

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Mary's Centre Nursing Home
Centre ID:	OSV-0000104
Centre address:	St. Mary's Centre Telford Ltd, 185/201 Merrion Road, Dublin 4.
Telephone number:	01 269 3411
Email address:	breda.ryan@stmarysblind.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St Mary's Centre (Telford)
Provider Nominee:	Maura Masterson
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	54
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

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

The inspection took place over the following dates and times

From: 04 August 2016 06:30 To: 04 August 2016 17:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Major
Outcome 10: Notification of Incidents	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from a registration inspection carried out on 3 March 2014 and to monitor progress on the actions required. This inspection also considered information received by HIQA in the form of information received, notifications forwarded by the provider and other relevant information.

As part of the inspection, the inspectors met with residents, relatives and staff members observed practices and reviewed documentation such as policies and procedures, staff rosters, care plans, medical records and risk management processes. It was found that some progress was made by the provider in implementing the required improvements identified in the last inspection but some of the failures found at that time were again evident on this inspection. Risks associated with governance and management, standards of clinical care and inadequate supervision of staff were found. This did not support the provision of a good standard of care to meet the needs of individual residents.

A high standard of nursing care was not being provided to effectively manage the needs of frail residents with complex needs. Medication management did not reflect professional guidance. Inspectors found the provider had not ensured the full needs of all residents were met or that sufficient monitoring was in place to deliver safe appropriate and consistent levels of service in line with the centre's statement of purpose. This was brought to the attention of the provider representative and the person in charge and an immediate action plan was issued at the conclusion of the inspection. The provider's response included a commitment to put resources in place to mitigate the risks identified and to ensure the needs of all residents are effectively managed in a timely manner.

The Action Plan at the end of this report identifies areas where improvements are required to comply 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.

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

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The senior management team included the provider representative, the person in charge, clinical nurse manager's (CNM's) and household manager. They were supported by a senior administrative officer and other administrative staff. However, management systems to ensure an effective, appropriate and safe level of care was being delivered, in accordance with the statement of purpose was not found. A clearly defined management structure, that identified the lines of authority and accountability was indicated as in place. However, inspectors found that the system in place to monitor quality and safety of care and the quality of life of residents on aspects of care such as risk management, care planning or staff supervision was not effective in that it did not identify improvements required to raise standards of care as part of overall quality and safety improvements. Evidence of this included:

- Medication management practices were not meeting professional standards required by the Nursing and Midwifery Regulatory Board in relation to administration practices.
- Documentation of care provision was not sufficiently accurate or complete to determine that a high standard of care was delivered. Nursing, medical and allied health professional documentation and recording of care was not appropriately linked to give a clear and accurate picture of residents' overall health management.

Audit systems on aspects of care both clinical and non clinical care were in place. These audits checked the knowledge of staff on the policies and procedures in place to guide good practice and checked whether staff had implemented those procedures and to what extent. The inspectors looked at the medication, restraint and care planning audits. Audits were conducted using a variety of approaches such as analysis of incident reports, data collation and spot checks on units. The audits in progress for 2016 included areas of clinical practice such as: medication management, slips/trips and falls, restraint, nutrition and care planning.

However it was noted that:

- Audits were not detailed enough or broad enough to identify trends or current or future risks or where these may occur. For example:
- Audit processes in place were not effectively monitoring practices and cultures in medication administration or assessing planning and recording of care.
- Audits did not identify risks associated with medication administration outside recommended timeframes, lack of effective review of care assessment and planning of residents' needs, failing to notify serious incidences to HIQA as required by regulation 31 and lack of appropriate monitoring and supervision of practice.
- Some of the audits viewed included some learning and actions required to improve practice, such as audits of mechanical and chemical restraint where alternatives trialed were documented and continued emphasis on reducing the use of PRN(as required) psychotropic medicines was identified. But they did not always include the actions taken to address the problem identified, when the action was implemented or checked to determine effectiveness. Also evidence that audit outcomes formed part of decision making rationales on reviews of staffing resources was not found.

The inspector was told that monthly management meetings were held which were attended by the provider representative, the person in charge, clinical nurse managers. These meetings were also attended by a representative of the nursing and healthcare staff teams. The Inspector was also told that, at these meetings, the team discussed quality and safety of care issues such as; staff turnover, recruitment and retention, training premises maintenance and upgrades, equipment requirements, audits conducted and HIQA requirements and inspections. The inspector asked to see a sample of minutes of these meetings. From the information provided, it was found that meetings had taken place on a monthly basis in 2015. But it was noted that only one meeting of the management team had been held to date in 2016. This meeting was held in May 2016. However, Information subsequently provided indicates that the management team did meet on a regular basis throughout 2016.

The inspector looked at minutes of meetings in September and October 2015. The minutes of the meetings were brief and included the topic for discussion. Examples included:

- Updates on premises renovations or refurbishment
- Plans to install software to assist with care assessment and care planning
- Updates on complaints or concerns received.
- An update on the status and well being of each individual resident was given to the provider representative and person in charge by the nursing team. However it was noted that:
 - The minutes did not include an outline of the discussion, decisions made or actions to be taken to implement any decision.
 - Although the minutes referred to audits being carried out they did not mention any analysis of trends, learning identified or improvements suggested to improve practice. The provider representative and person in charge were aware of the need to improve clinical governance in the centre and in order to find out what aspects of care needed most improvement had recently engaged an external consultancy group to do an in-depth review of clinical care practices and to look at the audit processes in place. This had commenced and the provider representative and person in charge acknowledged that the findings of this review to date were similar to the findings of this inspection but no action had yet been taken. However, inspectors acknowledge that the provider had

just received the audit report in mid July and a quality improvement plan was being drafted.

Further findings of this inspection as outlined under Outcomes 9, 11 and 18 identified that significant and sustained improvements were required to ensure that a safe and suitable standard of care was delivered to all residents.

An annual review of the safety and quality of care had not been completed and a report was not available for review.

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):

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

Findings:

Actions required from the registration inspection in 2014 were partially addressed. Some policies were identified as requiring review to provide better guidance to staff such as the complaints policy, the risk management policy and the management to emergencies policy. Other policies such as the communication and visitors policies were also due to be amended following an external investigation into historical complaints. But all of these policies were not yet updated and those that had been updated were not in use by staff who were still using the older policies for guidance. It was found that policies to guide staff on safeguarding, records management and assessment and care planning had been updated.

Inspectors were told that all policies were being updated to reflect new guidance contained in the new National Standards for Older Persons Services 2016.

Six staff files were reviewed in the centre and it was found that they contained all the requirements listed in Schedule 2 of the regulations

Judgment:

Substantially Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Evidence that measures were in place to protect residents from being harmed or suffering abuse was found. Staff had been provided with training on the prevention of elder abuse. All staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse.

A review of the use of restraint found that there was a reduction in the use of bed rails throughout the centre although bed rails were still in place for some residents. The use of bed rails and lap belts was reduced. A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as bed alarms, roll out mats and low- low beds was being established.

Evidence of alternatives considered or trialed was available and a clear rationale for use of a small number of bed rails was referenced in a sample of risk assessments viewed.

Information was received by HIQA prior to the inspection which raised concerns for residents' safety and care. The issues raised related to noise; choice of food not meeting resident's dietary needs; staff not responding to call bells in a timely manner; rough treatment and raised voices when staff were interacting with residents. An investigation was underway into these concerns by the provider and person in charge who had engaged an external consultant to conduct the investigation. The inspector was told this investigation would take approximately one month to complete and that it would focus on safeguarding. The provider confirmed that they would provide HIQA with a copy of the report and outcome when concluded.

Inspectors found a quiet calm atmosphere throughout the centre on arrival. Residents were still in bed although not all were sleeping. Few call bells were activated but when calls bells were used, staff responded quickly. All healthcare staff were provided with and were carrying a pager which was linked to the call bell system. When a call bell rang, the pager beeped alerting the staff and the room number showed on the pager screen. This helped the staff respond more quickly to the resident. High levels of noise were not found at any time during the inspection. In the early morning classical music was playing quietly via a surround sound stereo system on the corridors and although TV's or radio's could be heard later in the day in bedrooms or sitting rooms the volumes were not inappropriate.

Inspectors observed staff interacting with residents and found that their approach was respectful and measured. Privacy and dignity was maintained where required and assistance with aspects of care such as mobility was gentle and professional. Residents who spoke to inspectors said they felt safe and relatives also said they did not have any concerns for the safety of their loved ones.

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:

Actions arising from the registration inspection were addressed.

Emergency lighting and fire fighting equipment, instructional signage and appropriate fire procedures were available throughout the building. The inspectors reviewed the fire equipment records and found that all fire fighting equipment had been serviced in January 2016 and the fire alarm system and the emergency lighting system had been reviewed on a quarterly basis.

All fire exits were free from obstruction. Electromagnetic or free-swing door closers were in place on all internal doors such as bedrooms corridor link doors sitting rooms and offices. These were linked to the fire alarm system and automatically release allowing all doors to close in the event of fire. Fire doors were observed to have intumescent strips and cold smoke seals in place.

Inspectors did not observe any doors being held open using wedges in either Loyola or St Oliver's unit.

All staff had received training in fire safety within the past 12 months and were familiar with what actions to take in the event of a fire alarm activation.

The Inspectors reviewed the centre's risk management policy and the risk register. Risks were rated on the impact and likely hood of the risk using a risk matrix and various controls to mitigate the risk were documented. However it was identified and acknowledged by the provider representative and person in charge that the risk register was not up to date and was currently undergoing review.

The centre was found to be visibly clean and clutter free. As it was a warm day all radiators were off during the inspection, but inspectors did note that regular checking of radiator temperatures was carried out to ensure the surface temperature was maintained at safe limits.

Judgment:

Substantially 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):

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

Findings:

The actions arising from the last inspection were addressed in that the maximum dose of PRN medication to be administered in a 24 hours period was stated.

In general medication prescribing and administration practice was found to be in line with professional best practice guidance. However, the duration of the administration of medication was found to be outside of the timeframes recommended for administration for medications prescribed to residents at specific times.

Inspectors observed that the duration of the medication 'round' adversely affected the ability of nurses to administer medication within the recommended timeframe for medication efficacy and safety. This was confirmed by nursing staff and clinical nurse managers. A small number of medications were given by the night nursing staff who administered to those residents who were awake. The nurses wore a red jacket to identify they were giving the residents their medication and the jackets stated they were not to be disturbed.

It was found by inspectors that medications which were prescribed for administration at 8am were not being administered until up to 2.5 hours later. Reasons for this included:

- Administration of medications started at 8:15am in some areas following the morning handover. But it did not commence until 9am in others due to non replacement of nursing staff and late replacement of care staff.

- Frequent interruptions where nurses had to go to the assistance of residents throughout the administration process including:

- The complexity of residents needs

- Level of cognition

- Responsive behaviours

This caused delay and there are recognised negative outcomes associated with delayed medication administration such as:

- The potential for significant negative impact particularly in the case of medicine used to treat symptoms associated with Parkinson's Disease.

- Complications and adverse outcomes can result from delays in administration of regular analgesia and antibiotics.

It was found that some of these particular medicines were being administered late. One resident received medicines to manage symptoms associated with their condition two hours after the prescribed time and the next administration was due just over two hours

later. In the case of a resident who had received analgesia prescribed for 8am and not administered until after half past 10, this person was prescribed a second analgesia at 12 midday. Instead of the required four hours between each administration there were only one and a half. It was also noted that the actual times medicines were administered by the nursing staff were not accurately recorded where this differed from the time the medicine was prescribed for administration. Although a system for checking medication practices was in place it did not include a check of the duration of medication administration to ensure it took place within recommended timeframes.

Judgment:
Non Compliant - Major

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
A record of all incidents occurring in the designated centre was maintained. But all relevant incidents were not notified to the Chief Inspector as required under Regulation 31.

Judgment:
Non Compliant - Major

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:

Actions related to care planning and assessment required from the last inspection were not completed.

The inspection team found that the current profile of residents in the centre were frail elderly with a high level of complex needs. 85% of all residents were assessed as being at high or maximum dependency, meaning that they required the assistance of two staff with most or all of the activities of daily living. It was also noted that 62% had a formal or suspected diagnosis of dementia or cognitive impairment.

Evidence that a high standard of nursing care was being delivered to all residents to effectively maintain health and well being was not found.

Inspectors found there were serious negative impacts on residents' health and well being as a consequence of inadequate assessment planning and evaluation of care.

Examples included:

- Effective positive behaviour support plans to guide care and management of resident's with high risk responsive behaviours such as aggression and exit seeking were not in place. Regular and recurrent episodes of both behaviours were recorded for some resident's. But nursing care plans in place did not identify or guide staff on possible triggers, measures to alleviate or manage the behaviour such as distraction techniques and other ways to reduce or prevent the behaviours.
- Behaviour monitoring charts that assist in identifying trends for the behaviour, such as mood and responses to distractions used so that appropriate and effective methods of treatment and management could be used were not in place.
- A high risk to some residents overall health outcomes was found where it was noted that due to their recurrent behaviours, some residents were losing sleep, were very unsteady on their feet and were frequently falling.
- High levels of recurrent falls were not managed appropriately. Some had resulted in transfer to the acute hospital emergency department for treatment. Post fall assessments to put in place better ways of managing the risks associated with behaviour such as pacing, restlessness and agitation particularly at night was not carried out.
- The management and care of choking incidence was not safe. Recommendations made by a specialist in the acute hospital to prevent recurrence were not implemented. These included changes to food consistency, providing a quiet environment during meal times to reduce distractions such as talking while eating and supervision during meals. These recommended changes from two weeks earlier had not been implemented on the day of inspection.
- Care plans were not in place for every identified need, including nutrition and depression. Where they were in place they were not fully implemented including plans to manage anxiety and agitation by spending time and offering reassurance or encouraging participation in activities.
- Care plans were not being reviewed on a quarterly basis or as needs or circumstances changed. Many care plans had not been updated to reflect the changes in residents' condition in over a year. Where some had been updated, the update did not assess how effective the plan was to establish whether it was good enough to maintain or improve health.
- Staff were not always aware of the recommendations or changes to treatment following reviews by allied health professionals and the changes were not always implemented in a timely manner. .

A strong system to make sure healthcare plans reflected the care delivered and were

amended in response to changes in residents' health was not in place. These plans were not being checked regularly to make sure they were detailed enough to maintain or improve a resident's health. The daily nursing progress notes did not always refer to changes in health care plans or changes to treatments or recommendations made by clinicians to give a clear and accurate picture of residents' overall health. It was also found that most although not all care plans were generic in nature and were not person centred.

Residents had access to GP and consultant geriatrician services. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services. Access to palliative care specialists, dietician, physiotherapy and speech and language were also available.

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):
No actions were required from the previous inspection.

Findings:
Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which on display in a prominent position in the main reception area.
On review of the record of complaints there was evidence that all complaints, both written and verbal, were documented, investigated and outcomes recorded.
Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.
There was evidence that any resident who made a complaint had not been adversely affected by reason of the complaint being made.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her

independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Some evidence that residents were consulted with and participated in the organisation of the centre was found. Residents' rights, privacy and dignity were respected with personal care delivered in their own bedroom or in bathrooms with privacy locks and the right to receive visitor's in private. Resident meetings were held once every three months where residents were facilitated to give feedback on how the centre was run. Feedback received by residents was put into practice as far as possible, for example some residents had requested alternative meals to that offered on the daily menu and this was provided.

Residents had access to advocacy services and throughout the centre there were contact details for a number of advocacy services on display. Staff told inspectors that residents had been assisted to contact these external advocacy groups and had availed of their services. Throughout the inspection staff were observed to treat residents in a kind and courteous manner.

The centre had an open visiting policy. Relatives who spoke to inspectors stated they were very happy with the level of service being offered to their relatives in the centre.

There was an activities programme in place but activities were limited. On the day of inspection, the activity plan posted on notice-boards was dated from two days previous and only two activities were listed, newspaper reading and triva or crosswords. The activity programme did not include any dementia specific or orientated activities such as Sonas, massage, meditation or other sensory therapeutic sessions for those residents with advanced dementia and/or limited physical abilities. It was also noted the programme was not linked to the information gathered in the form of residents life stories to include purposeful activities linked to former interests or lifestyles. Inspectors observed that, with the exception of Mass at 10:30 am there were no activities planned on the day of inspection. Residents were observed sleeping in their chairs, watching TV or staring out the windows. Inspectors did not observe any meaningful mental or sensory stimulation provided. Opportunities for purposeful or meaningful stimulation for residents who remained in bed or in their bedrooms for long periods of time due to frailty or personal preferences was not provided.

The inspectors were told by the provider that the activities coordinator only worked three days a week and that a more diverse activities plan was currently being planned.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The number and skill mix of nursing and direct care staff on planned rosters was sufficient to meet the needs of the current profile, but it was found on inspection, that the full complement of staff on the rosters were not on duty and had not been fully replaced. Staffing numbers were down due to a mix of non- replacement and unforeseen absence. Two healthcare assistants were unable to attend for duty and had contacted the night nurse to report their absence before 8am. Both were replaced by midday but the full nursing complement was not filled on the roster. The management team were aware that a replacement nurse was needed.

The inspectors were told that the recruitment and retention of staff had been a challenge throughout the year. Turnover of staff was high due to a variety of reasons and despite ongoing recruitment there were staff vacancies that had not yet been filled. At the time of inspection 7 nurses had left since January 2016, of which 5 were replaced with 2 vacancies still to be filled. When other shortages due to short to medium term temporary leave were included, this increased the overall number of nursing vacancies to 3 whole time equivalents.

Cover for planned and unplanned leave within the current staff complement was part of the system to replace staff. Agency relief cover was also used on a regular basis. However, in a seven week period from mid June to the end of July in one unit, the full complement of nursing staff were not always provided. The roster showed that although two whole-time equivalent nurses and one whole-time equivalent CNM should have been on duty. It was found on review that relief nursing cover was not always available and one nurse was not replaced in 45.7% of the shifts where cover was required. It was also noted that on the week of inspection, three nurses were rostered for over 50 hours work.

There was a lack of supervision and direction provided to staff. It was found on inspection that care was task orientated and not person centred. While staff were aware of the needs of some residents for increased levels of supervision, support and re

direction, evidence that this was being provided on an ongoing and structured basis throughout the day was not available or observed. It was noted that the non replacement of nursing staff contributed to the inability of the CNM on duty to provide supervision when involved in administration of medication and assisting the general practitioner with reviews of residents' condition and care management.

Training was provided to staff on an ongoing basis and all staff had opportunities to attend mandatory training in areas such as fire safety, safeguarding and moving and handling. Training in other aspects of care delivery was also provided such as dementia care and infection prevention and control. Further training was found to be required in areas of clinical practice such as but not limited to: care planning and assessment, medication management and managing responsive behaviours.

The provider's response to an immediate action plan issued during the inspection included a commitment to put additional resources in place to mitigate the risks identified and to actively resource more staff to fill vacancies and provide improved relief staff cover

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:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Mary's Centre Nursing Home
Centre ID:	OSV-0000104
Date of inspection:	04/08/2016
Date of response:	07/10/2016

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Management systems to ensure an effective, appropriate and safe level of care was being delivered, in accordance with the statement of purpose was not found

1. 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

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

purpose.

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

Management have advertised for additional Staff Nurses. We have been successful in recruiting one WTE Staff Nurse through a recruitment agency. In the interim Health Care Assistants have been interviewed and recruited to provide extra support to the current Staff Nurses to enable them to carry out their clinical duties without disturbance. Four of our Health Care Assistants are registered nurses in their country of origin and are awaiting registration in Ireland. These Health Care Assistants provide support to the Staff Nurses.

We have recruited 5 Staff Nurses on a relief basis until such time as the Staff Nurses on sick leave return to work in October 2016.

The Centre has engaged Agency Staff to enable permanent Staff Nurses to complete the Care Plans.

Care plans are being reviewed to ensure quality of care is monitored and reflects improvements to raise the standards of care to the resident. As part of care planning risk assessments are carried out. As part of the care plan reviews these risk assessments are being reviewed and updated as required.

The Quality and Safety Team will review the Risk Register to include improvements introduced and additional controls to manage the risks.

The Management Team reviewed the Agenda for the Multi-Disciplinary Team meetings to ensure there is an effective system for the Team to discuss residents' care issues, risk management, care planning. Planned or introduced actions to improve quality of care and reduce risks will be recorded in the Minutes of the Multi-Disciplinary Meetings. The system will ensure quality and safety and risk management issues are reported back to the Quality and Safety Team and the Management Team.

Medication Management: Following the Inspection the Registered Provider, Person in Charge and Clinical Nurse Managers met with the pharmacist to discuss improvements and to review the medication administration system. The protocols were reviewed and improvements were made so that medication rounds are completed in the specified timeframes.

It is planned to review the shifts and change the times of the medication rounds when the review has been completed by the pharmacist. The shift changes are planned for when the documentation for the additional staff nurses recruited is fully processed. The changes to the medication rounds will commence when the new cycle of medications commence on 24th October 2016.

Throughout September the pharmacist reviewed the Medication Management system on an on-going basis to identify other areas of the Medication Management that could be improved. This is continuing into October.

When the pharmacist has completed the review of the Centre's Medication Management System the Medication policies will be reviewed and updated to reflect the improvements to the system.

Documentation of Care Provision: The Centre has engaged Agency Staff and Relief Staff Nurses to enable permanent Staff Nurses to complete the reviews and updates of Care Plans. Five Staff Nurses attended training in Care Planning with the INMO Development Centre. (booking forms submitted by e-mail on 09.09.2016)

Proposed Timescale: 1st October to 30th November 2016

Proposed Timescale: 30/11/2016

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 safety and quality of care had not been completed and a report was not available for review.

2. Action Required:

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

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

The Centre engaged Healthcare Informed to carry out a Gap Analysis on the Centre and this was carried out on the 1st July 2016. The report was received on 16th July and this was discussed at the Quality and Safety meeting on 20th July 2016. The CEO and Clinical Services Manager drew up a Quality Improvement Plan based on the findings.

The HIQA Template for the Annual Review has now been completed and all staff are working on Improvements.

Proposed Timescale: 07/10/2016

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:

Policies updated to provide better guidance were not available to all staff.

3. Action Required:

Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

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

The Centre has the Q-Pulse Database System in place for Policies through Healthcare Informed (HCI). HCI have recently updated all their template policies to comply with the 2016 standards. The Centre received the templates in August and we are currently updating these template policies.

The Centre has prioritised what policies need to be done and are working on making them Centre specific.

All policies are available to staff on the Q-Pulse System in each unit. HCI training on how to use this has been organised for all staff.

Proposed Timescale: 20/12/2016

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:

Risk identification within the centre was not fully up to date and the risk register required to be reviewed.

4. Action Required:

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

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

The Risk Management Policy was updated in December 2014 to December 2017. The review of the Risk Register was discussed at the Quality and Safety Meeting on 20th July 2016 and the Team were provided with guidance notes in relation to reviewing the risks in their departments. Please see attached Minutes of Meeting and Risk Management Policy.

The Person in Charge and one CNM II will be attending the Risk Management Study Day by Blue Thistle Consultancy for NHI on 28th September 2016 (Please see attached booking form)

Proposed Timescale: Completed and on-going

Proposed Timescale: 07/10/2016

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:

Prescribed medicines were being administered outside the prescribed timeframe due to the length of time taken to complete medication administration rounds. The system in place for reviewing medication practices did not include a review of medication administration to ensure administration took place within recommended timeframes.

5. 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:

On Monday 29th August 2016 The CEO and Clinical Nurse Managers had a Clinical Quality and Safety meeting with the GP in the Centre to discuss this outcome. On Wednesday 7th September the CEO, Clinical Services Manager and the Clinical Nurse Managers met with the pharmacist to discuss improvements and to review the medication administration system. The protocols were reviewed and improvements were made so that in future residents will receive their medications on time. Some Medication prescribing times will be changed so there is no risk of the Medications being administered late. The times of Medication rounds have been changed to suit the requirements of the residents. The pharmacist will meet with the Management Team for the next four weeks to discuss and implement the new protocols. Medication Management training and Competencies training will be carried out by the pharmacist during this period.

The Centre is actively recruiting staff so that there are sufficient Staff Nurses on duty to carry out Medication rounds on time. Training in Medication management has been arranged for all Nurses. Healthcare Assistants will be trained to administer emollients, nutritional supplements etc.

Proposed Timescale: 8th September 2016 for review over four weeks with Pharmacist, GP and residents.

Proposed Timescale: 08/09/2016

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

All relevant incidents were not notified to the Chief Inspector

6. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing

of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

The portal for HIQA has been set up in each unit so that managers have access to it. HIQA 2016 guidelines on what the requirements are for reporting incidents have been provided to the Clinical Nurse Managers and Staff Nurses. This has been discussed with the managers.

In future all incidents that require to be reported will be sent in on time.

Proposed Timescale: 07/10/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Evidence that a high standard of nursing care was being delivered to all residents to effectively maintain health and well being was not found.

7. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Care Plans are being audited by the Person In Charge and Staff Nurses have been allocated timeslots to complete their assessments and care planning with the residents. Agency/ Relief Staff Nurses have been engaged to relieve the permanent Staff Nurses to carry out Care Plan reviews and updates.

The Clinical Nurse Manager and a Staff Nurse attended Care Planning training with the INMO Development Centre and they met with the Nursing Team to share the information learned.

Further training in Care Planning has been booked with the INMO Development Centre for four Staff Nurses. (See attached booking forms)

Clinical Audit training has been booked with the INMO Development Centre for the two CNM II's. . (See attached booking forms)

In October 2016 training in the V Care Computerised Care Planning will be carried out by Health Care Informed for all Staff Nurses and Managers at the Centre.

Residents' Care Plans will be discussed and reviewed when circumstantial changes arise in relation to the residents care needs and changes in their behaviour. These reviews will also be a standing item on the reviewed Agenda for the Multi-Disciplinary Team Meetings.

The care plan will be reviewed and updated to reflect any incident that relates to a change in the residents care need. This will include any recommendations from assessments carried out by external medical professionals. This will be communicated to staff in a timely manner.

Residents' care plans will be reviewed when circumstantial changes arise in the residents' behaviour. All triggers identified will be recorded in the care plan. Measures to assist staff in managing this behaviour will be documented and discreetly displayed in the resident's room. The risks associated with changes in the residents behaviour will be discussed at the shift handover to manage any immediate risks and subsequently at the Multi-Disciplinary Team Meeting in order for the team to identify effective ways of managing the risks in the long term. The measures will be documented in the care plan and communicated to all staff in a timely manner. One to one care is now in place for the resident when she displays behaviour that puts her at a higher risk of falling. Activities Co-ordinators have been recruited to facilitate suitable activities in the Nursing Units. An Activities Programme suitable to the residents' interests and social needs is available each day. The programme includes one to one activities for residents with advanced dementia and limited physical abilities. The Activities Co-ordinators have put into practice skills learned from attending the Sonas interactive workshop in Cognitive Stimulation Therapy for Residents with Dementia. There are suitable activities available to any resident who does not wish to part-take in group activities. The weekly programme of activities provided by the Activities Co-ordinators is available in each unit. Life story books have been completed for each resident so that activities are tailored to their interests. A calendar of all activities provided by external facilitators, our internal activities coordinators and volunteers will be displayed in large print in each Unit and communicated to the residents.

Proposed Timescale: 8th August 2016 – 20th December 2016

Proposed Timescale: 20/12/2016

Theme:

Effective care and support

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

Assessment, care planning and clinical care did not accord with current evidence-based practice.

Complete comprehensive nursing assessments were not carried out for each resident in respect of every identified need.

8. 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:

Potential residents are invited to visit the Centre with their Next of Kin prior to admission to ensure the Centre is suitable to them.

Pre-admission assessments will be reviewed to ensure all necessary information is obtained by the Staff Nurse/CNM II when they visit potential residents in their own environment prior to admission.

On admission all assessments will be completed within 48 hours of admission. All admissions which are not emergency admissions are planned and coordinated to afford the resident and their Next of Kin ample time to provide the nursing staff with the required information to complete the admission assessments. This also allows time for the resident and their Next of Kin to meet with staff and other residents and be orientated around the Centre. From the admission assessments and relevant information from the Next of Kin the staff nurses formulate the resident's care plan within 48 hours.

The Activities Co-ordinators will liaise with the residents and their Next of Kin to formulate a suitable activities programme to meet their interests.

A schedule for the review of Care Plans on a quarterly basis is in place. All changes to treatment and improvements to care will be documented in a timely manner and communicated to all staff. Residents' Care Plan review schedule will be a standing item on the reviewed Agenda for the Multi-Disciplinary Team Meetings.

Residents' Care Plans – Updates relating to any circumstantial changes in the residents care needs will also be a standing item on the reviewed Agenda for the Multi-Disciplinary Team Meetings. All changes to treatment and improvements to care arising from any circumstantial changes in the residents care requirements will be documented in a timely manner and communicated to all staff.

At Multi-Disciplinary Team Meetings the CNM II's or their Staff Nurse representative will report on the quarterly scheduled review of Care Plans and the Residents' Care Plans – Updates relating to any circumstantial changes in the residents care needs. This will include any changes to treatment or improvements to care arising from the review by Staff Nurses and/or recommended by any allied health professional.

(Please see attached reviewed Agendas for Multi-Disciplinary Team, Quality and Safety Team and Management & Plenary Team Meetings)

The Clinical Nurse Manager and a Staff Nurse attended Care Planning training with the INMO Development Centre and they met with the Nursing Team to share the information learned.

Further training in Care Planning has been booked with the INMO Development Centre for four Staff Nurses. (See attached booking forms)

Clinical Audit training has been booked with the INMO Development Centre for the two CNM II's. (booking forms previously submitted)

In October 2016 training in the V Care Computerised Care Planning will be carried out by Health Care Informed for all Staff Nurses and Managers at the Centre.

Proposed Timescale: 8th August 2016 – 20th December 2016 and on-going

Proposed Timescale: 20/12/2016

Theme:

Effective care and support

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

Assessment and care planning were not specific enough to direct the care to be

delivered in an holistic manner as evidenced by examples such as residents experiencing falls, exhibiting behavioural signs of distress, poor swallow.

9. 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:

Pre-admission assessments will be reviewed to ensure necessary information relating to Manual Handling, falls, SALT, Nutrition, Depression, Reactive Behaviour, MUST Assessment, Waterlow, Barthel, Skin Assessments, the MMSE, Contenance Assessment and Activities Assessment are included for the assessment of potential residents prior to or on admission to the Centre.

On admission all assessments will be completed within 48 hours of admission and reviewed every four months or in the interim if necessary.

Care Plans will be audited by the Clinical Nurse Managers and the Person in Charge. Clinical Audit training has been booked with the INMO Development Centre for the two CNM II's. (booking forms previously attached)

A schedule for the review of Care Plans on a quarterly basis is in place. This will be a standing item on the reviewed Agenda for the Multi-Disciplinary Team Meetings.

Reviews of Residents' Care Plans relating to any circumstantial changes in the residents care needs will also be a standing item on the reviewed Agenda for the Multi-Disciplinary Team Meetings. All changes to treatment and improvements to care will be documented in a timely manner and communicated to all staff. At Multi-Disciplinary Team Meetings spot checks will be carried out on care plans to ensure the changes have been implemented.

Proposed Timescale: 5th August 2016 – 30th November 2016 and on-going

Proposed Timescale: 30/11/2016

Theme:

Effective care and support

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

Evidence that all care plans were fully reviewed for effectiveness as residents needs changed and records of residents current overall condition as required by the regulations were not available

10. 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:

Care Plans are being audited by the Person In Charge and Staff Nurses have been allocated timeslots to complete their assessments and care planning with the residents. The Clinical Nurse Manager and a Staff Nurse attended Care Planning training with the INMO Development Centre and they met with the Nursing Team to share the information learned.

Further training in Care Planning has been booked with the INMO Development Centre for four Staff Nurses. (booking forms previously attached)

Clinical Audit training has been booked with the INMO Development Centre for the two CNM II's. (booking forms previously attached)

As part of the Care Planning process Care Plans will be evaluated and progress notes will be updated in a timely manner. A review of Rosters will be carried out at the end of October when staff who are on leave have returned to work so that protected time can be allocated to the Staff Nurses to carry out their Care Plan duties in consultation with the residents and their families.

Proposed Timescale: 8th August 2016 and on-going

Proposed Timescale: 08/08/2016

Theme:

Effective care and support

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

The documentation of care was not sufficiently accurate or complete to determine that a high standard of evidence based nursing care was being delivered to all residents to fully meet their personal social and healthcare care needs.

11. Action Required:

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

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

Pre-admission assessments will be reviewed to ensure necessary information relating to Manual Handling, falls, SALT, Nutrition, Depression, Reactive Behaviour, MUST Assessment, Waterlow, Barthel, Skin Assessments, the MMSE, Continence Assessment and Activities Assessment are included for the assessment of potential residents prior to or on admission to the Centre.

On admission all assessments will be completed within 48 hours of admission and reviewed every four months or in the interim if necessary.

Care Plans will be audited by the Clinical Nurse Managers and the Person in Charge.

Clinical Audit training has been booked with the INMO Development Centre for the two CNM II's. (booking forms previously attached)

Training in Care Planning has been booked with the INMO Development Centre for four Staff Nurses. (booking forms previously attached)

An In-house Challenging Behaviours Course by PCHT has been confirmed for 19th

October 2016 for all staff. (e-mail confirmation from PCHT attached)
Preventing and Responding to Responsive Behaviours in Older People training has been booked with the INMO Development Centre for one CNM II. (Please see attached booking forms)

The Person in Charge and one CNM II will be attending the Risk Management Study Day by Blue Thistle Consultancy for NHI on 28th September 2016.

The Centre will hold In-house training in Supervision with Eileen Mc Glone from QE5 and a programme of formal Staff supervision will be drawn up.

On Monday 29th August 2016 The CEO and Clinical Nurse Managers had a Clinical Quality and Safety meeting with the GP in the Centre to discuss this outcome.

In consultation with the GP and the pharmacist the medication administration system was reviewed. A detailed plan of action was been agreed and implemented. The details of these actions will be reviewed over a four week period by the pharmacist and the GP. (Please see the attached notes and action plan from the meeting)

Proposed Timescale: 5th August 2016 – 19th October 2016

Proposed Timescale: 19/10/2016

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:

Opportunities for purposeful or meaningful stimulation for all residents through group or one-to-one sessions were not available.

The activity programme did not include activities which reflected residents life stories or any dementia specific or orientated activities for those residents with advanced dementia and/or limited physical abilities.

12. 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:

The Centre provides the following Activities available to all residents:

- Siel Blue who provide light exercise and physical stimulation every Wednesday afternoon to residents on all Units.
- Massage therapist attends the Centre three times a week. Many of the residents avail of her services.
- Two hairdressers attend the Centre on separate days.
- Irish Therapy Dogs, weekly visits
- Resource Room in the main building is open every week day morning from 11am to 12.30pm for various activities.
- Residents are taken to the tuck shop and charity shop in the Centre. The mobile tuck shop also visits the Nursing Units on a weekly basis.

- There was a programme of outings throughout the summer to places requested by the residents at the residents' meetings.
 - A 1916 centenary celebration was held on 23rd April 2016 attended by residents their families, friends and staff.
 - The Carnation Theatre Company visit four times a year with a new play for the residents.
 - The Lyons Club hold musical evenings three times a year.
 - The Glenbeg Youth Club performs sing-along and dance activities three times a year.
 - Individual residents are taken out for meals, shopping trips and external hairdresser.
- An Activities Co-ordinator was engaged for the period from 4th July to 8th September 2016 for the specific purpose of carrying out an assessment for the establishment of an activities programme in Loyola House with the objective of establishing an effective activities programme to all residents in Centre (Please find attached the Activities Coordinator's report from this assessment) (Sample of posters used for the temporary activities programme)

The Centre has links with the community through Dublin City Council, the local church, local choirs and local schools that send transition students throughout the school year for social placements. Through these various links with the community the Centre holds miscellaneous activities throughout the year including Christmas Carols, various choral performances and celebration of national and church holidays.

The Occupational Therapist and the Activities Co-ordinators will document assessments in the residents' Care Plan. Life Stories and What Matters to Me will be completed together with the resident and families so that all staff are aware of the residents' interests, personal and social care needs.

All residents are now being assessed for suitable activities.

Where a resident had previous links with the community these will be maintained.

Following the assessment for the establishment of an activities programme in Loyola House two part-time and one full-time Activities Co-ordinators have been recruited to facilitate suitable activities in the Nursing Units. An Activities Programme suitable to the residents' interests and social needs is available each day. The programme includes one to one activities for residents with advanced dementia and limited physical abilities. The Activities Co-ordinators have put into practice skills learned from attending the Sonas interactive workshop in Cognitive Stimulation Therapy for Residents with Dementia. There suitable activities available to any resident who does not wish to part-take in group activities.

The weekly programme of activities provided by the Activities Co-ordinators is available in each unit. Life story books have been completed for each resident so that activities are tailored to their interests. A calendar of all activities provided by external facilitators, our internal activities coordinators and volunteers will be displayed in large print in each Unit and communicated to the residents. (please find attached the activities calendar for October)

The Activities Co-ordinators attended the Sonas interactive workshop in Cognitive Stimulation Therapy for Residents with Dementia. (Booking Forms previously attached). Two of the Activities Co-ordinators have worked in the Centre as Health Care Assistants and received training in various activities courses throughout their employment with the Centre which includes, Sonas training.

Proposed Timescale: 4th July 2016 – 30th October 2016

Proposed Timescale: 30/10/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

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

A lack of supervision and direction was not provided to staff on the day of inspection.

13. 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:

The Centre is actively recruiting staff so that there are sufficient Staff Nurses on duty to carry out nursing tasks. This will allow the CNM II's to supervise the work, audit care plans and carry out their management duties.

We have been successful in recruiting one WTE Staff Nurse through a recruitment agency. In the interim Health Care Assistants have been interviewed and recruited to provide extra support to the current Staff Nurses to enable them to carry out their clinical duties without disturbance.

We have recruited 5 Staff Nurses on a relief basis until such time as the Staff Nurses on sick leave return to work in October 2016.

At present Agency Nurses are being used to fill the gaps on the duty roster.

Extra Healthcare assistants have been employed so that Nurses and Clinical Nurse Managers are not interrupted in their work.

The Registered Provider and Person in Charge will provide support to the CNM II's in carrying out their management duties.

The Centre will hold In-house training in Supervision with Eileen Mc Glone from QE5 and a programme of formal Staff supervision will be drawn up.

Proposed Timescale: 9th September – 31st October 2016 and On-going

Proposed Timescale: 31/10/2016

Theme:
Workforce

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

Further training was found to be required in areas of clinical practice such as but not limited to: care planning and assessment, medication management and managing responsive behaviours.

14. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

The Clinical Nurse Manager and a Staff Nurse attended Care Planning training with the INMO Development Centre and they met with the Nursing Team to share the information learned.

Further training in Care Planning has been booked with the INMO Development Centre for four Staff Nurses. (booking forms previously attached)

Clinical Audit training has been booked with the INMO Development Centre for the two CNM II's. (booking forms previously attached)

In October 2016 training in the V Care Computerised Care Planning will be carried out by Health Care Informed for all Staff Nurses and Managers at the Centre

An In-house Challenging Behaviours Course by PCHT has been confirmed for 19th October 2016 for all staff. (e-mail confirmation from PCHT previously attached)

Preventing and Responding to Responsive Behaviours in Older People training has been booked with the INMO Development Centre for one CNM II. (booking forms previously attached)

The two CNM II's will attend Restraint Training on 9th September 2016 run by NHI.

The Person in Charge and one CNM II will be attending the Risk Management Study Day by Blue Thistle Consultancy for NHI on 28th September 2016.

A talk by Nutricia on Nutrition and Diabetes has been organised for 19th September 2016.

Proposed Timescale: 9th September – 31st October 2016 and On-going

Proposed Timescale: 31/10/2016

