

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Our Lady of Consolation Nursing Home
Centre ID:	OSV-0000079
Centre address:	Arden Road, Tullamore, Offaly.
Telephone number:	057 932 1320
Email address:	rosmycunningham@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Our Lady of Consolation Nursing Home Limited
Provider Nominee:	Rosmy Cunningham
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Sheila Doyle
Type of inspection	Unannounced
Number of residents on the date of inspection:	25
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 April 2016 11:30	20 April 2016 17:30
21 April 2016 10:30	21 April 2016 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Non Compliant - Moderate
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

The purpose of the inspection was to follow up on the non-compliances found on the inspection which took place on the 23 February 2016. These matters related to governance, safeguarding, premises, health and social care, residents' rights, staffing, health and safety and records/documentation.

The provider was also the person in charge and is referred to as the provider in this report.

Inspectors reviewed documentation such as care plans, complaints and staff files.

Inspectors met with residents and staff members, observed care practices and interactions between staff and residents.

In general, inspectors found that progress had been made to address some issues/non-compliances found on the previous inspection. However arrangements for the governance and management of the centre was inadequate and significant work was required to achieve compliance with Regulations.

Effective management systems and sufficient resources were not in place to ensure the delivery of safe, quality care services. Three new staff had been recruited (two care staff and an activity staff member). Two vacant nursing posts had not been filled and the provider was still working as a staff nurse and unable to carry out managerial duties. No staff training had taken place since the last inspection with the result all staff had not participated in training necessary to their role in the centre.

The statement of purpose had not been revised and did not contain all the matters required as per the schedule and records were not maintained in line with regulatory requirements.

Systems for the purpose of monitoring ongoing quality and continuous improvement, for example quality assurance audits had not been undertaken.

Improvements were noted in relation to medication management. A residents' and relatives' forum had been established so that residents could be consulted and participate in the organisation of the centre. Since the last inspection an additional activity coordinator had been employed and there was some evidence of residents engaging in activities, however, the combined activity staff hours (14 hours per week) were insufficient to ensure that each resident had opportunities to participate in activities in accordance with their interests and capacities.

Generally measures to protect residents being harmed or suffering abuse were in place, however, training records identified that not all staff had participated in safeguarding training and two of the three new staff did not have garda clearance on file. While measures were put in place to promote residents' health and safety, improvements were still required.

Improvements had taken place with regard to the maintenance of the premises, however, the premises are not suitable for its stated purpose as it was not designed and laid out to meet the needs of residents. The provider agreed to provide the Authority with a costed, time bound plan to address the non compliances.

The areas of non-compliance are detailed in the action plan at the end of this report.

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):

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

Findings:

This action had not been addressed. The statement of purpose did not meet the requirements of the Regulations. For example it did not include:

- The information set out in the certificate of registration.
- The criteria used for admission.
- A description (either in narrative form or a floor plan) of the rooms in the designated centre including the size and primary function.
- The total staffing compliment, in whole time equivalents, for the designated centre with the management and nursing compliments as required in regulations 14 and 15.
- The organisational structure of the designated centre does not detail the role of director(s).
- Arrangements for the management of the designated centre if the provider/person in charge is absent from the centre.
- The fire precautions and associated emergency procedures in the designated centre.

Judgment:

Non Compliant - Moderate

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:

The matters from the previous inspection related to the following: –

- Management systems were not in place to ensure that the service provided was safe, appropriate consistent and effectively monitored.
- The designated centre did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.
- An annual review of the quality and safety of care delivered to residents had not been compiled in accordance with the regulation and consultation with residents and their families had not taken place in preparation of compiling the annual review.

Inspectors found that while there was some progress regarding the above matters they had had not been fully addressed.

The centre required significant investment in order to meet regulatory requirements. Since the last inspection, management systems in relation to addressing deficits in the environment and health and safety issues had been initiated. A designated person was assigned responsibility for maintenance and steps had been taken to repair the roof and address the internal dampness problems. Arrangements were put in place for suitable storage of equipment which had not been in use. See also outcome 12.

The provider told inspectors she had invested in new kitchen equipment since the previous inspection. Environmental health officer's reports were unavailable for review when requested.

Systems for the purpose of monitoring ongoing quality and continuous improvement, for example quality assurance audits and reviews of residents' individual care plans had not been commenced. Comprehensive systems and practices to manage risk were not fully in place. See outcome 7 for details.

The provider did not put appropriate arrangements in place prior to taking annual leave as the person deputising was unable to respond to emails issued by the Authority in relation to the action plan of the previous inspection. The deputising person could not access the computer of the provider.

From discussions with the provider, staff on duty, review of documentation and observation of practices it was evident that the designated centre did not have sufficient resources (staffing) to ensure the effective delivery of care in accordance with the statement of purpose. At the previous inspection the provider indicated that she had initiated the recruitment procedures in order to fill a vacant full time nursing position and possibly a part-time nursing position but to date this has proved unsuccessful. As a result the provider is still working as a nurse and did not fulfil her regulatory obligations as person in charge or provider. The provider informed inspectors that she had engaged external agencies to recruit nurses.

The provider had just returned from annual leave and made herself available to the inspectors on the first day of the inspection. Due to the difficulties of recruiting staff nurses the provider is unable to fulfil the duties and responsibilities associated with the roles of provider and person in charge. The roster identified that the provider worked in the designated centre as a nurse prior to taking annual leave and was rostered to work as a nurse on the second day of the inspection upon her return from leave.

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 out by the Authority had not been compiled and made available for inspection. This review should be prepared in consultation with residents and their families. Inspectors saw evidence that the process of consultation with residents had begun and that a residents'/relatives' forum had been set up and a meeting had taken place.

Judgment:
Non Compliant - Major

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:
Records required per legislation were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. For example the training records were not up-to-date, the directory of residents did not contain all the information as per the schedule, for example, address of the resident's general practitioner and the fire log presented to the inspectors for examination was not current.

Staff files did not contain all the required documentation for two of the three recently recruited staff members as per schedule 2 of the regulations.

The written policies and procedures identified in the previous action plan had not been reviewed as follows: –

- The policy/procedure in place for the prevention, detection and response to abuse had not been updated to reference the National Policy "safeguarding vulnerable Persons at risk of abuse" (2014).
- The references in respect of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations were incorrect regarding the policy on behaviour management.
- The guidance for staff in respect of the behaviours and psychological symptoms of dementia (BPSD) referenced "a person's life story", however, information had only been collected to document/compile a life story for 2 individual residents.
- The designated centre's policy/procedure on behaviour management had not been implemented as there was no validated assessment tool to assess residents.
- The designated centre's complaints policy/procedure had not been updated to reflect the new arrangements for the management and oversight of the complaints process.

Inspectors noted that there was a care plan in place for a resident who has behaviours which could be unpredictable/challenging.

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):

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

Findings:

Measures to protect residents being harmed or suffering abuse were not fully in place, as the matters arising from the previous inspection had not been satisfactorily actioned.

The policy/procedure in place for the prevention, detection and response to abuse, had not been updated to reference the National Policy 'Safeguarding Vulnerable Persons at risk of Abuse' (2014).

Currently there were no ongoing investigations and the provider was knowledgeable of the investigation process.

Staff who spoke with inspectors were knowledgeable about the various types of abuse,

recognising abuse, and were familiar with the reporting structures in place.

Since the previous inspection staff had not participated in training in the protection of residents from abuse. An examination of the training records identified in April and August 2014 sixteen staff attended training in the protection of residents from abuse. Twenty five staff work in the designated centre. The provider informed the inspectors that training in this area has not yet been sourced. There was no Garda Clearance on file for two of the three recently recruited staff or the maintenance staff member.

The policy on behavioural management had not been updated to reference the current Health Act (Care and Welfare of Residents in Designated Centres for Older People) and associated regulations. There was no validated assessment tool to assess residents who had behaviours that challenged. This was not in accordance with the designated centre's policy/procedure on behavioural management.

From discussions with staff and scrutiny of the training records provided staff had not participated in training regarding understanding and managing responsive behaviour. This was not in accordance with the designated centre's policy/procedure on behaviour management.

Inspectors saw that a restraint assessment had been completed and the consent form in respect of the use of bedrails had been signed and a restraint care plan was in place for the residents. Inspectors noted that staff in consultation with relatives had commenced life story books for 2 residents.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

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

Findings:

Inspectors found that some of the risks identified during the previous inspection had been actioned, for example, the temperature of radiators and hot water had been controlled.

However, the risk register did not identify, assess and highlight the actions necessary to control risks as follows: –

- Some free-standing radiators were available in residents' bedrooms, however, the

inspectors were informed that these would be removed.

- A medication error found on the previous inspection had not been followed up, investigated and subsequently there was no evidence of learning from the adverse event.

Furthermore, during this inspection it was noted that magnetic hold open devices attached to the fire alarm system were not installed on double doors leading into the sitting room and it was difficult for residents and staff to open the doors in order to access the room.

Inspectors saw that progress had been made in relation to the standards for the prevention and control of healthcare associated infections as the following were noted:

- The door to the sluice room was fitted with a key pad lock, however, the door did not close fully.
- Measures had been put in place to segregate clean and dirty linen.
- Paper hand towels were available in a dispenser in a twin room, however, the system put in place to distinguish between residents towelling hand towels was not operating effectively.
- Although there were insufficient hand sanitisers throughout the designated centre more had been ordered and the company representative was visiting the centre on the morning of the inspection. The hand sanitisers (available on the last inspection) were positioned in a convenient location and were not obstructed by the storage of furniture.
- The clinical waste bin was now appropriately stored in the sluice room.

In relation to the fire issues identified during the previous inspection inspectors found that progress had been made as follows: –

- Arrangements had been put in place for the maintaining of fire equipment, for example new fire extinguishers had been purchased and installed.
- The curtains covering the external fire exit doors had been removed.
- The evacuation pathway/routes were not obstructed.
- The procedures to be followed in the event of fire were displayed at a suitable level on the walls in the corridor and were not obstructed.
- Furniture which was stored in the corridors and had blocked access to fire fighting equipment had been removed.
- Flammable items had been removed from shelving in the laundry area and a keypad lock had been fitted to the laundry room.

Since the last inspection 3 staff members had been recruited (2 care staff members and an activity staff member). These staff members had not participated in fire safety induction training. The provider informed the inspectors that she would immediately address this matter and carry out induction in relation to fire safety with the staff members. The provider confirmed that she had had undertaken training as a fire marshal with an externally company during February and March 2015 and was competent to deliver the induction training.

Judgment:
Non Compliant - Major

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):

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

Findings:

Inspectors found that while improvements had occurred, additional action was required to ensure safe medication management practices. Some actions from the previous inspection had not been addressed.

As at the previous inspection, inspectors noted that the administration times recorded did not match the actual time medication was administered or the prescription times. Nurses told inspectors that some residents like to have their breakfast and their medication around 8am. However this was recorded as being administered at 10am which was not in accordance with the policy or good practice guidelines.

In addition inspectors noted that medication to be given as and when required (PRN) did not consistently state the maximum dose that could safely be administered in a 24 hour period.

Otherwise inspectors noted improvements relating to medication management.

At the previous inspection, inspectors noted that medications were not securely stored. This had been addressed and there was no evidence of this at this inspection. In addition, inspectors noted that a new medication trolley was on order to replace the existing trolley which was rusted in parts.

Improvement was noted around medications that required crushing prior to administration. Inspectors saw that these prescriptions were now in line with national guidelines.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. Inspectors checked a sample of balances and found them to be correct. End of shift checks were carried out by two nurses.

A secure fridge was provided for medications that required specific temperature control. Inspectors noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

Residents had access to the pharmacist of their choice and the pharmacist was available to meet with residents if required. The pharmacist also undertook audits of medication practices. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Judgment:
Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

Theme:
Safe care and support

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

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

Findings:

The Authority retrospectively had been notified that a resident (identified during the last inspection) who had a fall and sustained an injury which necessitated hospital treatment.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

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

Findings:

As at the previous inspection, inspectors were satisfied that overall, there were arrangements in place to meet the health and nursing needs of residents. Further improvement was required to care planning documentation to ensure that each

resident's assessed needs are set out in an individual care plan.

Some care plans lacked sufficient detail to support the delivery of consistent care. Some improvement had occurred and the provider had identified named staff members to review and update the care plans. However additional work was required. For example a care plan reviewed did not outline specific details to manage incontinence. Similarly a resident, who was actively having eye care and treatments, did not have this outlined in the care plan. Residents who required assistance with their hygiene needs did not have specific care plans in place. Statements such as 'encourage plenty of fluids' were still evident and did not indicate the volume of fluid which should be taken.

Care plans were updated routinely on a four monthly basis. As at the previous inspection the review in the majority of cases was not comprehensive and only stated that the review had taken place. There was documentary evidence that some residents and relatives, where appropriate had provided information to inform the assessments and the care plans.

Residents had access to general practitioners (GPs) of their choice and out of hours medical cover was provided. Evidence of access to allied health professionals was found with documented visits, assessments and recommendations by dieticians, speech and language therapists, physiotherapists and occupational therapists. A full range of other services were available on request including chiropody, optical and dental services. Residents also had access to the mental health of later life services, with onsite visits from psychiatry of later life team.

Staff provided end of life care to residents with the support of their general practitioner and the community palliative care team. However there was no evidence that the medical officer had been involved in the end of life discussions with the resident or that the resident's wishes would be respected in an emergency situation. End of life care planning assessments were not completed in the sample of care plans reviewed.

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):

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

implemented.

Findings:

Inspectors undertook a thorough examination of the premises on this follow up inspection, and although some measures were taken to address issues found on the previous inspection. Inspectors concluded that the the premises did not meet the overall needs of residents and the design and layout did not promote the dignity, wellbeing and independence of residents.

The provider had made some improvements to the physical environment in response to the previous inspection including repairing the roof which had been leaking and resulted in internal damage to the ceiling and walls, removing items of storage from communal spaces (corridors, dining, and laundry rooms) which were no longer in use and having equipment for use by residents in good working order.

The built in wardrobes had been reorganised. Residents' clothing was not being stored in any of the cupboards in the corridor and resident's personal toiletries were stored appropriately in their bedrooms.

The carpet in the front entrance hallway was replaced.

A number of overhead bed lights were repaired and working.

A system was in place to replace equipment which is no longer fit for purpose.

Two new mattresses had been purchased for the residents who were identified during the previous inspection.

The privacy lock on the recently established shower room had been installed.

A new medication trolley had been ordered. The seating area at the front of the building was warm and used by residents during the period of the inspection.

Issues which remain outstanding were as follows:-

- The paint on wall surfaces in some bedrooms and on window frames was chipped.
- The centre was not suitably decorated particularly for residents with dementia, as there was no use of contrasting colours on walls and doors to sanitary facilities.
- Suitable locked storage facilities for residents' personal possessions, had been ordered but was not in place.
- A hole /indentation in the floor covering/tiles in a resident's bedroom.
- Although a bath has been installed the bathroom was not operational because the resident alarm call system was not working.
- Maintenance records were not available to show that equipment was routinely serviced.
- Dampness on the walls and in the cupboard in the sluice room had not been addressed.
- The residents' alarm call system was not fully operational throughout the centre and an electric socket for the resident alarm call system in the new bathroom had not been made secure.
- The curtains on some bedroom windows were hanging loose.
- Signage for residents to find their way around and to identify bathrooms, the lounge and their bedrooms has been ordered but was not in place.

Additional issues identified were as follows:-

- The varnish on over bed tables was worn.

- A tile was missing in a resident's bedroom floor.
- There was no cupboard for toiletries in the shower room.
- A lock on the female toilet was not working.
- There was a hole in the corner of the sitting room floor.
- The flooring in the male toilet was stained.
- There was no sign at the front entrance to indicate the nursing home.
- The wood of a window sill had rotted with dampness.

The premises were not suitable for its stated purpose as it was not designed and laid out to meet the needs of residents.

Inspectors met with the provider and the person with responsibility for the premises to discuss the improvements required as follows:

- There is only one communal sitting room which does not have windows for residents to see outside. It has only velux windows in the roof. The area was congested and busy at times during the day and noise levels were at times high. The space available in the room did not facilitate any clustering of residents' seating and was arranged around the perimeter of the room.
- Inadequate private accommodation for residents as the shared/twin rooms were not of a suitable size to comfortably accommodate bedroom furnishings and the layout necessitated furniture having to be moved to access items of furniture storing residents' clothing.
- Inadequate support communal facilities, as in addition, to the main sitting room there was only an open plan lounge to the front of the centre.
- Inadequate recreational space (suitable for social, cultural and religious activities appropriate to the circumstances of residents) other than a resident's private accommodation and sitting and dining space.
- Insufficient storage space.
- A toilet and shower room accessible from the sitting room did not meet the needs of residents.
- Residents did not have access to an appropriate room where they can meet visitors in private as currently the rooms being used are also designated for another use.

Judgment:
Non Compliant - Major

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:

Some action from the previous inspection relating to complaints management had not been completed.

At the previous inspection, inspectors noted that there was a system in place to ensure that the complaints of residents or their representatives were listened to and acted upon, and they had access to an appeals procedure.

At this inspection the provider discussed the new arrangements in place which included naming herself as the nominated person to ensure that all complaints were appropriately responded to and that the complaint's officer maintains appropriate records. The complaints procedure had also been updated since the previous inspection and the complaints officer was identified. However as detailed in outcome 5, the complaints policy had not been updated to reflect these changes

The other action under this outcome related to the recording of the complainant's level of satisfaction with the outcome. No complaints had been received since the previous inspection but staff spoken with were aware of this requirement.

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:

Although some improvement had occurred additional action was required to ensure that residents were provided with food and drink at times and in quantities adequate for their needs.

As at the previous inspection several gaps were noted in the documentation and care plans relating to nutrition. For example nutritional assessments and weight measurements were not consistently reviewed as required by the centre's policy. In addition gaps were noted in the care planning documentation where residents' food preferences and specific requirements for modified consistency diets were not consistently recorded.

Inspectors saw that there were two choices prepared for the lunchtime meal and

chicken was also available if residents would prefer. Residents were verbally asked for their preference. However, for those residents who had communication difficulties the options were not presented to the residents so that an informed choice could be made. The menu was not on display.

The lunchtime meal in the dining room was a social occasion with attractive table settings and staff sat with residents while providing encouragement or assistance with the meal. As at the previous inspection some residents remained in the communal sitting room to have their lunch and this did not provide any different stimulation with regard to moving from one environment to another.

The food provided was appropriately presented and provided in sufficient quantities. Inspectors visited the kitchen, spoke to the chef on duty and sampled the food on offer. It was found that food was wholesome and nutritious while also properly prepared, stored and cooked. Residents spoken with also expressed satisfaction with the food provided. The recently appointed chef discussed ongoing improvements in the choice and presentation of meals that required altered consistencies. Inspectors saw that residents who required their meal in an altered consistency had adequate choices available to them.

Drinking water and juices were provided for residents and snacks were available outside of meal times if required.

Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

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

Findings:

Inspectors saw that some improvement had occurred since the previous inspection.

Efforts were underway to ensure that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. The provider

had set up a residents' committee and inspectors read the minutes of the first meeting. Issues discussed included putting locks on the bedroom doors, wardrobe space and menu choices. The provider discussed plans to ensure all residents could take part including using a board to document the discussion and having the minutes available in a suitable format for residents.

Some improvement had also occurred around the provision of opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. A second activity person now attended the centre for 10 hours a week. The provider discussed plans to increase this further and inspectors saw residents actively involved in various activities during the inspection.

However additional work was required in this area. Inspectors noted that the meaningful activity assessment was not completed in a sample of care plans reviewed. This information should have been available to inform the activity programme. In addition the lack of communal space seriously restricted the activity provision and staffing levels were insufficient as detailed in Outcome 12 and 18.

Staff worked to ensure that residents received care in a dignified way that respected their privacy and were observed knocking on bedroom and bathroom doors prior to entering. Inspectors saw that action required from the previous inspection relating to inappropriate transparent rectangular panes of glass on residents' bedroom doors had been addressed. Although not yet operational locks had been fitted to bedroom doors. The provider explained they were waiting for final commissioning by the contractor.

Residents were only able to receive visitors in private either in their own bedrooms or in the oratory. This is discussed in more detail under Outcome 12. There were no restrictions on visitors.

Residents were facilitated to exercise their civil and political rights during the current elections. Some residents returned to their local community while others availed of in-house polling.

In the main, residents were satisfied with opportunities for religious practices as Mass was streamed from the local community chapel to the day room. Some residents from other denominations said that religious ministers visited the centre and the provider said she would accommodate residents to attend services in their local community if they choose.

At the previous inspection it was noted that a record was not maintained for all residents of their valuables including residents' personal property and clothing. This had been addressed. The limited hanging space in the built-in wardrobes in some residents' bedrooms continued to require action to ensure that residents could store and maintain their clothes. Inspectors saw that the residents' clothing previously stored in built in wardrobes located in the corridor had been removed. Action relating to this is included under Outcome 17.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

This outcome was not inspected at this inspection.

The action required relates to the limited hanging space in the built-in wardrobes in some residents' bedrooms. This matter was addressed with the provision of new bedroom units and sorting residents' clothing.

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):

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

Findings:

The issues highlighted during the previous inspection related to insufficient staffing levels and skill mix, staff not sufficiently supervised and did not have opportunities to participate in training relevant to their role within the centre. Although there was evidence of some progress these matters remain outstanding.

Since the last inspection 3 staff members have been employed. Two care assistants and an activity staff member. The activity facilitator worked 10 hours in addition to four hours worked by the existing activity facilitator. Care staff were employed to work an additional four hours each day - two additional hours in the morning and two extra twilight hours

An examination of the duty roster highlighted the following:

- A staff nurse and 3 care assistants were on duty from 08:00 hours to 13:00 hours (this included the addition of a staff member working for 2 hours).
- A nurse and two care assistants were on duty in the afternoon from 13:00 hours to 18:30 hours.
- From 18:30 hours to 20:00 hours a nurse and a care staff member were on duty and an additional care staff member was employed to work from 20:00 hours to 22:00 hours.

The night time staffing levels consisted of a nurse and a care assistant working from 20:00 hours to 08:00 hours.

A catering staff member works from 09:30 hours to 17:30 hours -Monday to Saturday and 9:30 hours to 14:30 hours on Sunday.

A cleaning staff member works 5 hours per day Monday to Friday and 4 hours on Saturday and Sunday.

Inspectors saw that in addition to providing care the care staff members were involved in carrying out household tasks such as working in the kitchen and the laundry and this impacted on their ability to provide direct care and meet the social needs with of residents. Care staff prepared and served breakfasts on a daily bases and care staff prepared and served the evening tea to residents on Sundays, when catering staff are not rostered.

Inspectors observed that the staffing arrangements did not provide for supervision of residents in the communal room at all times.

Since the last inspection staff have not participated in any training, records/documentation in relation to staff training were still poorly maintained and there was no managerial system to ensure that all staff had mandatory training or other relevant training. For example out of 25 staff only 16 had attended elder abuse and manual handling training in the previous two years. The staff on night duty had not attended fire safety training and a new staff member interviewed by inspectors was not fully aware of the fire safety and evacuation precautions. The provider informed the inspectors that training in dementia care is scheduled for June 2016. The logistics of this training had not been fully detailed and no other training had been sourced/scheduled.

The provider informed the inspectors that induction training had taken place for the 3 new staff members employed since the last inspection, however, there was no documentary evidence of the induction programme. An examination of documentation in relation to the three new staff working in the designated centre found that not all of the information identified in schedule 2 was available, for example Garda clearance was not

on file for two of the three new staff or for the recently appointed maintenance person. See outcome 5 for action plan.

The provider informed the inspectors that staff nurses supervise staff on an ongoing day-to-day basis and staff who communicated with the inspectors confirmed that they were supported in their roles.

Efforts to recruit new nurses were unsuccessful and the person in charge was working as a nurse. A record of current registration details of nursing staff was available.

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:

Siobhan Kennedy
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:	Our Lady of Consolation Nursing Home
Centre ID:	OSV-0000079
Date of inspection:	20/04/2016
Date of response:	01/06/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not contain all the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of 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 is reviewed to include all the information set out in Schedule 1 of the Health Act and regulations.

Proposed Timescale: 20/05/2016

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:

Management systems were not in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Management systems were not put in place by the provider/person in charge for the deputising person in charge to respond to emails from the Authority prior to taking annual leave.

2. 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:

Systems are in place now for the deputising person in charge to manage the emails for the person in charge while she is on leave.

Proposed Timescale: 20/05/2016

Theme:

Governance, Leadership and Management

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

The designated centre did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

3. 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:

We are in the process of recruiting new nurses, external agencies are contacted, probable candidates are selected but they are waiting to have their adaptation (aptitude test) to complete to join our team of nurses caring for the residents. Meanwhile the part-time nursing staff is working on a full time basis to provide quality care to the residents and the Person In charge has resumed her management duties except in the event of emergency leaves or Annual leaves by the nurses.

Proposed Timescale: 31/08/2016

Theme:

Governance, Leadership and Management

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

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 out by the Authority had not been compiled in accordance with the regulation and made available for inspection.

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:

We are in the process of compiling annual review, questionnaires are given to the residents and families, audits (Health and safety audits, falls, care environment) are being completed. It is expected to complete this in next two weeks.

Proposed Timescale: 07/06/2016

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 written policies and procedures identified in the previous action plan had not been reviewed as follows: –

- The policy/procedure in place for the prevention, detection and response to abuse had not been updated to reference the National Policy "safeguarding vulnerable Persons at risk of abuse" (2014).
- The references in respect of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations were incorrect regarding the policy on

behaviour management.

- The designated centre's complaints policy/procedure had not been updated to reflect the new arrangements for the management and oversight of complaints.

5. 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:

- a. The policy/procedure for the prevention, detection and response to abuse is updated now to reference the National Policy 'safeguarding vulnerable Persons at risk of abuse' (2014).
- b. We are in the process of updating the policy on Behaviour management, and the references in respect of Health Act (Care and welfare of residents in Designated Centres of Older people) Regulations will be corrected.
- c. The complaints policy/procedures are updated to reflect the new arrangements for the management and oversight of complaints.

Proposed Timescale: 18/06/2016

Theme:

Governance, Leadership and Management

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

The guidance for staff in respect of the behaviours and psychological symptoms of dementia (BPSD) referenced "a person's life story", however, information had only been collected to document/compile a life story for 2 individual residents.

The designated centre's policy/procedure on behaviour management had not been implemented as there was no validated assessment tool to assess residents.

6. 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:

- a. The staff with the help of residents' relatives have compiled life stories for five of the six residents who have behaviours and psychological symptoms of dementia. The remaining one resident's life story will be compiled within the next week.
- b. A validated tool (Mini Mental Status Examinations) are in place for assessing the residents and the assessment will be completed within the next two weeks.

Proposed Timescale: 06/06/2016

Theme:

Governance, Leadership and Management

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

Records required per legislation were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. For example the training records were not up-to-date, the directory of residents did not contain all the information as per the schedule, for example, address of the resident's general practitioner and the fire log presented to the inspectors for examination was not current.

Staff files did not contain all the required documentation for two of the three recently recruited staff members as per schedule 2 of the regulations.

There was no staff information for the recently appointed maintenance staff member.

7. Action Required:

Under Regulation 21(2) you are required to: Retain the records set out in Schedule 2 for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre.

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

The training records are updated into the new system.

The residents' directory is updated now and all the information needed as per the schedule is completed.

The new fire log is in use and required areas are completed.

The staff files are now complete and declaration of character is being signed by the staff while waiting for the reply from Garda Vetting.

Proposed Timescale: 20/05/2016

Outcome 07: Safeguarding and Safety**Theme:**

Safe care and support

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

Staff had not participated in training regarding understanding and managing responsive behaviour this was not in accordance with the designated centre's policy/procedure on behaviour management.

8. 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:

Nine of our staff have completed training regarding understanding and managing responsive behaviour. A training session is arranged for the remaining staff for understanding and managing behaviour that challenges on 9th of June 2016.

Proposed Timescale: 09/06/2016

Theme:

Safe care and support

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

The training records identified that not all staff had attended training in the protection of residents from abuse.

9. Action Required:

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

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

A training session on protection of residents from abuse is arranged for the 23rd of June 2016, a second session is arranged for the month of August which will cover all the staff and the probable new nursing staff as well.

Proposed Timescale: 31/08/2016

Theme:

Safe care and support

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

There was no Garda Clearance on file for the three recently recruited staff or the maintenance staff member.

10. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The new staff members have signed a declaration of character while waiting on Garda Clearance.

Proposed Timescale: 19/05/2016

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:

The risk register did not identify, assess and highlights the actions necessary to control risks as follows: –

- Some freestanding radiators were available in residents' bedrooms.
- A medication error found on the previous inspection had not been followed up, investigated and subsequently there was no evidence of learning from the adverse event.
- Potentially risks were associated with the difficulty that residents and staff assisting residents had in accessing the sitting room via double doors as these were not held back by magnetic hold open devices attached to the fire alarm system.

11. Action Required:

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

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

- a. The free standing radiators are removed from the Nursing Home.
- b. The medication error is followed up now and evidence for learning from the incident is available. (Same forwarded to the Authority with this report.)
- c. The double doors from the sitting room are now held back by the magnetic hold open devices which are attached to the fire alarm system.

Proposed Timescale: 18/05/2016

Theme:

Safe care and support

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

The door to the sluice room was fitted with a key pad lock, however, the door did not close fully.

The system put in place to distinguish between residents' towelling hand towels was not operating effectively.

There were insufficient hand sanitisers throughout the designated centre.

12. 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:

- a. The door to the sluice room is repaired to facilitate full closure of the door.

- b. All the staff are informed and reminded about the importance to differentiate between the individual residents hand towels in the shared rooms. Frequent monitoring is done to emphasise the operation of this system and is operating properly now.
- c. New hand sanitisers are in place now.

Proposed Timescale: 10/05/2016

Theme:

Safe care and support

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

Three recently recruited staff members had not participated in fire safety induction training.

13. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Fire safety induction training is now provided to all the new staff members.

Proposed Timescale: 23/04/2016

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 administration times recorded for some medications did not match the actual time administered or the prescription times.

The maximum dose of medication that could safely be administered in a 24 hour period was not consistently recorded.

14. Action Required:

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

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

- a. The medication administration record is now modified to add timings which are closer to the administration timings of medications.
- b. The maximum dose of medication which can be safely administered in 24hrs is consistently written now.

Proposed Timescale: 15/05/2016

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 sufficiently comprehensive as they did not consistently assess and describe the care to be implemented to address residents' social, emotional and psychological needs.

15. Action Required:

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

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

We have renewed all the care plans and all the assessments especially residents' social, emotional and psychological needs are consistently assessed and the care plans are now comprehensive.

Proposed Timescale: 18/05/2016

Theme:

Effective care and support

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

The review in the majority of care plans was not comprehensive and only stated that the review had taken place.

16. 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 the nursing staff are informed about this report and were advised to make the care plans comprehensive along with the reviews.

The review of the care plans are complete now and is comprehensive.

Proposed Timescale: 15/05/2016

Theme:

Effective care and support

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

End of life care planning assessments were not completed in the sample of care plans reviewed.

17. 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:

End of life care planning is completed for fifteen of twenty five residents and the rest of the end of life care plans will be completed in two weeks' time.

Proposed Timescale: 10/06/2016

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:

Issues which remain outstanding were as follows:-

- The paint on wall surfaces in some bedrooms and on window frames was chipped.
- The centre was not suitably decorated particularly for residents with dementia as there was no use of contrasting colours on walls and doors to sanitary facilities.
- Suitable locked storage facilities for residents' personal possessions, had been ordered but was not in place.
- The hole /indentation in the floor covering/tiles in a resident's bedroom.
- Although a bath has been installed the bathroom was not operational because the resident alarm call system was not working.
- Maintenance records were not available to show that equipment was routinely serviced.
- Dampness on the walls and in the cupboard in the sluice room had not been addressed.
- The resident's alarm call system was not fully operational throughout the centre and an electric socket for the resident alarm call system in the new bathroom has not been

made secure.

- The curtains on some bedroom windows were hanging loose.
- Signage for residents to find their way around and to identify bathrooms, the lounge and their bedrooms has been ordered but was not in place.
- The varnish on over bed tables was worn.
- A tile was missing in a resident's bedroom floor.
- There was no cupboard for toiletries in the shower room.
- A lock on the female toilet was not working.
- There was a hole in the corner of the sitting room floor.
- The flooring in the male toilet was stained.
- There was no signage at the front entrance to indicate the nursing home.
- The wood of a window sill had deteriorated with dampness.

18. 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:

- a. The Nursing Home is being painted now and will be completed in one week. The signage to facilitate residents with dementia to find their way will be in place on completion of paintings.
- b. The roof of the nursing home which was the cause of dampness is repaired now and the area is painted.
- c. Curtains in the bed room windows are in proper order now.
- d. New bedside tables are ordered.
- e. The particular room flooring is repaired.
- f. Lockable storage facility is provided for resident who wish to have them, but we are awaiting for the supply of ordered lockable bedside units, which is proposed to be in place in next three weeks.
- g. A cupboard is in place now for toiletries in the shower room.
- h. Lock on the female toilet is now working.
- i. The hole in the corner of sitting room floor is now repaired.
- j. The flooring on the male toilet is renewed.
- k. Contractors are contacted to make signage at the front of the nursing home and they are proposing to complete the work by 27th of May 2016.
- l. The wood of the window sill is repaired.
- m. The resident's alarm call system is fully operational now and the electric socket for the alarm system in the new shower room is repaired.
- n. We have ordered a new alarm system to put in the new bathroom which will be in operation in the next four weeks.
- o. The wall of the sluice room which had dampness and the cupboard in the sluice room, is repaired, plastered and painted.
- p. The maintenance records are readily available now.

Proposed Timescale: 27/05/2016

Theme:

Effective care and support

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

The premises of the designated centre were not appropriate to the number and needs of the residents.

The major deficits in the premises related to the following:-

- There is only one communal sitting room which does not have eye level windows. It has only velux windows. The area was congested and busy at times during the day and noise levels were consistently high. The space available in the room did not facilitate any clustering of residents' seating and was arranged around the perimeter of the room.
- Inadequate private accommodation for residents as the shared/twin rooms were not of a suitable size to comfortably accommodate bedroom furnishings and the layout necessitated furniture having to be moved to access items of furniture storing residents' clothing.
- Inadequate communal facilities as in addition to the main sitting room there was only an open plan lounge to the front of the centre.
- Inadequate recreational space (suitable for social, cultural and religious activities appropriate to the circumstances of residents) other than a resident's private accommodation and sitting and dining space.
- Insufficient storage space.
- A toilet and shower room accessible from the sitting room did not meet the needs of residents.
- Residents do not have access to an appropriate room where they can meet visitors in private as currently the rooms being used are designated for other purposes.

19. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

- a. We propose to engage an architect to advise/appraise us on the optimal solution for the provision of an additional sitting room space, additional recreational room and storage space. It is unlikely we will be able to achieve this within the additional footprint of the building; hence this may require an additional build on to the existing building.
 - The architect has promised to have the plan drawn up in a month's time (on holidays for two weeks), that is 30/06/16.
 - All commercial properties needs planning permission and has to be certified for the fire safety and disability access, which takes a minimum of three months (30/09/16).
 - We are proposing to submit the plan to the Authority once it receives the planning permission (15/10/16).
 - Proposing to complete the work by 15/03/17.
- b. The residents' bedrooms are re-decorated and reorganised so that the residents who are able to mobilise independently will have no obstruction to access their items stored in the chest of drawers.
- c. We propose to use the communal room (which was used as an Oratory before) as a

designated visitors' room.

Proposed Timescale: 31/01/2017

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:

Several gaps were noted in the documentation and care plans relating to nutrition. For example nutritional assessments and weight measurements were not consistently reviewed as required by the centre's policy. In addition gaps were noted in the care planning documentation where residents' food preferences and specific requirements for modified consistency diets were not consistently recorded.

20. 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 the care plans are updated now and nutritional assessments and weight measurements are reviewed and recorded according to the nursing homes policy. Residents' food preferences and specific requirements are well documented in the care plan now.

Proposed Timescale: 15/05/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The locks on bedroom doors need to be completed and in working order.

21. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Locks in the bedroom doors are now completed and in working order.

Proposed Timescale: 18/04/2016

Theme:

Person-centred care and support

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

Meaningful activity assessments were not completed in a sample of care plans reviewed. This information should have been available to inform the activity programme. In addition the lack of communal space discussed under Outcome 12 seriously restricted the activity provision.

22. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Meaningful activity assessments are now complete. The residents were facilitated by using the dining area as the activity room, but residents preferred to use the common room and more participation by residents was observed by using the common room for activities.

Proposed Timescale: 15/05/2016

Theme:

Person-centred care and support

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

There was limited space where a resident could receive a visitor in private.

23. Action Required:

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

We are planning to build a room which could be used as a visitors room for the residents. Meanwhile the communal room in the front (which was used as an oratory and not used for this purpose anymore) will be facilitated with suitable seating and decoration to provide comfortable visiting area for the residents.

Proposed Timescale: 31/12/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

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

The staffing levels and skill mix was not adequate to meet the needs of residents.

24. 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:

We have further increased the hours of the activity co-ordinators, to promote activities for the residents. This will facilitate the residents with an activity co-ordinator who will provide meaningful activities Monday to Friday. This matter will be further discussed in the next Residents Committee (6th of June) to obtain residents and relatives opinion on the same.

I acknowledge that on the day on inspection the healthcare assistants were not providing supervision in the communal room, but now we have assigned particular staff and there will be supervision and interaction in the communal room all the time.

The health care assistants are assigned to do hands on direct care to the residents and they do undertake small household activities but no way diluting the care needs of the residents.

Proposed Timescale: 16/05/2016

Theme:
Workforce

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

All staff had not attended mandatory training.

25. 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:

We have arranged for training sessions from 1st of June and will complete on August 2016, this will facilitate all the staff to complete the mandatory training.

Proposed Timescale: 28/08/2016

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

There were no formal staff supervision records.

26. 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:

- a. We will be using an induction and training record for all the new employees.
- b. We have recommenced the performance appraisal and all the staff will be appraised for their performance.

Proposed Timescale: 20/05/2016