

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Francis' Nursing Home
Centre ID:	OSV-0000168
Centre address:	Mount Oliver, Dundalk, Louth.
Telephone number:	042 935 8985
Email address:	stfrancisdundalk@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St Francis Nursing Home (Mount Oliver) Limited
Provider Nominee:	Avril Reynolds
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	0

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 January 2016 08:00 To: 06 January 2016 16:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Major
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

The purpose of this inspection was to monitor ongoing regulatory compliance. It was triggered following receipt of unsolicited information that was anonymous highlighting concerns in relation to poor medication and wound care management, inadequate staffing arrangements and inappropriate routines in service provision to residents. The inspection was focused on specific regulations within outcomes and was unannounced.

On arrival to the centre, at 08:15am, the inspector met with the person in charge (PIC) who was informed of the purpose of the inspection. The person in charge confirmed the number of care staff on duty which included one other nurse, six health care assistants and four student health care assistants on work experience placement as part of a course they were completing.

There were no vacant places with 25 residents in the centre. The centre was clean, warm, and well maintained. The atmosphere was quiet and calm.

The Inspector confirmed with the person in charge that the provider nominee had

been informed of the unannounced inspection taking place.

Staff and residents engaged well with the inspector during the course of the inspection.

Overall, improvements were required in many areas and major non-compliances were found in relation to the governance and management, staffing arrangements and training provision, medication management, records, safeguarding measures and healthcare provision. The day-to-day routine and provision of services required review.

Findings and areas for improvement are outlined in the body of this report and in the action plan at the end for response.

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

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The overall routines, arrangements and practices highlighted in anonymous unsolicited information were confirmed on inspection. They required review as they impacted on the safety, quality of life and the care and welfare of residents.

A change in management from September 2015 was notified to the Authority, as required.

Staff told the inspector they had identified a need for changes in the daily routine within the centre and had communicated this in a previous management meeting held October 2015. However, changes had not been progressed or agreed to address the matters raised.

The management arrangements found by the inspector and the operational systems in place did not fully ensure a safe and appropriate service to meet the needs of all residents or to ensure an effective delivery of person centred care, as described in the statement of purpose.

Deficiencies were found in relation to the operational and clinical governance in the centre that included deficiencies in timely access to appropriate medical and healthcare services and in staff training and knowledge.

Based on the observations and discussions held, the inspector found resource management including supervision arrangements did not adequately ensure accountability and effective governance or supervision of the staff team.

The lines of authority and accountability were unclear. Decision making processes, roles and responsibilities for the delivery and review of care and services to residents was

lacking.

The management systems did not adequately ensure the service provided was safe, appropriate, consistent and effectively monitored. Clinical leadership was not strong enough to ensure appropriate governance.

The following issues and practices which had a real or potential negative impact on the safety, welfare and quality of life of residents required review:

- a nurse at the end of each 10 hour night shift had responsibility to administer morning medication to all residents prior to two nurses on duty at 8am without evidence of clinical need
- the routine where staff provided residents with medication and breakfast from 6am was not justifiable or reasonable. The inspector was told the morning routine started at 6am and involved serving breakfast for up to 18 residents at around 7am and for six other residents at 8am onwards
- at 09:13am a resident told the inspector they had received their medications at around 6:30am and had not had their breakfast
- two residents, assessed as maximum dependent, were seen asleep in their modified chairs in the dining room at 08:40am and at 09:45am. Staff told the inspector they had had their breakfast at 7am, were assisted by staff and brought to the dining room. These resident's individual and personal needs was not adequately considered on a daily basis and the routine had not been appropriately considered, supervised or reviewed to meet their personal needs
- the nurse and or person in charge were seen alternating in the dining room preparing morning drinks and toast for a small number of residents, while care staff and persons on work experience, delivered direct care to dependent residents unsupervised
- staff were not aware of residents healthcare status and had not carried out an assessment of residents with high dependency clinical needs to determine their condition over a number of days while on duty
- individual staff roles and responsibilities were not clearly understood, including staff limitations and the scope of practice and accountability of professional staff.

Judgment:

Non Compliant - Major

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

While records were maintained in a safe and secure manner, not all the records listed in Schedules 2, 3 and 4 of the Regulations were available in the centre or maintained as required and or in accordance with relevant professional guidelines.

Some records had not been maintained at the time of the event and some were incomplete in parts.

Gaps were found in relation to records associated with medical referrals and decisions, assessments and follow-up appointments.

A record of any occasion where a resident refused treatment was not maintained as required. A record of a resident's decision and or significant other's decision not to facilitate or receive certain medical treatment was not maintained.

Treatment decisions described by staff of a resident's significant other had not been recorded. Evidence of a resident's consent to demonstrate an informed and collaborative decision-making process in relation to the cancellation of hospital and consultant appointments, was not maintained or available to ensure full participation in the process and decision made, as outlined in the centre's statement of purpose and function.

Care plans and intervention details were inadequate relating to resident's medication regime, nursing and specialist care including wound care plans.

Records to confirm all residents' assessments and reviews by allied healthcare professionals were not available, and records completed by nursing staff did not outline the full range of care and treatment prescribed, recommended or being provided to residents.

Records relating to pressure ulcers, wound assessments and management were inadequate and not maintained in accordance with national policy and or international standards, as referenced in the centre's pressure ulcer policy.

Some records maintained of resident's health and condition and treatment given on a daily basis by a nurse were not in accordance with relevant professional guidelines.

A record of each medicine administered had not been consistently signed and dated by the nurse responsible in accordance with relevant professional guidelines.

Omissions in medication administration records where a nurse's signature and time to confirm the administration of a medicines was found and had been recognised or reported by staff as an error in accordance with the centre's policy and reporting form, as errors may cause or lead to inappropriate medication use.

A record to include the time as required (PRN) medication was administered was not

consistently recorded in accordance with the centre's policy.

A copy of the duty roster was made available that reflected staff employed by the provider, however, it did not include the names of all persons working in the centre, such as students on placement, and it had not been updated to reflect the actually worked roster following changes occurred due to staff sickness.

Samples of operational policies reviewed and required by Schedule 5, were not implemented in practice and had not been updated to reflect national policy guidelines.

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):

No actions were required from the previous inspection.

Findings:

There were no reported incidents, allegations and or suspicions of abuse. However, improvements were required in relation to the governance and management that included staff training and understanding, and procedures and policy guidance to adequate measures were in place to ensure the protection of residents from abuse or harm.

The centre's policy did not include all procedures to be put in place to support and protect residents in the event of an allegation of abuse and had not been updated to include or reflect the national policy document of December 2014 'safeguarding vulnerable persons at risk of abuse national policy and procedures'.

All reasonable measures to protect residents from abuse were not maintained as gaps were found in staff knowledge, supervision and training related to safeguarding vulnerable persons.

The centre's policy was to provide staff with training in 'elder abuse' every two years. A review of the training records showed one staff had training in 'elder abuse' in 2015, while the majority of staff had a training date recorded in April 2013 and others prior to June 2014. One member of staff had no training date recorded.

Due to the lack of appropriate training and or awareness by staff of national guidance procedures available December 2014, the inspector was not assured that all staff knew what constituted abuse and or neglect or of the appropriate safeguarding procedures to be implemented.

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):
No actions were required from the previous inspection.

Findings:
The centre had policies and procedures relating to health and safety and risk management, however, these were not examined fully during this focused inspection.

Training in moving and handling, infection control, cardio pulmonary resuscitation (CPR) and fire safety formed part of the training programme, however, training records provided showed all staff members had not received mandatory training or refresher training, as required. These requirements are included in outcome 18 action plan for response.

Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced in 2015. Means of escape and fire exits were unobstructed and emergency exits were clearly identified.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:

Appropriate medication management practices had not been adhered to in line with professional guidelines and the centre's policy.

The inspector found insufficient monitoring and governance systems in relation to medication practices and procedures in the centre.

During this inspection the inspector found deficiencies in procedures of administration, prescribing and recording of medicines. Some practices were unsafe and not in accordance with professional guidelines and legislation. Prescription and administration recording was incomplete and errors in administration and recording practices were found.

Practices had not ensured that all medicinal products were administered in accordance with and or under the directions of a prescriber.

The system for reviewing and monitoring medication management practices was not robust. Unsafe medication management practices found on this inspection included the following:

- medication had been administered in the absence of the prescription
- medication had not been administered to residents as prescribed
- the routine of a night nurse administering morning medications to all residents from 6am was inappropriate and unsafe
- medication prescribed at 7am was administered from 6am and recorded as administered at 7am in the medicine kardex
- the actual time of medication administration including PRN (as required medication) was not consistently recorded
- residents had been administered and offered medication up to three hours before they received breakfast
- medicines recorded as administered prior to the administration had not been taken by residents
- omissions in medication records had not been recognised, reported or recorded as an error
- known or unknown allergies or medicine sensitivity was not stated on the medicine kardex
- correction fluid was used on a medicine administration record
- the centre's medication policy had not been implemented in practice
- the system of medication management and review was not sufficient to ensure safe, responsive and timely practices were adhered to or maintained.

Overall, from discussions with staff and residents, and following a review of records, the inspector concluded that arrangements in place were unsafe and not appropriate, responsive or timely, also outlined in outcome 5 and 11.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

While some notifications had been received by the chief inspector, the notification of all serious injuries that included incidents of pressure ulcers and wounds and incidents that involved immediate medical attention and or hospital admission had not.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Arrangements in place to facilitate residents' access to medical and healthcare services required improvement.

Timely access to general practitioner (GP) services and or appropriate treatment and therapies, including allied healthcare professionals, was not available or provided.

In a review of resident nursing, clinical and medication records, the inspector found that medical and healthcare services had not been provided in a timely and appropriate manner.

The inspector read in a resident's nursing records that an increase in pain was identified on three consecutive days (4th 5th and 6th of January 2016) and was reported to the GP. An increase in dosage of a pain relief medicine (controlled medicine) prescribed on a

regular basis had been recorded as recommended for the increase in pain reported on 4 January 2016. The medication administration record confirmed pain relief medicine prescribed on a PRN basis had been administered on a regular basis along with regular medicines over a period of one month. However, staff were unable to confirm when the GP would next attend the centre to review the resident and or to prescribe the increase of pain relief medicines recommended. Staff records also included a recommendation of antibiotic medicines which had been commenced without a copy of or actual prescription by the GP. The PIC was requested to inform the Authority of the GP's visit to the centre which was subsequently confirmed as 12 January 2016.

The recording of clinical practice was not maintained in accordance with professional guidelines.

A comprehensive assessment of residents' individual needs had not been maintained.

Assessments of resident's healthcare needs and care plans were not sufficiently maintained to demonstrate appropriate and reasonable professional health care.

A collaborative and multi disciplinary approach to wound management had not been maintained to ensure optimal wound healing was promoted and facilitated.

Appropriate action had not been taken to mitigate the risk of non-healing or delayed healing or in response to a noted and reported increase in pain and discomfort of a resident.

Wound or ulcer measurements or dimensions, number, category or stage, specific site locations, description and appearance, and pain associated with each wound or ulcerated area of skin was not adequately assessed or managed to inform ongoing assessments and reviews.

Residents' care plans did not include or reflect recommended treatment, dressing choices and photographic data arrangements that was maintained on an ad hoc basis. The most recent photographic record for a resident's wounds was dated July 2015. However, wound assessments completed by a number of nurses since September 2015 and up to 6 January 2016 included 'see photos' in the location section of the assessment record. On inspection of the resident's skin condition, the photographs available of July 2015 did not reflect the status found on inspection.

Clinical assessments such as wound swabs had not been maintained prior to anti biotic therapy medication including medication administered in the absence of a prescription.

Care plans were not informed by a comprehensive assessment or reviewed and updated at suitable intervals to reflect changes.

Resident referrals to other healthcare services for professional expertise had not been facilitated, as required.

Residents' choices, preferences, treatment decisions and or prescriptions and goals had not been clearly documented in a plan of care.

Judgment:
Non Compliant - Major

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

Theme:
Person-centred care and support

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

Findings:
The Inspector was informed and confirmed from the complaints file that there were no complaints recorded or reported since December 2013.

Judgment:
Compliant

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

Theme:
Workforce

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

Findings:
Unsolicited anonymous information received by the Authority outlined concerns in relation to the provision and arrangements of care and services which included staffing arrangements.

This inspection was unannounced and on arrival to the centre at 08:15am the inspector met with the person in charge (PIC) who confirmed there were 25 residents in the

centre and 11 care staff on duty which included another nurse.

Six of the 10 care staff were employed by the provider while four were students undertaking a training course and on a work experience placement.

At the commencement of the inspection the inspector observed practice, and spoke with residents and staff about the daily activities managed by staff and early morning routine reported and found in operation within the centre.

The inspector spoke with staff in relation to their responsibilities and activities undertaken and found that the overall practice of care and provision was task orientated and not person centred to meet the individual needs and abilities of each resident, as outlined in outcome 2.

Education and training of staff (including training referenced in outcome 7) had not been provided as required or based on the needs and changing needs of residents. A lack of knowledge and understanding was found among some staff in relation to evidence based practice and appropriate care to meet residents' needs that included pressure ulcer care and wound management or to ensure safe and appropriate medication management and recording of clinical practice.

Residents' care and changing needs had not been adequately assessed or evaluated by staff or supported by relevant training to enhance their knowledge, skill and understanding, or to ensure the necessary support and or specialist treatment was made available for residents as recommended and required.

Appropriate management systems and arrangements were not in place to ensure all persons working in the centre were appropriately supervised, as outlined in outcome 2.

Copies of relevant guidance published by a statutory agency in relation to 'national best practice and evidence based guidelines to include wound management', guidance to nurses and midwives on medication management' and 'safeguarding vulnerable persons at risk of abuse national policy and procedures' was not available to staff in the centre.

Judgment:

Non Compliant - Major

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:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Francis' Nursing Home
Centre ID:	OSV-0000168
Date of inspection:	06/01/2016
Date of response:	01/02/2016

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The management arrangements found and operational systems in place did not fully ensure a safe and appropriate service to meet the needs of all residents or to ensure an effective delivery of person centred care, as described in the statement of purpose.

Deficiencies were found in relation to the operational and clinical governance in the centre that included deficiencies in timely access to appropriate medical and healthcare

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

services and in staff training and knowledge.

Based on the observations and discussions held during this inspection, the inspector found resource management including supervision arrangements did not adequately ensure accountability and effective governance or supervision of the staff team.

1. Action Required:

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

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

The installation of an electronic Care Management System (Epic Solutions) is planned to replace the current arrangements. The set-up phase will start with a Training Programme for Nurses and HCAs and conclude with the Management System being operational with clinical notes, assessments and care plans, with the capacity for clinical and administrative audits.

Care duties are being re-organised to leave the Nurse/PIC available for clinical duties and supervision of the staff team. The position of Dining Room Aide (for the provision of toast/drinks etc. from 8.00AM to 10.30AM) will be introduced 1st February 2016 and the restructuring of the roster will be in place by 30th April 2016

The deficiencies in timely access to appropriate medical and healthcare services have been addressed, using National Guidelines to ensure compliance and up-date knowledge.

Proposed Timescale: Dining Room Aide by 1st February; Reorganisation of Roster to 12 hr shifts by 30th April 2016

Proposed Timescale: 30/04/2016

Theme:

Governance, Leadership and Management

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

The lines of authority and accountability were unclear.

Decision making processes, roles and responsibilities for the delivery and review of care and services to residents was lacking.

Clinical leadership was not robust to ensure appropriate governance and or sufficiently understood to ensure appropriate governance.

The following arrangements confirmed and or observed required review:

- a nurse at the end of each 10 hour night shift had responsibility to administer morning medication to all residents prior to two nurses on duty at 8am
- the routine where staff provided residents with medication and breakfast from 6am was not justifiable or reasonable. The inspector was told the morning routine started at

6am and involved serving breakfast for up to 18 residents at around 7am and for six other residents at 8am onwards

- at 09:13am a resident told the inspector they had received their medications at around 6:30am and had not had their breakfast
- two residents, assessed as maximum dependent, were seen asleep in their modified chairs in the dining room at 08:40am and at 09:45am. Staff told the inspector they had had their breakfast at 7am, were assisted by staff and brought to the dining room. These resident's individual and personal needs was not adequately considered on a daily basis and the routine had not been appropriately considered, supervised or reviewed to meet their personal needs
- the nurse and or person in charge were seen alternating in the dining room preparing morning drinks and toast for a small number of residents, while care staff and persons on work experience, delivered direct care to dependent residents unsupervised
- staff were not aware of residents healthcare status and had not carried out an assessment of residents with high dependency clinical needs to determine their condition over a number of days while on duty
- individual staff roles and responsibilities were not clearly understood, including staff limitations and the scope of practice and accountability of professional staff.

2. 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:

Breakfast will be served between 7.00AM and 8.00 AM in the rooms of residents who so desire. From 8.00 to 10.30 Breakfast will be served by the Dining Room Assistant in the Dining Room for those residents who may need assistance/closer supervision or prefer the Dining Room.

Morning Medications are to be administered as prescribed, by the morning shift Nurse in the Resident's room or in the Dining Room with breakfast.

The residents' individual needs and preferences will be emphasised in their care plans and reflected in their daily routine.

Assessments will be up-dated by a MDT (G.P., O.T., Nutritionist/SALT, TVN, Nurse, Next of Kin, Pharmacist, HCA etc.) in an on-going process.

The interaction between the MDT members will clarify staff roles and responsibilities; E-learning/in-service Education will be provided on an on-going basis to enhance and update staff knowledge as appropriate to their role.

Proposed Timescale:

Dining Room Assistant starts 1st February

Administration of Morning Medications by Morning Nurse starts 8th February

Improvements re Care Plans, MDT, training as from 1st February On-Going

Proposed Timescale: 08/02/2016

Theme:

Governance, Leadership and Management

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

The management systems did not adequately ensure the service provided was safe, appropriate, consistent and effectively monitored.

3. 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:

In the interim before the Electronic Care Management System (Epic Solutions) is fully and effectively operational, In-House Education for Nurses will be given to Nurses ensuring efficient up-dating of Care Plans and Kardex. This exercise will also be a preparation for uploading complete, accurate and timely information into the Epic Solutions Management system, ensuring safer, appropriate, consistent and effective monitoring into the future.

Proposed Timescale: 30/04/2016

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:

Samples of operational policies reviewed and required by Schedule 5, were not implemented in practice and had not been updated to reflect national policy guidelines.

4. 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:

All policies required by Schedule 5 will be reviewed and up-dated to reflect national policy guidelines (especially safeguarding Vulnerable People at Risk of Abuse National Policy and Procedure, Wound Management, ABA Guidance to Nurses and Midwives on Medication Management). Policy documents for Prevention, Detection and Responding to Abuse, End of Life Care, Nutrition, Staff Training and Development, Restraint, Complaints, Admissions, Communication, Fire Safety are currently under review. A planned approach to the review of the remaining policies will be followed.

Proposed Timescale: 30/06/2016

Theme:

Governance, Leadership and Management

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

Records listed in Schedules 2, 3 and 4 of the Regulations were not available in the centre or maintained as required and or in accordance with relevant professional guidelines.

Gaps were found in relation to records associated with medical referrals and decisions, assessments and follow-up appointments.

A record of any occasion where a resident refused treatment was not maintained as required. A record of a resident's decision and or significant other's decision not to facilitate or receive certain medical treatment was not maintained.

Care plans and intervention details were inadequate relating to resident's medication regime, nursing and specialist care.

Records to confirm all residents' assessments and reviews by allied healthcare professionals were not available, and records completed by nursing staff did not outline the full range of care and treatment prescribed, recommended or being provided to residents.

Records relating to pressure ulcers, wound assessments and management were inadequate and not maintained in accordance with national policy and or international standards, as referenced in the centre's pressure ulcer policy.

Some records maintained of resident's health and condition and treatment given on a daily basis by a nurse were not in accordance with relevant professional guidelines.

A record of each medicine administered had not been consistently signed and dated by the nurse responsible in accordance with relevant professional guidelines.

Omissions in medication administration records had been recognised or reported by staff as an error in accordance with the centre's policy and reporting document.

A record to include the time as required (PRN) medication was administered was not consistently recorded in accordance with the centre's policy.

A copy of the duty roster had not been updated to reflect the actually worked roster following changes occurred due to staff sickness.

5. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Deficiencies identified in Records and care plans are in the process of being addressed by In-House training, up-dating Mandatory Training, MDT review and EPIC training.

Our Time Management System print-out of Duty Rosters will be up-dated to reflect the actually worked Duty Roster rather than the Planned Duty Roster.

Proposed Timescale: 8th January to 30th June 2016;
up-dated Duty Rosters as required/on-going

Proposed Timescale: 30/06/2016

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:

All reasonable measures to protect residents from abuse were not maintained as gaps were found in staff supervision and training related to safeguarding vulnerable adults.

Improvements were required in relation to the governance and management that included staff training and understanding, and procedures and policy guidance to ensure adequate measures were in place to protect residents from abuse or harm.

The centre's policy did not include all procedures or reflect the national policy document of December 2014 'safeguarding vulnerable persons at risk of abuse national policy and procedures'.

Due to the lack of appropriate training and or awareness by staff of national guidance procedures, the inspector was not assured that all staff knew what constituted abuse and or neglect or of the appropriate safeguarding procedures to be implemented.

6. 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:

The policy on Prevention, detection and response to abuse has been reviewed with reference to December 2014 "Safeguarding Vulnerable Persons at Risk of Abuse". It, with all the reviewed/up-dated policies is being disseminated to employees who must sign the Acknowledgement Form to say that they have both read and understood it.

Proposed Timescale: 30/06/2016

Theme:

Safe care and support

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

A review of the training records showed one staff had training in 'elder abuse' in 2015, while the majority of staff had a training date recorded in April 2013 and others prior to June 2014. One member of staff had no training date recorded.

7. 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:

Nurses and HCAs will participate in "Safeguarding Vulnerable Persons at Risk of Abuse" webinar (NMBI Category 1 Approval and CEUs) held by HSE Senior Safeguarding & Older Persons Officer on 10th Feb 2016.

We are in the process of arranging an Education Session with HSE Officer DNE, Community Services, Dublin Road, Dundalk, Co. Louth.

Alternately, the use of HSE Training Video, 'Open Your Eyes' - Week of 29 February.

The heading in our Training Record has been changed to Prevention, detection and response to Elder Abuse- DONE

Proposed Timescale: Webinar 10th Feb 2016, Open Your Eyes 29th February,

Proposed Timescale: 29/02/2016

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:

Appropriate medication management practices had not been adhered to in line with professional guidelines and the centre's policy.

Insufficient monitoring and governance systems in relation to medication practices and procedures in the centre were found.

Deficiencies in procedures of administration, prescribing and recording of medicines were found.

Some practices were unsafe and not in accordance with professional guidelines and legislation. Prescription and administration recording was incomplete and errors in administration and recording practices were found.

Practices had not ensured that all medicinal products were administered in accordance

with and or under the directions of a prescriber.

Unsafe medication management practices found on this inspection included the following:

- medication had been administered in the absence of the prescription
- medication had not been administered to residents as prescribed
- the routine of a night nurse administering morning medications to all residents from 6am was inappropriate and unsafe
- medication prescribed at 7am was administered from 6am and recorded as administered at 7am in the medicine kardex
- the actual time of medication administration including PRN (as required medication) was not consistently recorded
- residents had been administered and offered medication up to three hours before they received breakfast
- medicines recorded as administered prior to the administration had not been taken by residents
- omissions in medication records had not been recognised, reported or recorded as an error
- known or unknown allergies or medicine sensitivity was not stated on the medicine kardex
- correction fluid was used on a medicine administration record
- the centre's medication policy had not been implemented in practice
- the system of medication management and review was not sufficient to ensure safe, responsive and timely practices were adhered to or maintained.

Medication management arrangements in place were unsafe and not appropriate, responsive or timely.

8. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The PIC will provide In-House Education on Medication Management in conjunction with use of our Medication Management documents, up-dated in accordance with Professional Guidelines, legislation and the review carried out by the pharmacist.

An extensive re-organisation of the Care Staff's Rosters: Nurses' roster to 12 hr shifts, followed by HCAs' roster to 12 hr shifts so that administration of medication is in accordance with the directions of the prescriber.

Proposed Timescale: Pharmacist's Review DONE 29th January 2016
In-House Education on Medication Management by mid February 2016
12 hr shifts 30th April 2016

Proposed Timescale: 30/04/2016

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 notification of all serious injuries that included incidents of pressure ulcers and wounds and incidents that involved immediate medical attention and or hospital admission had not been submitted to the chief inspector as required.

9. 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:

The Notification of occurrence of any incident set out in paragraph 7(1) (a) to (j) of Schedule 4 will be made within 3 working days.

Notification in writing will also be made of serious injuries/incidence of ulcers involving immediate medical attention and or hospital admission within 3 working days.

Proposed Timescale: 1st February 2016, on-going

Proposed Timescale: 01/02/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Assessments of resident's healthcare needs and care plans were not sufficiently maintained to demonstrate appropriate and reasonable professional health care had been arranged.

10. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Prior to or on Admission, the Assessment by appropriate health care professional of the person's health, personal and social needs will be made.

Full review of all Care Plans have been initiated to address the gaps and lapses

Proposed Timescale: Started 1st February, completed 15th February 2016

Proposed Timescale: 15/02/2016

Theme:

Effective care and support

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

A comprehensive assessment of residents' individual needs had not been maintained.

Wound or ulcer measurements or dimensions, number, category or stage, specific site locations, description and appearance, and pain associated with each wound or ulcerated area of skin was not adequately assessed or managed to inform ongoing assessments and reviews.

Clinical assessments such as wound swabs had not been maintained prior to anti biotic therapy medication including medication administered in the absence of a prescription.

A collaborative and multi disciplinary approach to wound management had not been maintained to ensure optimal wound healing was promoted and facilitated.

11. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

To ensure best Practice the recommended Guide for Wounds Management will be followed. All such Management will be discussed with the resident and her Next of Kin. A MDT approach is taken in the management of wounds and the resident's preference and permission is sought and documented.

Proposed Timescale: 6th January 2016- on-going

Proposed Timescale: 06/01/2016

Theme:

Effective care and support

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

Care plans were not informed by a comprehensive assessment or reviewed and updated at suitable intervals to reflect changes.

12. 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:

The PIC will formally review Care Plans at 4 monthly intervals, revising when necessary, after consultation with the resident concerned, and where appropriate, the resident's family.

Proposed Timescale: Review by 30th April 2016

Proposed Timescale: 30/04/2016

Theme:

Effective care and support

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

Resident referrals to other healthcare services for professional expertise had not been facilitated, as required.

13. 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:

The PIC will ensure all referrals to other healthcare services for professional expertise will be facilitated.

In the event of a resident's declining the referral, following discussion with the resident, her G.P., her Next of Kin, her final decision will be documented and respected.

Proposed Timescale: 6th January-On-going

Proposed Timescale: 06/01/2016

Theme:

Effective care and support

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

Timely access to general practitioner (GP) services and or appropriate treatment and therapies, including allied healthcare professionals, was not available or provided.

The recording of clinical practice was not maintained in accordance with professional guidelines.

14. Action Required:

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

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

The Registered Provider will ensure appropriate medical and health care for a resident including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais by:

- Direct, clear, Communication (formal and informal) between and among Management and Staff members responsible for all aspects of care.
- MDT collaborative approach.
- Phased planning for the significant changes to long standing routine affecting Management and staff as well as the residents.
- Clearly defined roles and responsibilities at the same time encouraging team wprk.

Proposed Timescale: Already initiated- to be completed by mid March 2016

Proposed Timescale: 21/03/2016

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

Education and training of staff had not been provided as required or based on the needs and changing needs of residents.

A lack of knowledge and understanding was found among some staff in relation to evidence based practice and appropriate care to meet residents' needs that included pressure ulcer care and wound management and to ensure safe and appropriate medication management and recording of clinical practice.

Training in moving and handling, infection control, cardio pulmonary resuscitation (CPR) and fire safety formed part of the training programme, however, training records provided showed all staff members had not received mandatory training or refresher training, as required.

15. 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:

An In-House Training Programme for Fire Safety, Infection Control, Cardio Pulmonary Resuscitation (CPR) and Prevention, Detection and Response to Abuse will be developed and implemented.

Nurses are instructed to engage with Mandatory up-dating and training. Appropriate use of webinars, e-learning as well as National Guidelines for Wound Management, Medication Management and Recording of Clinical practice will enhance knowledge and understanding.

Staff who have not availed of the In-House Training have arranged to attend other appropriate Training Programmes.

Proposed Timescale: 30/04/2016

Theme:

Workforce

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

Appropriate management systems and arrangements were not in place to ensure all persons working in the centre were appropriately supervised.

16. 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:

All students on Work Experience here are monitored on an on-going basis by an designated nurse, guided by criteria provided by the Tutor or Training Manager of their Course. Their Experience is assessed continuously until they are deemed capable and competent to work independently. Work Experience is completed under constant clinical supervision by the Nursing Staff.

The PIC will ensure that all staff are appropriately supervised, by means of the Epic Management System, with its capacity for clinical and administrative audits, comprehensive Care planning, assessments and the monitoring of quality of care and the residents' experience,

In the interim before Epic Solutions are fully operational the PIC will ensure supervision by reviews of Care Plans and clinical audits.

Proposed Timescale: from 30th April On-going

Proposed Timescale: 30/04/2016

Theme:

Workforce

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

Copies of relevant guidance published by a statutory agency in relation to 'national best practice and evidence based guidelines to include wound management', guidance to nurses and midwives on medication management' and 'safeguarding vulnerable persons at risk of abuse national policy and procedures' was not available to staff in the centre.

17. Action Required:

Under Regulation 16(1)(c) you are required to: Ensure that staff are informed of the Act and any regulations made under it.

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

Copies of HSE 'National Best Practice And Evidence Based Guidelines For Wound Management', An Bord Altranais 'Guidance To Nurses And Midwives On Medication Management' And HSE 'Safeguarding Vulnerable Persons At Risk Of Abuse National Policy And Procedures' are available to staff as from 11th January 2016.

Proposed Timescale: 11/01/2016