

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Beaufort House
Centre ID:	OSV-0000709
Centre address:	HSE Navan Community Health Unit, Old Athboy Road, Navan, Meath.
Telephone number:	046 909 9101
Email address:	meath.gm@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Dervila Eyres
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	44
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 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: 04 February 2016 09:30 To: 04 February 2016 15:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	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	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
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 08 April 2014 following an application to renew the registration of the centre.

The centre was registered to accommodate 44 residents who require nursing care on a long or short time basis. On the day of the inspection there were no vacancies.

Since the last inspection, the provider notified the Authority of a change in 'person in charge' and recent change in the provider's representative.

The purpose of this inspection was to monitor compliance with regulations and standards following the management changes made, notifications submitted and matters arising from the last inspection.

Overall, the inspector found suitable and sufficient governance and management arrangements in the centre. Matters arising from the previous inspection were

adequately addressed in relation to records regarding staff and arrangements for volunteers.

The inspector found that staff involved in the management of the centre were knowledgeable of the legislation and standards governing the provision of care. There were measures in place to protect residents from being harmed or suffering abuse. Health and safety and risk management arrangements were satisfactory.

There was an effective complaints process in place. Residents felt safe and were positive in their feedback and expressed satisfaction about the facilities, the services and the care provided. They were complimentary about all aspects of the care and the support provided by staff and management. The inspector saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities. The premises was safe, suitably designed, maintained to a high standard and laid out to meet the needs of the residents.

Residents had good access to nursing, medical and allied healthcare professionals. The management of medicines was satisfactory with a minor improvement required.

Staffing levels and skill mix at the time of inspection were reasonable to meet the needs of residents. There was evidence that staff had access to education and training, however, training of staff and in relation to the management of behaviours that challenge and the use of restraint required further development and improvement.

Systems were in place to assess and monitor the healthcare, nursing and social support needs of residents. Care plans based on individual assessments were in place. However, improvements were required to ensure a consistent consensual approach to some aspects of care plans.

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.

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 reviewed and updated to reflect recent changes in the management personnel of the designated centre, and was communicated to the Authority accordingly.

Judgment:

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 was monitored and developed on an ongoing basis.

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 identifies the lines of authority and accountability.

Monthly management meetings were maintained to evaluate and discuss service provision across two designated centres and sites operated by the provider in County Meath. The inspector was told that the nominated person representing the provider generally attends these meetings.

A management meeting was held on the day of this inspection, while the persons in charge and an administrative manager from both designated centres were in attendance and met with the inspector, the provider representative was not available on this occasion.

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):

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 from February 2012. She works on a full time basis and has a deputy to assume responsibility of the designated centre in her absence.

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 commitment 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, records required under regulation 21 and Schedules 2, 3 and 4 were available for this inspection and were maintained in the designated centre, as required.

The areas requiring improvement in relation to the maintenance of staff and volunteer records following the last inspection were followed up and found to be addressed satisfactorily. A contract of employment, identification, references and employment history for staff was maintained.

The inspector was informed there were no volunteers engaged with residents in the centre on the day of inspection. A procedure and policy was in place to ensure compliance with regulatory requirements was implemented and 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):

No actions were required from the previous inspection.

Findings:

Reasonable measures to protect residents being harmed or suffering abuse were in place.

A policy on, and procedures for the prevention, detection and response to abuse was in place. The Authority had been notified of an allegation of abuse which had been investigated in accordance with the centre's policy. The finding of the investigation concluded with seven recommendations made to bring about improvements in the service and to inform learning.

Staff had received training in detection of elder abuse and protection of vulnerable adults to safeguard residents from abuse or harm.

Staff 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 incidents to. There were no active incidents, allegations, or suspicions of abuse under investigation.

The person in charge and deputy assumed responsibility to monitor the systems in place to protect residents and were confident that there are no barriers to staff or residents disclosing abuse. Residents who communicated to and with the inspector said they felt safe and able to report any concerns.

Efforts were being made to identify and alleviate the underlying causes of residents' behaviours that were challenging. However, suitable arrangements, such as, a specific and personalised care plan to inform and support staff practice, was not in place to identify the antecedents, behaviour type and potential consequences or risk. Additionally, 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.

Training specific to the professional management of aggression and violence (PMAV) formed part of the staff training programme. While most staff had completed this training, all staff had not received training or refresher training as recommended on completion of the investigation following an allegation of abuse.

The use of restraint was in line with the national policy guidelines. Risk assessments were maintained, recorded and reviewed as required. Consultation with residents and representatives was evident, to demonstrate and acknowledge their understanding of

measures used such as bed rails. The person in charge reported and acknowledged a high use of bedrails (47% approximately) and told the inspector that while other least restrictive measures and devices had been provided, some residents had requested bedrail use as an enabler or assurance measure. The inspector spoke with the number of residents in this regard which validated the person's in charge rationale.

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.

A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

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.

Reasonable measures were in place to prevent accidents in the centre and grounds. Health and safety audits were maintained and recorded. Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. Weekly, monthly, quarterly and or annual audits of staffing and resident dependency, incidents, falls, wounds, pressure ulcers, complaints and restraint use were maintained which demonstrated a strategic approach to meeting residents needs, monitoring and minimise identified risk aimed at an overall reduction of incidents and events.

Staff told the inspector they had received training in manual handling of residents, hand hygiene and infection control, cardio pulmonary resuscitation (CRR) and fire safety. Training in these areas was conformed in the training record provide. However, all rostered staff were not included or named in the training record maintained and received. This is reported in the action plan of outcome 18.

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 maintained on a regular basis. Means of escape and fire exits were unobstructed and emergency exits clearly identified. Each resident had a personal emergency evacuation plan and staff were knowledgeable regarding emergency procedures to be adopted in the event of a fire alarm.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
There 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.

A system was in place for reviewing and monitoring medication management and practices. Medication prescriptions were reviewed by nursing and management team, and medication reviews were undertaken by the GP and pharmacist on a regular basis.

In a sample of prescription records reviewed, individual medications to be crushed had not been individually sanctioned in accordance with the centre's operational policy.

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:

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):

No actions were required from the previous inspection.

Findings:

Residents' health and social 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 healthcare 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. Arrangements were in place to assess, plan and review the needs of residents on the regular basis and intervals not exceeding four months.

Systems were in place to ensure residents were assessed to identify their individual needs and choices. Each resident had care plans in place. However, the reviews of care plans and updating of information following changes and evaluations had not been adequately maintained to guide or reflect current practice, interventions or arrangements.

Some support needs of residents did not have a specific plan of care or sufficient detail to ensure effective monitoring and response. For example, pain management and management of behaviours that challenged to include the nature, frequency and duration of behaviours had not been sufficiently described, with specific physical interventions outlined for evaluation.

In a sample of care plans reviewed the inspector found evidence that interventions for use and described by staff were not sufficiently detailed in a related care plan. The care plan evaluation included changes made and formed part of the overall intervention detail. This system resulted in lengthy pages of narrative that did not sufficiently highlight the need for a revised care plan with specific and current interventions in use that would inform the practitioner or consultation process with the resident and or representative.

The detail and link between the interventions required, being delivered and described for use were not sufficiently reflected or detailed in some care plans to ensure a consistent consensual approach to care. A comprehensive assessment and specific care plan to inform and support staff practice, to identify the antecedents, behaviour type, actual and potential consequences and or manage and respond to risks associated with behaviours that challenged was not in place, where required.

The inspector saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The premises and grounds were well maintained, clean and warm. Storage of equipment was safe and appropriate.

A maintenance system was in place and a maintenance staff member was seen working in the centre during this inspection. Staff told the inspector that maintenance support was available as required.

Many residents' bedrooms were personalised and could accommodate furniture and equipment to support their preferences and needs/choices.

Residents had access to a safe and accessible enclosed outdoor courtyard and garden. There was appropriate equipment for use by residents or staff which was maintained in good working order. Equipment, aids and appliances such as overhead and mobile hoists, powered, transit and self-propelling chairs, fixed and remote call bells, hand and grab rails were in place to support and promote the full capabilities of residents.

The centre is registered and has capacity for 44 residents. Bedroom accommodation comprises of 35 single, three twin rooms and one three bedded room. Bedrooms had en-suite facilities and or suitable and sufficient availability to sanitary, toilet and bath or shower facilities. As previously reported and acknowledged by the provider, the purpose and function of the three bedded room was under review. The inspector was informed that proposals specific to this room had been submitted to the Authority for consideration following the last inspection.

The current registration expires 26 May 2017. On receipt of an application to renew the registration of this designated centre the purpose and function of the three bed bedroom will be considered further and examined in detail.

While the overall furniture and fittings in place were suitable and sufficient, the inspector found when seated on the side of some resident's beds, unnecessary pressure was applied to the back of the legs due to a higher bed side rail height than the bed mattress. The person in charge agreed to review these arrangements to ensure the provision of suitable adaptations and appropriate support equipment was provided for residents.

Judgment:
Substantially Compliant

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:

Policies and procedures were in place for the management of complaints. A record of all complaints, investigations, responses and outcomes was maintained.

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 the complainant. The complaints log maintained and reviewed by the inspector confirmed this.

The inspector was also informed that the complaints of each resident, his/her 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 available in the centre and an appeals procedure was included in this procedure.

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.

Arrangements were in place to ensure staff and persons working in the centre were appropriately supervised. 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. Mandatory training, facilitation and education relevant to the resident group had been provided. Staff confirmed they had access to education and training, appropriate to their role and responsibilities. However, the names of all staff rostered and working in the centre were not included in the training records available.

Training in areas related to behaviours that challenged was not provided to all staff following incidents occurring with the resident group. Specific training in the assessment and management of behaviours that challenge and positive behaviour support had not been provided following incidents involving residents and staff. The use of a restraint by up to 47% of the resident group required further evaluation, discussion, exploration and improvement going forward.

Recruitment procedures were in place and samples of staff files were reviewed against the requirements of schedule 2. The inspector found that the requirements of schedule 2 documents to be held in respect of staff had been completed in the sample of files reviewed.

While a number of volunteers are engaged with the centre, the inspector was informed there were no people involved on a voluntary basis within the centre at the time of this inspection. The inspector was informed that an advocacy service was available to residents on the regular basis and on request.

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:	Beaufort House
Centre ID:	OSV-0000709
Date of inspection:	04/02/2016
Date of response:	02/03/2016

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 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.

Specific training to identify and alleviate the underlying causes of residents' behaviours that were challenging had not been provided to all relevant staff.

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

Professional management of aggression and violence (PMAV) which formed part of the staff training programme and recommendation following an investigation of an incident and allegation of abuse had not been provided to or completed by all staff.

1. 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:

The PIC accepts the findings of the inspector and acknowledges that not all staff had completed relevant training to ensure they had the appropriate knowledge & skills to their role and staff identified in line with the recommendation following investigation of an incident and allegation of abuse.

There is a total of 6 staff to complete this training and a schedule of training has been put in place to address same, which will be completed by end March 2016. Copy forwarded to the Inspector for information.

Going forward, staff who require this training appropriate to their role, will receive refresher training on a two yearly basis.

Proposed Timescale: 31/03/2016

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 was challenging and that posed a risk.

2. Action Required:

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

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

The PIC accepts the findings of the inspector. All residents who display behaviour that challenges or poses a risk to the resident themselves or to other persons, will have their care plans reviewed. A personalised care plan identifying the antecedents, behaviour type and potential consequences or risk will be put in place for these residents, to inform staff in relation to managing and responding to such behaviour.

In addition to the PMAV training provided to staff currently by an appropriate professional with BSc. in PMAV, the PIC will seek input from an identified HSE staff

member from Disability Services who possesses a MSc. in PMAV which includes positive behaviour reinforcement, which can be rolled out to staff.

Relevant care plan reviews to be completed by 31st March 2016.
Additional training to staff to be completed by 31st May 2016.

Proposed Timescale: 31/05/2016

Theme:

Safe care and support

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

A high rate and use of bedrails (47% approximately) was reported.

3. Action Required:

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

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

The PIC accepts the findings of the inspector. A full review of the use of bedrails has taken place since the inspection and has now been completed. As a result, bedrail usage has been reduced from 21 residents to 14 residents in the Centre. The usage in these instances is in accordance with national policy.

This will be kept under review on an ongoing basis in line with the changing needs of residents and efforts will be made to continue to reduce usage further where possible.

Proposed Timescale: 02/03/2016

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:

Individual medications to be crushed had not been individually sanctioned in accordance with the centre's operational policy.

4. 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 accepts the findings of the inspector. A full review of all residents drug kardex to ensure that all medicinal products are administered in accordance with the directions of the prescriber will be completed by the PIC.

Proposed Timescale: 31/05/2016

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:

Some needs of residents did not have a specific plan of care or sufficient detail to ensure effective monitoring and response. For example, pain management and management of behaviours that challenged to include the nature, frequency and duration of behaviours had not been sufficiently described, with specific physical interventions outlined for evaluation.

5. 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:

The RP accepts the findings of the inspector. A full review of all residents care plans will be conducted by the PIC to ensure appropriate specific assessments are in place and carried out in relation to the individual residents needs, with sufficient detail to ensure effective monitoring and responses to treatment given.

Proposed Timescale: 30/06/2016

Theme:

Effective care and support

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

The reviews of care plans and updating of information following changes and evaluations had not been adequately maintained to guide or reflect current practice, interventions or arrangements.

Interventions for use and described by staff were not sufficiently detailed in a related care plan.

The system for an evaluation of the care plan evaluation did not sufficiently highlight the need for a revised care plan with specific and current interventions for use that would inform the practitioner, resident and or representative.

6. 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 accepts the findings of the inspector. The PIC reviews the Quality of Life Stats weekly and identifies to the CNM's the care plans that require review/action. The PIC will conduct an audit thereafter of the review completed by the staff, to ensure that the updated information reflects the current and up to date practice, interventions or arrangements for each resident.

Proposed Timescale: Ongoing.

Proposed Timescale: 31/05/2016

Theme:

Effective care and support

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

A specific care plan informed by a comprehensive assessment to identify the antecedents, behaviour type, potential and actual consequences to manage and respond to risks associated with behaviours that challenged was not in place, where required.

7. 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:

The PIC accepts the findings of the inspector. A comprehensive pre admission assessment prior to a resident's admission to the Centre is conducted by the PIC. Where challenging behaviour presents at pre-admission a referral will be sent to the PMAV instructor who holds BSc. in the Prevention & Management of Aggression & Violence, for further assessment & input.

All residents who display behaviour that challenges or poses a risk to the resident themselves or to other persons, will have their care plans reviewed. A personalised care plan identifying the antecedents, behaviour type and potential consequences or risk will be put in place for these residents on admission, to inform staff in relation to managing and responding to such behaviour.

Proposed Timescale: 31/05/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The purpose and function of the three bedded room will be considered further and examined in detail on receipt of an application to renew the registration of this centre.

Unnecessary pressure was applied to the back of the legs when seated on a resident's bed due to a higher bed rail height than the mattress.

8. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The RP accepts the findings of the inspector. The purpose and function of the three bedded room will be reviewed further and re-submitted as part of the application to renew the registration of this centre.

Review of the beds has been completed with protective bumpers available & in use for the identified beds with this issue, to reduce the unnecessary pressure to the back of the legs when residents are seated on the bed.

Proposed Timescale: Re-reg by 26th May 2017 – will be submitted as part of re-reg application before 26th November 2016.

Bed review completed.

Proposed Timescale: 26/11/2016

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 rostered working in the centre had not been included or named in the training records available.

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:

The PIC accepts the findings of the inspector. Agency staff are now being specifically identified as Agency staff on all Rosters. Agency staff who provide a regular service to the Centre will be included on the Centre's overall Training Record. For agency staff providing an ad hoc service, records of their training and/or confirmation by the Agency that relevant training has been completed, will be retained on their personnel files.

Proposed Timescale: 31/03/2016