

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ardsley Nursing Home
Centre ID:	OSV-0000193
Centre address:	Rocky Road, Farran, Cork.
Telephone number:	021 733 1163
Email address:	ardsleynursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ardsley Nursing Home Limited
Provider Nominee:	Elizabeth Dunne
Lead inspector:	Mairead Harrington
Support inspector(s):	Mary O'Mahony
Type of inspection	Unannounced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	1

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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 May 2016 08:00 To: 05 May 2016 18:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 04: Suitable Person in Charge	Substantially Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Non Compliant - Major
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings an inspection to monitor compliance with the Regulations set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland.

On the day of inspection there were 16 residents in the centre and one vacancy. During the inspection the inspectors met and spoke with residents as well as staff. The provider for the centre also fulfilled the role of person in charge and was in attendance on the day of inspection. The inspection was unannounced and took place over one day. Documentation was reviewed by the inspectors on-site and included staff rosters and training records, residents' care plans, meeting minutes and policies and related protocols.

The centre had previously been inspected on 9 October 2014 when a number of issues had been identified in relation to documentation, care planning, safeguarding, health and safety and also effective governance in relation to systems for monitoring

the safety and quality of care. A copy of that report can be found at www.hiqa.ie. This inspection identified that, whilst there had been improvement in some areas of the service, this improvement was not consistently maintained particularly in relation to systems of oversight such as audit processes and staff supervision. Additional areas for improvement identified on this inspection included processes around notification returns, management of medicines, governance and management, staff training and health and safety issues which are covered in more detail in the body of the report.

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

Outcome 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 designated centre was a privately owned service in operation for over twenty years. Care was directed through the person in charge who was also the provider nominee. Issues had been identified on the previous inspection in relation to inadequate management systems to ensure the quality and safety of care. The provider nominee explained that action had been taken to address these issues and there was evidence that monitoring systems had been put in place following that inspection and an effective regime of audits had been implemented. However, this regime had lapsed since the middle of last year and audit procedures were not currently being implemented.

Effective systems of communication and accountability were in place and the provider nominee/person in charge was in regular attendance at the centre. Handover meetings took place and regular staff meetings were undertaken and minutes were available to this effect.

Staff spoken with were aware of the requirements in relation to the regulations and a copy of the national standards was available and accessible at the centre. Evidence of consultation with residents was available.

The provider nominee articulated an understanding of the value of, and the processes involved in, reviewing and monitoring the quality and safety of the care provided. However, as outlined above, systems for reviewing and identifying improvements in the safety and quality of care were not being implemented. Additionally the annual review of the quality and safety of care had not been undertaken as required by the regulations.

Judgment:

Non Compliant - Major

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was suitably qualified and experienced in keeping with statutory requirements. The person in charge also fulfilled the role of provider nominee and held appropriate authority, accountability and responsibility for the provision of service. During the inspection the person in charge demonstrated a professional approach to the role. However, in some instances the practical application of knowledge to ensure appropriate service delivery required development as systems for monitoring and reviewing the quality and safety of care were not being effectively implemented. Examples and related actions in this regard are recorded elsewhere in the report, including at Outcome 2 on Governance and Outcome 9 on medicines management.

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:

Actions in relation to the review of Schedule 5 policies had been completed as required on the last inspection and the Directory of Residents had also been updated accordingly. However, a sample of staff files was reviewed and documentation was not in keeping

with requirements as per Schedule 2 of the regulations in that some references had not been verified and one file did not have the required photo identification.

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

Findings:
There was a policy on, and procedures in place for, the prevention, detection and response to abuse dated January 2015 which defined the different types of abuse and provided directions to staff on how to record and report any incidents. However, it required updating to reference the current national policy on safeguarding vulnerable adults and further development around directions to staff in prioritising the safety of a resident following an allegation or incident of abuse.

Records indicated that regular training on safeguarding and safety was provided with a programme of delivery last recorded on 20 February 2015. However, a member of staff had not received up-to-date training in safeguarding and safety and, in one instance, a member of staff spoken with did not understand the appropriate procedures around reporting and recording in response to incidents of verbal abuse for example.

There was a current policy and procedure in place on the management of residents' accounts and personal property dated 16 January 2015. A sample of contracts of care were reviewed which were appropriately signed and contained the necessary details around services and fees. The person in charge explained that the centre did not operate as an agent for any resident and no finances were managed on behalf of residents of the centre.

A current policy and procedure was also in place in relation to managing challenging behaviour dated January 2015. Training on dementia and the management of behaviours and psychological symptoms of dementia had been delivered to staff on 20 March 2016. Through observation and review of care plans the inspectors were satisfied that staff were knowledgeable of their residents' needs and responded appropriately. A current restraint policy was in place and where restraints such as bedrails were in use, nursing notes reflected regular monitoring and review as required. However, in one such

instance a related risk assessment around the use of the bedrail was not in place for the resident.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

Appropriate actions had been taken by management to address issues in relation to policy and procedure around risk management identified on previous inspection that included revision in keeping with statutory requirements and the development of guidance on how to identify record, investigate and learn from serious incidents. An accident and incident log was maintained and there was evidence that outcomes were recorded and reviewed by the person in charge. However, the risk management policy required further development to cite the measures and controls in relation to abuse as required by the regulations.

A health and safety statement was in place dated 2010 which required updating. A risk register was in place, however, it did not include assessments for risk, or records of controls and review, around hazards throughout the centre such as a raised timber floor surround in an upstairs shower, staff smoking, oxygen storage, the use of bed-rails or other restraints, and the use of a stair left for residents on the upper floor.

Issues identified on previous inspection in relation to infection control procedures had been addressed. A relevant policy was available for reference and work routines observed by inspectors were in keeping with good practice and included the appropriate use of personal protective equipment such as disposable aprons and gloves. Household staff had received training in HACCP (Hazard Analysis & Critical Control Point) in March 2015. Sanitising hand-gel was readily accessible and regular use by staff was evident. The premises overall was clean and well maintained. An environmental health report was available dated 8 February 2016. However, the back splash of one upstairs wash-hand basin had deteriorated and presented a potential infection control issue. Additionally clothing was seen to be left drying on radiators which was not in keeping with best practice.

Access to the sluice area was controlled and cleaning materials were appropriately stored. Training records indicated that a regular programme of training was in place.

However, annual training in fire safety for all staff was overdue with a record of training last delivered in January 2015. A site-specific emergency response plan was in place that included contact information for alternative emergency accommodation if necessary.

Daily checks of fire escapes were in place and fire drills were undertaken with a record of the last exercise on 13 February 2016. However, times for evacuation drills were not recorded and it was therefore unclear how these exercises could be evaluated to inform learning and ensure arrangements were adequate.

The centre had been subject to a fire safety inspection in March 2016 and a number of issues had been identified for action including requirements around compartmentalisation and evacuation procedures. The person in charge explained that processes were ongoing in relation to addressing these issues. However, at time of inspection a number of these actions remained incomplete.

Judgment:
Non Compliant - Major

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

Theme:
Safe care and support

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

Findings:
A centre-specific policy that was updated in 2014 provided appropriate directions to staff in relation to procedures around the ordering, prescribing, storing and administration of medicines to residents. This included guidance on the handling and disposal of out-of-date medicine. The handling of controlled drugs was safe with systems for monitoring and recording administration and stock control in keeping with current guidelines and legislation. A fridge that was used for storing medications had temperatures monitored and readings recorded as required. Training on medication management had been delivered on 29 April 2015. However, some drugs that were out-of-date, or had been discontinued, were still stored with medicines in current use and had not been returned or disposed of in keeping with policy or best practice.

Where medication prescription sheets were maintained they were current and contained the necessary biographical information. Medication administration sheets contained the signature of the nurse administering the medication and identified the medications on the prescription sheet. A resident photograph was in place for reference. An inspector observed a medication round and noted that in some instances medication management procedures were not in keeping with policy and guidelines on best practice. In one case a record of medications that had been received by fax had not been entered into the

resident's prescription. An instance was also identified where medicines were being crushed on administration when this action was not recorded as part of the prescription. Also, in one instance where a resident was on medication that required regular blood testing the notes reviewed indicated that such monitoring was not being maintained.

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 incidents was maintained at the centre that included relevant information about events. Notifications to HIQA as required by the regulations were being submitted in a timely manner. However, a recent quarterly return did not include complete information on the use of restraint or expected deaths.

Judgment:
Substantially 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):

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

Findings:

Actions in relation to the previous inspection had been addressed and person-centred care plans were in place that were regularly reviewed in keeping with statutory requirements. Policies and procedures that were available to support staff in the delivery

of care included a health promotion policy dated 23 January 2015 that provided guidance around healthy lifestyle choices, diet planning and implementation, socialisation and resident consultation.

Care plans were in place for all residents and inspectors reviewed a sample of these. Based on these reviews inspectors were satisfied that residents were comprehensively assessed by the person in charge on admission and that the information recorded was personalised and provided relevant details around the needs and preferences of those residents. The person in charge explained that residents had the option of retaining the services of their own general practitioner (GP) and records reviewed indicated the regular attendance of a GP at the centre. However, the record of one resident that was reviewed indicated that while their medicines regime was reviewed quarterly, they had had only one consultation with their GP in 2015. Documentation reviewed indicated that regular attendance and consultations were recorded for other health care professionals in relation to eye care, dental services and chiropody.

Assessments that were used to inform and develop care plans included those around activities of daily living and standardised assessment tools were in use to monitor and review areas of care such as nutrition, skin integrity, mobility and cognition. Where issues were identified in relation to nutrition and weight timely referrals were in place for speech and language therapy or dietetic services. Appropriate care plans were in place for these issues which were regularly reviewed. Recommendations were appropriately implemented with revised requirements in relation to dietary needs communicated to staff and food diaries were also in place for reference by kitchen staff. Regular observations were also recorded such as monthly weight checks. Care plans of residents with mobility issues that were reviewed contained relevant assessments in relation to risk of falling and manual handling charts were also in place. Where restraints such as bedrails were in place consent forms had been completed.

Inspectors observed that staff were familiar with their residents' preferences and needs and that the centre provided access to activities that were meaningful and appropriate to the assessed needs of residents. On the day of inspection a number of residents were seen to participate in activities in the communal area that included physical exercise on small pedalling equipment which they clearly enjoyed. Those residents spoken with said they felt safe and comfortable at the centre. Some spoke positively about their experience of living at the centre and that they liked the staff and enjoyed the activities such as arts and crafts and flower arranging. Activities and recreation were supported by staff and there was evidence of community activity with the local school choir sometimes attending to perform at the centre. Visitors were seen to be in regular attendance at the centre on the day of inspection. Documentation on care plans indicated that they were regularly reviewed in keeping with statutory requirements with notes maintained of consultations having taken place with residents and/or their families.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The centre was located between Cork city and Macroom. The premises were set back from the main road and had parking to the front with a small patio area beside the main entrance where residents could sit outside if they wished. The centre was laid out over two floors with a chair lift in use to access the first floor. The centre was registered to provide accommodation for a maximum of 17 residents with 16 in residence at the time of inspection. Bedrooms consisted of seven single rooms and five twin rooms with one resident only in one of the twin rooms. All rooms had wash-hand basins. Showers were communal and no bedrooms had en suite showering facilities. There was one assisted shower on each floor which was sufficient for the number of residents living in the centre. One single bedroom and one twin bedroom each had an ensuite toilet and there were two communal toilets on each floor. The communal toilet facilities were located within close proximity of bedrooms as well as seating and living spaces.

Residents' rooms were comfortable and personalised, to varying degrees, with individual belongings and memorabilia. The design and layout of the centre was in keeping with its statement of purpose. Residents' rooms provided adequate space for the use of assistive equipment if necessary and also space for the storage of personal belongings, a secure locker, and a chair if desired. Twin rooms that were shared provided a screening facility. The centre was comfortable with appropriate heating, lighting and furnishings throughout. A sluice facility and laundry room were located adjacent to the main building. There were two communal seating/living rooms, and a dining area with a separate kitchen that was appropriately equipped to meet the catering needs of the centre. Appropriate assistive equipment was provided including hoists, wheelchairs, commodes and shower chairs. Maintenance records were available that confirmed equipment had last been serviced on 17 February 2016.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet

the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

Actions in relation to access to appropriate training had been addressed since the previous inspection. Inspectors reviewed the staff rota and were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. A schedule of regular training was in place. Action on gaps in training on fire safety and abuse are recorded against the related Outcomes of this report. Staff received appropriate training that supported them in the delivery of care – for example training on dementia and related behaviours had taken place on 20 March 2016, care at end-of-life on 10 February 2016, manual handling on 7 March 2016 and medication management on 29 April 2014. Staff spoken with confirmed that they were supported to attend training as required.

There was a clearly defined management structure that identified the lines of authority and accountability. Management systems were in place to ensure that information was communicated effectively and minutes of staff meetings were available for reference. However, systems of supervision required further development – as identified for action at Outcome 2, monitoring and control procedures such as audit and review were not being effectively implemented. A system of performance management was in place but no appraisals had been undertaken in the previous 12 months and it was therefore unclear how the competencies of staff were being assessed. As outlined for action in the related Outcomes of this report, issues in relation to staff competencies were identified around the reporting of abuse and medication management practices; issues that effective systems of audit, appraisal and review by management should be able to identify and address as part of a safe and effective service.

An appropriately qualified, registered nurse was on duty at all times. Copies of the standards and regulations were readily available and accessible by staff.

Inspectors reviewed recruitment and training records and procedures and spoke with staff and management in relation to both these systems. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. However, a sample of staff files was reviewed and documentation was not in keeping with requirements as per Schedule 2 of the regulations in that some references had not been verified and one file did not have the required photo identification. Action in this regard is recorded against Outcome 5 on Documentation.

Judgment: Substantially 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:

Mairead Harrington
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:	Ardsley Nursing Home
Centre ID:	OSV-0000193
Date of inspection:	05/05/2016
Date of response:	07/06/2016

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:

Effective processes for monitoring and reviewing the quality and safety of care, such as audit procedures, were not being implemented.

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:

Auditing procedures are currently being reviewed to ensure that our service is safe, appropriate and effectively monitored.

Proposed Timescale: 31/07/2016

Theme:

Governance, Leadership and Management

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

An annual review of the quality and safety of care had not been undertaken by the provider as required by the regulations.

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:

A review of the quality and safety of care to our Residents is being undertaken at present.

Proposed Timescale: 31/07/2016

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:

A sample of staff files reviewed were not in keeping with requirements as per Schedule 2 of the regulations in that some references had not been verified and one file did not have the required photo identification.

3. Action Required:

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

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

All staff files are being audited to ensure they have all the requirements as per schedule 2.

Proposed Timescale: 30/06/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Where a bedrail was in use a related risk assessment around its use had not been completed.

4. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

A risk assessment has been completed on bed rail in use.

Proposed Timescale: 07/06/2016

Theme:

Safe care and support

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

A member of staff had not received up-to-date training in safeguarding and safety and, in one instance, a member of staff spoken with did not understand the appropriate procedures around reporting and recording in response to incidents of verbal abuse for example.

5. Action Required:

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

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

Elder abuse training for all staff is booked for 12/07/2016.

Proposed Timescale: 12/07/2016

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:

A risk register was in place however it did not include assessments for risk, or records of controls and review, around hazards such as a raised timber floor surround in an upstairs shower, staff smoking, oxygen storage, the use of bed-rails or other restraints and the use of a stair left for residents on the upper floor.

6. 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:

Risk assessments around the above hazards have been completed.

Proposed Timescale: 07/06/2016

Theme:

Safe care and support

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

The risk management policy required further development to cite the measures and controls in relation to abuse as required by the regulations.

7. Action Required:

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

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

Risk management policy containing measures and actions to control self harm is now in place.

Proposed Timescale: 07/06/2016

Theme:

Safe care and support

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

The back splash of one upstairs wash-hand basin had deteriorated and presented a potential infection control issue and radiators were being used to dry clothes.

8. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the

standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Staff have been re-informed of the importance of not putting clothes on radiators. The upstairs hand wash basin will be redecorated.

Proposed Timescale: 31/07/2016

Theme:

Safe care and support

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

Annual training in fire safety for all staff was overdue.

9. Action Required:

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

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

All staff received full fire training on 25/05/2016.

Proposed Timescale: 07/06/2016

Theme:

Safe care and support

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

Times for evacuation drills were not recorded and it was therefore unclear how these exercises could be evaluated to inform learning and ensure arrangements were adequate.

10. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Arrangements for evacuating residents in the event of a fire and safe placement of residents in this event are in place.

Proposed Timescale: 07/06/2016

Theme:

Safe care and support

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

Issues in relation to fire safety had been identified for action that included requirements around compartmentalisation and evacuation procedures which had not been addressed by the provider at the time of inspection.

11. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

Adequate precautions against the risk of fire e.g suitable fire equipment, bedding and furnishings are in place.

Actions pertaining to compartmentalisation and horizontal evacuation are being addressed at present along with engineer and fire officer.

Proposed Timescale:

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:

In one instance where a resident was on medication that required regular blood testing, the notes reviewed indicated that such monitoring was not being maintained.

12. 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:

G.P notified and blood test was taken on 26/05/2016. G.P assured to undertake regular blood tests of residents.

Proposed Timescale: 07/06/2016

Theme:

Safe care and support

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

Discontinued or out-of-date medicines were not being stored in keeping with policy and procedure.

13. Action Required:

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

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

All nursing staff have been spoken to about the importance of disposing of out of date medicines and discontinued medicines.

Proposed Timescale: 07/06/2016

Theme:

Safe care and support

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

In one instance medication information that had been received by fax had not been entered as required in the prescription of the resident.

14. Action Required:

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

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

All G.P have been contacted about the need to update prescription sheets as Residents medicinal needs change. This will also include the administration of this medicine.

Proposed Timescale: 07/06/2016

Theme:

Safe care and support

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

In some instances medicines were being crushed where such action was not recorded

on the prescription.

15. Action Required:

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

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

All medicinal products will be administered in accordance with the directions of the prescriber of the resident.

Proposed Timescale: 07/06/2016

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:

Quarterly notifications did not include the required information on the use of restraint or expected deaths.

16. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

All quarterly notifications will include the required information.

Proposed Timescale: 07/06/2016

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:

Consultation with a GP had taken place on only one occasion in 2015 for one resident.

17. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with

professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All G.P have been notified with regard to regular consultation.

Proposed Timescale: 07/06/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

No appraisals had been undertaken in the previous 12 months and it was therefore unclear how the competencies of staff were being assessed.

18. 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:

Appraisal of staff competencies are to be addressed.

Proposed Timescale: 31/08/2016