

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Borris Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000203
<b>Centre address:</b>	Borris, Carlow.
<b>Telephone number:</b>	059 977 3112
<b>Email address:</b>	jimmy@borrislodge.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Borris Lodge Nursing Home Limited
<b>Provider Nominee:</b>	James O'Keeffe
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	51
<b>Number of vacancies on the date of inspection:</b>	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 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: 02 March 2016 08:30 To: 02 March 2016 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Major
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

This centre was last inspected by the Health Information and Quality Authority (the Authority) on the 9 September 2014 to monitor specific outcomes as part of a thematic inspection. The last inspection focused on end of life care, and food and nutrition arrangements for residents.

The centre is registered to accommodate 52 residents who require nursing care on a long or short time basis following an inspection carried out in September 2013.

On the day of the inspection there were 51 residents in the centre and 1 vacancy was reported.

The purpose of this unannounced inspection was to monitor ongoing regulatory compliance following:

- receipt of unsolicited information since the last inspection and

- receipt of significant notifications.

There were no matters arising from the last thematic inspection that focused on two outcomes. However, the responses within the action plan from the previous inspection carried out in 25 September 2013 in relation to medication, premises, health and safety and volunteers were followed up on this inspection and found to have been addressed.

While the inspector found many examples of good practice in the centre, improvement was required in some areas that included the maintenance and management of records, medication management, recognition and notification of incidents, staffing arrangements, supervision and training.

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

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

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A statement of purpose required the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), was available.

The statement of purpose and function was reviewed in accordance with Schedule 1, updated and communicated to the Authority accordingly.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector met with the person in charge who is also the provider nominee, the director of care, the staff team and residents during the course of the inspection. The inspector found there were adequate resources available and a clearly defined

management structure was in place.

Management arrangements and monitoring systems were in place to review the quality of care delivered to residents and inform improvements. The person in charge said the centre had experienced challenges in retaining and recruiting nurses in the past two years. One challenge given as an example was a delay encountered in the application process for professional registration of nurses recruited from other countries.

The director of nursing had completed a report on the quality and safety of care delivered to residents in the designated centre for 2014 that identified quality improvements for 2015 in some areas. However, an annual review of the quality and safety of care delivered to residents in the designated centre for 2015 was not available or completed at the time of this inspection.

**Judgment:**

Non Compliant - Moderate

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

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

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge works on a full time basis and is supported by a director of nursing. An assistant director of nursing is also available to assume responsibility of the designated centre in the absence of the person in charge.

The person in charge demonstrated sufficient knowledge and implementation of the legislation requirements and was aware of his responsibilities. The person in charge was sufficiently engaged in the governance, operational management and administration of the centre on a regular and consistent basis. He demonstrated a commitment to improving outcomes for the resident group.

Residents were familiar with the person in charge and director of nursing, and were complimentary of the staff team.

**Judgment:**

Compliant

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

This outcome was not examined in full on this inspection.

While records required under regulation 21 were available, not all records were examined and in those inspected, some improvements were required as follows:

- a record of each medicine administered signed and dated by the nurse administering the medicines in accordance with any relevant professional guidelines was not consistently maintained as required in schedule 3(4)(d)
- a register or record of any occasion on which restraint was used, the resident to whom it was applied, the reason for its use, the interventions tried to manage the behaviour, the nature of the restraint and its duration was not maintained or quantified as required in schedule 3(4)(g)
- All incidents where restraint was used were not notified to the Authority accordingly, as required in schedule 4(7) (2) (k)
- a record following an incident in which one resident was allegedly pushed by another resident did not contain sufficient details to include the name of the persons who were respectively in charge of the designated centre and supervising the resident, and the names and contact details of any witnesses, the results of any investigation and the actions taken as required in schedule 3(4)(j)
- a complete record of staff training as required in schedule 4 (8) (c)
- a copy of the duty roster was available, however, the names, roles and hours of actual work or leave for all persons working at the designated centre was unclear to demonstrate whether the roster was actually worked as required in schedule 4(9)
- a record of each fire practice, drill or test of fire equipment (such as evacuation equipment) conducted in the designated centre and of any action taken to remedy any defects found as required in schedule 4 (10)

Policies and procedures under regulation 4, and listed in schedule 5 required review and, where necessary, were to be updated or implemented in accordance with best practice and current national guidelines.

The following policies required improvement:

- The prevention, detection and response to abuse
- Management of behaviour that is challenging
- The use of restraint
- The storing and administration of medicines to residents

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Staff were seen responding, supporting, assisting and or supervising residents appropriately throughout the inspection. Residents told the inspector they felt safe and supported by staff who were available to them as required.

Measures to protect residents being harmed or suffering abuse were described and supporting policies and procedures were in place and to be updated following a review.

Staff knew what constituted abuse and described what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. The inspector was informed there were no active incidents, allegations, or suspicions of abuse under investigation.

The Authority had not received any notifications of any allegation, suspected or confirmed abuse of any resident since the last inspection. However, in review of incident records the inspector noted an incident had occurred between two residents but the detail of an investigation or review of the incident was not available or recorded to demonstrate a response in accordance with the centre's policy.

From a review of the training records the inspector found that training in 'Elder Abuse' was provided, however, all staff had not completed specific training in relation to the detection and prevention of and responses to abuse.

A policy was available in relation to managing behaviours that challenged. Efforts were being made to identify and alleviate the underlying causes of residents' behaviours that

were challenging. However, all staff did not training in this area to ensure they have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. Incidents where residents' behaviours challenged staff were recorded and reported.

A policy was available in relation to the use of restraint and restraint measures such as bedrails was observed in practice. However, the use of restraints had not been reported or notified to the Authority, as required and outlined in outcome 10.

In a sample of resident records reviewed and from discussions with staff and residents it was evident that consultation with residents and or representatives took place in relation to restraint measures seen in use, such as bedrails that restricts the freedom of residents' movement. However, a register of restraints used or in use had not been maintained to inform an internal or external audit and demonstrate staff were working towards a restraint free environment in line with the national policy guidelines.

**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):**  
No actions were required from the previous inspection.

**Findings:**  
A system to monitor clinical outcomes was in place which provided an opportunity for learning and improvement. Arrangements were in place for discussing, investigating and learning from incidents or adverse events involving residents.

Risk assessments and specified control measures to mitigate risks were recorded. Audits of medication, resident incidents and falls, weight loss and gain, wounds and pressure ulcers and care plans were maintained to achieve an overall reduction of likely incidents and possible adverse events.

Practices and procedures were in place in relation to the prevention and control of healthcare associated infections.

Measures were in place to prevent accidents in the centre and within the grounds. A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis. Directional signage was visible and evacuation plans

were displayed in prominent places (zones). Means of escape and fire exits were unobstructed in areas and along corridors where residents were accommodated.

While measures to manage risks or comply with regulatory and health and safety requirements were in place, all staff had not completed training in fire safety or completed fire evacuation drills at suitable intervals.

Improvements were required in relation to arrangements for all staff 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. For example, four staff had responsibility for up to 52 residents at night in the event of an emergency. From a review of the roster, training records available and from discussions with staff, the inspector was not assured that all staff were sufficiently trained and or knowledgeable in relation to fire drills and the personal emergency evacuation plan for each resident.

Staff training in moving and handling of residents, infection control, cardio pulmonary resuscitation (CPR) and fire safety formed part of a regular training programme. However, following a review of the staff roster and training records and in discussions with staff, the inspector found that not all staff working in the centre, including those in charge on nights when minimum staff were available, had attended all relevant training. All staff rostered and working in the centre had not completed health and safety training at the time of the inspection. Training records showed that all staff had not completed training in moving and handling of residents.

Training or refresher training in CPR or first aid had not been completed by all or relevant staff to demonstrate they had sufficient knowledge or training relevant to their role and responsibilities in the event of a serious incident or an agreed decision or care plan to resuscitate residents.

**Judgment:**

Non Compliant - Moderate

***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:**

Medication management arrangements found on this inspection had not ensured that all medicinal products were administered in accordance with the directions of the prescriber of the resident concerned or administered, recorded and stored in accordance with

professional guidelines. Unsafe practices found were reported to the director of nursing to address immediately.

There were written operational policies and protocols relating to medication management practices and procedures associated with the ordering, prescribing, and administration to residents, storage and disposal of medicines.

A system was described for reviewing and monitoring medication management and practices that included a review of medication prescriptions by the nursing management team, general practitioner (GP) and pharmacist on a regular basis.

In a sample of prescription and administration records reviewed, the inspector found that improvements were required in relation to practices and procedures associated with the administration, supervision, checking and recording of medicines administered to residents as required by professional guidelines. A record of each medicine administered, signed and dated by the nurse was not maintained in accordance with relevant professional guidelines as required in schedule 3(4)(d).

The inspector found that the system of documentation and protocol in place to ensure that medicines such as insulin and warfarin were appropriately and safely administered as prescribed was not sufficiently adhered to or in line with professional standards.

A staff member awaiting Nursing and Midwifery Board of Ireland (NMBI) registration to practice as a nurse in Ireland had administered prescribed medicines to residents without the supervision of a registered nurse.

**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:**

All notifications under regulation 31 and as outlined in schedule 4 of regulation 21, had not been reported to the Authority, as required.

Any serious injury to a resident that requires immediate medical and or hospital treatment as outlined in schedule 4 (7) (1) (f); any allegation, suspected or confirmed of abuse of any resident as outlined in schedule 4 (7) (1) (h) and any occasion when restraint was used as outlined in schedule 4 (7) (1) (f) had not been notified to the Chief Inspector, as required.

**Judgment:**

Non Compliant - Moderate

***Outcome 11: Health and Social Care Needs***

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents' health care needs were met through timely access to general practitioner (GP) services and referral for appropriate treatment and therapies. Arrangements were in place to monitor and facilitate residents with appropriate access to medical and healthcare services of their choice when required. Residents and staff were satisfied with the current healthcare arrangements and social care provisions within the centre.

Residents had reasonable access to allied health care services upon referral by the GP. The care assessments encouraged monitoring, screening and health promotion and early detection of ill health facilitating residents to make healthy living choices. The services delivered responded to identified needs following clinical assessments.

Residents described the provision care in positive terms and said they were offered choices in relation to their daily routine. There was good access to health professionals such as the dietician, dental, optician, physiotherapy, occupational therapy, chiropody and speech and language therapist. A community palliative care team and psychiatry of old age team were also available to residents on a referral basis.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

Resident assessments and care plan documentation included identified needs and care to be provided. Records were maintained to demonstrate a review of medication and an evaluation of care were completed on a regular basis at intervals not exceeding four months. Evidence was found that the residents and or their representative were consulted and involved in care planning.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. A member of

staff was dedicated to the provision and co-ordination of activities. This staff member along with other care staff interacted well with residents while facilitating engagement in meaningful activities within the centre. Many residents were complimentary of and satisfied with activities and support provided to engage in social activity.

**Judgment:**  
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):**

No actions were required from the previous inspection.

**Findings:**

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The premises and grounds were well maintained, clean and warm. Storage of equipment was safe and appropriate in areas where residents were accommodated.

A maintenance system was in place and maintenance staff were seen working in the centre during this inspection. Staff told the inspector that maintenance support was available as required.

Many residents' bedrooms were personalised and could accommodate furniture and equipment to support their preferences and needs or choices. The director of care told the inspector that the suitability of bedrooms was assessed prior to admission and reviewed as changes in resident needs occurred.

Residents had access to a safe and accessible enclosed outdoor courtyard and garden.

There was appropriate equipment for use by residents or staff which was maintained in good working order. Equipment, aids and appliances such as handling devices, mobile hoists, powered, transit and self-propelling wheel-chairs, fixed and remote call bells, hand and support grab rails were in place and used by residents to support and promote their full capabilities.

A high volume of noise in the centre from alarm devices that activated at times throughout the inspection was an area highlighted to the director of care for review.

**Judgment:**  
Compliant

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

**Theme:**  
Person-centred care and support

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

**Findings:**  
Policies and procedures were in place for the management of complaints. A record of complaints, investigations and outcomes was maintained.

The inspector was informed by staff that the complaints of each resident, his or her family, or representative, and visitors are listened to and acted upon. There was no active complaint being investigated at the time of inspection.

The complaint's procedure was displayed at the entrance to the centre. The director of nursing was the nominated complaints officer and an appeals procedure formed part of the centre's policy.

In the complaint records reviewed, the inspector found insufficient details of whether or not the resident or complainant was satisfied with the outcome and or informed of details of the appeals process in a response.

**Judgment:**  
Substantially Compliant

**Outcome 18: Suitable Staffing**  
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**  
Workforce

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

**Findings:**

Staff who spoke with the inspector were knowledgeable of residents' needs and preferences, and were familiar with their backgrounds. Staff were observed responding, assisting and supporting residents in a respectful manner.

A record of resident dependency levels, the staffing levels and training programmes were maintained and monitored on a regular basis to inform staffing arrangements. The inspector was told that a minimum skill mix of two registered nurses was desirable on duty at all times but had not been achievable consistently due to the fact that five nurses were among those who had ceased working in the centre in the last year.

The inspector was told that a recruitment drive had been on-going and that a number of staff including nursing staff had been employed recently. At the time of this inspection there were new members of nursing staff recently recruited on duty that confirmed this.

The inspector found from an examination of the staff roster, communication with staff on duty and residents that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. However, the inspector was not assured that the supervision of staff, staffing levels and skill mix at all times, including night time, was suitable and sufficient to meet the needs of all residents. While there was the minimum of one registered nurse on duty at all times, all staff working in the centre had not completed appropriate training and/or certification relevant to their role and responsibilities.

There was evidence of ongoing staff training in mandatory and other relevant training with a programme of training planned for 2016 that included a dementia focus. However, training gaps were found in fire safety, manual handling, first aid or cardio pulmonary resuscitation and other relevant training such as specific wound management techniques required to meet a resident's needs. Training for staff in CPR and Manual handling were arranged and confirmed for dates in March and April 2016 after this inspection.

Staff supervision and the arrangement of skill mix on duty at all times required review to ensure staff with appropriate training, qualifications and experience were available to maintain residents' needs.

Staff with responsibilities that included medication management and recording required improvement to ensure professional standards were adhered to at all times.

Recruitment procedures were described as in place. However, the policy, practices and requirements of schedule 2 were not examined on this inspection.

The inspector was informed there were no people involved on a voluntary basis within the centre at this time.

**Judgment:**

Non Compliant - Moderate

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## 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



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Borris Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000203
<b>Date of inspection:</b>	02/03/2016
<b>Date of response:</b>	22/04/2016

### 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:**

An annual review of the quality and safety of care delivered to residents in the designated centre for 2015 was not available or completed at the time of this inspection.

**1. Action Required:**

Under Regulation 23(d) you are required to: Ensure there is an annual review of the

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

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:**

An annual review for 2015 has been completed, it had not been collated at time of inspection. Same is available for Inspection and a copy has been forwarded to HIQA.

**Proposed Timescale:** 22/04/2016

**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 and procedures under regulation 4, and listed in schedule 5 required review and, where necessary, were to be updated or implemented in accordance with best practice and current national guidelines.

The following policies required improvement:

- The prevention, detection and response to abuse
- Management of behaviour that is challenging
- The use of restraint
- The storing and administration of medicines to residents

**2. Action Required:**

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Policies have been reviewed and updated. A copy of The National Policy & Procedures on Safeguarding Vulnerable Persons at Risk of abuse has been included with The Prevention, detection and response to abuse policy.

**Proposed Timescale:** 22/04/2016

**Theme:**

Governance, Leadership and Management

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

Improvements were required in relation to the following records:

- a record of each medicine administered signed and dated by the nurse administering the medicines in accordance with any relevant professional guidelines was not consistently maintained as required in schedule 3(4)(d)
- a register or record of any occasion on which restraint was used, the resident to whom it was applied, the reason for its use, the interventions tried to manage the behaviour, the nature of the restraint and its duration was not maintained or quantified as required in schedule 3(4)(g)
- All incidents where restraint was used were not notified to the Authority accordingly, as required in schedule 4(7) (2) (k)
- a record following an incident in which one resident was allegedly pushed by another resident did not contain sufficient details to include the name of the persons who were respectively in charge of the designated centre and supervising the resident, and the names and contact details of any witnesses, the results of any investigation and the actions taken as required in schedule 3(4)(j)
- a complete record of staff training as required in schedule 4 (8) (c)
- a copy of the duty roster was available, however, the names, roles and hours of actual work or leave for all persons working at the designated centre was unclear to demonstrate whether the roster was actually worked as required in schedule 4(9)
- a record of each fire practice, drill or test of fire equipment (such as evacuation equipment) conducted in the designated centre and of any action taken to remedy any defects found as required in schedule 4 (10)

### **3. Action Required:**

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

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

Staff training and education has been arranged. Fire training and People Manual handling is scheduled for 26th April 2016 and 15th June for staff refresher course. CPR refresher course and retraining was completed on March 15th 2016 and also booked for 19th May 2016. All staff receive refresher fire training and manual handling in April and November each year. Fire evacuation drills will be recorded more diligently in the future and a record of what training was involved will be recorded. A register of restraints has been drawn up and will be available for inspection. Bed rails are included on this register and will be informed to the authority as restraints. We will inform the authority of all incidents where residents have bed rails by request and same will be recorded in the restraint register. A record will be kept of any incident in which a resident suffers abuse or harm which records the name of the persons who were respectively in charge of the designated centre and supervising the resident, and the names and contact details of any witnesses, the results of any investigation and the actions taken as required in schedule 3(4)(j). A complete record of staff training has been updated and will be kept in accordance to Schedule (8)(c). A copy of the duty roster will be kept as required in schedule 4 (9) and we will explore alternatives to make it clearer to keep it updated for changes.

**Proposed Timescale: 19/05/2016**

## Outcome 07: Safeguarding and Safety

**Theme:**

Safe care and support

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

All staff did not training in this area to ensure they have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. Incidents where residents' behaviours challenged staff were recorded and reported.

**4. Action Required:**

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

All Staff have been trained in managing behaviour that is challenging and have continuous updates and refresher training on same. Staff are continually attending the National programme for Dementia Training run by the H.S.E. (18 Staff have completed same to date)

**Proposed Timescale:** 22/04/2016

**Theme:**

Safe care and support

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

A register of restraints used or in use had not been maintained to inform an internal or external audit and demonstrate staff were working towards a restraint free environment in line with the national policy guidelines

**5. 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:**

Bed rail use will be recorded on the restraint register and informed to the authority as required.

**Proposed Timescale:** 22/04/2016

**Theme:**

Safe care and support

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

All staff had not completed specific training in relation to the detection and prevention of and responses to abuse

**6. 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:**

All staff are up to date on training in detection and prevention of and responses to abuse.

**Proposed Timescale:** 22/04/2016

**Theme:**

Safe care and support

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

A review of incident records reported an incident had occurred between two residents but an investigation or review of the incident had not been completed and was not available or recorded to demonstrate a response in accordance with the centre's policy.

**7. Action Required:**

Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

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

The incident recorded involved two residents collecting Delph from a table in the lounge room after a tea round, in their enthusiasm they collided going for the same cup. The incident has been fully investigated and no pushing or shoving was involved. Staff were informed to be more vigilant and increase supervision when this activity is in progress. Investigation has been completed and incident report form has been completed and updated and is available for inspection. Any similar incident that could be construed as abuse will be notified to the authority in the future on the NF06 form with a comprehensive follow up on investigation.

**Proposed Timescale:** 22/04/2016

**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:**

Training records showed that all staff had not completed training in moving and handling of residents.

**8. Action Required:**

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Further Manual Handling and Fire Training training has been scheduled for April 26th 2016 and June 15th 2016. Training in moving and handling of residents will be concentrated on and emphasized in this training session. Fire training is continuous and ongoing at our facility and fire drills will be included in Fire training sessions. All staff have again familiarized themselves with the fire action procedures at the facility.

**Proposed Timescale:** 22/04/2016

**Theme:**

Safe care and support

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

All staff were sufficiently trained and or knowledgeable in relation to fire drills and the personal emergency evacuation plan for each resident.

Training or refresher training in CPR or first aid had not been completed by all or relevant staff to demonstrate they had sufficient knowledge or training relevant to their role and responsibilities in the event of a serious incident or an agreed decision or care plan to resuscitate residents.

**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 Nursing Staff are up to date with training in CPR/First Aid since March 15th 2016 and will be rostered to be on duty at all times. Refresher CPR/First aid is next scheduled for 19th May 2016 for any remaining Care staff who are due refresher training.

**Proposed Timescale:** 22/04/2016

**Theme:**

Safe care and support

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

All staff had not completed training in fire safety or completed fire evacuation drills at suitable intervals.

**10. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

All staff have familiarized themselves with Fire action procedure to be followed in the case of fire.

**Proposed Timescale:** 22/04/2016

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

Medication management arrangements found on this inspection had not ensured that all medicinal products were administered in accordance with the directions of the prescriber of the resident concerned or administered, recorded and stored in accordance with professional guidelines.

A record of each medicine administered, signed and dated by the nurse was not maintained in accordance with relevant professional guidelines as required in schedule 3(4)(d).

The inspector found that the system of documentation and protocol in place to ensure that medicines including insulin and warfarin were appropriately and safely administered as prescribed was not sufficiently adhered to or in line with professional standards.

A staff member awaiting Nursing and Midwifery Board of Ireland (NMBI) registration to practice as a nurse in Ireland had administered prescribed medicines to residents without the supervision of a registered nurse.

**11. 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:**

Nursing staff have familiarized themselves with the medication management policy and continually attend medication management training. A schedule to complete the programme at HSE LanD has been drawn up for Nursing staff to complete. The pharmacist has agreed to complete further training for Medicines in care homes for Nursing staff. Nursing staff have been requested to refresh themselves with Guidance to Nurses and Midwives on Medication Management, July 2007, NMBI, which is included with the Medication Management Policy. The Nurse awaiting registration from NMBI has been excluded from administering medication until she has her registration. We will continue to work with the NMBI to receive her PIN number. This nurse has been awaiting her registration since commencement of her employment in August 2015. She will continue to be supervised according to our Pre-Registration Nurse policy but will be excluded from administration of medications.

**Proposed Timescale:** 22/04/2016

**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 notifications under regulation 31 and as outlined in schedule 4 of regulation 21, had not been reported to the Authority, as required.

Any serious injury to a resident that requires immediate medical and or hospital treatment as outlined in schedule 4 (7) (1) (f); and an allegation of abuse of any resident as outlined in schedule 4 (7) (1) (h) had not been notified to the Chief Inspector, as required.

**12. 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:**

No injury was noted. Resident went to hospital for precautionary x-ray. If residents require a precautionary x-ray we will include with notification in future. This incident was not related to the report referenced above and was totally separate. It involved a fall a resident had with no injury and we requested a precautionary x-ray and hospital visit to ensure we had not missed anything and had done everything possible for the resident. All notifiable incidents will be actioned and notified to the chief inspector as per paragraphs 7(1)(a) to (j) of schedule 4 within 3 working days.

**Proposed Timescale:** 22/04/2016

**Theme:**

Safe care and support

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

Any occasion when restraint was used as outlined in schedule 4 (7) (1) (f) had not been notified to the Chief Inspector, as required.

**13. 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:**

As stated previously any bed rails used, that we use as enablers or for safety or at the request of the resident, following risk assessment, will be included on the restraint register

**Proposed Timescale:** 22/04/2016

**Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

In the complaint records reviewed, the inspector found insufficient details of whether or not the resident or complainant was satisfied with the outcome.

**14. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Complaints recording form has been updated and a section to record complainant's response to outcome and whether they were satisfied or not has been added.

**Proposed Timescale:** 22/04/2016

**Theme:**

Person-centred care and support

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

In the complaint records reviewed, the inspector found insufficient details of whether or

not the resident or complainant was informed of details of the appeals process in a response.

**15. Action Required:**

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

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

See above addition to the complaints recording form update, and complaints policy has a new section on appeals process to Ombudsman's office.

**Proposed Timescale:** 22/04/2016

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

All staff working in the centre had not completed appropriate training and or certification relevant to their role and responsibilities.

**16. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Skill mix and staffing levels are continuously monitored to ensure a safe level of care and to ensure professional standards are adhered to. A nurse recruitment programme is in progress and ongoing.

**Proposed Timescale:** 22/04/2016

**Theme:**

Workforce

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

Training gaps were found in fire safety, manual handling, first aid or cardio pulmonary resuscitation and other relevant training such as specific wound management techniques required to meet a resident's needs.

**17. 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:**

All mandatory training and updates are ongoing and scheduled throughout the year for continuous educational development.

**Proposed Timescale:** 22/04/2016

**Theme:**

Workforce

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

Staff supervision and the arrangement of skill mix on duty at all times required review to ensure staff with appropriate training, qualifications and experience were available to maintain residents needs.

**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:**

We are continuously monitoring and reviewing skill mix and staffing levels to ensure optimum care to maintain resident's needs. A recruitment programme is in place and is progressing satisfactorily. Delays in nurse registration with the NMBI are being addressed on a national and political level. We are in weekly contact with the NMBI in regards to nurse registration and PIN and we are glad to say one nurse has received her Irish registration since Inspection and another Nurse who commenced employment the week of inspection has completed her orientation.

**Proposed Timescale:** 22/04/2016