

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kiltormer Nursing Home
Centre ID:	OSV-0000352
Centre address:	Kiltormer, Ballinasloe, Galway.
Telephone number:	090 962 7313
Email address:	info@kiltormernursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	D & G Nursing Home Limited
Provider Nominee:	Derek Glynn
Lead inspector:	PJ Wynne
Support inspector(s):	Shane Grogan
Type of inspection	Unannounced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	5

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: 01 February 2016 09:45 To: 01 February 2016 18:10

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 04: Suitable Person in Charge	Non Compliant - Moderate
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 - Major
Outcome 09: Medication Management	Non Compliant - Major
Outcome 10: Notification of Incidents	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Non Compliant - Major
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection. This inspection took place over one day. Notifications of incidents received since the last inspection was also considered and reviewed on this visit. The centre was previously inspected in March 2014. At that time the inspection was announced and in response to an application by the provider to renew registration of the designated centre.

There were 31 residents in the centre during the inspection. Four residents were admitted for short term care for a period of respite or convalescence. The remaining residents were accommodated for long term care. There was a very advanced age profile amongst the residents accommodated. In total 22 of the 31 residents accommodated were over 85 years of age.

The centre is registered to accommodate 36 residents. As outlined in the Statement of Purpose there are 13 single and one twin bedroom. There are seven bedrooms registered to accommodate three residents each. There are two bathrooms and six toilets facilitates located throughout the building .The bedrooms and care environment were adequately lit, heated and ventilated.

The building was comfortably warm. Staff demonstrated good knowledge and understanding of each resident's background, their likes and dislikes. Staff interacted with residents in a courteous manner. Residents were well dressed with clean, neat clothing and a good general presentation. There was a choice of nutritious varied food at mealtimes.

This inspection however, evidenced significant failings to adequately meet the requirements of the Regulations. A total of 14 Outcomes were inspected. The inspector judged seven Outcomes as major non-compliant. Four Outcomes were judged as moderate non-compliant with the Regulations. Three Outcomes were judged as being substantially in compliance with the Regulations.

The areas of major non-compliance primarily related to;

Management systems were inadequate to ensure the service provided is safe, appropriate, consistent and effectively monitored to deliver a good quality of care.

There was an inadequate complement of care staff to meet the assessed needs of residents. Staff training at suitable intervals to meet the requirements of the Regulations was not ensured. There was limited evidence of ongoing professional development training for nursing staff.

Newly admitted residents did not have a comprehensive assessment completed with care plans developed within the timeframe required by the Regulations. Referrals to external healthcare professionals for specialist advise in relation to the management of wounds, care of residents with swallowing difficulty and advice on the provision of suitable seating had not being obtained.

There were inadequate systems in place to ensure the health and safety of residents, staff and visitors. The majority of the fire safety precautions required review. There were no arrangements in place for recording and investigating incidents, accidents and near misses.

There was no system of monitoring in place to ensure medication management practices were safe.

The areas of non-compliance were discussed in detail with the nominated provider at the end of the inspection. In line with the HIQA' s procedures to manage risk and ensure safe, quality care, another unannounced inspection will be undertaken within a short time frame to monitor progress on the action plan submitted by the provider.,

The action plan at the end of this report identifies in full all improvements required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 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):

Findings:

The Statement of Purpose was last updated in 2014. The Statement of Purpose sets out the services and facilities provided in the designated centre.

However, the Statement of Purpose was not updated on receipt of the new certificate of registration to detail the conditions of registration, revised registration number and date of expiry of the current registration period.

The Statement of Purpose submitted required review to ensure more clarity in certain aspects to fully meet the requirements of Schedule 1 of the regulations. The areas requiring review are outlined below;

The qualifications and experience of the named person nominated to deputise in the absence of the person in charge was not outlined.

The number and size of bathrooms containing bathing facilities was not detailed.

The description of the number of care staff did not accurately reflect the staffing levels as rostered at the time of inspection.

The Statement of Purpose did not specify if any residents were accommodated for day services.

Judgment:

Substantially 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):

Findings:

A single member of the management team is notified as required by regulation to HIQA to fulfil the roles of both nominated provider and person in charge. The nominated individual to fulfil the dual roles was identified as the chairperson of the company in the application made during 2014 to renew registration.

The individual identified as the secretary of the company in the application to register works in the centre. This is an administrative role and supports the person in charge.

This inspection evidenced that the management systems in place are not adequate to ensure the service provided is safe, appropriate, consistent and effectively monitored to deliver a good quality of care.

There were inadequate staff resources to ensure that safe, well-planned care is delivered. The person notified to the HIQA as the person in charge was not adequately or sufficiently engaged in the governance and operational management of the centre.

The person in charge was the only nurse rostered for duty on the day of inspection and was rostered for other days during the week to cover staff shortfalls, to include holiday leave and unplanned absences.

The number and skill mix of staff was not adequate having regard to the needs of residents as assessed in accordance with regulation 5.

The person in charge did not ensure staff received appropriate training within suitable timeframes to include refresher updates as required by the regulations.

The systems in place did not ensure adequate supervision to ensure a high standard of evidence-based nursing care.

The governance arrangements to manage risk situations were inadequate.

Records required by the regulations were not suitably or securely maintained and kept up to date.

Statutory notifications of incidents occurring within the centre were not reported to the HIQA.

The procedures to complete audits were inadequate and did not inform learning and ensure enhanced outcomes for residents.

An annual report on the quality and safety of care was not complete, and copies were not made available to the residents or their representative for their information as required by the regulations.

The aforementioned issues are discussed in more detail with underpinning evidence in each respective Outcome throughout this report.

Judgment:
Non Compliant - Major

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:

The nominated person to fulfil the role of the person in charge meets the requirements of the regulations in terms of qualifications and experience. The person in charge provided all information requested by the inspection team.

Mandatory training required by the regulations was not maintained up to date by the person in charge. Refresher training in fire safety was not completed in the past 18 months. Training in adult protection was last undertaken in 2011.

There is no dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge as previously identified due to a shortfall in nursing staff.

A senior nurse is notified to HIQA as deputy. However, the senior nurse was not regularly rostered to support the person in charge. A review of the roster identified that the senior nurse worked four days over a two week period and only two days alongside the person in charge during a two week interval.

Judgment:
Non Compliant - Moderate

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):

Findings:

The inspector identified that the systems in place were inadequate to maintain complete and accurate records.

The directory of residents was not maintained up to date. The inspector noted that the details of a recently admitted resident were not recorded. The date a resident was transferred to hospital was not noted. There was conflicting information in relation to the date of death of a resident. Two separate dates were noted in the column to record the date of death.

Some care records were not stored securely and all information concerning residents' personal care was not recorded in their care files. Communal records outlining details of personal care interventions to include dates and frequency of washing and bathing were maintained on an open shelf in the bathroom.

The daily nursing notes of one resident were incorrectly filed in another resident's care plan folder.

Records of residents' personal possessions were not reviewed and updated in instances where a resident was residing in the centre over a number of years. A small number of residents shared wardrobe space where three residents were accommodated within one bedroom.

A directory of visitors to the centre was not maintained. Photographic identification was not maintained for each resident residing in the centre.

The inspector viewed the staff duty roster for a two week period. However, the staff roster was not clear. The roster was not dated for each week worked. The roster did not specify each staff member's full name. The hours kitchen staff work was not detailed. The activity coordinator's role and hours worked was not outlined on the roster.

A sample of staff files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the regulations was available in the staff files reviewed.

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):**Findings:**

Staff spoken with were able to explain the different types of abuse and how to report any concerns. However, some staff were unclear on what signs to look out for as an early indicator of abusive situations. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed training record and identified that refresher training in the protection of vulnerable adults had not taken place since staff were last trained in 2011.

There is a policy on the management of behaviour that is challenging. Staff spoken with were very familiar with resident's behaviours. However, all staff involved in residents care did not have up-to-date knowledge and skills appropriate to their role, to respond to and manage responsive behaviour.

There was a policy on restraint management (the use of bedrails and lap belts) in place. However, this practice was not fully reflective of the national policy on promoting a restraint free environment. There was a risk assessment completed prior to the use of the restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative and the GP.

There was limited evidence on alternatives trialled and why they were unsuccessful. There was no evidence of the use of alternatives to include the bed placed at the lowest position or a crash mat in place. There was not always a clear rationale detailed to outline how the raised bedrail supported the resident and ensured an enabling function. Assessments did not detail if the bedrails assisted the resident to sit up or turn in the bed independently. A restraint/enabler register was not maintained. Conflicting information was provided to the inspector detailing the number of residents with a raised bedrail.

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):

Findings:

The systems in place to ensure that the health and safety of residents, staff and visitors in the centre are inadequate and require review.

Fire extinguishers were provided and serviced annually. Emergency exits were clearly marked. However, the majority of the fire safety precautions require review.

The procedures to follow in the event of a fire were not displayed to include the action to take on hearing the alarm or discovering a fire.

The evacuation procedure in the event of a fire was one of phased, progressive horizontal evacuation of the building. The needs of the residents had not been assessed in the event of an evacuation of the centre. Personal emergency evacuation plans were not developed for any resident.

The fire alarm and emergency lighting were not serviced at quarterly intervals by a competent person in accordance with fire safety standards.

Records to review fire precautions were not maintained up to date. Monthly checks to ensure fire doors were operational had not been completed since December 2014. Routine checks at regular intervals to ensure the fire panel was operational and fire fighting equipment was in place and intact were not undertaken.

The records present relating to the training of staff examined by inspectors indicated that staff had not had refresher fire safety training. Staff were last trained 18 months ago. During conversation with staff there was uncertainty as to how they would evacuate immobile residents safely and to where they would relocate residents to ensure their safety.

Records indicated fire drill practices were completed. However, the records were unclear. The drills did not record the scenario/type of simulated practice. Records did not evidence that simulated fire drills had been undertaken to reflect a night time situation when staffing levels are reduced. The fire drill records indicated a time of 30 minutes for all drills, but did not specify if this was the time taken for staff to respond to the alarm or evacuate a zoned compartment. There was no evaluation of learning from fire drills completed to help staff understand what worked well, identify any improvements required and share learning.

The training records showed that staff had up-to-date refresher training in moving and handling during 2015. Risk assessment detailed the type of hoist. However, the sling size was not detailed in each sample of assessments reviewed. Residents recently admitted had not had a moving and handling risk assessment completed. The inspector observed some residents being transported in wheelchairs without foot plates in place and residents' feet were not safely positioned.

There was two hoists provided to assist staff safely transfer residents who are unable to support their own weight or with maximum dependency care requirements. However, the hoists had not been serviced or checked by qualified personnel since March 2014 to ensure they were functioning safely.

There were no arrangements in place for recording and investigating incidents, accidents and near miss occurrences. No falls or near miss events were documented throughout 2015. A falls audit completed by the person in charge for the past year stated no falls were sustained by residents. However, in a sample of four medical files examined, two residents were reviewed by the GP following a fall in recent months.

The last documented records of any falls was completed in 2014. The accident report forms contained limited information on each event for those completed. Incidents were not well described. It was difficult to identify the circumstances of each event and any contributing factors, for example, changes to medication or onset of an infection. There was no evidence of a post-incident review or learning from adverse events to minimise the risk of repeat similar accidents.

A sufficient number of cleaning staff were rostered each day of the week. However, some operational practices and storage procedures posed a hazard of cross infection. Slings to assist residents with hoist transfers were left hanging on the side of the sluice sink. A trolley containing clean continence wear was stored in the sluice room. This trolley is brought to each resident's bedroom during the day creating the potential of cross infection.

The wash hand-basin in the sluice room was not easily accessible due to trolleys and only supplied with cold water. The soap dispenser was empty.

The bedpan washer was inaccessible. Urinal containers were soaking in a tub on the floor containing a disinfecting solution. They were not placed in the bedpan washer for cleaning. No certification was provided to the inspectors on when the bedpan washer had last been serviced. Commodes were stored in both bathrooms.

Judgment:
Non Compliant - Major

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

Theme:

Safe care and support

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

Each resident's medication was dispensed from blister packs. The blister packs were delivered by the pharmacy on a weekly basis.

There was no system of monitoring in place to ensure medication management practices were safe.

There was not a signed prescription sheet provided for each resident's drugs being administered. In the sample of kardex's reviewed there was not a prescription for each resident. Drugs were administered from the medication administration recording sheet (MARS).

Where a prescription was available it was a copy faxed by the pharmacy. This system did not ensure safe practice. The print size was illegible due to the quality of the faxed document and small print size. In one case, the second page of the faxed prescription was not received for one resident's medication order. The resident's MARS indicated the resident was administered 11 different medications. However, only nine were identified on the first page of the faxed prescription available in the Kardex. There was no current date on some of the sample of faxed prescriptions viewed. January 2015 was the date outlined on some of the faxed prescriptions.

There was no system in place to check the medications delivered by pharmacy reconciled with the prescribed medication orders due to the absence of a prescription in the centre for each resident.

There was no photographic identification available for each resident on their medication kardex to ensure the correct identification of the resident receiving medication.

Drugs were being crushed for a small number of residents due to swallowing difficulty. However, each drug was not prescribed individually as suitable for crushing and identified on the MARS as being crushed prior to administration.

The MARS sheets were legible and included photographs of each drug for identification purposes. The medication dose, route and time of administration were outlined. The signature of the nurse administering the medication was recorded.

Medications that required strict control measures were kept in a secure cabinet in the nurse's office. However, this cabinet was not double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. The nurses' office was not locked at the commencement of inspection and was unoccupied.

A register of controlled drugs was maintained. Two nurses signed when a controlled

drugs was administered. Controlled drugs were checked by two nurses at the change of each shift to ensure balances were correct.

The inspector checked the balances of controlled drugs maintained for two residents and found them to be correct.

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):

Findings:
Statutory notifications of incidents occurring within the centre were not reported to HIQA as required by the regulations. There were four residents with pressure or vascular wounds at the time of this inspection. These wounds are notifiable incidents and had not being reported to HIQA within the three-day timeframe of occurrence.

Notifications required to be submitted at quarterly intervals to HIQA were not provided for any interval during 2015.

Judgment:
Non Compliant - Major

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
There were 31 residents in the centre during the inspection. Four residents were admitted for short-term care for a period of respite or convalescence. The remaining residents were accommodated for long-term care.

There were seven residents with maximum care needs. Nine residents were assessed as highly dependent and 12 had medium dependency care needs. Three residents were considered as low dependency. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. There was a very advanced age profile amongst the residents. Ten residents were over 90 years and 12 residents were over 85 years of age. A further six were over 80 year of age. In total, 22 of the 31 residents accommodated were over 85 years of age.

The inspector reviewed three resident's care plans in detail and certain aspects within other plans of care. This included the files of residents with nutritional issues, protective dressings, responsive behaviour, high risk of falls and recently admitted residents for short term care.

On admission, a comprehensive assessment of needs was completed. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and continence.

Personal profiles were developed. These included details of the residents' life history, their likes and dislikes, level of support required with personal hygiene, mobility and safety, nutritional requirements and their communication needs. However, in the sample of care plans reviewed, there was evidence that risk assessments and care plans were not always updated at the required intervals. The timeframe between the review of some assessments exceeded a period of six months or more in some cases.

There were care plans in place for each identified need. Care plans were well personalised to describe required care interventions. Staff demonstrated good knowledge and understanding of each resident's background and care needs in conversation with the inspector. However, there was no documentary evidence that residents or their representative were involved in the development and review of their care plan.

The inspector identified that recently admitted residents had not had a comprehensive assessment completed with care plans developed within the timeframe required by the regulations. At the time of inspection, in the sample of two files of the four residents admitted recently, risk assessment or plans of care had not been developed. One resident was admitted on 15 Jan 2016 and subsequently readmitted to hospital for a four day period. The other resident was admitted with a pressure wound. There was no validated assessments completed with care plans to guide staff in their actions and care interventions.

There was evidence of medical reviews when a resident became unwell. However, medical notes evidenced that the nominated medical teams did not visit the centre regularly to review medication and reissue each resident's prescription.

There were four residents with pressure or vascular wounds at the time of this inspection. These wounds are notifiable incidents and had not being reported to the HIQA as required by the regulations. The person in charge when questioned concluded

that two were considered grade two and the other two pressure wounds were on the grade three classification rating scale.

A wound assessment chart was in place for each resident. However, the assessments charts were not completed each time the dressings were changed. There was no evidenced-based reporting as to the progress of the adequacy of the type and frequency of the care interventions and dressings applied. A referral to an external healthcare professional, at the time of this inspection for specialist advise to outline an appropriate care regime to include the type and frequency of dressing, had not being obtained.

Residents were referred to the dietician and specialist advise was obtained. Each resident was weighed monthly. Residents identified with a nutritional risk were prescribed supplements.

The systems to monitor and record food and fluid intake of residents identified with a nutritional risk were inadequate. A resident was noted to only take fluids on one day in January. The nursing notes or care records did not specify the quantity consumed. Nursing notes stated "fluid intake fair". It was noted in the directory of residents the reason for transfer to hospital by a resident previously was dehydration.

There was limited evidence of referral to speech and language therapists for residents with swallowing difficulties. Five residents were on modified diets. However, specialist advise from a speech and language therapist with recommendations was not obtained where nursing staff identified concerns.

There was a good range of specialist air mattresses provided to the beds of residents where the need was identified. It was noted that some residents who remained seated for a long period during the day were not adequately supported in their chairs. While specialist chairs were provided, one resident was noted to have inadequate support. There was no evidence of seating assessments or specialist advise being obtained from an occupational therapist.

Where residents had specialist care needs such as mental health problems there was evidence in medical files of good links with the mental health services. The community mental health nurse visited the centre to review residents and their medication to ensure optimum therapeutic values.

Judgment:
Non Compliant - Major

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):

Findings:

The centre is registered to accommodate 36 residents. As outlined in the Statement of Purpose, there are 13 single and one twin bedroom. There are seven bedrooms registered to accommodate three residents each. At the time of this inspection, as there was 31 residents in the centre, only two of these bedrooms were configured to accommodate three residents each.

Not all parts of the building were kept clean or suitably decorated. Paintwork in some bedrooms including skirting boards were stained. Aspects of decorative maintenance in communal areas required attention to ensure they can be easily cleaned. Some assistive frames in toilets were corroded and radiators in bathrooms were noted to be in a similar condition.

Some bedrooms had a limited amount of furniture. While each resident had a bedside locker, it contained only a single drawer and open shelf space underneath on which toiletries were stored. While all bedrooms had wardrobe space, they were not furnished with chests of drawers or similar type furniture to provide closed personal storage space for residents.

The building was comfortably warm and hand testing indicated the temperature of dispensing hot water and radiators did not pose a risk of burns and scalds. All parts of the premises were suitable lit and adequately ventilated. Handrails were provided along the corridor to assist residents mobilise safely.

Judgment:

Non Compliant - Moderate

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):

Findings:

The person in charge explained that issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant

wishes otherwise.

The complaints procedure was displayed in the window of the nurses' office. This provided direction to a person on how to raise an issue if they had a concern. No complaints were being investigated at the time of inspection. A complaints log was in place, which contained the facility to record all relevant information about complaints.

The complaints procedure did not meet all the requirements of the regulations. The policy was last reviewed in 2011. The person nominated to appeal the decision of a complaint reviewed review as the individual nominated was not a member of the centre's management team.

Judgment:
Substantially Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
The policy of the centre is that all residents are for resuscitation unless documented otherwise. Each resident had a plan of care for end-of -life. The care plans contained good detail of personal or spiritual wishes. Residents' preferences with regard to transfer to hospital if of a therapeutic benefit were not documented in all of the end-of -life care plans reviewed.

A multidisciplinary approach was undertaken to document a resident's resuscitation status, including the resident where possible, their representative, the GP and the nursing team. However, procedures were not in place to ensure residents with a DNR status have the DNR status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

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):

Findings:

There was evidence of a good communication culture amongst residents, the staff team and the person in charge. The inspector observed staff interacting with residents in a courteous manner. Residents were warmly and appropriately dressed. Clothing worn was clean and neat with a good general presentation.

During the day, residents did not move around the centre. The majority of residents were in the day sitting room for breakfast and remained in the sitting room throughout the day. Each resident was provided with a small table alongside their chair in the sitting room at which they had their breakfast, lunch and evening meal. Meal times were not a social occasion as residents did not come together in a dining area. They were limited opportunities to promote residents' mobility. Unless residents requested to retire to bed, the only movement from the day sitting room for the majority of residents was to visit the bathroom as observed by the inspectors.

Some care practices were institutional in approach. Residents wore clothes protectors at meal times. However, they were not removed by staff in a timely manner after meals. Some residents continued to have clothes protectors on their person at 11:00 am following breakfast earlier in the morning. They wore the clothes protectors while they were engaged in other activities such as reading the newspaper or resting.

A list with residents' names was located on the bathroom wall allocating a specific day during the week on which each resident was to have a shower. Communal toiletries was stored in the bathroom cabinet including shower gel and nail clippers.

CCTV was in operation throughout the building. CCTV cameras were located in the day sitting room where residents spent their entire day and would have a reasonable expectation of privacy, while in a communal area for example, while having their meals or spending time with their visitors. Notices alerting residents and visitors to CCTV recordings were not in place.

Judgment:

Non Compliant - Major

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):

Findings:

There was an inadequate complement of care staff to meet the assessed needs of residents at the time of this inspection during the day. Taking account of the dependency of residents, the category and purpose of care outlined in the centre's Statement of Purpose, there was an inadequate number of care staff to promote residents' independence and to ensure safe, quality care.

There were four care assistants rostered from 8:00 am until 10:00 am to assist residents to get up in the morning, to attend to their personal care and to have breakfast. There were three care assistants from 10:00 am to 2:00 pm. There were only two care assistants and one staff nurse from 2:00pm for the remainder of the day until midnight to meet the care needs of 31 residents. There was one staff nurse and one care assistant rostered for night duty from midnight.

Two residents were transferred with the full body hoist in the morning. Eleven residents required the assistance of two staff to mobilise and meet their moving and handling needs safely. Eleven residents required full assistance with all their meals and one resident intermittently on a daily basis depending on her level of tiredness and health status.

Staff were very knowledgeable of residents' daily routines and the level of assistance they required in the activities of daily living. However, staff did not have access to ongoing education and training.

Training in the safe moving and handling of residents was completed. Other training required by the regulations was not up to date. As described under Outcome 7, Safeguarding and Safety, training to ensure staff knowledge to respond to and manage responsive behaviour was not completed. Refresher training in adult protection and fire safety was not undertaken. There was limited evidence of ongoing professional development for nursing staff in the areas of medication management and cardio pulmonary resuscitation training. The majority of the residents were for resuscitation in the event of cardiac arrest.

Judgment:
Non Compliant - Major

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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Kiltormer Nursing Home
Centre ID:	OSV-0000352
Date of inspection:	01/02/2016
Date of response:	04/03/2016

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The Statement of Purpose submitted required review to ensure more clarity in certain aspects to fully meet the requirements of Schedule 1 of the Regulations.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

- Statement of purpose updated and reviewed as per schedule 1 of the health act 2007 and attached

Proposed Timescale: 25/02/2016

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 management systems in place are not adequate to ensure the service provided is safe, appropriate, consistent and effectively monitored to deliver a good quality of care.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

- We are actively looking to recruit staff nurses ,
- We have taken on 2 new HCA
- We have increased our staff rota in accordance with same, an extra 8 hours per day
- We have recruited an agency nurse in the interim and are in the process of recruiting another nurse on a part time basis to cover shifts on the floor.
- We have arranged challenging behaviour and adult protection training for all staff members
- We are currently introducing a new Software system- Epiccare to our centre. We hope to incorporate all record and notification into same.
- I am currently seeking information in relation to upgrading my audit system to inform learning and ensure enhanced outcomes for residents.

Proposed Timescale:

Epiccare- 20th May 2016

Audit system 20th March 2016

Training 25th March 2016

Proposed Timescale: 20/05/2016

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

An annual report on the quality and safety of care was not complete. No copies were made available to the residents or their representative for their information, as required by the regulations.

3. Action Required:

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

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

- We are currently in the process of generating an annual report/questionnaire for all residents/their representatives to complete on the quality and safety of care in the centre as required by the Regulations.

Proposed Timescale: 20/04/2016

Outcome 04: Suitable Person in Charge

Theme:

Governance, Leadership and Management

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

There is no dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

4. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

- The senior nurse and the person in charge are currently only rostered together 1 day per week but communicate regularly via phone and meetings on a needs basis.
- We have recruited an agency nurse in the interim and are in the process of recruiting another nurse on a part time basis to cover shifts on the floor to facilitate the PIC to manage the clinical governance and administration duties required by the PIC

Proposed Timescale: 04/03/2016

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 directory of residents was not up to date.

5. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

- Errors in the directory of residents have been amended to include the information specified in paragraph (3) of Schedule 3.

Proposed Timescale: 25/02/2016

Theme:

Governance, Leadership and Management

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

The daily nursing notes of one resident were incorrectly filed in another resident's care plan folder.

Records of residents' personal possessions were not reviewed and updated.
A directory of visitors to the centre was not maintained.

Photographic identification was not maintained for each resident residing in the centre.

Some care records were not stored securely and all information concerning residents' personal care was not recorded in their care files.

6. Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

- All files are being uploaded to the new Epiccare system to avoid a reoccurrence of same
- Records of residents' personal possessions will be reviewed and updated every 6 months on the epiccare system.
- Visitors book presently located in Reception area.
- Photographic identification will be maintained for each resident residing in the centre on the epiccare system.
- All records outlining personal care interventions will be maintained for each resident residing in the centre in the residents careplan.

Proposed Timescale:

Epiccare - 20th May 2016

Visitors book 25th February 2016

Proposed Timescale: 20/05/2016

Theme:

Governance, Leadership and Management

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

The staff roster was not clear. The roster was not dated for each week worked. The roster did not specify each staff member's full name. The hours kitchen staff work was not detailed. The activity coordinator's role and hours employed was not outlined on the roster.

7. 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 staff roster is currently being updated to include Dates, full names and the hours worked by all staff members to include Kitchen and Activity staff

Proposed Timescale: 20/03/2016

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 involved in residents care did not have up to date knowledge and skills appropriate to their role, to manage responsive behaviour.

8. 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:

- We have arranged challenging behaviour training for all staff members 25th March 2016

Proposed Timescale: 25/03/2016

Theme:

Safe care and support

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

Restraint management practice (the use of bedrails and lap belts) was not fully reflective of the national policy on promoting a restraint free environment.

9. 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:

- We are currently promoting a restraint free environment and restraint is only used in accordance with the national policy as published on the website of the Department of Health .
- We currently have no residents using bed rails.
- We have purchased wedges, body shapers & crash mats should any residents require them.
- We have also purchased a new low low bed .

Proposed Timescale: 25/02/2016

Theme:

Safe care and support

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

Refresher training in protection of vulnerable adults has not taken place since staff were last trained in 2011.

10. 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:

We have arranged adult protection training for all staff members 25th March 2016

Proposed Timescale: 25/03/2016

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:

Hoists had not been serviced or checked by qualified personnel since March 2014 to ensure they were functioning safely.

11. 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:

- All equipment is currently being serviced by a newly recruited company
- Servicing will be complete of all equipment in use in the centre by Friday the 11th March

Proposed Timescale: 11/03/2016

Theme:

Safe care and support

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

The inspector observed some residents being transported in wheelchairs without foot plates in place and residents' feet were not safely positioned.

12. 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:

We are after purchasing 4 new wheelchairs , and all staff have been informed footplates are to be in situ at all times

Proposed Timescale: 25/02/2016

Theme:

Safe care and support

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

Residents recently admitted did not have a moving and handling risk assessment completed.

Risk assessment detailed the type of hoist. However, the sling size was not detailed in each sample of assessments reviewed.

13. 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:

- A more comprehensive moving and handling risk assessment will be completed within 48 hours of admission
- All sling sizes will be assessed accordingly and noted in the residents assessment and care plan.

Proposed Timescale: 05/03/2016

Theme:

Safe care and support

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

There were no arrangements in place for recording and investigating incidents, accidents and near miss occurrences. No falls or near miss events were documented throughout 2015.

14. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

We are currently recording and investigating incidents, accidents and near miss occurrences on the epiccare system.

Proposed Timescale: 29/02/2016

Theme:

Safe care and support

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

Operational practices and storage procedures posed a hazard of cross infection.

Slings to assist residents with hoist transfers were left hanging on the side of the sluice sink.

A trolley containing clean continence wear was stored in the sluice room.

The wash hand basin in the sluice room was not easily accessible due to trolleys and only provided with cold water.

The soap dispenser was empty.

Urinal containers were soaking in a tub on the floor containing a disinfecting solution. They were not placed in the bedpan washer for cleaning.

Commodes were stored in both bathrooms.

15. 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:

- Slings are currently being stored in the storage room adjacent to the sluice room to avoid cross infection.
- Both trolleys containing clean incontinence wear are stored in the storage room adjacent to the sluice room.
- The wash hand basin is clearly accessible and also has both hot and cold taps functioning.
- Soap dispensers maintained by cleaning staff.
- All urinals and bedpans are being cleaned in the bedpan washer and the tub has been removed.

Proposed Timescale: 25/02/2016

Theme:

Safe care and support

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

The procedures to follow in the event of a fire were not displayed to include the action to take on hearing the alarm or discovering a fire.

16. Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

Fire evacuation plan displayed beside the fire panel and also throughout the building with PEEP sheets (day/night and zones) attached

Proposed Timescale: 29/02/2016

Theme:

Safe care and support

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

The needs of the residents had not been assessed in the event of an evacuation of the

centre. Personal emergency evacuation plans had not been developed for any resident.

17. Action Required:

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

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

Fire evacuation training completed and evacuation plan displayed beside the fire panel with PEEP sheets (Day & Night with zones) attached

Proposed Timescale: 19/02/2016

Theme:

Safe care and support

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

Staff had not had refresher fire safety training. During conversation with staff there was uncertainty as to how they would evacuate immobile residents safely.

18. Action Required:

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

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

- All staff received fire training on the 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 19th Feb 2016

Proposed Timescale: 19/02/2016

Theme:

Safe care and support

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

Records to review fire precautions were not up to date. Monthly checks to ensure fire doors were operational had not been completed since December 2014. Routine checks at regular intervals to ensure the fire panel was operational and fire fighting equipment was in place and intact had not been undertaken.

19. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Fire doors were checked on the 14th January 2016 and noted in fire register

Proposed Timescale: 19/02/2016

Theme:

Safe care and support

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

Fire drill records did not record the scenario/type of simulated practice. Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced. The fire drill records indicated a time of 30 minutes for all drills, but did not specify if this was the time taken for staff to respond to the alarm or evacuate a zoned compartment. There was no evaluation of learning from fire drills completed to help staff understand what worked well and to identify any improvements required.

20. 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:

- More comprehensive fire drills are currently in operation to include response to alarm panel & learning from fire drill.
- Peep assessment carried out on all resident and located beside fire alarm panel

Proposed Timescale: 20/02/2016

Theme:

Safe care and support

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

The fire alarm and emergency lighting had not been serviced at quarterly intervals throughout the year by a competent person in accordance with fire safety standards.

21. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

- The fire alarm has serviced on the 19th February and will be serviced at quarterly intervals throughout the year in accordance with fire safety standards.

- The emergency lighting will be serviced at quarterly intervals throughout the year by our Servicing contractors in accordance with fire safety standards.

Proposed Timescale: 11/03/2016

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:

There was no signed prescription sheet provided for each resident's drugs being administered.

22. 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:

- After a meeting with the PIC & the pharmacy, there is a signed prescription sheet provided for each resident's drugs being administered coinciding with the MARS sheet.
- Each resident's weekly medication delivery is detailed with each medication on their script and is checked by the pharmacist. This is then checked by the nurse on duty on delivery and recorded in our medication delivery folder.

Proposed Timescale: 25/02/2016

Theme:

Safe care and support

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

There was no system in place to check the medications delivered by the pharmacy reconciled with the prescribed medication orders due to the absence of a prescription in the centre for each resident.

23. 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:

- There is a new system in place to check the medications delivered by pharmacy reconciled with the prescribed medication orders in the centre for each resident.

- Each residents weekly medication delivery is detailed with each medication on their script and is checked by the pharmacist. This is then checked by the nurse on duty on delivery and recorded in our medication delivery folder.

Proposed Timescale: 25/02/2016

Theme:

Safe care and support

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

There was no photographic identification available for each resident on their medication kardex to ensure the correct identify of the resident receiving medication.

Drug being crushed were not prescribed individually as suitable for crushing and identified on the MARS as being crushed prior to administration.

24. 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:

- There is a photographic identification available for each resident on their medication kardex to ensure the correct identify of the resident receiving medication completed by the pharmacy
- Any drugs that require to be crushed are detailed on the prescription & mars Sheet

Proposed Timescale: 25/02/2016

Theme:

Safe care and support

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

Medications that required strict control measures were kept in a secure cabinet in the nurse's office. However, this cabinet was not double locked. The nurses' office was not locked at the commencement of inspection and was unoccupied.

25. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

- A second lock has been installed in the medication cabinet.
- The nurses' office is locked at all times by the nurse in charge

Proposed Timescale: 25/02/2016

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:

Notifiable incidents had not been reported to HIQA within the three-day timeframe of occurrence.

26. 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:

- All notifiable Incidents will be notified to the chief inspector within 3 working days of its occurrence.
- All wounds will be notified to the Authority

Proposed Timescale: 08/03/2016

Theme:

Safe care and support

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

Notifications required to be submitted at quarterly intervals to HIQA were not provided within the required time frame during 2015.

27. Action Required:

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

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

- All notifications are being notified at quarterly intervals through the portal on the HIQA website under Regulation 31(1)
- Quarterly reports for 2015 will be submitted by 8th March 2016

Proposed Timescale: 08/03/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Recently admitted residents did not have a comprehensive assessment completed with care plans developed within the timeframe required by the Regulations.

28. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

A comprehensive assessment of each resident will be completed by an appropriate health care professional within 48 hours of admission.

Proposed Timescale: 25/02/2016

Theme:

Effective care and support

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

Risk assessments and care plans were not always updated at the required intervals. The timeframe between the review of some assessments exceeded a period of six months or more in some cases.

29. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

We are in the process of installing a new computerised system (Epiccare) to ensure all assessments and care plans are reviewed in the correct timeframe. In the meantime Risk assessments and care plans will be updated in the existing careplans

Proposed Timescale: 05/03/2016

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

There was no documentary evidence that residents or their representative were involved in the development and review of their care plan.

30. Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

- With our new Epiccare system commencing, the resident and the family will have a greater input into the care plan.
- We are currently using our existing care plans until all staff are trained and competent with the new system

Proposed Timescale: 05/03/2016

Theme:

Effective care and support

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

There were four residents with pressure or vascular wounds at the time of this inspection. Wound assessments charts were not completed each time dressings were changed. There was no evidenced-based reporting as to the progress of the adequacy of the type and frequency of the care interventions and dressings applied. A referral to an external healthcare professional, at the time of this inspection for specialist advice to outline an appropriate care regime to include the type and frequency of dressing, had not been obtained.

31. Action Required:

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

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

- Wound assessment charts are completed at each assessment/intervention of a wound as there is clear guidance via the wound care chart/ care plan with the input of the TVN and the PIC is monitoring interventions on a daily basis.
- I have recently acquired the services of a Tissue viability nurse for guidance for wound care.

Proposed Timescale: 25/02/2016

Theme:

Effective care and support

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

There was limited evidence of referral to speech and language therapists for residents with swallowing difficulties.

There was no evidence of seating assessments or specialist advice being obtained from an occupational therapist.

32. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

- I now have access to a speech and language therapist and residents are currently being assessed for their needs,
- I have acquired the service of an occupational therapist in relation to seating assessments of residents.

Proposed Timescale: 08/03/2016

Theme:

Effective care and support

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

Nominated medical teams did not visit the centre regularly to review medication and reissue each resident's prescription.

33. Action Required:

Under Regulation 06(2)(a) you are required to: Make available to a resident a medical practitioner chosen by or acceptable to that resident.

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

- Our local GP visits the centre on a weekly basis and when required.
- I have discussed with the other 2 GPs to arrange regular visits and review medications on a monthly basis
- I have developed a GP visit folder to incorporate visits and reviews to the centre

Proposed Timescale: 05/03/2016

Theme:

Effective care and support

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

The systems to monitor and record food and fluid intake of residents identified with a nutritional risk were inadequate.

34. Action Required:

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

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

We have incorporated a new recording chart to monitor and record food and fluid intake of residents who are a nutritional risk

Proposed Timescale: 25/02/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Not all parts of the building were kept clean or suitably decorated. Paintwork in some bedrooms including skirting boards were stained. Aspects of decorative maintenance in communal areas required attention to ensure they can be easily cleaned.

Some assistive frames in toilets were corroded and radiators in bathrooms were noted to be in a similar condition.

35. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

- The building is currently been decorated and radiators painted ,
- We have replaced the corroded toilet frames with new ones.

Proposed Timescale: 25/02/2016

Theme:

Effective care and support

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

Some bedrooms had a limited amount of furniture. While all bedrooms had wardrobe space they were not furnished with a chest of drawers or similar furniture to provide closed personal storage space for residents.

36. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

- We are currently updating the furniture in residents bedrooms and we encourage families to take in any personal furniture that the resident may require to make the room more personal for the resident. We will facilitate the residents/representative if they require further furniture in their rooms

Proposed Timescale: 25/02/2016

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 procedure did not meet all the requirements of the regulations. The person nominated to appeal the decision of a complaint in the complaint process requires review as the individual nominated is not a member of the centre's management team.

37. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

- The Complaints procedure has been reviewed and updated and meets all requirements of the regulations

Proposed Timescale: 25/02/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Procedures were not in place to ensure residents with a DNR status have this status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

38. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

- DNR status' will be reviewed and recorded every 6 months on the new epiccare system

Proposed Timescale: 01/03/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

CCTV cameras were located in the day sitting room where residents spent their entire day and would have a reasonable expectation for privacy for example, while having their meals or spending time with visitors.

Notices alerting residents and visitors to CCTV recordings were not in place.

39. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

- Notices alerting residents and visitors to CCTV recordings are now in place.
- We are currently developing a policy on CCTV in accordance with data protection.

Proposed Timescale: 20/03/2016

Theme:

Person-centred care and support

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

Residents wore clothes protectors at meal times. However, they were not removed by staff in a timely manner after meals. Some residents continued to have clothes protectors on their person at 11:00 am after having breakfast served earlier in the morning. They wore the clothes protectors while they were engaged in other activities such as reading the newspaper or resting.

40. Action Required:

Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

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

- Staff have been informed that clothes protectors should be removed in a timely manner after meals,
- I have spoken with all nurses and HCA's in relation to clothes protectors and I continue to monitor on a daily basis.

Proposed Timescale: 05/02/2016

Theme:

Person-centred care and support

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

Residents did not move/were not assisted to move around the centre to exercise choice in so far as such exercise does not interfere with the rights of other residents. There were limited opportunities to promote residents' mobility. The majority of residents were observed to be in the day sitting room for breakfast and remained in the sitting room throughout the day. Each resident was provided with a small table alongside their chair in the sitting room at which they had their breakfast, lunch and evening meal.

41. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

- Extra shifts have been added to meet the assessed needs of the residents in the centre.(8 hours extra per day added)
- We have also employed 2 new HCA's with activities experience and are in the process of developing a new activities program which will incorporate promoting mobility in the centre
- We currently have 2 dining tables for the residents and promote the use of same for mealtimes, however the majority of our residents choose to have their meals at their own table with their personal belongings. We will continue to encourage residents to use the dining tables/ area going forward

Proposed Timescale: 25/02/2016

Theme:

Person-centred care and support

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

A list with residents' names was located on the bathroom wall allocating a specific day during the week on which each resident was to have a shower.

Communal toiletries was stored in the bathroom cabinet to include shower gel and nail clippers.

42. Action Required:

Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

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

- All residents toiletries are located in their own room and the bathroom cabinet is now removed.
- Personal care details are now recorded in the residents care plan and removed from the bathroom.

Proposed Timescale: 25/02/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was an inadequate complement of care staff to meet the assessed needs of residents at the time of this inspection in the daytime.

43. 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:

- We have increased the complement of care staff to meet the assessed needs of the residents in the centre
- 1 New shift increased to roster and also an extra shift added to the roster , total extra 8 hours per day to meet the needs of the residents.

Proposed Timescale: 05/02/2016

Theme:

Workforce

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

There was limited evidence of ongoing professional development for nursing staff in the areas of medication management and cardio pulmonary resuscitation training.

44. 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:

- Medication management training dates are to be confirmed with our course facilitator.
- We are currently in the process of organising in house CPR training.

Proposed Timescale: 25/03/2016