

**Health Information and Quality Authority
Regulation Directorate**

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



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|-----------------------------------------------------------|------------------------------------------------------------------------------------|
| Centre name: | Carna Nursing and Retirement Home |
| Centre ID: | OSV-0000398 |
| Centre address: | Carna, Connemara, Galway. |
| Telephone number: | 095 328 54/ 328 55/ 327 39 |
| Email address: | info@carnanursinghome.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Michael Casey and Sally Casey Partnership T/A Carna Nursing and Retirement Home |
| Provider Nominee: | Michael Casey |
| Lead inspector: | Marie Matthews |
| Support inspector(s): | Shane Grogan |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 42 |
| Number of vacancies on the date of inspection: | 14 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 March 2016 09:30 To: 22 March 2016 18:30

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

| Outcome | Our Judgment |
|-------------------------------------------------------------|--------------------------|
| Outcome 02: Governance and Management | Non Compliant - Moderate |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Non Compliant - Moderate |
| Outcome 07: Safeguarding and Safety | Compliant |
| Outcome 08: Health and Safety and Risk Management | Non Compliant - Moderate |
| Outcome 09: Medication Management | Compliant |
| Outcome 11: Health and Social Care Needs | Non Compliant - Moderate |
| Outcome 13: Complaints procedures | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Non Compliant - Moderate |
| Outcome 18: Suitable Staffing | Non Compliant - Moderate |

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection. This inspection took place over one day. The inspector reviewed progress on the action plan from the previous inspection carried out in January 2014. Notifications of incidents received since the last inspection was also considered and reviewed on this visit. A new person in charge has been appointed the last inspection. The person appointed fulfils the criteria required by the Regulations in terms of appropriate qualifications and management experience.

The inspector found that residents were receiving responsive healthcare that met their assessed needs. There was evidence of individual residents' needs being met. The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. A range of activities were provided that people could choose to take part in but there was no therapeutic programme for residents with dementia. There was also no established residents' forum.

A total of ten Outcomes were inspected. Inspectors found that four outcomes were compliant with the Regulations. Six outcomes were judged as having moderate non compliances. These related to dementia care planning and ensuring there was meaningful activity provided for residents with dementia; consultation with residents and ensuring all staff have completed mandatory training in fire safety, manual handling and protection. A further three outcomes were found to be compliant with the Regulations.

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

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspectors met with the General Manager, the person in charge, the Assistant Director of Nursing and the staff team during the course of the inspection. The inspectors found adequate resources available and a clearly defined management structure in place. Management arrangements and monitoring systems were in place to review the quality of care delivered to residents and inform improvements and there was evidence recorded of management team meetings.

The person in charge had audited a sample of care plans and discussed her findings with staff. The systems to ensure all staff complete mandatory training in protection of vulnerable adults, fire safety and manual handling were not effective as on review of a sample of staff files, inspectors observed that several staff were overdue training in protection and manual handling and a small number had not completed recent fire safety training. An action has been included under outcome 18 requiring the Person in Charge to address this. An annual review of the quality and safety of care delivered to residents in the designated centre for 2015 was also not available at the time of this inspection.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A new person in charge was in post since the last inspection. She was a registered nurse with the required experience in the area of nursing older people. She had worked in the centre for was previously employed in the centre as a nurse, senior nurse and as a Clinical Nurse Manager level 2 (CNM2). She worked full-time in the centre over five weekdays and she was on call out-of-hours and at weekends.</p> <p>She demonstrated a good understanding of her role and responsibilities as outlined in the Regulations and her commitment to improving the service for residents.</p> <p>She had maintained her continuous professional development by attending various conferences and clinical courses including palliative and care planning. She completed a FEETAC level 6 qualification Nursing Home Management in 2014.</p> |
| <p>Judgment: Compliant</p> |

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| <p><i>Outcome 05: Documentation to be kept at a designated centre</i> <i>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.</i></p> |
| <p>Theme: Governance, Leadership and Management</p> |
| <p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: The action from the previous inspection had not been fully completed. A review of the Directory of Residents found that not all of the information required by the regulations had been fully recorded. For example there were a number of places in the directory where the name, address and telephone number had not been fully completed.</p> |
| <p>Judgment: Non Compliant - Moderate</p> |

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 were measures in place to safeguard and protect residents from abuse. Staff spoken to understood what abuse was and could describe the different types of abuse. Staff were aware of the appropriate response in a case of suspected abuse. A centre specific policy on elder abuse was available and had been recently reviewed. A review of training records indicated that staff were trained in the prevention of elder abuse; however, a review of challenging behaviour training showed that a significant percentage of staff had not received up to date training.

The centre also had policies and procedures in relation to security of resident's personal property and monies. Each resident had their own individual log and monies maintained separately which were stored in a secure area. These were reviewed and it was found that all transactions were recorded and signed by two members of staff at all times.

Some residents had behaviours and psychological symptoms of dementia (BPSD). Staff were competent at managing behaviours. Behaviours logs were being completed by staff to identify various triggers that might lead to behaviours. Care plans reviewed contained person centred guidance on escalation techniques. There was evidence of links with mental health services.

The use of bed rail restraint in the centre was reviewed. The centre had restraint policy to guide practice. There were 18 residents using bed rail restraints and 8 residents who used lap belts. There was evidence of multidisciplinary input into the decision to use a restraint. Risk assessments were completed to determine if the restraint was safe to use. Some of restraints were documented as enablers. There was evidence that other less restrictive options were considered before a bed rail was used such as the use of low entry beds.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

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

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

Findings:

The provider had taken measures to ensure the safety of residents, staff and visitors. However, some areas for improvement were identified. A risk register was available and a range of risk assessments had been completed which included the risks associated with residents smoking. There was a number of residents who smoked at the time of inspection. A separate smoking room was available. Cigarettes and lighters were held in safekeeping by staff and fire extinguishers were provided and mechanical extract ventilation was in place to remove all smoke fumes from the area however protective smoking aprons were not available for residents use in the smoking room. On review inspectors were shown that these were kept in the residents bedrooms.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Record sheets were available to record neurological observations where a resident sustained an unwitnessed fall or a head injury.

Fire evacuation notices were displayed clearly throughout the building and all means of escape were found to be unobstructed. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis. Records reviewed indicated that some staff had not received recent training in using the fire prevention equipment and in evacuating the building in the event of a fire. One staff member spoken with who had been employed since late 2015 had not yet received mandatory fire training and was unsure of how to proceed in the event of a fire.

Inspectors observed that the environment was kept clean and well maintained. Adequate supplies of personal protective equipment were available for staff. Alcohol hand gel dispensers were located around the centre and staff were observed using this appropriately. Inspectors observed that there were measures in place to control and prevent infection including a centre specific policy and training for staff. Alcohol hand gel dispensers were located around the centre and staff were observed using this appropriately.

There were policies and procedures in place in relation to health and safety including an up to date safety statement and a risk management policy. On review of the risk management policy inspectors found that it did not address all of the areas required by the regulations. For example the arrangements for responding to residents at risk of self harm were not included. In discussion with the person in charge the inspector saw that a separate policy was available which provided guidance to staff on this area however this was not referenced in the risk policy.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

The actions from the last inspection were fully addressed. A sample of prescription/administration charts was reviewed. The procedures for handling of medication were observed to be in accordance with current guidelines and legislation. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Inspectors observed that all medications were individually prescribed and were reviewed by the GP every three months.

All medication in stock was monitored on a regular basis to ensure there were no discrepancies in residents' medication. All medication that was out of date was appropriately managed in line with organisational policy and procedures. This was stored separately in a locked press pending return to the pharmacy. In addition, the Clinical Nurse Manager (CNM) conducted medication audits and a weekly review of medication administration charts.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

There were 42 residents in the centre during the inspection. There were 12 residents with maximum care needs, 17 residents were assessed as highly dependent, 13 with medium dependency care needs and one resident was assessed as low dependency. Residents had a range of healthcare issues and several had more than one medical condition.

The arrangements to meet their assessed needs were set out in individual care plans. Inspectors found a good standard of care and appropriate medical and allied health care access. 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 moving and handling assessments. Efforts were made to avoid unnecessary hospital admissions where possible. All staff nurses had completed training in percutaneous endoscopic gastrostomy (PEG) feeding and in the administration of subcutaneous and Intravenous fluids and antibiotics.

Inspectors reviewed four resident's care plans in detail and certain aspects of others including behaviour support care plans, epilepsy care plans and nutritional care plans. Inspectors also reviewed residents' medical and nursing notes. A comprehensive assessment of their health and social care needs was completed on admission to the centre. Residents had access to a general Practitioner (GP) and it was evidenced in medical files that new residents admitted to the centre were seen by the GP within a short timeframe of admission. An out of hour's service was available at weekends. Access to allied health professionals including physiotherapy, speech and language therapist, dietetic service and occupational therapy was evident in the files reviewed. Staff demonstrated a good knowledge and understanding of each resident's background in conversation with the inspector. There was documentary evidence that residents or their representative were involved in the development and review of their care plan.

Inspectors found that while assessments for cognitive impairment were completed, there were no specific care plans for residents with dementia which detailed their degree of confusion or indicated how this impacted on their daily life. Information such as who the resident still recognised or what activities could still be undertaken which guide staff practice was not evident in their care plans. Other plans of care to meet the psychosocial needs of residents require review to ensure they are person centred and linked to the resident's life history.

The consultant psychiatrist and their team visit the centre as required to review residents regularly and medication was reviewed to ensure optimum therapeutic value.

Specialised supportive equipment including walking aids were available. There were no residents with pressure ulcers on the day of inspection and specialist pressure relieving aids were in place for those with a vulnerability to develop ulcers. Each resident's weight was checked monthly and there was ongoing monitoring of residents nutritional and hydration needs. Those at high risk were weighed more frequently. Staff monitored the food and fluid intake of residents identified with a nutritional risk. However, fluid charts were not always totalled to ensure residents had sufficient quantities.

There was no communication passport evident in the files reviewed in the event of a resident being transferred to hospital. Staff members interviewed said that a letter was generated from the electronic care planning system which was sent with the resident

but a copy of this letter were not retained on file.

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):

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

Findings:

Practices in relation to complaints management were in compliance with the requirements of legislation. The complaints of each resident, his or her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

In the sample of complaints recorded, it was evident that the complaint was fully recorded, the outcome documented and the views of the complainant accommodated. The complaints procedure was displayed for residents and it clearly identified the complaints officer.

Judgment:
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:

Inspectors spoke with residents during the inspection who stated that they were happy with the quality of care in the centre. They confirmed that staff were respectful and

ensured their privacy and dignity during personal care.

Residents said that they were consulted regarding their care however there was no established forum or residents committee to assist residents to determine how the centre is run. In addition, residents do not have access to independent advocacy services.

Residents received care in a dignified manner and staff showed respect for the privacy and dignity of residents; however, inspectors noted some areas for improvement. For example, Closed Circuit Television Cameras (CCTV) were in use in sitting rooms and in the dining rooms as well as on corridors and at the entrance to the centre and which impacted negatively on residents' privacy.

Inspectors observed that most staff knocked on bedroom doors before entering on one occasion a staff member did not await permission before entering. Staff members were courteous and respectful towards the residents however, inspectors observed one staff member assisting a resident to eat who did not interact or engage with the resident in a meaningful way.

A mobile handset was available for residents wishing to take telephone calls in private. Shared rooms had curtains around each bed . Residents had access to radio, television, local and national newspapers and information on local events.

Inspectors observed that relatives could visit the centre at any time during the day or at night if a resident was ill. Meal times were protected and visitors were asked not to visit during meals.

An activity co-ordinator was employed in the centre. Residents had opportunities to participate in activities. An activities schedule reviewed included pet therapy, music therapy, hand massage and nail art, drying and arranging cutlery, flower arranging, sand boxes, sea weed box, rummage box, horticultural activities, baking, knitting & crochet club, play cards, jig-saws, picnics, and walks around the garden but for residents who were cognitively impaired there was less opportunities for positive interactions with staff or other residents. The person in charge stated that this was being reviewed and there were plans to introduce a Sonas programme.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

The inspector reviewed a sample of staff files which contained the information required by in schedule 2 of the regulations. Training records were reviewed by inspectors which indicated that staff had access to ongoing education which included restraint management, end of life care, and continence training, however, some staff were overdue mandatory training required by the regulations. For example, as identified under Outcome 7, Safeguarding and Safety, some staff did not complete recent training in protection of vulnerable adults and a number of staff had not completed training in manual handling or fire safety. A training schedule was available for 2016 and inspectors saw that training was planned in these areas.

An actual and planned staff roster was in place. Staff numbers were on duty as outlined on the roster. There were two nurses and eight care assistants on duty during the day and one nurse and three care assistants at night time. The person in charge and manager were also rostered on duty five days a week and an ADON covered the role of the person in charge at weekends. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised in the dining room throughout meal times and in the sitting rooms. Inspectors observed that call-bells were answered in a timely fashion.

Staff received regular supervisions appraisals which were documented in their files. Staff told the inspector that they felt well supported by the registered provider and person in charge.

Judgment:

Non Compliant - Moderate

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:

Marie Matthews
Inspector of Social Services
Regulation Directorate

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider’s response to inspection report¹

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|----------------------------|-----------------------------------|
| Centre name: | Carna Nursing and Retirement Home |
| Centre ID: | OSV-0000398 |
| Date of inspection: | 22/03/2016 |
| Date of response: | 20/06/2016 |

Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

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

The systems to ensure all staff complete mandatory training in protection of vulnerable adults, fire safety and manual handling were not effective as on review of a sample of staff files, inspectors observed that several staff were overdue training in protection and manual handling and a small number had not completed recent fire safety training.

1. Action Required:

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

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:

Since the last inspection we had 2 training sessions in protection of vulnerable adults, two "Fire Training" sessions, one "Manual Handling" training session, 2 sessions of "Infection Control and Hand Hygiene", a session on "End of Life Care" and a session on "Behaviours that Challenge". We have more sessions of all mandatory courses scheduled for the last week of July & the first week of August 2016. All mandatory training will be complete by 31st of August, 2016.

Proposed Timescale: 31/08/2016

Theme:

Governance, Leadership and Management

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

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

2. Action Required:

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

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

Since the inspection more clinical audits are being carried out along with "Resident and Family satisfaction" surveys to evaluate the quality of various aspects of the care being delivered by the nursing home.

The newly appointed Person in Charge is carrying out all necessary steps to complete the annual review of the quality and safety of care delivered to residents in 2015. The Person in Charge meets with the families on a regular basis in an informal way during her working hours, and gets a regular positive feedback on the care being provided to their relatives.

Proposed Timescale: 30/09/2016

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:

There were a number of places in the directory of residents where the name, address and telephone number had not been fully completed.

3. 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:

Directory of residents was updated with name, addresses and telephone numbers since the inspection and going forward, this will be done as per the regulatory requirement.

Proposed Timescale: 20/06/2016

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:

The risk management policy did not address all of the areas required by the regulations with, for example, the arrangements for responding to residents at risk of self harm not included.

4. Action Required:

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

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

Risk Management policy has been reviewed and updated by including the existing Nursing Home Policy on "Responding and Managing Residents with tendencies to Self-Harm".

Proposed Timescale: 31/05/2016

Theme:

Safe care and support

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

Records reviewed indicated that some staff had not received recent training in using the fire prevention equipment and in evacuating the building in the event of a fire.

5. 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:

Since the inspection we had 2 training sessions in 2 "Fire prevention and Emergency procedures including evacuation procedures". More training sessions are scheduled for the coming months.

Proposed Timescale: 31/08/2016

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:

There were no specific care plans for residents with dementia which detailed their degree of confusion or indicated how this impacted on their daily life. Information such as who the resident still recognised or what activities could still be undertaken which guide staff practice was not evident in their care plans.

6. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Since the newly appointed Person in Charge has commenced her duty on the 01st of February, 2016, and following on from Inspection and the "Dementia Care" course she attended on 14th March & 04th April, 2016, she has compiled a list of our residents who have a diagnosis of Dementia and has commenced individualised Dementia Specific care planning for each of those residents along with her nursing team.

Proposed Timescale: 30/09/2016

Theme:

Effective care and support

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

Fluid charts were not always totalled to ensure residents had sufficient quantities.

7. 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:

Since the inspection the care team was strictly instructed about the needs to monitor fluid intake and totalling the intake for 24 hours, thereby enabling the multi disciplinary team to act accordingly to correct any imbalances and for the future the good practice will be continued.

Proposed Timescale: 31/03/2016

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:

There was no established residents forum to facilitate each resident to participate in the organisation of the designated centre

8. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Since the inspection a new residents' forum is set-up and the first meeting was conducted on 10th of May and the next meeting is scheduled for the 7th of July.

Proposed Timescale: 10/05/2016

Theme:

Person-centred care and support

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

Residents did not have access to independent advocacy services.

9. Action Required:

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

Since the inspection, we have consulted with a retired priest who has previous experience in advocating for older people and people with cognitive impairment he has agreed to take on the role of independent external advocate.

He has met with the residents on a number of occasions since and he attended the residents' forum meeting on the 10th May.

Proposed Timescale: 10/05/2016

Theme:

Person-centred care and support

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

There was no therapeutic activity provided for residents who are cognitively impaired.

10. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Management have made the necessary arrangements for two of our staff to attend an accredited training programme, commencing 16th September, 2016, for providing appropriate activities for residents with Cognitive impairment, which will enhance the list of activities we currently provide like, pet therapy, music therapy, hand massage and nail art, drying and arranging cutlery, flower arranging, sand boxes, sea weed box, rummage box, horticultural activities, making homemade butter, boxty, baking, knitting & crochet club, play cards, jig-saws, picnics, feeding the hens, and walks around the garden.

Since the inspection we have the bird houses placed on windows to provide stimulation for our residents who prefer to go to bed early.

Proposed Timescale: 11/11/2016

Theme:

Person-centred care and support

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

Closed Circuit Television Cameras (CCTV) were in use in sitting rooms and in the dining rooms which impacted negatively on residents' privacy. Staff were observed as not always awaiting permission before entering residents bedrooms

11. 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:

Since the inspection the views from the cameras in sitting rooms and dining room are

accessible only to the management. The monitors have been moved to the office from the front desk and signs have been placed in communal areas and front door to say that the nursing home is under CCTV monitoring.

All staff has been reminded about the importance of knocking and awaiting permission from those who can give permission before entering into their bedrooms.

Proposed Timescale: 18/06/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Some staff were overdue mandatory training in manual handling, fire safety or protection of vulnerable adults as required by the regulations.

12. 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:

Since the last inspection we had 2 training sessions in "Protection of Vulnerable Adults", two "Fire training" session, one "Manual Handling" training session, and a session on "Behaviours that Challenge". We have more sessions of mandatory courses scheduled for the last week of July & the first week of August 2016. All mandatory training will be complete by 31st of August, 2016.

Proposed Timescale: 31/08/2016