

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mill Lane Manor
Centre ID:	OSV-0000066
Centre address:	Sallins Road, Naas, Kildare.
Telephone number:	045 874 700
Email address:	milllanemanor@brindleyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Brindley Manor Federation of Nursing Homes
Provider Nominee:	Amanda Torrens
Lead inspector:	Leone Ewings
Support inspector(s):	Conor Brady
Type of inspection	Unannounced
Number of residents on the date of inspection:	58
Number of vacancies on the date of inspection:	10

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 December 2015 19:00	14 December 2015 21:30
15 December 2015 09:30	15 December 2015 14:00

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	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

This inspection was unannounced following receipt of unsolicited information to the Authority that highlighted concerns in relation to staffing and complaints management negatively impacting on the care and welfare of residents. The inspection also followed up on non-compliances related to the last inspection which took place on 13 November 2014. Two of the three actions relating to laundry and risk management had been fully addressed by the provider, further improvements relating to documentation were required.

Additionally, follow up relating to a provider led investigation which was submitted to the Authority on 22 October 2015 formed part of the overall inspection. Since the last inspection on 13 November 2014 the provider had attended a meeting with the Authority relating to unsolicited information and management of complaints within the centre in April 2015.

The first part of this inspection took place out of normal working hours. On arrival to the centre, inspectors found the centre was clean, warm, and well maintained. The inspection commenced in the evening, prior to shift handover to the night duty nurse. The assessed dependencies of each resident were reviewed with the person in charge. The centre provides care for residents with acquired brain injury, cognitive impairment, learning disabilities, chronic illness, mental health problems, respite and convalescence, including palliative and day care.

There were 10 vacancies with 58 residents in the centre and two more residents were in hospital. The nursing and care staff levels and skill mix included; the person in charge, one unregistered staff (awaiting NMBI registration to practice as a nurse in Ireland) and 10 care assistants. Staff, residents and relatives/visitors fully engaged with inspectors during the course of the inspection.

Overall, inspectors found that residents expressed satisfaction with care available on both days of the inspection. However, improvements were required in relation to staff turnover and major non-compliance was found with regulation 15, Staffing. The person in charge was informed of the purpose of the inspection. The provider attended for day 2 of the inspection. The inspectors issued an immediate action letter to the provider to address matters relating to governance and staffing. The provider agreed to respond within the time frame requested, and provided the Authority with written assurances the 15 December at 16.01 hrs in relation to actions to be taken relating to deficiencies with staffing and skill mix. The inspector also requested additional information from the person in charge as staffing rosters for the following week.

A total of 11 Outcomes were inspected. The inspector judged one Outcome - Staffing Regulation 15, as a major non-compliance with the Regulations. Improvements were required relating to the accuracy of the statement of purpose.

Moderate non-compliance was found relating to:

- governance and management
- regulation 29 medicines
- regulation 21 records

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Nine actions are the responsibility of the registered provider to address, and three actions are the responsibility of the person in charge.

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:

A written statement of purpose was available that described the service provided in the centre and contained most of the information required by Schedule 1 of the Regulations. However, staffing as outlined in the version 13 of the statement of purpose was not fully reflective of the actual staffing and management team in place at the time of this inspection, as described in Outcome 18 of this report.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The management structure as defined in the statement of purpose was not found to be substantially in place. The structure clearly identified the lines of authority and accountability at a senior level within the centre that included a provider, person in

charge and two assistant directors of nursing. However, the named staff participating in management had changed recently, one assistant director of nursing had been re-deployed and another had resigned. The person in charge was found to be working as the only registered nurse, on the first day of the inspection. The number of registered nurses working at the centre inclusive of the person in charge was five whole time equivalents not 10.5 as at the time of the last inspection, or as described in the statement of purpose.

Both the provider and person in charge told inspectors about current difficulties with recruitment, and staff turnover as reasons for this. Efforts to recruit additional staff were ongoing and could be evidenced by the provider, by emails from recruitment agencies. Staff working on the days of the inspection confirmed that they had a good knowledge of residents and the centre. Overall, staff were well found to be supported by the person in charge, who was assessed previously relating to her fitness to undertake the role of person in charge. However, it was found that the systems for supervising, recording and documenting nursing care were not robust. Unregistered staff were signing for administration of medication on 14 December 2015, which was not in line with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) and their job description.

Medication audit had been completed in November and some improvements identified and had been addressed. Falls, incident and food safety audit had also been completed and was reviewed by inspectors. However, an annual review of quality and safety of care delivered to residents in the designated centre had not been completed to date in line with legislative requirements. When the person in charge was rostered on duty she was the only nurse on duty for the shift. Therefore she worked to meet the clinical care needs of the residents and was not overseeing administration and governance for the provision of the service. Systems to ensure adequate staff supervision were not in place. There was no time allocated to review and respond to the changing care needs of residents.

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:
Overall the person in charge had the appropriate qualifications, experience and

professional knowledge to undertake the role.

A full assessment of fitness had taken place on previous inspection dates inclusive of interview. However, the findings on this inspection confirmed that the person in charge was found not to be fully supported to undertake her role. She was working as a registered nurse and not fully engaged with the operational management of the centre on a full time basis. The staffing rosters for two weeks were closely reviewed and she was working to fill gaps in nursing hours, cited as due to recruitment difficulties.

As outlined in Outcome 18 of this report an immediate action was given to the provider relating to staffing and skill mix.

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):

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

Findings:

Actions required in respect of the risk management records were satisfactorily addressed. Individual assessments relating to residents who smoked, were fully implemented and staff and residents were clear about measures to mitigate risks identified. However, improvements were required particularly relating to nursing documentation, care planning and medication records.

Records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available and kept in a secure place. An electronic record keeping system was operating and staff were familiar with the operation of same.

While improvements required from the previous inspection were noted, further improvements were required in respect of maintaining clinical and general records in accordance with the regulations. Some records were incomplete such as care plans to reflect changing health care needs. Daily nursing care notes were not fully maintained further to Schedule 3 requirements and in line with best practice. For example, three records reviewed had not been updated by a registered nurse for more than three

days, despite resident's having changing health care needs. Care plans were not up to date with their changing needs, or put in place to reflect changes in nursing care needs.

Improvements to other general records were found to be required such as records of medication administration which were found to be signed on 14 December 2015 by an unregistered staff member.

Judgment:

Non Compliant - Moderate

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:

The inspectors found that appropriate safeguarding measures were in place to protect residents from being harmed or suffering abuse and were to a good standard. All lines of enquiry were not completed as related to financial management. The provider had maintained the improvement demonstrated at the time of the last inspection.

The provider had submitted one statutory notification to inform the Authority that they had been notified of an allegation of neglect by a third party. Further to this no further information was received in order to complete an investigation in line with policy. The provider and person in charge confirmed efforts had been made to seek this information had not been successful and the matter discussed at a provider meeting held in April 2015 and had been closed. Inspectors found that the privacy and dignity of residents was maintained. Call bells were responded to in a timely and responsive manner, residents confirmed this to inspectors.

A robust policy was in place and all staff spoken to were fully aware of all the forms of abuse and could describe how to appropriately respond to any reports or allegations of abuse.

Residents reported that staff were respectful and they enjoyed many aspects of life in the centre. Residents confirmed to inspectors that they felt safe and could offer feedback to the provider, person in charge or any staff member as all were always open to this type of information.

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:
The inspectors reviewed a moderate non-compliance found at the last inspection relating to the safety precautions for residents who smoked at the centre, and found that the provider had fully addressed this non-compliance.

Written individual smoking risk assessments were found to be in place to review environmental and personal risks. The information was in place and staff were knowledgeable about the measures to mitigate risk associated with a resident who wished to smoke. A care plan had been developed which was informed by the individual risk assessment and this had been reviewed regularly.

Further to a review of notifications and records relating to falls and incidents at the centre, the inspectors found that timely access to medical inputs took place and follow up was satisfactory. Staff were aware of residents at high risk of falls and measures in place to mitigate risks inclusive of increased supervision requirements and diversional therapy.

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:
Overall inspectors found that the centre had systems in place to audit medication management. Pharmacy supports were confirmed as in place and nursing staff were familiar with policy. However, during this inspection inspectors found the practices in place for the handling, administration and recording of medicines required improvement

and were not fully in accordance with professional guidelines and legislation. Some staff on duty had not adhered to appropriate medication management practices, policy and professional guidelines, relating to documentation and administration practices.

Improvements were required as observed during inspection, as outlined in Outcome 5 relating to documentation. Staff obtaining pre-registration experience are required at all times to be supervised by a registered nurse as confirmed in their job description and by Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) However, unsafe medication management practices found on this inspection included the following:

- one member of staff working at the centre in an unregistered capacity had informed the inspector that they did not administer medication. However resident's medicines, including medicines which required strict control measures had been recorded as administered by this unregistered staff
- supervision of unregistered staff was not found to be in place relating to medication management on a consistent basis
- two registered nurses working and signing medication charts and other documentation in a name other than the NMBI registered name

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 inspectors confirmed that the residents' health and social care needs were found to be met, and residents could choose to participate or not in a wide variety of activity. Meaningful social activity was in place and a detailed record held in relation to each residents daily activity. Residents confirmed access to a wide variety of activity and pastimes, including music, singing, crafts, beauty and nail care.

As outlined in Outcome 5 of this report documentation of clinical care plans and daily

nursing records were not fully in line with Schedule 3 requirements.

The person in charge confirmed access to physiotherapy, and an occupational therapist (OT) on staff. For example, the OT was involved with residents who required detailed assessment when cognitive function declines and care may be refused, to inform and guide staff in best practice. Access to dietetic, speech and language therapy, audiology, optical, and chiropody were facilitated. A General Practitioner (GP) on site at the time of the inspection.

Overall the inspectors were satisfied that residents had good access to the community, and transport was available. The centre was proximal to the amenities in the town, and residents planned shopping and meals out with friends and family. Some residents had recently been on a planned holiday. The activities/therapy staff finished at 19.00hours just prior to commencing the first day of the inspection.

Judgment:
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:

Written operational policies and procedures for the management of complaints was available within the centre, the receipt of unsolicited communications with information expressing dissatisfaction with the services provided at the designated centre.

Information in the form of concerns had been received by the Authority and issues raised were reviewed as part of the overall inspection. A provider lead investigation had also been issued to the provider and returned on 22 October 2015. The issues outlined as a concern related to residents experiences, including supervision of care, infection control measures, laundry practices. An investigation team consisting of the provider, person in charge and group compliance and support manager had undertaken a review; this consisted of a staff questionnaire, resident questionnaire, direct resident and staff interviews and an observational audit. The outcome of this provider led investigation was submitted to the Authority as requested. The provider confirmed analysis of findings and submitted supporting documentation.

Staff confirmed to inspectors that communication was good, and a satisfactory staff handover was attended by the inspector. At the time of the inspection the person in charge was the named complaints officer. On the first evening of the inspection

feedback from a resident was made to an inspector which was communicated to the person in charge who undertook to take a statement from the resident and follow on with an investigation into the matter in line with the policy.

The information received related to call bells not being answered in a timely manner, standards of personal hygiene and laundry. Inspectors found that at the time of this inspection residents were satisfied with the attention received, inclusive of staff answering call bells day and night, return of laundry and personal clothing, and the standards of personal hygiene. However, documentation of care as outlined in Outcome 5 required improvement.

Inspectors were informed that there were four open complaints recorded and these had been communicated to staff and made in relation to the service. The provider and person in charge confirmed that an investigation into the matters of complaint would be completed, and outcomes communicated to complainants in line with policy. A review of the records and documentation confirmed that the provider was in the process of acknowledging and investigation matters communicated to the centre directly.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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 minor non-compliance relating to the return of laundry and clothing going missing had been highlighted at the time of the last inspection. This had been fully addressed by the provider who had completed an audit shortly after the inspection.

Systems were in place to identify individual laundry and housekeeping staff on the roster to complete and return residents' laundry. The person in charge confirmed that special laundry bags were available for any soiled laundry which required transport to the laundry and required hotter temperatures, from an infection prevention and control perspective.

Residents confirmed to inspectors that they were satisfied with the current service provision.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The staffing level and skill mix was not adequate to meet the needs of the residents and levels were not in accordance with the centres' statement of purpose. The statement of purpose states that there would be 7 staff nurses (4.4 W.T.E.'s) working with a full time person in charge, and additionally supported by 2 full time assistant directors of nursing who would become a total of 10 registered nurses (7.4 W.T.E.'s). The staff roster also has unregistered staff - 3, as "Intern Staff Nurses" (one of whom is not at centre as she is completing an adaptation course. The role of the social care facilitator included supporting the role of the registered nurse, and as such she confirmed that her work involved supervision of care, arranging appointments, transport, and communicating with families.

The inspectors found that there was an inadequate complement of nursing staff having regard to the dependency of residents and work load of the centre. One nurse was rostered each day and night for the clinical care needs of 58 residents. This was evidenced by reviewed rosters for the current and previous week. At the time of the inspection 12 residents had maximum dependency care needs. Eighteen residents were assessed as highly dependent and 18 had medium level care needs. Eight residents were low dependency and two independent. The inadequacies in staff nurse levels did not ensure sufficient time to provide safe clinical care to each resident. The work load taking into account dependency, undertaking medication rounds throughout the day, reviewing clinical issues, supervising unregistered staff, liaising with GP's and recording clinical interventions by one nurse for 58 residents did not ensure safe practice.

On arrival to the centre the care staff levels and skill mix included one nurse, one unregistered staff (awaiting NMBI registration to nurse in Ireland), and ten care assistants (including one social care facilitator). Recruitment and retention of registered nurses was a reason given by the person in charge for the current reduced numbers of registered nurses. The rostered shifts and changeover of staff included a satisfactory

overlap of staff between shifts to facilitate handover of information between staff and shifts.

One registered nurse was rostered and available to support all 58 residents at night (20:00 to 08:00hrs). On arrival the person in charge completed a verbal handover for 58 residents to five care assistants. The night nurse had phoned in earlier that day as she was unable to come to work, and another registered nurse came in after handover to complete the night shift. A separate handover took place with the night nurse and the person in charge, as she arrived later. Inspectors found that there was a reliance on the use of unregistered staff and staff working to obtain nursing experience prior to completion of a registration process with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland). Two nurses were working and rostered in names other than their NMBI registered names when the personal identification numbers (PINs) were checked by inspectors.

The Staff rosters were available reflecting the staffing provision and arrangements in place during the inspection. One registered nurse on duty was not sufficient to ensure adherence to best practice relating to medication management for 58 residents. The person in charge confirmed that staffing was a concern and was raised at management meetings with the provider and they were actively recruiting suitable staff. However, the current provision of staffing levels and skill mix required immediate review and a adequate response in this regard was requested by 15 December 2015.

A lack of appropriate staff supervision and governance arrangements highlighted in this outcome and in outcomes 2, 5 and 9 placed residents at risk. The provider returned a response to the Authority within the prescribed time frame. The provider confirmed that she would "commit to ensuring that from 16 December 2015, that governance hours are added to the rota to support the staff nurse complement and resident care".

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Leone Ewings
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:	Mill Lane Manor
Centre ID:	OSV-0000066
Date of inspection:	14/12/2015
Date of response:	27/01/2016

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:

Management and registered nurse whole time equivalents require updating to reflect actual staffing in place.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of Purpose & Function has been revised and was forwarded to the chief inspector.

Proposed Timescale: 08/01/2016

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The designated centre was not found to be sufficiently resourced or staffed with registered nursing staff to ensure effective delivery of nursing care in accordance with the statement of purpose.

2. Action Required:

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

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

A revised Statement of Purpose and Function has been issued to the authority. Two additional staff nurses have been added to our team since inspection and we have successfully secured an additional member to add to our PPIM team. We continue to actively engage in the recruitment process with a commitment to appointing staff nurses, when suitable candidates become available.

Proposed Timescale: 02/03/2016

Theme:

Governance, Leadership and Management

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

The person in charge was working in her capacity as a registered nurse and not engaged in the governance, operational management and administration of the designated centre.

3. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

An immediate interim action was agreed at inspection which included increased governance hours. The PIC is now fully engaged in her role, supported by senior management.

Proposed Timescale: 28/12/2015

Theme:

Governance, Leadership and Management

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

No annual review of quality and safety of care delivered had taken place for 2015.

4. 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 is scheduled for completion by end of January

Proposed Timescale: 31/01/2016

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:

Schedule 3 records were not fully maintained to ensure that a nursing record of the person's health and condition and treatment given, completed on a daily basis and signed and dated by the nurse on duty in accordance with relevant professional guidelines.

5. Action Required:

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

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

There is a relevant staff nurse entry in each resident's record for every shift, in accordance with professional guidelines.

Proposed Timescale: 16/12/2015

Theme:

Governance, Leadership and Management

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

Unregistered staff was found to be signing the medication administration records for a number of residents.

6. Action Required:

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

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

All resident medication is appropriately recorded by a registered nurse

Proposed Timescale: 16/12/2015

Theme:

Governance, Leadership and Management

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

Nursing care plans were not fully updated and completed in line with schedule 3 requirements to reflect the changing health care needs of residents.

7. Action Required:

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

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

Care plans are currently being reviewed and updated by the MDT, in conjunction with residents and/or their representative, to ensure that the changing healthcare needs of residents are accurately recorded.

Proposed Timescale: 31/01/2016

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:

Short course medication was being administered in the absence of prescribed number of days for a resident.

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:

All prescription sheets have been reviewed to ensure that the GP has entered the number of days for which a short term medication is prescribed.

Proposed Timescale: 16/12/2015

Theme:

Safe care and support

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

All medicines were not consistently administered in accordance with best practice and in line with the centre's policy.

9. 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:

Issues identified were promptly resolved as detailed in previous actions

Proposed Timescale: 16/12/2015

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

Staffing and number of registered nurses was not in line with the statement of purpose or sufficient to ensure nursing care was adequate.

10. 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:

A revised Statement of Purpose and Function has been issued to the authority. Two additional staff nurses have been added to our team since inspection and we have successfully secured an additional member to add to our PPIM team. We continue to actively engage in the recruitment process with a commitment to appointing staff nurses, when suitable candidates become available.

Proposed Timescale: 02/03/2016

Theme:
Workforce

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

Numbers and skill mix requires review to ensure that the staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre.

11. 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:

Two additional staff nurses have been added to our team since inspection and we have successfully secured an additional member to add to our PPIM team. We continue to actively engage in the recruitment process with a commitment to appointing staff nurses, when suitable candidates become available.

Proposed Timescale: 02/03/2016

Theme:
Workforce

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

Supervision of unregistered nurse was inadequate relating to roles and responsibilities and medication management.

12. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Roles and responsibilities regarding supervision were promptly reiterated to all nursing personnel and the PIC continues to monitor and understands her regulatory obligation

Proposed Timescale: 16/12/2015

