Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St. Francis' Nursing Home
Centre ID:	OSV-0000168
Centre address:	Mount Oliver, Dundalk, Louth.
Telephone number:	042 935 8985
Email address:	stfrancisdundalk@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St Francis Nursing Home (Mount Oliver) Limited
Provider Nominee:	Avril Reynolds
Lead inspector:	Sonia McCague
Support inspector(s):	None
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 1 day(s).

The inspection took place over the following dates and times

From:	To:
23 May 2016 08:10	23 May 2016 14:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The purpose of this inspection was to see if the plans submitted by the provider to address non-compliances identified on inspections of the centre carried out 6 January and 24 February 2016 had been addressed.

In January 2016, major non compliances were identified under a number of outcomes with respect to governance and management, safeguarding, medication management, care provision, notification of incidents, maintenance of records and suitable staffing.

In their response to the findings, the provider stated the action they would take to address these failings, including a review of the governance and management arrangements, staff rosters, skill mix, training provision and supervision arrangements.

In a subsequent focused inspection a recurrent major non compliance was found in relation to the management of medication. As a result, a warning letter was issued to the provider in relation to the contravention of the Health Act 2007.

Since the previous inspection a provider meeting was held to emphasis the possible consequences of failing to implement the required actions to the satisfaction of the

Chief Inspector. Assurances were received from those participating in the management of the centre in relation to the implementation of all required actions in a timely manner.

On the date of this inspection there were 25 residents in the centre and no vacancies. The inspector met with residents and spoke with staff and management. Documentation was reviewed and practices were observed.

The inspector found that the issues previously identified including a change in the daily routine and practices had been sufficiently progressed with many actions addressed within the time-scales provided. The action and plans relating to staff training was ongoing.

While significant progress was noted, further improvement was required in relation to the management of medication and the assessment, care planning and recording of clinical practice.

The overall findings are outlined within the body of the report and in the action plan at the end for response by the provider.

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

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

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found an improvement in the governance and management arrangements since previous inspections.

A clearly defined management structure was in place in the designated centre that identified who was in charge and the lines of reporting and authority. The person in charge was supported in her role by a senior nurse, with additional support from the provider representative. The inspector found that the management structure was known to residents and staff. For example, residents who spoke with the inspector were aware of the person in charge of the centre.

The inspector found improvements had been made in the management systems and access to medical and specialist healthcare professionals. Staff training and improved supervision arrangements and in the daily routine for residents was observed. Following the last inspection improvements included a review of residents' medicines by the pharmacist, re-organisation of the daily routine and of staff rosters had been completed. Relevant staff training was provided based on the resident profile.

The inspector saw that residents' had an opportunity to remain in their bed or a choice to rise early from bed at the time of their choosing. Practices relating to times associated with medication administration and breakfast had been improved following consultation with residents and or as appropriate to their needs. As a result of the changes made, some morning medications and breakfasts were administered by the night staff and some by day staff. This arrangement is discussed further in outcome 9.

While management and monitoring systems were improved, some were ineffective to ensure a consistent delivery of safe and quality care services to residents. A limited

system of audits was evidenced on inspection, as the systems put in place did not capture the failings identified in this report in relation to outcome 9 and 11. For example, the medication audit was limited and had not identified the gaps found on inspection to ensure practices were safe, appropriate, consistent and effectively monitored. Some issues previous identified in the management of resident's medicines were not addressed and are restated in this action plan.

Judgment:
Substantially Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The actions required following the previous inspection were addressed. However, improvement in relation to recording practices was required as outlined in outcomes 9 and 11.

Records of medicine administration for all PRN (as required) medicines were maintained as specified in schedule 3 of the regulations.

The policy in place relating to the storage of medicines was being appropriately implemented to ensure that medicines that required refrigeration were stored at the correct temperature at all times. Documented checks of the fridge temperature were being conducted to ensure medicines that required refrigeration were being stored at the recommended temperature range of 2-8 degrees Celsius.

A copy of the staff roster had been updated to reflect the working roster.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety

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

Theme:
Safe care and support

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

Findings:
The actions required in this outcome following a previous inspection were addressed.

The inspector found that the provider and person in charge had taken some positive measures to ensure the safeguarding of residents from harm or abuse. For example, staff training was provided and awareness by staff of the policy and procedure on preventing, detection and responding to abuse was observed.

The safeguarding policy had been reviewed and updated to guide staff in accordance with national guidelines.

Residents who spoke with the inspector said they felt safe and well supported by the staff team.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
The actions required in this outcome following the previous inspection were progressed, with further improvement and action required.

The inspector found that positive changes and improvement had been put in place following the findings of previous inspections. Overall, medication management practices

in the designated centre had improved. However, further improvement under this outcome was required.

There were written operational policies and procedures in place in the centre relating to the ordering, prescribing, storing and administration of medicines. The centre had made improvements in medication management practices since the last inspection, including a review of medicine prescription sheets, and reviews of the residents' medicines by the GP and pharmacist.

The inspector found that nurses could clearly outline the changes made in practices in relation to the ordering, prescribing, administration and disposal of medication, which were in line with the centre's policy. However, some medicine prescriptions and administration records reviewed were incomplete demonstrating inconsistent medication management practices. While the administration of medicines was observed to be safe, the prescription and recording of some medicines was not in line with the professional guidelines. For example, some medicines including antibiotic and high risk medicines such as insulin and warfarin had been administered to residents in the absence of an original prescription by a doctor or GP.

The system in place to ensure medicines such as insulin and warfarin were appropriately and safely administered as prescribed required further improvement. Instructions of the dosage regimen from a diabetic clinic for one resident were typed up and were stored separate from the resident's prescription that stated insulin as required. Another record stated that insulin was administration and had been checked by two staff members. However, there was no written prescription of the recommended dosage to be administered from the resident's general practitioner or following recommendations recorded in a hospital letter on file following a diabetic clinic appointment. The staff member was unable to identify the name or role of author of the recommendations being followed.

An original prescription by the GP for warfarin therapy had not been provided or subsequently recorded after blood results. Warfarin dosage was being administered over one week from prescriptions made available to staff by fax orders.

A person centred approach that offered choice regarding the medication administration time suitable to each resident was facilitated. However, as a result the administration of medicines to some residents after 9am the administration time did not consistently match the prescribed time of 7am. In addition, one resident’s administration records showed that the morning medicines were recorded as given at both 7am by night staff and at 9am by day staff. Nursing staff had failed to notice this error when dispensing medicines from the monitored dosage system or when reviewing the prescription in advance of administration and signing the administration record.

All medicines were stored securely within the centre in a medication trolley and securely within a locked clinical room. All controlled (MDA) medicines were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances checked and signed by two nurses at the end of each working shift. Medication requiring refrigeration was stored appropriately, and temperature recordings were monitored daily. A new fridge for the storage of medicines requiring refrigeration had been

purchased since the previous inspection.

The procedures around the crushing of medication that required improvements to ensure practices were in line with best practice and legislation had been addressed. In the sample reviewed, all medication was individually prescribed to be crushed by the residents' General Practitioner (GP) to reduce the likelihood of potential errors or risks associated with incorrectly crushing medication.

Other improvements noted since the previous inspection included known allergies, time, dose given and maximum dose of as required (prn) medicines were clearly stated on prescription records. The signature of nurses transcribing medication for review and prescription by the GP was recorded. A staff signature bank was developed.

Since the previous inspection the inspector found improved infection control practices associated with medication management. Each resident had been provided with an individual glucometer and lancing devices for blood glucose monitoring.

At the time of the inspection none of the residents in the centre were self administering medicines.

The inspector was informed that there had been no recent medication related errors in the centre. While staff training and improved systems were put in place within the centre for reviewing and monitoring medication management practices, they failed to identify the failings found in the sample reviewed on this inspection.

Improvements were required in relation to medication management audits to ensure a comprehensive review of the prescribing, administration and recording of medicines within the centre was completed in accordance with professional standards.

Staff training records reviewed by the inspector indicated that 10 nursing staff had completed online medication management training. Further training in medication management was planned.

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 actions required in this outcome following a previous inspection were addressed.

Records of incidents occurring in the centre were maintained. Notifications to HIQA were submitted, as required.

The inspector was informed and records reviewed confirmed there were no reported allegations or suspicions of abuse and no reported staff misconduct or disciplinary proceedings since the previous inspection.

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:
The actions required from the previous inspection were progressed.

Timely access to general practitioner (GP) services and or appropriate treatment and therapies, including allied healthcare professionals, was made available or provided since the previous inspection. However, further improvement was required in practices relating to assessments, care planning and clinical recording.

From discussions with staff and residents, and in a review of resident's documentation and clinical records, the inspector observed improvements in the recording, reporting, communication and management of healthcare and clinical records.

Improved access to medical and allied healthcare services were reported and recorded with recommendations following assessments being implemented in practice to bring about improvements. Resident referrals to other healthcare services for professional expertise had been facilitated, as required.

While health and social care areas previously highlighted had improved, further improvement was required in the nurses' clinical assessment and care planning recording. Care plans were not informed by a complete assessment or reviewed and

updated at suitable intervals to reflect changes. For example, in one resident's clinical records there were four care plans relating to the same need and problem. These care plans did not reflected the current interventions being carried out or the recommendations made following a professional assessment in tissue viability. The frequency of required assessments and dressing renewals required was not indicated in the specific care plan to inform an evaluation of care recommended or provided.

Additionally, while the recording of wound assessment records had improved since the January 2016 inspection, gaps found in the records did not enable a complete assessment to inform a comprehensive review or evaluation. For example, each wound site was not clearly identifiable in the assessment records reviewed, and the size, length and width of each wound site was not clearly indicated. The date or location of each site was not consistently stated or recorded on photographs taken and seen on file. These findings were shared with the nurses on duty for improvement to ensure the recording of clinical practice was maintained in accordance with professional guidelines.

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

Findings:
The actions required in this outcome following a previous inspection were addressed.

Improved management systems and arrangements were put in place since the previous inspection to ensure persons working in the centre were appropriately supervised. Staffing numbers and skill mix were adequate to meet the needs of residents on the day of this inspection. The inspector was told by management that the recruitment of staff was ongoing to address staff turnover.

Since the previous inspections education and training for staff had been provided as required or based on the needs and changing needs of residents.

Staff had good knowledge and understanding in relation to recommended practice and appropriate care to meet residents' needs that included pressure ulcer care and wound management. Nurses had completed online medication management training to improve medication management practices and clinical recording. However, as outlined in outcome 9, further improvement in medication management was required.

Training in cardio pulmonary resuscitation (CPR), fire safety, safeguarding and wound management formed part of training programme provided since the previous inspections.

Arrangements were put in place to inform staff and residents of the Act and requirements of the regulations. A meeting was held in April 2016 with all residents and some representatives or their family members and staff in relation to changes proposed in the daily routine and staffing arrangements to bring about improvement following the findings of the previous inspections.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	St. Francis' Nursing Home
Centre ID:	OSV-0000168
Date of inspection:	23/05/2016
Date of response:	15/06/2016

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The limited system of audits put in place did not capture the failings identified in the management of resident's medicines, assessments and car plans.

1. 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

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

monitored.

Please state the actions you have taken or are planning to take:
1) On 25th May 2016, the Provider Nominee met with the PIC and Nursing Staff. Emphasis was put on each nurse's personal accountability, particularly in relation to correct Assessments, documentation of Care Plans and correct medication management. There will be consequences for unsafe/negligent practice, which may include disciplinary action and reporting to the INMB. Nurses were encouraged to work together to ensure individual and team best practice and professionalism.
2) A plan for more stringent writing, monitoring and auditing of Care Plans is in place. The PIC regularly monitors the completeness and timeliness of Resident Assessments, ensures Care Plans are properly written, that they are kept up-to-date and that they are appropriately adhered to. Care Plans are audited by the PIC (or other Nurse appointed by her) on an on-going basis. The Provider Nominee undertakes spot checks on Care Plans and questions anything that may seem to reflect unsafe, negligent or inappropriate documentation. In consultation with the Resident (and/or relative) and in consultation with her multidisciplinary care team, each Resident's Care Plan is reviewed every four months, or sooner if required.
3) Work is currently in progress on transferring Care Plans onto software, which, when completed, will more readily lend itself to stringent monitoring and auditing.
4) A plan for multi-disciplinary more comprehensive monitoring and auditing of Medication Management is in place. The PIC monitors medication management on a weekly basis. The Provider Nominee undertakes spot checks for any errors that may be left undiscovered. The Tool for Audit of Medication Management will be used to audit Medication Management every three months. Audits of MDA Drugs are done as required - typically when MDA Drugs are delivered.
5) A Registered Pharmacist (MPSI) will audit our medication management protocols /documentation monthly.
6) The Physician who attends the majority of our Residents is aware of our recent compliance difficulties with Medication Management. He will readily assist us in so far as he reasonably can and in keeping with his role, in helping us ensure our full compliance with best practice medication management guidelines.
7) Instances of particularly good practice and/or poor practice relating to Care Plans and Medication Management are recorded by the PIC, and are referenced in Staff Assessments.
Proposed Timescale: 1) 15/06/2016 2) 15/06/2016 and on-going. 3) To be completed by July 4th 2016 and on-going. 4) 15/06/2016 and on-going. 5) Beginning June 15th 2016 and on-going. 6) 15/06/2016 and on-going. 7) On-going.

Proposed Timescale: 04/07/2016

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:

Some medicine prescriptions and administration records reviewed were incomplete and recording of some medicines was not in line with the professional guidelines.

Medicines including antibiotic and high risk medicines such as insulin and warfarin had been administered to residents in the absence of an original prescription by a doctor or GP.

The system in place to ensure medicines such as insulin and warfarin were appropriately and safely administered as prescribed required further improvement.

There was no written prescription of the recommended insulin dosage to be administered to a resident from the resident's general practitioner or following recommendations recorded following a diabetic clinic appointment.

An original prescription by the GP for warfarin therapy had not been provided or subsequently recorded after blood results. Warfarin dosage was being administered over one week from prescriptions made available to staff by fax orders.

The administration of medicines to some residents after 9am the administration time did not consistently match the prescribed time of 7am.

An error noted by the inspector included one resident's administration records showed that the morning medicines were recorded as given at both 7am by night staff and at 9am by day staff. Nursing staff had failed to notice this error when dispensing medicines from the monitored dosage system or when reviewing the prescription in advance of administration and signing the administration record.

While staff training and improved systems were put in place within the centre, they failed to identify the failings found in the sample of resident medicine records reviewed on this inspection.

Medication management audits were not sufficiently robust to ensure that a comprehensive review of the prescribing, administration and recording of medicines within the centre was completed in accordance with professional standards.

2. 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:
1) Additional Training: On June 15th 2016, a full day's Training on Medication Management will be given in St. Francis Nursing Home.

2) Nos. 1), 4), 5), 6) and 7) of Outcome 02 above apply.

Proposed Timescale: 1). 15 June 2016. 2). Cf. proposed Time Scales at Action Plan for Outcome 02 above.

Proposed Timescale: 04/07/2016

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:
While the recording of wound assessment records had improved since the January 2016 inspection, gaps found in the records did not enable a complete assessment to inform a comprehensive review or evaluation.

A complete assessment of each wound site was not clearly identifiable in the assessment records reviewed, and the size, length and width of each wound site was not clearly indicated. The date or location of each site was not consistently stated or recorded on photographs taken and seen on file.

3. 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:
1). Our Wound assessment Form has been amended to support a complete assessment of each wound (including record of Site, Depth, Length and Width).
The dedicated digital camera used for Wound Photographs has a Dating Feature that is used so that the photo's Date and Time is permanently displayed.
The Wound site is identified; measurements are displayed by including a disposable ruler near the wound for the photo.
Staff liaise with the T.V.N. to up-date her on the condition of the wound currently; a Treatment Plan is developed to continue or up-date current Treatment Care Plans as instructed by T.V.N.
2) Nos. 1), 2), 3) and 7) of Outcome 02 above apply.

Proposed Timescale: 1) 15/06/2016. 2) 15/06/2016 and on-going. 3) To be completed by July 4th 2016 and on-going. 47) On-going.

Proposed Timescale: 04/07/2016

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 informed by a complete assessment or reviewed and updated at suitable intervals to reflect changes.

In one resident's clinical records there were four care plans relating to the same need and problem. These care plans did not reflected the current interventions being carried out or the recommendations made following a professional assessment in tissue viability.

The frequency of required assessments and dressing renewals required was not indicated in the specific care plan to inform an evaluation of care recommended or to be provided.

4. 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:
1) Care Plans were examined and old, discontinued care plans were archived. Present Care Plans reflect current Wound Management as instructed by T.V.N.
2) Nos. 1), 2), 3), and 7) of Outcome 02 above apply.

Proposed Timescale: 1) 15/06/2016. 2) 15/06/2016 and on-going. 3) To be completed by July 4th 2016 and on-going. 47) On-going.

Proposed Timescale: 04/06/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement to ensure the recording of clinical practice was maintained in accordance with professional guidelines was required as outlined in this outcome and in outcome 9.

5. 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:
1) Additional Training: On 25th May 2016, Nursing Staff attended an Webinar (NMBI Category 1 Approved) on "Care Planning (Incorporating Revised National Standards for Residential Care Settings 2016" on 25th

2) Also Nos. 1), 2), 3) and 7) of Outcome 02 above apply.

Proposed Timescale: 1) 15/06/2016. Cf. Time Scales in Action Plan for Outcome 02 above.
Proposed Timescale: 04/07/2016