions to control self harm.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

The risk management policy and system in the centre did not adequately set out the arrangements in place in the centre for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

28. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

The risk management policy will include arrangements for the identification, recording,

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

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

The provider failed 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:

For example:

- sluice room practices
- clinical waste management
- cleaning practices
- disposal of incontinence wear
- storage and cleaning of nebuliser masks

Inspectors observed an unclean suction machine in the bedroom of a resident who had a serious chest complaint. The suction tubing of this machine was lying on the bedroom floor. There was stained water in view in the machine and there was no protocol seen for the cleaning of this machine and the proper storage of the suction tubing and the nebuliser mask which was also in use.

Urinals were seen on the window sill in one toilet area and in the shared bathroom off the entrance hall area.

Large unlabelled open jars of ointment were seen in this toilet area also.

Commode pans were stored on the floor of one sluice room.

29. 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:

All staff receive training annually in Infection Prevention and Control.

Proposed Timescale: 30/11/2015

Theme:

Safe care and support

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

Not all staff had received fire training in the centre.

30. Action Required:

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

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

All staff participate in Fire training in October/November 2014. Further training is scheduled for October/November 2015.

Proposed Timescale: 30/11/2015

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:

In one residents file, a prescription only painkiller had been administered for two weeks without a prescription. The inspector requested that this be reviewed by the resident's GP immediately and a prescription was obtained during the course of the inspection. However, the prescription had different directions for administration and the inspector highlighted that a new dispensing label would need to be obtained from the pharmacist to prevent a medication error.

One resident was receiving their medication by covert administration and that this had been arranged with the GP. The inspector recommended that a documented assessment of the reasons for covert administration, the medications being administered and signed by the multi-disciplinary team be prepared for the residents medical file.

31. 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:

Medication management training is scheduled for Nurses on August 12th 2015. Doctors have been requested to provide written prescriptions within 48 hours

Proposed Timescale: 30/08/2015

Theme:

Safe care and support

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

Significant stocks of previously dispensed medications were on the medication trolley even though these products were no longer prescribed for the resident. Some of these medicinal products did not have a dispensing label. There were many tubes of anti-fungal and antibiotic creams, and large pots of emollient creams, without dispensing labels to indicate who the products were prescribed for. Eye-drops were found not stored in the fridge, as is required. A bottle of eye-drops which had been open for longer than 28 days was also found by the inspector. During the course of the inspection, the staff thoroughly reviewed all medicinal products in stock and documented the return of any items, that were no longer required, to the pharmacy.

32. Action Required:

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

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

All out of date medication and medications no longer required for residents are returned to the Pharmacy weekly.

Ongoing

Proposed Timescale: 29/07/2015

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

The person in charge failed to give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

33. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

More support has been provided and notifications will be submitted in line with Regulations.

Proposed Timescale: 31/07/2015

Theme:

Safe care and support

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

The person in charge failed to provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

34. Action Required:

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

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

Quarterly returns will be submitted to the Chief Inspector as required.

Proposed Timescale: Quarterly

Proposed Timescale:

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:

The person in charge had failed to ensure that the care plan prepared under Regulation 5 (3) for each resident was revised and updated according to the changing needs and changing status of residents.

35. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Specific care plans for the changing needs and status of residents will be in place. Care planning and documentation will take place in September 2015.

Proposed Timescale: 31/10/2015

Theme:

Effective care and support

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

The provider had failed to provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais na hEireann. For example:

A resident who had complained of pain was not provided with appropriate medical attention.

36. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais.

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

Appropriate medical and health care will be provided in accordance with professional guidelines.

Proposed Timescale: 31/10/2015

Theme:

Effective care and support

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

There was inadequate access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service required additional professional expertise. For example, a resident with weight loss and swallowing difficulties had not had a dietician review since 13 October 2014 and had not had a SALT assessment since 31 May 2015.

37. Action Required:

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

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

Access to treatment and additional professional expertise will be provided to all residents.

Ongoing

Proposed Timescale: 29/07/2015

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:

Inspectors found a discrepancy in the measurement of a double bedroom which was not in accordance with information in the statement of purpose. The room involved was restrictive for the residents involved who had very high dependency needs.

38. Action Required:

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

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

The Statement of Purpose will be amended to include the correct room measurements.

Proposed Timescale: 30/09/2015

Theme:

Effective care and support

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

The provider failed to provide premises which conformed to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre:

For example:

- some double bedrooms were restrictive in space and there was no space for bedside lockers to be placed by the beds
- there was no room for a bedside chair in these rooms and TVs had not been provided for residents
- wardrobes were shared by residents because of the lack of space in these rooms
- a lockable, secure storage space had not been provided for all residents
- appropriate sluicing facilities were not available in the centre

39. 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:

Smaller lockers with lockable drawers have been ordered for the double rooms and the wardrobes will be re-structured to facilitate better storage space for clothing.

Proposed Timescale: 30/09/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The registered provider failed to ensure that a copy of the complaints procedure was displayed in a prominent position in the designated centre for both residents and relatives..

40. Action Required:

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The Complaints Procedure will be displayed inside the main door and in a prominent position for residents inside the main foyer.

Proposed Timescale: 30/09/2015

Theme:

Person-centred care and support

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

The nominated person failed to maintain a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

41. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

A more robust recording of all complaints will be maintained to include all aspects of the complaint.

Proposed Timescale: 30/09/2015

Theme:

Person-centred care and support

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

There was insufficient evidence in the complaints log that all complainants were informed promptly of the outcome of their complaint and details of the appeals process.

The appeals person was not named on the complaints process and the contact details of this person were not available to staff and residents.

42. Action Required:

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

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

The complainant will be informed promptly of the outcome of their complaint and they will be informed of the appeals process.

Proposed Timescale: 29/07/2015

Theme:

Person-centred care and support

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

The provider had failed to nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

43. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

An independent person will be available in the centre to ensure all complaints are appropriately responded to and that the person nominated in Regulation 34 (1)(f) maintains all records.

Proposed Timescale: 29/07/2015

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Ensure that the policy and care plans on end of life care address the physical, emotional, social, psychological and spiritual needs of individual residents to guide staff on holistic care needs of residents, particularly the physical care needs and guidelines for staff.

This was an action previously given on the Thematic inspection.

44. 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:

Care planning training will be given to all nurses to reflect all aspects of end of life care

Proposed Timescale: 30/09/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Not all staff spoken with by inspectors were aware of the procedure to contact the advocate on behalf of a resident.

45. Action Required:

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

Staff have been informed of the access to an independent advocate.

Proposed Timescale: 31/08/2015

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Not all residents had adequate space for each resident to store and maintain his or her clothes and other personal possessions.

Wardrobes were shared in some rooms and the space provided was limited.

46. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

A review of wardrobe space will be undertaken to ensure that all residents have adequate space to store clothing and belongings

Proposed Timescale: 30/09/2015

Theme:

Person-centred care and support

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

It was not clear that each resident has access to and retained control over his or her personal property, possessions and finances as personal, unmarked items such as rings and jewellery were retained in the safe without having ownership of the items established.

47. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

An annual review of all items kept in the safe will take place.

Proposed Timescale: 31/01/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Not all staff had been afforded mandatory training.

48. 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:

All staff will participate in all mandatory training in September, October and November 2015

Proposed Timescale: 30/11/2015

Theme:

Workforce

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

Staff appraisals and supervision had yet to commence.

49. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Staff appraisals will commence in September as more assistance has now been provided.

Proposed Timescale: 31/12/2015