

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sunhill Nursing Home
Centre ID:	OSV-0004450
Centre address:	Blackhall Road, Termonfeckin, Louth.
Telephone number:	041 988 5200
Email address:	Shane@sunhill.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	LSJ Care Ltd
Provider Nominee:	Shane Kelly
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	65
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 centers for children, dependent people and people with disabilities.

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 10 February 2016 09:30 To: 10 February 2016 14:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This centre was last inspected by the Health Information and Quality Authority (the Authority) on the 23 July 2014 following a change in the provider entity.

The centre is registered to accommodate 70 residents who require nursing care on a long or short time basis. On the day of the inspection there were 65 residents in the centre and no vacancies. Three residents were in hospital following deterioration in their health and two residents were at day services.

The purpose of this unannounced inspection was to monitor ongoing regulatory compliance following:

- receipt of unsolicited information since the last inspection
- receipt of significant notifications that included safeguarding allegations and an unexplained absence of a resident from the centre
- the matters arising from the last inspection.

This inspection took place within normal working hours. On arrival to the centre, the inspector met with the general manager and person in charge and outlined the purpose of the inspection.

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

Since the last inspection, three separate pieces of unsolicited information had been received by the authority. Each matter was communicated to the provider for investigation and followed up on this inspection.

Notifications submitted since the last inspection included safeguarding concerns that were unsubstantiated following investigations and an unexplained absence of a resident. These notifications were followed up by the Authority with a requirement of the provider to complete a provider lead investigation and report the findings to the Authority. All notifications submitted were followed up on this inspection.

Overall, the inspector found that the matters arising from the last inspection were progressed or addressed. Management and staff had recognised and identified areas for improvement through their investigations of incidents and complaints with shared learning communicated to the staff team, where possible.

Staff involved in the management of the centre were knowledgeable of the legislation and standards governing the provision of care.

The inspection findings are discussed in the body of the report and outlined in the action plan at the end of this report for the provider and or person in charges' response. Improvements were required in relation to staff training and supervision and in the care planning process.

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 person in charge confirmed that the written statement of purpose had not changed since the last inspection and registration.

Information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), was included. It described the service and facilities that are provided in the centre, and a statement of the aims, objectives and ethos of the designated centre.

An exclusion criteria contained in statement of purpose in relation to exit seeking persons had not been reviewed following an unexplained absence of a resident from the centre.

Additional control measures and alarms were put in place to alert staff to exit seeking persons such as the opening of fire exits throughout the facility. Therefore, a review in relation to the statement of purpose and function was required and any changes were to be updated and communicated to the Authority accordingly.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Resident and family surveys completed in 2015 were seen on display reflecting high levels of satisfaction with the overall services within the centre.

An annual review of the quality and safety of care delivered to residents in the designated centre was completed for 2014 and 2015. The recent report demonstrated effective governance, operational management and administration arrangements in the centre to bring about quality outcomes and safe care.

Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The general manager and person in charge were informed by the inspector of unsolicited information received by the Authority since the last inspection.

One of the three pieces of unsolicited information highlighted an additional monthly charge applied for activities. The content of the contract of care was discussed with the general manager and person in charge. The general manager informed the inspector that all contracts of care were revised and renewed since the last inspection and change of provider entity. He explained how this change gave all residents and or relatives or representatives an opportunity to discuss the contract prior to agreements. Discussions had been afforded to all those involved and or on request.

The inspector was informed that a number of residents' representatives had not completed a written agreement to date. An audit to illustrate this was available and maintained.

The general manager explained that the contract of care set out the details of services to be provided within the fee relevant to care and accommodation, and services which may be excluded. However, he acknowledged it did not clearly set out examples of additional services and activities available within the additional charge such as physiotherapy, occupational therapy, and group or one to one activities that were available.

Additional services were to be summarised to inform residents of the terms and conditions included. The choice to opt out from the additional charge was to be given due consideration by the provider.

Judgment:

Substantially Compliant

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 designated centre was managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge has worked in the centre prior to 2009. She works on a full time basis and has a deputy to assume responsibility of the designated centre in her absence. The general manager supported her in her role, as required.

The person in charge demonstrated sufficient knowledge and implementation of the legislation requirements and was aware of her statutory responsibilities. The Inspector was satisfied that the person in charge was sufficiently engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She demonstrated a committed to improving outcomes for the resident group and had plans to develop the service further.

Residents were familiar with the person in charge and were complimentary of her and the staff team.

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):

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

Findings:

This outcome was not inspected in full. However, the matters arising from the last inspection were satisfactorily addressed.

Written policies and procedures required under Regulation 4 and Schedule 5 were available and reflected in practice.

Records required under regulation 21 were maintained in the designated centre for inspection. Samples of staff files were not reviewed against the requirements of schedule 2 on this inspection.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were described and supporting policies and procedures were in place.

Reasonable measures were in place to protect residents from forms of abuse. However, all staff did not demonstrate they were sufficiently skilled and or appropriately supervised to ensure the centre's policies were implemented in practice.

A policy on, and procedures for the prevention, detection and response to abuse was in place. As a result of provider lead investigations requested by the Authority following unsolicited information and notifications submitted, lessons were learned and improvements made in relation to safeguarding residents and responding and reporting procedures.

At the commencement of the inspection the inspector was informed that there were no active allegations, suspicions or reported abuse under investigation.

Since the last inspection there had been two safeguarding incidents that were unsubstantiated following investigations. One allegation had been notified to the Authority and the other allegation was reported following the receipt of unsolicited information. All safeguarding allegations were investigated at the time they were reported and made known to the person in charge, in line with the centre's policy.

Changes and improvements within the centre's practices and procedures had been brought about as a result of these investigations. The person in charge and general manager demonstrated their knowledge of the designated centre's policy and were aware of the necessary referrals to external agencies.

Most staff had received training in detection, prevention and responding to abuse as a measure to safeguard residents and protect them from abuse. However, all staff had not completed training to safeguard vulnerable adults and in the protection of residents.

Specific training in the assessment and management of behaviours that challenge and positive behaviour support had not been completed by relevant staff. The inspector found that all staff did not have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. During this inspection the inspector saw and heard a staff member speaking to and directing a resident inappropriately. The person in charge and deputy were made aware of the observation. Further training and or supervision in relation to safeguarding vulnerable adults and or the management of behaviours that challenge was required.

The use of restraint was in line with the national policy guidelines. Consultation with residents and representatives was evident, to demonstrate and acknowledge their understanding of measures used, such as bed rails. Regular checks were maintained, where required. The annual review completed for 2015 showed a decrease in the

number of residents using bedrails (from 27 to 19).

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted in this centre.

The centre had policies and procedures relating to health and safety.

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property.

Satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections.

Arrangements were in place for investigating and learning from serious incidents and adverse events involving residents. Additional control measures were put in place following an incident in June of 2015 where a resident left the centre at night unknown to staff. However, a simulated missing person drill had not been completed. The importance of these drills and the recording of same were identified by the inspector as being of particular importance given the length in time the resident was missing.

Reasonable measures were in place to prevent accidents in the centre and grounds. Health and safety audits were independently maintained and recorded. Weekly, monthly, quarterly and or annual audits of staffing and resident dependency, incidents, complaints, falls, wounds, pressure ulcers, medication management, weight changes, deaths and restraint use were maintained demonstrating a considered approach to monitoring, meeting and evaluating residents needs.

Risk assessments and audits aimed at an overall reduction of incidents and events were maintained. Risk assessments were recorded and reviewed as required.

Arrangements were in place to provide staff with training in moving and handling of residents, infection control and fire safety. However, all staff rostered and working in the centre had not completed this training at the time of the inspection. Further dates for mandatory training were scheduled to include recently employed staff.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were recently serviced and serviced on a regular basis. Means of escape and fire exits were unobstructed and emergency exits clearly identified and alarmed. Arrangements were in place for residents' personal emergency evacuation plan, the centre was compartmented and staff were informed regarding emergency procedures to be adopted in the event of a fire alarm.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

There were written operational policies relating to Medication management in relation to practices and procedures associated with the ordering, prescribing, administration, storage and disposal of medicines to residents.

The Inspector found safe storage and disposal/return of medicines. Practices found on the day of inspection were in accordance with the centre's policy. The matters raised from the previous inspection had been addressed.

Monthly medication reviews between the pharmacist, GP and nurse management team were maintained. However, the reconciliation of as required (PRN) medication was not included in the audits maintained to ensure medicinal products were administered in accordance with the directions of the prescriber or to inform quality improvements.

Judgment:

Substantially Compliant

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:

All allegations and suspicions of abuse had not been reported to the Authority, as required. However, the allegations had been investigated by the person in charge and deputy at the time they were reported to them.

The general manager acknowledged in a provider lead investigation response to the Authority in September 2015 that a safeguarding incident investigated earlier in the year had not been notified to the Chief Inspector, as required.

A record of all incidents occurring in the designated centre was maintained.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

Residents' health care needs were met through timely access to medical services and appropriate treatment and therapies. Arrangements were in place to facilitate residents with appropriate access to medical and healthcare services when required. Residents and staff were complimentary of the current healthcare arrangements and service provision.

Residents had good access to allied health care services. The care and services delivered encouraged health promotion and early detection of ill health facilitating residents to make healthy living choices.

Pre-admission assessments were carried out and recorded. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment

was maintained and shared between providers and services.

In the main, assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. Each resident had care plans in place. However, in a sample of care plans reviewed the inspector found evidence that interventions in use and described by staff were not sufficiently detailed or specified in a related care plan. This finding was highlighted in the previous inspection.

The inspector found that the protocols for end of life care and procedures included an assessment and record of resident's end-of-life care preferences and wishes. A review and evaluation of these decisions had not been consistently maintained at intervals not exceeding four months.

The inspector saw that there were opportunities for residents to participate in activities, appropriate to their interests and capacities. The person in charge told the inspector she had joined a national group aimed at promoting activities and social inclusion for residents.

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):

No actions were required from the previous inspection.

Findings:

Three separate pieces of unsolicited information had been received by the authority since the last inspection. Each matter and expression of dissatisfaction was communicated to the provider for investigation and or follow up.

The inspector was informed by the person in charge who was the complaints officer that issues of concern or complaints received since the last inspection had been managed in accordance with the centre's policy and were resolved to the satisfaction of each complainant. The complaints log was maintained and reviewed by the inspector to confirm this.

The inspector was informed that the complaints of each resident, family, advocate or representative, and visitors were listened to and acted upon. There were no active complaints in relation to residents being investigated at the time of inspection.

The complaints procedure was displayed and available in the centre. It had been revised to include the scope of the ombudsperson. An appeals procedure was included within the procedure.

The inspector was informed that an advocacy service was available to residents on the monthly basis since September 2015 and was available on request.

Residents who spoke with the inspector during the inspection were aware of how to make a complaint and were satisfied with arrangements in place and felt supported in raising issues.

An audit system to monitor complaints and incidents was maintained and recorded which provided an opportunity for learning and improvement.

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):

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

Findings:

The inspector found from an examination of the staff rosters, communication with staff on duty and residents, that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. Reviews of resident dependency and staffing levels were monitored to inform staffing levels and skill mix.

Staff were seen supporting, assisting or supervising residents accordingly in an appropriate and engaging manner. Residents told the inspector they felt supported by staff who were available to them as required.

A staff training programme was maintained and planned. Staff induction, mandatory training, facilitation and education relevant to the resident group formed part of the training programme for all staff. Staff confirmed they had access to education and

training, appropriate to their role and responsibilities. However, in the training records available and from an examination of the staff rosters, all staff working in the centre had not completed appropriate training. Some training gaps were found in fire safety, first aid and or cardio pulmonary resuscitation and infection control.

Evidence of current professional registration for all rostered nurses was available. Recruitment and induction procedures were described as in place and confirmed by staff.

The inspector was informed there were no people involved on a voluntary basis within the centre at this time.

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:

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:	Sunhill Nursing Home
Centre ID:	OSV-0004450
Date of inspection:	10/02/2016
Date of response:	01/03/2016

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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

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

An exclusion criteria contained in statement of purpose in relation to exit seeking persons had not been reviewed following an unexplained absence of a resident from the centre.

Additional control measures and alarms were put in place to alert staff to exit seeking persons such as the opening of fire exits throughout the facility. Therefore, a review in

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

relation to the statement of purpose and function was required and any changes were to be updated and communicated to the Authority accordingly.

1. 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:

Statement of purpose has been reviewed and updated on 29th February and forwarded to the inspectorate.

Proposed Timescale: 29/02/2016

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 contract of care did not clearly set out examples of additional services and activities available within the additional charge.

2. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

An addendum has been made to all contracts of care and communicated to residents/family detailing a full list of services provided for the extra charge.

Proposed Timescale: 07/03/2016

Theme:

Governance, Leadership and Management

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

The choice to opt out from the additional charge was to be given due consideration by the provider.

3. 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:

All residents and their representatives are provided with details of extra charges before admission and on admission they sign their agreement of contract, and also sign again on the financial breakdown sheet. They will now also be provided with the breakdown list of all services included in the charge.

Proposed Timescale: 07/03/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

All staff did not demonstrate they were sufficiently skilled and or appropriately supervised to ensure the centre's policies were implemented in practice.

All staff did not have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

4. 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:

Behaviours that challenge training had been organised and booked for the 19th of February 2016 and 3rd March 2016.

Proposed Timescale: 03/03/2016

Theme:

Safe care and support

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

All staff had not completed specific training to safeguard vulnerable adults and protect residents from all forms of abuse.

5. Action Required:

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

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

Training has been arranged for the week of the 29th of February for the household, kitchen and any New staff who had started in the Nursing Home.

Proposed Timescale: 07/03/2016

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:

A simulated missing person drill had not been completed.

The importance of these drills and the recording of same were identified by the inspector as being of particular importance given the length in time a resident was missing.

6. 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:

A missing person Drill was carried out on Monday 29th of February 2016 and fully documented with further dates planned for 2nd March, 5th March & 6th March to include all staff day and night.

Proposed Timescale: 07/03/2016

Theme:

Safe care and support

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

All staff rostered and working in the centre had not completed fire safety training at the time of the inspection

7. 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:

New staff who had commenced work in the centre had been through fire training with the safety officer but further training has now been arranged for these staff.

Proposed Timescale: 16/03/2016

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:

The reconciliation of as required (PRN) medication was not included in the audits maintained to ensure medicinal products were administered in accordance with the directions of the prescriber.

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:

A full audit of all prn medication was carried out on Monday 15th & 16th of February 2016 to include the reconciliation of all meds. Prns are now reconciled on the MARS when administered and a separate sheet is kept and signed for shared PRNS. When prns are received as part of the monthly order they will now be electronically receipted as part of the electronic Medication System.

Proposed Timescale: 31/03/2016

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:

All allegations and suspicions of abuse had not been reported to the Authority, 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:

NF06 submitted via the portal. It was not submitted on the day as it was not deemed a case of abuse on investigation. Allegation was withdrawn on the same day. In hindsight the management team recognise that the NF06 should have been submitted for the purposes of complete documentation.

All suspicions of abuse will be reported to the Authority on the appropriate form NF06 in a timely manner. A new template/flow sheet has also been developed to assist staff.

Proposed Timescale: 01/03/2016

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:

Evidence that interventions in use and described by staff were not sufficiently detailed or specified in a related care plan.

10. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

A full audit of all care plans will be carried out to ensure that the information on assessments matches with what is written in the care plan.

Proposed Timescale: 31/03/2016

Theme:

Effective care and support

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

End-of-life care decisions and care plans had not been reviewed at intervals not exceeding four months.

11. 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:

All end of life care plans are actioned and updated every three months. A separate future care needs form will be reviewed to be updated every 4 months or more often involving the resident, family member, staff member and GP.

Proposed Timescale: 02/05/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

All staff working in the centre had not completed appropriate training.

Training gaps in fire safety, first aid and or cardio pulmonary resuscitation and infection control were found.

12. 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:

Training is planned across the Year for all staff in the centre with a training plan and training matrix.

New staff who had commenced work in the centre had been through fire training with the safety officer but further training has now been arranged for these staff for 16th March 2016.

Emergency first aid training has been planned for all staff for Tuesday 3rd May, Wednesday 11th May, Tuesday 17th May, Wednesday 25th May & Tuesday 31st May.

Infection control update has been arranged for the 11 staff who had not completed this.

Proposed Timescale: 01/06/2016

Theme:

Workforce

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

The supervision of staff in relation to safeguarding vulnerable adults and the management of behaviours that challenge required review.

13. 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:

Training has been arranged for the week of the 29th of February for the household, kitchen and any New staff who had started in the Nursing Home in relation to safeguarding vulnerable adults.

Behaviours that challenge training had been planned for Thursday 19th February and Thursday 3rd March as mentioned on the day of the inspection.

Proposed Timescale: 03/03/2016