<table>
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<tr>
<th>Centre name:</th>
<th>Heatherlee Nursing Home</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000237</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Lawlor's Cross, Tralee Road, Killarney, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>064 6633 944</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:catherine2mile@hotmail.com">catherine2mile@hotmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Mary O'Brien</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary O'Brien</td>
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<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
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**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.
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 2 day(s).

**The inspection took place over the following dates and times**

<table>
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<tr>
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<tr>
<td>11 August 2016 09:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
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<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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**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. The centre had previously been inspected on 28 September 2015 and the report of that inspection can be found at www.hiqa.ie.

Heatherlee Nursing Home was a well established centre located just outside Killarney on the road to Tralee. The registered provider also fulfilled the role of person in charge and was in attendance throughout the inspection. On the days of inspection there were 22 residents in the centre and no vacancy. During the inspection the inspector met and spoke with residents and visitors as well as staff from all areas of the service including administration, nursing and household. The inspection was
unannounced and took place over two days. Documentation reviewed by the inspector included staff rosters and training records, resident care plans, meeting minutes and policies and related protocols.

During the inspection there was evidence of good practice in relation to the delivery of care. Staffing levels were appropriate to meet both the needs of the resident profile and the design and layout of the centre. Residents and relatives spoken with in the course of the inspection confirmed that the service provided a good standard of care.

Areas for improvement were identified on this inspection in relation to documentation around recording practice, training and arrangements around storage in relation to infection control.
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 designated centre was a privately owned service where care was directed through the person in charge who was also the provider. There was a clearly defined management structure that identified lines of authority and accountability. Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency. The provider articulated an understanding of the value of, and the processes involved in, reviewing and monitoring the quality and safety of the care provided. This understanding was seen to be implemented in practice with a comprehensive schedule of audits in place to analyse data in relation to the quality of care including infection controls and medication management. A weekly regime of audits was in place on areas such as falls and pressure sores which were seen to be regularly completed.

Effective systems of communication and accountability operated with members of management in regular contact and consultation with each other, these included regular staff and management meetings and handover processes. Evidence of consultation with residents was available including questionnaires on quality of care and minutes of regular resident meetings were documented. An annual review of the quality and safety of care had been completed and was available for reference in keeping with statutory requirements. However, this required further development to reflect consultation with residents and their families as required by the regulations.

Judgment:
Substantially Compliant
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 and held appropriate authority, accountability and responsibility for the provision of service. Throughout the course of the inspection the person in charge demonstrated a professional approach to the role that included a commitment to a culture of improvement along with a well developed understanding of the associated statutory responsibilities.

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

Findings:
Areas for improvement identified on the previous inspection had been addressed with a revised risk management policy in place along with a current fire safety policy.

The areas of documentation reviewed during this inspection related only to those Outcomes against which the inspection was assessed. As identified at Outcome 8 fire drills were conducted regularly however the timing of these drills was not being recorded accurately.

As identified at Outcome 7, there was a policy and procedures in place for the prevention, detection and response to abuse which required review and did not reference the National Policy 'Safeguarding Vulnerable Persons at risk of Abuse (2015). Review was also required to ensure appropriate directions to staff where allegations
might be made against members of management such as the person in charge. Additionally, the restraint policy required review to reflect national policy in relation to the definition and use of an enabler or restraint.

**Judgment:**
Substantially Compliant

**Outcome 07: Safeguarding and Safety**

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

**Theme:**
Safe care and support

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

**Findings:**
There was a policy and procedures in place for the prevention, detection and response to abuse which required review and did not reference the National Policy 'Safeguarding Vulnerable Persons at risk of Abuse (2015). Review was also required to ensure appropriate directions to staff where allegations might be made against members of management such as the person in charge. Action in this regard is recorded at Outcome 5 on Documentation. Records indicated that a regular programme of training on safeguarding and safety was delivered by the centre. Staff members spoken with by the inspector understood the reporting mechanisms in place and how to recognise and respond to instances of abuse. Training had last been delivered in January 2016 and training records indicated all staff had received up-to-date training. Residents spoken with by the inspector reported positively of their experience of care and stated that they felt safe and well minded in the centre. These residents were clear on who was in charge and who they could go to should they have any concerns they wished to raise.

A policy and procedure was in place on the management of residents’ personal property dated May 2014. Residents were encouraged to manage their own finances either independently or with the support of family and the centre did not administrate any individual accounts at the time of inspection. A record of invoices was maintained for services provided at the centre. Systems were in place to safeguard residents’ finances with protocols on recording transactions with double signatures by staff and/or the resident or relative.

A policy and procedure was in place in relation to managing behaviours that might challenge dated August 2015 and training had last been delivered to staff in March 2015. Through observations of staff interactions, and a review of care plans, the inspector was satisfied that staff were able to demonstrate a good understanding of individual residents’ needs and were able to utilise strategies to alleviate anxieties.
appropriately.

A current restraint policy was in place; however this required review in relation to the definitions of enabler and restraint – action in this regard is recorded against Outcome 5 on Documentation. Where restraints such as bed-rails and security bracelets were in use appropriate assessments had been undertaken and nursing notes reflected regular monitoring of their use. Audits on the use of these restraints were also in place. However, the use of security alarms were not being notified on a quarterly basis as per statutory requirements and action in this regard is recorded against Outcome 10 on Notifications.

**Judgment:**
Compliant

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**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:**

Policies and procedures relating to health and safety were site-specific and regularly updated. A risk management policy covering the required areas in relation to unauthorised absence, assault, accidental injury, aggression, violence and self-harm was in place. An emergency and evacuation plan was in place.

A fire safety register was in place that demonstrated daily, weekly and monthly checks were completed to ensure effective fire safety precautions. Fire drills were conducted regularly in keeping with statutory requirements; however the timing of these drills was not recorded and action in this regard is set against Outcome 5 on Documentation. Regular fire training was provided and records indicated fire training for all staff was up-to-date with training last delivered in May 2016. Suitable fire equipment was available throughout the centre which was regularly maintained and serviced and documentation was available to confirm this. A risk assessment and plan of supervision was in place for one resident who smoked. Regular checks of fire prevention and response equipment were in place including emergency lighting and fire extinguishers. Adequate measures were in place to prevent accidents throughout the premises such as grab-rails in toilets and hand rails along corridors. Call bells were fitted in all rooms where required. Emergency exits were clearly marked and unobstructed. A regular audit of health and safety checks was in place.

A policy on the management of incidents and accidents was in place dated May 2014 that included processes for recording, investigating and learning from outcomes. A
register was maintained that identified and rated risks at the centre and outlined the controls and measures in place to manage these risks and which had been reviewed by the person in charge within the last six months.

Staff were appropriately trained in infection control and hand hygiene audits were in place. The inspector saw evidence of a regular cleaning routine and practices that protected against cross contamination including segregation of items and the use of a colour coded cleaning system. Effective waste management systems were in place. Staff spoken with understood infection control practices and staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff. Sluice rooms and bathrooms were appropriately equipped and hazardous substances were securely stored. However, cleaning equipment was co-located in the same area as the sluice facility which was not in keeping with appropriate infection control protocols.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
A centre-specific medicines management policy was in place that 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 and a returns log was maintained in this regard that had last been completed on 9 August. The handling of controlled drugs was safe with systems for monitoring and recording administration and stock control in keeping with current guidelines and legislation. The pharmacist was facilitated in meeting their statutory obligations and the person in charge stated that training and audit procedures were also supported by the pharmacist. Residents had the option of retaining the services of their pharmacist should they so wish. Medicines such as eye-drops had the date use commenced recorded. Storage was secure and appropriate with fridge temperatures regularly checked and maintained within the required range. The person in charge implemented regular medication audits that included usage and legibility of prescription charts, drug round competency assessments, medication errors and the use of psychotropic drugs. Scheduled medication management reviews were in place. A register of nurse signatures was maintained. The medication trolley was appropriately stored and secured.

Observation of a medication round during the inspection found that the administration
of medicines was in keeping with guidelines and reflected the time and frequency of the prescription. Good hand hygiene was evident. Where medicines were administered in crushed form a general practitioner had signed off accordingly. Administration sheets indicated that where a resident refused a medicine there was a recorded entry for reference as appropriate and for review. Where medication prescription sheets were maintained they were current and contained the necessary biographical information of the resident including a photograph for reference. Medication administration sheets contained the signature of the nurse administering the medication and identified the medications on the prescription sheet. However, in some instances the administration of anti-coagulant medication was recorded against pre-signed prescription sheets which was not in keeping with best practice.

**Judgment:**
Substantially Compliant

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**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:**
The inspector reviewed the incident log which was well maintained and clearly recorded all the relevant information around the circumstances and impact of incidents. Incidents requiring formal notification were submitted in keeping with statutory timeframes. However, as identified at Outcome 7 the use of security alarms was not being notified on a quarterly basis as per statutory requirements.

**Judgment:**
Substantially Compliant

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**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:**
Current and site-specific policies and procedures were in place in relation to the care and welfare of residents. A sample of care plans were reviewed; these were found to be person-centred and contained the necessary information to guide staff in their care of residents and were updated routinely on a three monthly basis or as needs required. Comprehensive assessments were carried out prior to and on admission by the person in charge and care plans were developed in line with residents' changing needs. The care planning process involved the use of validated tools to assess residents’ risk of falls, nutritional status, level of cognitive impairment and skin integrity.

Residents had access to allied healthcare professional services such as dietetics, speech and language therapy, physiotherapy and occupational therapy. Arrangements in place to meet the health and welfare needs of residents included access to community psychiatric services and routine dental and eye-care reviews. Measures to encourage the prevention of ill health included seasonal vaccinations and the routine monitoring of standard observations such as blood pressure, pulse and weight. The centre also had access to palliative care services. Residents had the option of retaining the services of their general practitioner and/or pharmacist and the centre facilitated residents in this choice. Care plans reviewed documented records of consultation with families. Relatives who met inspectors during the course of the inspection also confirmed that they were kept informed of their relative’s care. Documentation and correspondence in relation to outpatient appointments and reviews were maintained on file for reference.

Effective systems of communication were in place to ensure staff were aware of the needs, or changing needs, of residents including daily narrative notes and handover meetings. A record of residents who were on specialised diets such as modified consistencies or fluid thickeners was maintained. Catering staff spoken with by the inspector understood the dietary needs of residents and explained that systems were in place to ensure that they were made aware of any changes around diet and nutrition as necessary. Menus were regularly rotated and offered good choice and appropriate nutritional balance. Meals were seen to be freshly prepared and home baking was also provided. Snacks and refreshments were seen to be appropriately provided on a regular basis throughout the duration of the inspection.

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

Findings:
There was a current complaints policy in place; however it required review in order to fully reflect the regulatory requirements to nominate a complaints officer, include a protocol and advice on the internal appeals process and nominate an individual with oversight of the complaints process. This action was addressed by management at the time of inspection. Contact information for the office of the Ombudsman was appropriately provided and the complaints procedure was also referenced in the statement of purpose. Information on the process of making a complaint was clearly displayed at the centre.

The inspector reviewed the log of complaints and noted that the system included entries for the complaint, complainant and any action taken as a result. However, the complaints log did not provide adequate detail on the outcome of the complaint or complainant satisfaction. Residents spoken with understood who was in charge and how to make a complaint. The person in charge explained that learning from any issues raised could be communicated through regular staff meetings and handovers.

Judgment:
Substantially Compliant

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

Theme:
Person-centred care and support

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

Findings:
Arrangements were in place to facilitate consultation with residents and around the delivery of service at the centre including regular resident committee meetings which were chaired by an independent advocate. The centre also provided access to a national advocacy service with contact information clearly on display. Minutes of resident meetings, along with a record of attendance, were available for reference. Documentation indicated that issues discussed at these meetings were relevant to the centre and included topics such as outings, activities, finances and arrangements for hospital appointments.
The atmosphere at the centre was homely and relaxed and those residents and their relatives spoken with by the inspector gave positive feedback on the attitude and standard of care provided by staff. Interactions between staff and residents observed by the inspector were seen to be person-centred and attentive. Residents were seen to be cared for in a manner that respected privacy with appropriate screening in place in rooms that were shared. Staff were also seen to knock before entering bedrooms which were personalised with individual belongings and memorabilia to a varying degree. Staff spoken with demonstrated an understanding of how to utilise appropriate techniques in managing communication and behaviour where residents had a cognitive impairment or other difficulties communicating. A regular programme of activities was in place and individual records were maintained for each resident on their interests and participation. The person in charge explained that a ‘key to me’ profile was developed for each resident based on personal preferences and interests. Both the person in charge and staff were seen to have a good knowledge and understanding of residents' backgrounds and interests. The centre supported residents who chose to attend local day services and community services were also available for residents who used wheelchairs and required assistance on outings.

Residents were supported in civic activities such as voting. The centre provided access to religious services and pastoral care with a fortnightly mass service on site. The person in charge explained that residents were also provided with spiritual support at end of life. Facilities were available for residents to receive visitors in private should they so wish and the inspector noted that there was a regular attendance of visitors on the day of inspection. Residents had access to TV, radio, papers and a private phone as required.

**Judgment:**
Compliant

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**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:**
Based on a review of the staff roster, observation of practice and discussions with staff and management, the inspector was satisfied that there was an adequate number of
staff with an appropriate skill mix to meet the needs of residents. Staffing levels were further supported by the on-call availability of the person in charge. The system of supervision was directed through the person in charge who explained that staff competencies and understanding were regularly assessed both through the appraisal system and staff and handover meetings. Records of staff meetings were reviewed and demonstrated initiatives for staff awareness around items such as care plan development and the management of infectious outbreaks. Staff spoken with were aware of their statutory duties in relation to the general welfare and protection of residents and copies of the standards and regulations were readily available and accessible by staff. Appropriate supervision was in place on a daily basis with a qualified nurse on duty at all times. Supervision was also implemented through monitoring and control protocols around areas such as medications and controlled drugs.

Management explained that a programme was in place to cover the mandatory training areas of fire safety and manual handling; however, one member of staff was overdue refresher training in manual handling. The programme also included training relevant to the resident profile at the centre in relation to infection control, nutrition and cardio-pulmonary resuscitation for example.

Appropriate policies and procedures were in place in relation to recruitment and training dated December 2015. A review of personnel records indicated that the required documents and certificates were maintained in keeping with Schedule 2 of the regulations. Evidence of current registration was available for nursing staff. There were no volunteers currently working in the centre.

**Judgment:**
Substantially Compliant

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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:**

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual quality review required further development to reflect consultation with residents and their families as required by the regulations.

1. Action Required:
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The annual quality review will now include data from consultation with residents and their families by means of a satisfaction questionnaire as required under regulation 23(1)(d) and will be available in the 2016 annual report and in subsequent reports.

Proposed Timescale: 15/12/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy and procedures in place for the prevention, detection and response to abuse required review to reflect current national policy and best practice.

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:
Policy and procedures on prevention, identification and management of Elder Abuse is being updated to reflect national policy 'Safeguarding vulnerable persons at Risk of Abuse 2015.

Proposed Timescale: 16/12/2016

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The restraint policy required review to reflect national policy in relation to the definition and use of an enabler or restraint.

3. 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:
The Restraint Policy and procedure is being updated to reflect national policy in relation
to the definition and use of an enabler or restraint.

**Proposed Timescale: 16/12/2016**

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The timing of fire drills was not being recorded accurately.

4. **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:
The timing of fire drills is now being recorded accurately

**Proposed Timescale: 31/08/2016**

**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:
Cleaning equipment was co-located in the same area as the sluice facility which was not in keeping with appropriate infection control protocols.

5. **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:
Cleaning equipment will now be re-located in keeping with appropriate infection control protocols

**Proposed Timescale: 15/12/2016**

**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:
In some instances the administration of anti-coagulant medication was recorded against pre-signed prescription sheets which was not in keeping with best practice.

6. 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:
Anti-coagulant medication will not be recorded against pre-signed prescription sheets. Staff educated in change of practice.

Proposed Timescale: 30/08/2016

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:
The use of security alarms was not being notified on a quarterly basis as per statutory requirements.

7. 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:
The use of security alarms is now being notified on a quarterly basis as per statutory requirements.

Proposed Timescale: 25/08/2016

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:
The complaints log did not provide adequate detail on the outcome or complainant
satisfaction.

8. **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:**
The complaints log has been updated to include details on the outcome and complainant satisfaction

**Proposed Timescale:** 25/08/2016

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### Outcome 18: Suitable Staffing

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
One member of staff was overdue refresher training in manual handling.

9. **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:**
Overdue refresher training in manual handling for the staff member will be organised in the next available sitting.

**Proposed Timescale:** 12/11/2016