Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Aisling House Nursing Home
Centre ID:	OSV-0000003
Centre address:	Sea Bank, Arklow, Wicklow.
Telephone number:	0402 33843
Email address:	hussein_ali_56@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hussein & Jeanette Ali Limited
Provider Nominee:	Jeanette Ali
Lead inspector:	Jim Kee
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	3

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:	To:
07 January 2016 10:15	07 January 2016 19:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced inspection of the centre to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. As part of the inspection, the inspector met with residents, and staff members. The inspector observed practices and reviewed documentation such as care plans, accidents and incident forms, medical records, policies and procedures, and staff files.

Evidence of good practice was found across all outcomes with 3 out of 10 outcomes deemed to be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2013. Outcomes judged to be fully compliant included the suitability of the person in charge, safeguarding and safety, and complaints. There were measures in place to protect residents being harmed or suffering abuse. Complaints were well managed within the centre.

The Authority had been notified that a new person in charge had commenced working in the centre in November 2015. The person in charge was on duty on the

day of the inspection. The provider nominee was also working in the centre on the day of the inspection. Overall the inspector found the system of governance and management in place in the centre required improvement, and the outcome was deemed to be moderately non compliant with the Regulations due to the lack of protected management time for the person in charge, and because the annual review process was not sufficiently comprehensive.

The policies and procedures for safeguarding and medication management were the aspects of the outcome on documentation that were examined. This outcome was found to be in substantial compliance with the Regulations.

The outcome on health and social care needs was moderately non compliant with the Regulations. The inspector was satisfied that each resident's wellbeing and welfare was maintained by an appropriate standard of nursing care, medical and allied health care. However care plans were not always updated as necessary, and the maintenance of fluid balance charts required improvement.

The following outcomes were also found to be moderately non compliant:
-Health and safety and risk management
-Medication management
-Food and nutrition
-Suitable Staffing

The action plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's standards.

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

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
During the last inspection in the centre inspectors had identified that the person in charge was working long days in the centre to cover nurse vacancies, and that the person in charge was not being given adequate time to ensure effective supervision of residents and staff. The inspector found during this inspection that the person in charge was rostered to work as the registered nurse from 8.00 to 20.00 hours and from reviewing the roster the inspector noted that the person in charge was rostered to work 8.00 to 20.00 shifts as the only registered nurse on duty for 13 days out of a 4 week roster. The provider nominee who was also a nurse worked a number of 8.00 -12.00 shifts in the centre and informed the inspector that when the provider nominee and person in charge were rostered together on day duty there was time for the person in charge to complete managerial duties. However there was no system in place to ensure that there were regular allocated management hours available to the person in charge to fulfil the management role of person in charge.

There was a clearly defined management structure in place in the centre, which was known to staff. There was a system of auditing in place that included audit of practice in a number of areas including infection control, medication management, slings and hoists, bed rail assessments, resident weights, skin impairment, pressure relieving mattress settings, and call bells. The person in charge and the provider nominee met on a monthly basis to discuss clinical governance issues such as audits, training, staffing and also any health and safety issues.

The management in the centre had completed an annual review in May 2015 which was made available to the inspector. This review outlined the aims of the centre for 2015 and outlined the system of auditing and monitoring in place. Information on training and education, staffing, and documentation was also included in the document. The annual

review required further development to ensure that it comprehensively reviewed the quality and safety of care delivered to residents to ensure that the care was in accordance with relevant standards, and to ensure that recommendations for improvement resulted from the review process. The review prepared had not been prepared in consultation with residents and their families and there was no system, such as conducting resident surveys in place to assess resident satisfaction with the quality and safety of care being delivered.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge was the nurse on duty on the day of the inspection. The person in charge had commenced work in this centre in November 2015. The person in charge was a registered nurse with the required experience in the area of nursing of the older person. The person in charge had completed a certificate in management and worked full time in the centre. The person in charge demonstrated sufficient knowledge of the necessary legislation and the statutory responsibilities of the role during the course of the inspection. The person in charge demonstrated good knowledge of the residents, and was observed interacting with residents throughout the inspection.

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):

No actions were required from the previous inspection.

Findings:
Aspects of documentation relating to the policies and procedures in place for safeguarding and medication management were checked for compliance with the Regulations.

The policy in place on the prevention, detection and response to abuse had not been updated to reflect national policy and procedures as outlined in 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014).

The policies and procedures relating to medicines required by Schedule 5 were not always appropriately implemented;
-The inspector noted that two prescribed nutritional supplements and one prescribed antibiotic eye drop that required refrigeration were not being stored in the fridge and were being stored in the medication trolley at room temperature.

Judgment:
Substantially 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:
There was a policy in place in the centre on the prevention, detection and response to abuse. The inspector noted that this policy had not been updated to reflect national policy and procedures as outlined in 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014), as outlined under Outcome 5. Staff spoken to by the inspector stated that they had received training on elder abuse, as confirmed by staff training records. Staff spoken to by the inspector were knowledgeable of the reporting procedure in place and of possible indicators of elder abuse. Residents spoken to by the inspector had no concerns regarding their safety in the centre.

The centre provided secure storage in the office for small amounts of residents' money. There was a system in place including double signing, and the maintenance of receipts to ensure these finances were fully accounted for.

Risk assessments were completed for residents who had bed rails in place, and records

were maintained of the checks conducted while these bed rails were in use. The centre had a policy in place on the use of restraint.

The inspector observed staff managing residents who could sometimes present with responsive/challenging behaviour in an appropriate non restrictive manner. Training records viewed by the inspector confirmed that staff had received training on managing responsive behaviours.

Judgment:
Compliant

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

Findings:
There were policies and procedures in place for risk management, emergency planning and health and safety within the centre.

The inspector reviewed the health and safety statement that was on display within the centre, and also reviewed completed risk assessments. Fire drills were completed on a regular basis including instruction on the use of fire extinguishers, and ski sheet evacuation. Fire evacuation instructions were clearly displayed within the centre and all fire exits were unobstructed. There was an emergency plan in place detailing procedures to be followed in the event of fire, flood, power outage and loss of water or heat.

Staff spoken with were all knowledgeable regarding fire safety and evacuation procedures, and had completed fire safety training. The records showed that there was regular servicing of the fire detection and alarm system, the fire equipment, and the emergency lighting system. A documented system of in-house checks relating to fire safety was also in place.

Incidents including falls were documented and stored in the accident report book. There were procedures in place for the reporting and management of incidents, which included an analysis of all incidents. Staff had completed manual handling training. Residents' mobility was regularly assessed and instructions for assisting residents to mobilise were available. Moving and handling risk assessment forms contained details of the appropriate sized sling for use when hoisting residents, and the inspector was shown that residents had individual slings available in their bedrooms. An audit on slings and hoists had recently been conducted in the centre.

Staff had completed hand hygiene training and an infection control audit of hand

hygiene practice had been recently completed. The risk of cross infection with blood glucose monitoring required review as the inspector noted that the centre was using lancing devices suitable for single patient use on multiple residents with a new lancet needle for each resident. The person in charge and provider nominee were informed that each resident required their own individually labelled lancing device or single use safety lancets were to be used.

The risk management policy was reviewed by the inspector and included measures and actions to control the risks of self harm, slips trips and falls, unexplained absence of a resident, aggressive behaviour and resident abuse. There was a risk register in place detailing a description of identified risks, persons deemed to be at risk and control measures in place to mitigate the identified risk.

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):
No actions were required from the previous inspection.

Findings:
The inspectors reviewed the practices and documentation in place relating to medication management in the centre. The centre had operational policies relating to the ordering, prescribing, storage and administration of medicines. Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system were appropriate. All medicines were stored securely within the centre, and a fridge was available for all medicines or prescribed nutritional supplements that required refrigeration, and the temperature of this fridge was monitored. The inspector noted that two nutritional supplements that required refrigeration once opened were not being stored in the fridge and were being stored in the medication trolley. One antibiotic eye drop prescribed for a resident was also being stored in the medication trolley and not in the fridge as detailed in the special storage conditions of the summary of product characteristics for this medicine. This finding is included under Outcome 5. All controlled (MDA) medicines were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances checked and signed by nursing staff. The date of first use had not been recorded on an insulin pen to ensure that it was not administered past the 28 day expiry once in use and no longer stored in the fridge.

The inspector reviewed the processes in place for administration of medicines, and observed the person in charge administering medicines during one of the medication rounds. The person in charge was knowledgeable regarding residents' individual medication requirements and followed professional guidelines to safely administer

medicines. There were procedures in place for the handling and disposal of unused and out of date medicines.

The inspector reviewed a number of the prescription and administration sheets and identified the following issues that did not conform with appropriate medication management practice:
- A number of residents required their medicines to be crushed prior to administration and this was documented at the top of the prescription sheet. The prescriber had not indicated that crushing was authorised for each individual medicine on the prescription sheet.
-The prescribed frequency of administration was not clearly indicated on the prescription sheet for all medicines and in some cases only the times for administration were ticked (the prescription did not consistently indicate if the medicine was to be administered once daily or twice daily)
-The maximum daily dosage for PRN (as required) medicines was not consistently indicated on the prescription sheet.

The provider nominee reported that the pharmacist was facilitated to meet his or her obligations to residents and conducted reviews of the residents' medicines.
There were systems in place within the centre for reviewing and monitoring medication management practices, including medication management audits that reviewed the prescribing, administration records and storage of medicines within the centre.

One resident was self administering medication at the time of the inspection, and assessments were conducted at four monthly intervals to ensure this practice was appropriate and safe.

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
The inspector was satisfied that each resident's wellbeing and welfare was maintained by an appropriate standard of nursing care, medical and allied health care. However care plans were not always updated as necessary, and the maintenance of fluid balance charts required improvement.

Residents’ needs were comprehensively assessed on admission and regularly assessed thereafter. The assessed needs were set out in individual care plans with evidence of resident or relative involvement at development and review. Inspectors found that care plans were not consistently updated as a residents condition changed, or following review by an allied healthcare professional. One resident's care plan had not been updated following review by the dietician and did not include the recommendations of the dietician to prevent further weight loss.

The inspector reviewed the management of clinical issues such as wound care, falls management, and dementia care and found they were appropriately managed.

Residents had good access to general practitioner (GP) services, and GP's attended the centre on a regular basis. Residents had access to a range of allied health professionals including physiotherapists, occupational therapists, chiropodists, speech and language therapists and dieticians. Residents also had access to tissue viability specialist nurses and to services such as psychiatry of old age.

The inspector reviewed a number of fluid intake/output charts that were maintained for residents as necessary. A number of these charts had not been totalled and in some cases were not dated, and there was no evidence that these had been reviewed by a nurse to ensure the residents in question were adequately hydrated.

There was an activities programme in place in the centre which was organised and facilitated by the healthcare assistants. Residents' files contained a section on activity information that included details of residents' preferred activities.

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:
There was a written operational policy and procedure for the management of complaints. The inspector examined the complaints records maintained within the centre and found that records were kept of the complaint, actions taken and the outcome. It was clear from these records that complaints were addressed promptly. The complaints procedure was on display within the centre.

Judgment:

Compliant

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

Findings:
During the previous inspection inspectors had found the menu had not been reviewed by a qualified professional to ensure the food being provided was nutritious and wholesome. The inspector was shown the review of the menu which had been completed by a dietician in February 2014. This review had recommended the introduction of a four week menu cycle. However there was still a three week menu cycle in place in the centre. The menu had been discussed with residents at the residents' committee meetings and the minutes from the meeting held in July 2015 stated that residents were happy with the revised menu. The menu for the day was on display and offered choice to residents. There was no documentation to indicate that this revised menu had been reviewed to ensure it was wholesome and nutritious.

The inspector talked with residents during the lunchtime meal and residents stated they were satisfied with the food provided in the centre. The care staff monitored and provided assistance to residents in a discreet and appropriate manner when required.

Residents' weights were checked monthly or more frequently if required. The centre used a screening tool to identify residents at risk of malnutrition, and referrals were made to the dietician if necessary. Nutritional supplements were prescribed if necessary and their administration was documented. Staff in the kitchen had access to a list of residents that required modified consistency diets, and residents who required specialised diets including diabetics, and residents who required high protein high calorie fortified diets. However this list had not been updated to reflect recommendations from the dietician following review of one resident who had lost weight. The dietician had recommended a fortified diet but the list in the kitchen indicated that this resident was to receive a low fat diet.

The inspector visited the kitchen and observed that there was a limited supply of fresh fruit and vegetables available, and of fridge items such as yoghurts. Staff stated that food supplies were ordered on a frequent basis and that a delivery was due. The inspector observed residents being offered a variety of drinks and snacks during the day but these snacks consisted of biscuits and bread and the inspector did not observe

residents being offered healthy alternatives such as fruit.

Judgment:
Non Compliant - Moderate

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

Theme:
Workforce

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

Findings:
The inspector reviewed the staff rosters and the system in place to review the staffing levels in the centre. On the day of the inspection the person in charge was working from 8am to 8pm, and the provider nominee, a registered nurse was also present.

During the last inspection inspectors were not satisfied that the skill mix of staff at certain times of the day was sufficient to ensure that residents' needs were being met, as one nurse was on duty to support 28 residents. The inspector was not assured during this inspection that the rostered nursing hours were sufficient. The nursing hours as indicated on the rosters did not reflect the number of whole time equivalent nurses as detailed in the statement of purpose. The inspector was provided with an analysis of the staffing levels in the centre based on the dependency levels of the current residents. However this analysis indicated that there were two nurses on duty every day from 8am to 12pm, but a review of the staff roster indicated that over a 4 week period this 8am-12pm shift was only filled or rostered to be filled four times.

There was a training matrix in place and training records were available to confirm that staff had received training in elder abuse, fire, managing responsive behaviours, manual handling, hand hygiene and infection control. A number of staff had also received training in areas such as managing constipation, swallowing difficulties and dementia.

The provider nominee and the person in charge were responsible for the recruitment of staff and there was a policy in place to inform practice. The person in charge informed the inspector that there were plans to introduce a formal system of staff appraisals to strengthen the supervision system in place. The inspector reviewed a number of staff files which met the requirements of Schedule 2 of the Regulations. There were records

on file to confirm that nursing staff had up to date registration with the relevant professional body.

Staff meetings were held in the centre to discuss issues such as falls prevention, manual handling and infection control.

The inspector was informed that there were no volunteers working in the centre at the time of the inspection.

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:

Jim Kee
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 report[1]

Centre name:	Aisling House Nursing Home
Centre ID:	OSV-0000003
Date of inspection:	07/01/2016
Date of response:	24/03/2016

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 02: Governance and Management
Theme: Governance, Leadership and Management **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** There was no system in place to ensure that there were regular allocated management hours available to the person in charge to fulfil the management role of person in charge. **1. Action Required:** Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient

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

resources to ensure the effective delivery of care in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The Registered Provider is also a nurse. The Registered Provider will continue to work in the centre on a daily basis and will ensure the Person in Charge will have 12-16 allocated Management hours per week for management duties at present.
There is a staff nurse commencing fulltime employment on the 21st of March.
After this nurse has completed a full induction The Person in Charge will work 40 hours per week in her role as the Person in Charge.
We currently have two members of staff that are working as health care assistants and both are awaiting their pin numbers from The Nursing and Midwifery Board, they have been waiting for almost one year. The Registered Provider has had numerous correspondence with The Nursing and Midwifery Board.
We have placed several advertisements with recruitment agencies.

Proposed Timescale: Ongoing

Proposed Timescale:

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review did not comprehensively review the quality and safety of care delivered to residents to ensure that the care was in accordance with relevant standards, and to ensure that recommendations for improvement resulted from the review process.

2. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
The Annual Review for 2015 was not completed on the day of inspection. It is now fully complete and includes all objectives for Aisling House for 2016.

Proposed Timescale: 08/02/2016

Theme:
Governance, Leadership and Management

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

The review prepared had not been prepared in consultation with residents and their families and there was no system, such as conducting resident surveys in place to assess resident satisfaction with the quality and safety of care being delivered.

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

Please state the actions you have taken or are planning to take:
There are copies of Resident Satisfaction and Feedback forms available at all times in Reception for Residents and their family members to complete. A copy has been given to each individual resident and are now all completed. The feedback from Residents and family members has been very good and any suggestions made will be acted upon. These results have been added to the Annual Review.

Proposed Timescale: 08/02/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on prevention, detection and response to abuse had not been updated to reflect national policy and procedures as outlined in 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014).

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

Please state the actions you have taken or are planning to take:
The policy has been updated to reflect National Policy and procedures as outlined in 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014

Proposed Timescale: 08/02/2016

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy in place relating to the storage of medicines was not being appropriately implemented to ensure that medicines that required refrigeration were stored at the

correct temperature at all times.

5. Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
All Nursing Staff have been informed to ensure that medication that requires refrigeration is returned to the drug fridge immediately following each medication round. Notice also put on fridge and discussed also at staff meeting.

Proposed Timescale: 08/02/2016

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:
Staff in the centre were using lancing devices suitable for single patient use on multiple residents with a new lancet needle for each resident. This practice posed a risk of cross infection and was not in line with advice published regarding risk management of blood glucose monitoring in designated centres.

6. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
Each Diabetic Resident now has an individual blood glucose monitoring system with their name recorded on it. All Nursing staff informed and discussed at Nurses meeting and Clinical Governance Meeting.

Proposed Timescale: 08/02/2016

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The date of first use had not been recorded on an insulin pen to ensure that it was not administered past the 28 day expiry once in use and no longer stored in the fridge.

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

Please state the actions you have taken or are planning to take:
All Nursing staff have been advised that the date of opening be recorded on all medication. The Registered Provider is currently completing medication assessments with each individual nurse and Nursing Staff are also completing HseLand Medication Training for 2016.

Proposed Timescale: 26/02/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector reviewed a number of the prescription and administration sheets and identified the following issues that did not conform with appropriate medication management practice:
- A number of residents required their medicines to be crushed prior to administration and this was documented at the top of the prescription sheet. The prescriber had not indicated that crushing was authorised for each individual medicine on the prescription sheet.
-The prescribed frequency of administration was not clearly indicated on the prescription sheet for all medicines and in some cases only the times for administration were ticked (the prescription did not consistently indicate if the medicine was to be administered once daily or twice daily)
--The maximum daily dosage for PRN (as required) medicines was not consistently indicated on the prescription sheet.

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

Please state the actions you have taken or are planning to take:
The Registered Provider and the Person in Charge have reviewed each resident’s prescription chart with their individual GP’s and each medication that requires to be crushed now has the relevant details on the prescription sheet beside each individual medication.
The prescribed frequency is now clearly indicated by OD, BD, TDS, QDS and the relevant times are ticked.

The Maximum daily dosage for PRN medication has been reviewed on all prescription charts.

Proposed Timescale: 08/02/2016

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:
Care plans were not consistently updated to reflect recommendations from allied health care professionals such as dieticians.

9. 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 care plans have been reviewed and updated to include recommendations from allied health care professionals. Same also discussed at staff meeting.

Proposed Timescale: 08/02/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fluid intake/output charts had not been totalled and in some cases were not dated, and there was no evidence that these had been reviewed by a nurse to ensure the residents in question were adequately hydrated.

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

Please state the actions you have taken or are planning to take:
All staff have had training on Hydration and been asked to re- read and sign the policy on hydration and been informed of the importance of completing fluid charts correctly to ensure that Residents are adequately hydrated. All charts are reviewed by the Nurse in Charge and signed on a daily basis and checked by the PIC every morning to ensure

that the balances have been totalled.

Proposed Timescale: 08/02/2016

Outcome 15: Food and Nutrition

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The menu in place including the provision of snacks had not been reviewed to ensure it was wholesome and nutritious.

11. Action Required:
Under Regulation 18(1)(c)(ii) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

Please state the actions you have taken or are planning to take:
Following the Inspection in October 2014 the menu was reviewed and a new menu completed. The menu currently in place was reviewed by a Dietitian on the 16th of December 2014. This new menu was discussed at Residents meetings in 2015. All Residents are asked at each meeting about the Menu and all suggestions taken on board. Summary from Dietician stated that the menu was nutritionally complete, providing a variety of foods form each of the main food groups. By error this Menu Analysis was not given to the Inspector on the day of the inspection.
The Nursing Home has fresh groceries delivered every two days from Tesco.

Proposed Timescale: 08/02/2016

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The system in place to ensure all staff were aware of the dietary needs of residents as prescribed by the dietician was not adequate, and lists of residents requiring specialised diets were not kept updated.

12. Action Required:
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Please state the actions you have taken or are planning to take:
All Resident care plans and Lists for specialised diets have been updated ad all staff

have been informed. This will be checked by the PIC on a weekly basis.

Proposed Timescale: 08/02/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The actual number of nursing hours being provided during the day was not reflected in staffing reviews to ensure that it was sufficiently meeting the needs of the residents.

13. 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:
The Registered Provider is also a nurse and works daily in the centre from 8am until 12pm and longer periods on most days. At the time of inspection the Registered Provider had been covering nursing shifts as there was a nurse on sick leave. This nurse is now back to work and the Registered provider attends the Centre on a daily basis. This ensures that there is sufficient staff to meet the needs of the Residents.

Proposed Timescale: 08/02/2016