

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Colmcille's Nursing Home
Centre ID:	OSV-0000165
Centre address:	Oldcastle Road, Kells, Meath.
Telephone number:	046 9249733
Email address:	tomryan01@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Colmcilles Nursing Home Limited
Provider Nominee:	Thomas Ryan
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	7

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 25 January 2016 09:30 To: 25 January 2016 17:30

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 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 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

The inspection focused mainly on the governance and management of this centre for the following reasons:

- a change in the person in charge since the last inspection
- following receipt of unsolicited information by the Authority and a provider lead investigation completed October 2015, and
- a significant number of notifiable incidents and or events involving residents.

Overall, the inspector found improvements had been brought about since the last inspection and learning from the provider lead investigation findings.

The actions required following the previous inspection carried out 26 August 2014

had been progressed or addressed to demonstrate improvements in relation to:

- the recognition, investigation and reporting of allegations of abuse
- management of complaints
- identification, recognition, assessment and management of risks and
- supervision of staff delivering direct care to residents.

While these areas for improvement had been addressed or progressed, further improvements were required following this inspection in relation to:

- the statement of purpose
- assessment and care planning processes
- management of behaviour that is challenging
- the identification, assessment and management of risk
- staff training and handover arrangements between staff
- the provision of timely support to dependent residents and
- the general maintenance of the premises.

The findings are outlined within the body of the report and within 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 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:

There was a written statement of purpose that described the service and facilities that were provided in the centre.

The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre.

It contained 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).

The statement of purpose and function was to be reviewed and updated to reflect recent changes in persons participating in the management of the designated centre, and communicated to the Authority accordingly.

The admission criteria in relation to accommodating residents with behaviour that challenges should also be included in the overall review.

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:

Management systems were in place and under development to manage and monitor the delivery of care and governance of services.

Learning following a provider lead investigation requested by the Authority in September 2015 was acknowledged by staff. The overall quality of care and experience of the residents was subsequently audited to bring about improvements and inform learning .

Reasonable resources were in place to support the operation and management of services. On arrival to the centre, the staff on duty, along with the person in charge, included two nurses and six care attendants. An activity staff member, household persons and catering staff members also formed part of the staff team. While this number of staff and skill mix was reasonable to meet the needs of the 35 residents, the inspector found that the delivery of care and support for some residents was not timely and is outlined in outcome 18.

There was a defined management structure in place that identified the lines of authority and accountability. Changes to persons participating in management (PPIM) had occurred since the last inspection. The inspector was informed of recruitment plans which should enhance governance and management arrangements within the centre.

Meetings between staff and management were confirmed by staff that formed part of the governance and review arrangements of services provided.

There was recorded evidence of consultation with residents and or their representatives in relation to the service development.

Judgment:

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):

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

Findings:

A new person in charge was appointed 6 October 2014, following the departure of the previous person in charge 13 August 2014.

The person in charge works on a full time basis and has responsibility for two designated centres operated by the provider.

She is a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service and demonstrated sufficient knowledge and implementation of the legislation requirements and was aware of her statutory responsibilities.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. A deputy to assume responsibility of the designated centre in her absence was available.

She, along with the deputy and administration staff, were engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

The person in charge was satisfied with the governance and support systems in place and demonstrated a commitment to provide quality outcomes for the resident group.

Residents were familiar with the person in charge and were complimentary of her, and of 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 areas requiring improvement in relation to the maintenance of records following the last inspection were followed up and found to be addressed satisfactorily.

Neurological observations were seen maintained following un-witnessed falls or incidents, and clinical records including medical and nursing records, accident forms and end of life evaluations completed included dates and names to those involved.

A contract of employment for staff was maintained.

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):

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

Findings:

Measures to protect residents from harm or suffering abuse were in place and demonstrated.

A policy on, and procedures for the prevention, detection and response to abuse was in place which was to be reviewed, updated and authorised by the person in charge and provider.

Training in adult protection and safeguarding of residents to protect them from harm and abuse had been attended by staff, however, not all staff members had received training in relation to the detection and prevention of and response to abuse in accordance with the regulations and the centre's policy.

Staff who spoke with the inspector knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any signs or incidents to.

The Authority had been notified of an allegation of abuse. On enquiry, the person in charge told the inspector the allegation related to an incident prior to the resident's admission and had been investigated externally and responded to by designated officers. There were no current active incidents and or allegations of abuse under investigation.

Efforts were being made to identify and alleviate the underlying causes when a resident

presented with behaviours that challenge. However, suitable arrangements, such as, a care plan to inform and support consistent staff practice, was not in place to identify the antecedents, behaviour type and potential consequences or risk, which is reported in action plan of outcome 11. Additionally, all staff had not completed relevant training to ensure they had up to date knowledge and skills to respond to and manage behaviour that is challenging.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

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

Findings:

This outcome was not inspected in full. However, some improvements were required in the areas inspected.

A health and safety statement, a risk management policy and infection control guidelines were available in the centre.

There was a system in place to record, monitor incidents and accidents. Audits in were used to inform learning and improve the service. Reasonable measures were in place to prevent accidents in the centre, and when residents were on outings and or within the grounds.

Audits of resident dependency, falls, near misses, wounds, pressure ulcers, deaths and use of restraint were maintained which demonstrated a considered approach to reviewing and meeting resident needs.

While measures had been put in place to mitigate identified risks or to reduce the likelihood of incidents and accidents, all risks had not been adequately identified or assessed with suitable control measures put in place. For example:

- an unexplained absence of a resident had occurred prior to and since the last inspection. However, a missing person drill had not been put in practice or simulated with all staff as required following the last inspection
- the exact number of residents in the centre had not been included in the handover arrangements when shifts changed.
- a recent outbreak of a notifiable disease had occurred in the centre affecting 40% of residents. However, all staff had not received training in the prevention and control of

infection.

- personal protective equipment (PPE) was found to be overstocked in parts of the centre and obstructing hand rails for use by residents
- laundry skips, communal towels and continence products were stored openly and inappropriately in public or communal areas, despite additional storage arrangements being put in place since the last inspection
- loose wipes and gloves were seen stored on open shelving in communal bathrooms
- the waste from a wash hand basin in a communal shower room drained onto the base of the shower area
- the paintwork, particularly on architrave and skirting boards, and on some surfaces of furniture and fittings used by residents, within bedrooms and along corridors, was seen to be chipped, worn or damaged, rendering it a potential risk to harbour infection and difficult to clean sufficiently
- the room temperature was high within the centre on the day of the inspection. Staff were unable to reduce or address the warm temperature and a gauge to determine the exact temperature was not available.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

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

Findings:

The action required from the previous inspection was addressed.

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

Judgment:

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:

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, service provision and management changes made since the last inspection.

The inspector found that residents' health care needs were met through timely access to the general practitioner (GP) services and or appropriate treatment and therapies in most cases.

Residents had reasonable access to allied health care services. The overall care and services delivered encouraged health promotion, review and social engagement.

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 preferences. Each resident had care plans in place. However, improvement was required in relation to the link between the interventions required, being delivered and described by staff, with the care plans. In the sample of care plans reviewed, the recorded interventions did not consistently reflect the care and practices in place and found.

A care plan to inform and support staff practice, was not in place to identify the antecedents, behaviour type and potential consequences or risk of behaviour that challenged. There was a lack of evidence to confirm that a recommended treatment was facilitated or accessed for one resident.

Records that included behaviour monitoring charts and repositioning charts were not sufficiently linked with a related care plans and or not sufficiently detailed or completed to inform an appropriate assessment to inform care planning and evaluation.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Care staff interacted well with residents while facilitating engagement in meaningful activities within the centre. Residents were in the main satisfied with activities and support provided.

Decisions to inform end of life care and procedures were in place, however, the plan of end of life care had not been assessed and recorded for all residents to ensure their preferences and wishes were facilitated. This is a requirement in the action plan of outcome 14.

In follow up to the actions required from the previous inspection, the inspector found that while progress had been made, further improvement was required.

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):

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

Findings:

A policy was in place and procedure displayed to manage complaints.

On a review of the complaint register, the inspector found the maintenance of records had improved since the last inspection.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

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

Findings:

A policy and guidance documents related to end of life care was available. Arrangements had improved and training for some staff in relation to end of life care was facilitated.

While improvement was noted in the overall approach, planning and response to the needs of residents at the end of life, further improvement was required. Arrangements for all residents in relation to decisions at the end of their lives had not been assessed following admission, or documented for review accordingly. This was referenced in outcome 11.

Judgment:

Non Compliant - Moderate

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Improvements had been brought about since the completion of the provider lead investigation.

Suitable and sufficient arrangements were put in place to ensure that each resident had access to fresh drinking water, was offered a choice at mealtimes, was provided with adequate quantities of food and drink which was well prepared and served.

Systems were in place to ensure daily and weekly menu plans were wholesome and nutritious to meet the dietary needs of each resident, and as prescribed by health care or dietetic staff following a nutritional assessment. Healthy snacks were also available daily.

Overall, systems found and staff arrangements at mealtimes had improved to ensure adequate numbers were available to assist residents at meals and when other refreshments were served.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

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

Findings:

This outcome was not inspected in full. However, the action required from the previous inspection had been addressed.

The inspector confirmed with staff that the practice of transporting residents on commodes or partially dressed on corridors observed on the last inspection, had ceased.

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:

Staff that included the person in charge and other persons participating in the management of the centre had been recruited and or appointed since the last inspection.

Staff were knowledgeable of residents needs and were seen supporting, assisting or supervising residents in an appropriate and engaging manner.

Staff actual and planned rosters were available reflecting the staffing provision and arrangements in place for the 35 residents.

There were seven resident vacancies in the centre on the day of this inspection. The inspector confirmed with staff that the normal and or full complement of staff was maintained despite the number of vacancies.

As outlined in outcome 2, the number and skill mix available during this inspection was considered to be adequate for the 35 residents living in the centre. However, a delay in assisting some residents and replacing bed clothes to enable residents to use their bed at a time of their choosing was noted by the inspector and reported to staff. The

inspector was told that a change with regard to medication management and administration arrangements had occurred on the morning of the inspection which may have attributed to the delay. The person in charge agreed to follow up on this matter.

Mandatory and relevant staff training had been provided and planned since the last inspection as indicated in the action plan response and in the provider lead investigation report. However, not all staff had access to appropriate training.

Incidents and events since the last inspection included staff responding to an emergency event and performing cardio pulmonary resuscitation (CPR), recognition and responding to seizure activity, responding when a resident was missing and to an outbreak of an infectious disease. However, all staff, including those assuming responsibility for other staff, had not completed relevant training or refresher in these areas. Training in relation to falls prevention and management was also required based on the overall frequency and audit findings.

A training needs analysis was to be completed by the person in charge, to identify gaps in training provided and training required by staff to meet the assessed needs of residents.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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 Colmcille's Nursing Home
Centre ID:	OSV-0000165
Date of inspection:	25/01/2016
Date of response:	22/02/2016

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose and function was to be reviewed and updated to reflect recent changes in persons participating in the management of the designated centre, and communicated to the Authority accordingly.

The admission criteria in relation to accommodating residents with behaviour that challenges should also be included in the overall review.

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

1. Action Required:

Under Regulation 03(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 updated to reflect recent changes in persons participating in the management of the designated centre and forwarded to the authority : 09.02.2016
Initial Bed Enquiry Form updated to ensure behaviour that challenges is identified at the preadmission stage.

Proposed Timescale: 09/02/2016

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 had not completed relevant training to ensure they had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

2. Action Required:

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

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

Training Plan Attached addressing training needs based on Training Needs Analyses. Updated training plan attached for 1st half of 2016.

Proposed Timescale: Ongoing

Proposed Timescale: 09/06/2016

Theme:

Safe care and support

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

All staff members had not received training in relation to the detection and prevention of and response to abuse in accordance with the regulations and the centre's policy.

3. 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 Plan Attached addressing training needs based on Training Needs Analyses. Updated training plan attached for 1st half of 2016 which includes detection and prevention of and responses to abuse.

Proposed Timescale: Ongoing

Proposed Timescale: 09/06/2016

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:

All risks had not been adequately identified or assessed with suitable control measures put in place, as detailed in the report.

4. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

All staff are informed.

Training Plan Attached outlining Health and Safety and risk assessment training date

Proposed Timescale: 28/04/2016

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:

Gaps between the interventions required and those outlined in the care plans was found.

The recorded interventions did not consistently reflect the care and practices in place and described by staff.

A care plan to inform and support staff practice, and based on an assessment, to identify the antecedents, behaviour type and potential consequences or risk of behaviour that challenged, was not in place.

Records that included behaviour monitoring charts and repositioning charts were not sufficiently linked with a related care plans and or not sufficiently detailed or completed to inform an appropriate assessment to inform care planning and evaluation.

5. 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:

All staff informed

Ongoing audits to monitor accuracy of records.

Staff Nurse documentation training date scheduled as per training plan attached.

Proposed Timescale: Ongoing

Proposed Timescale: 09/06/2016

Theme:

Effective care and support

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

There was a lack of evidence to confirm that a recommended treatment was facilitated or accessed for one resident.

6. Action Required:

Under Regulation 06(2)(b) you are required to: Make available to a resident medical treatment recommended by a medical practitioner, where the resident agrees to the recommended treatment.

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

Response received from the relevant authority involved. The SAGE advocacy services has agreed to mediate with resident. Ongoing communication in relation to accommodation in progress.

Proposed Timescale: Ongoing

Proposed Timescale: 23/02/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Arrangements for all residents in relation to decisions near the end of their lives had not been assessed following admission, and or documented and reviewed accordingly.

7. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

All staff have been informed to ensure all residents End of Life wishes are documented and followed

Audit completed on same.

Proposed Timescale: 28/04/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was a delay in assisting some residents and replacing bed clothes to enable residents to use their bed at a time of their choosing.

8. Action Required:

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

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

Monitoring of same ongoing. All staff informed of importance of residents being able to go back to bed at any time of their choice

Dependency levels audited and skills mix maintained

Proposed Timescale: Ongoing

Proposed Timescale: 23/02/2016

Theme:

Workforce

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

All staff did not have access to mandatory and or appropriate training as detailed in the

report.

9. 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:

Please see attached Training Dates ensuring all staff have access to mandatory and or appropriate training.

Proposed Timescale: Ongoing

Proposed Timescale: 09/06/2016