

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bushy Park Nursing Home
Centre ID:	OSV-0000410
Centre address:	Nenagh Road, Borrisokane, Tipperary.
Telephone number:	067 27442
Email address:	bushy_park@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bushy Park Nursing Home Limited
Provider Nominee:	Vincent Kinsella
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	4

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: 11 July 2016 09:30 To: 11 July 2016 17:30

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 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of a monitoring inspection, which took place to monitor ongoing regulatory compliance and following notification of a change to the person in charge of the centre. This monitoring inspection was un-announced and took place on one day.

As part of the inspection the inspector met with residents, the person in charge and staff. The inspector observed practices and reviewed documentation such as care plans, medical records, health and safety records, incident logs, complaints logs, policies and procedures and staff files.

On the day of inspection, the inspector was satisfied that the nursing and healthcare needs of residents were being met. Nursing documentation was of a good standard. Management staff acknowledged the current shortage of nursing staff and the person in charge was working shifts on the floor.

While there were systems in place to review some aspects of the safety and quality of care, and some improvements had been carried out since the last inspection, the

inspector had concerns that because the person in charge was working shifts on the floor there was inadequate governance arrangements in place to maintain oversight of all departments particularly health and safety and risk management to ensure the service is safe, appropriate to the residents needs, consistent and effectively monitored. These areas are discussed further under outcomes 2, 8, 10 and 12.

The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke very highly of staff and stated that they were happy and felt safe living in the centre.

There were 12 actions to be addressed following the last inspection, three had not been addressed.

Areas for improvement which include governance and management, health and safety and risk management, notification of incidents, safe and suitable premises are contained in the Action Plan at the end of this report

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

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

While there were systems in place to review some aspects of the safety and quality of care, and some improvements had been carried out since the last inspection, the inspector had concerns that because the person in charge was working shifts on the floor there was inadequate governance arrangements in place to maintain oversight of all departments particularly health and safety and risk management to ensure the service was safe, appropriate to the residents needs, consistent and effectively monitored. These areas are discussed further under outcomes 8, 10 and 12.

There was a clearly defined management structure in place and staff demonstrated knowledge of the reporting systems. Staff who spoke with the inspector were supportive of management and said that they were approachable and responded to staff concerns appropriately.

There was a recently appointed full time person in charge with the appropriate experience and qualifications for the role. Deputising arrangements were in place in the absence of the person in charge. There was an on call out of hours system in place.

The person in charge acknowledged the current shortage of nursing staff and was working shifts on the floor including night duty. She stated that this had impacted on her managerial role including the completion of audits, however, she informed the inspector that two nurses had been recruited and were due to commence in their roles, one later this month and the other in August 2016.

Systems had been put in place to review the safety and quality of care. The provider and person in charge were currently completing a management and leadership training programme. They had set up quality management system and held quality improvement

meetings on a bi weekly basis. Issues such as Incidents/ falls, complaints, staffing, health and safety were reviewed and discussed at each meeting. They had a planned audit schedule in place which included a clinical and environmental audit each month. Audits/reviews had been carried out in relation to medication management, nutritional analysis of menus and staff files. The person in charge advised the inspector that this information would be used to inform the annual review of the quality and safety of care for 2016.

The system of review included consultation with and seeking feedback from residents and their representatives. Residents committee meetings continued to be held on a regular basis and were facilitated by the activities coordinator. Minutes of meetings were recorded, issues discussed included catering/food, care from staff, cleaning/household, laundry, staffing and activities. A relatives meeting was scheduled later this month.

The person in charge told the inspector that a review of the quality and safety of care for 2015 was being compiled by the provider who was on leave at the time of inspection.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector met with the person in charge who had been appointed in April 2016. She is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She normally worked Monday to Friday and she was on call out-of-hours and at weekends. Suitable governance arrangements were in place in the absence of the person in charge. The aDoN deputised in the absence of the person in charge and supervised the delivery of care.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities.

The person in charge was currently completing a 'Train the trainer' course with a view to completing training with staff in house. She told the inspector that she planned to complete a professional certificate in nursing the care of older persons in residential nursing home settings due to commence in January 2017.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive recently updated policies on responding to allegations of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Further training was planned for new staff. The authority had been recently notified of an incident of elder abuse/act of neglect or omission. The inspector was satisfied that the incident had been managed, investigated and appropriate action taken in line with the centres policy.

The inspector reviewed the policies on behaviour management and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, the inspector saw that alternatives such as low low beds and crash mats were in use for some residents.

Staff spoken with and training records indicated that staff had attended training on dealing with behaviours that challenged and restraint in the care of the Older person during 2015.

The inspectors reviewed a sample of residents files with bed rails in use and presenting with behaviours that challenged. Care plans in place were found to be up to date, informative and person centered. There was evidence of comprehensive risk assessment including alternatives tried, rationale for decision to use of bedrails and input from the multidisciplinary team. There was evidence of access and referral to mental health services and ABC charts were available to record episodes of behaviours in line with the centers policy.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke very highly of staff and stated that they were happy and felt safe living in the centre.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:

There was an up to date health and safety statement available and risk management policies in place, however, the inspector was not satisfied that systems in place were robust. Some bedroom doors continued to be held open by inappropriate means such as door wedges. This issue had previously been brought to the attention of the provider at previous inspections. The provider had put in place some magnetic door holders but these were not in place for all bedroom doors.

There was a risk register in place and risks specifically mentioned in the Regulations were included, however, it had not been reviewed or updated since July 2014. Risks identified during the inspection such as bedroom doors being wedged open and the unsecured door to the laundry/cleaning room were not identified. Weekly hazard inspections had not been carried out in line with the centres risk management policy.

The inspector reviewed the manual handling training records which indicated that 15 staff members had received training during 2015, however, the inspector was unable to determine from training records if all staff had up to date training. There were two hoists in use which had been recently serviced however, there was no guidance for staff as to the type and size of hoist slings to use for individual residents. Staff spoken with told the inspector that there was no evidenced based assessments for use of slings. This posed a risk to residents. The person in charge stated that she had been in contact with a physiotherapy provider and undertook to have residents requiring the use of hoists appropriately assessed as a priority.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in December 2015 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in May 2016. Systems were in

place for weekly testing of the fire alarm and automatic release doors, however, these records were not all up to date. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Training records reviewed indicated that most staff had received up-to-date formal fire safety training. The person in charge told the inspector that further fire safety training was planned once the new staff nurses commenced in their roles. Fire drills were carried out with staff and records of staff on duty along with responses were recorded. Fire marshals had been appointed but had not received specific fire training as per the centres recently updated fire safety management policy.

There was an emergency plan in place which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for transport and accommodation should it be necessary to evacuate the building. There was a personal emergency evaluation plan (PEEP) documented for each resident.

There was a comprehensive infection control policy in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building.

The inspector was satisfied that all incidents involving residents were being recorded and investigated. The inspector reviewed the incidents log books and noted that clear details of incidents were being recorded. All incidents were reviewed by the person in charge and actions taken to prevent reoccurrence were documented. Incidents were discussed by the management team at the regular quality improvement meetings. However, the inspector noted that an incident involving a resident who required hospital treatment was not notified to the Chief Inspector as required. This is discussed further under Outcome 10 Notification of incidents.

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

Findings:
The inspector generally found evidence of good medication management practices and sufficient policies and procedures to support and guide practice. The medication management policy had been updated following the last inspection to provide comprehensive guidance.

The inspector spoke with nursing staff on duty regarding medication management issues. They demonstrated competence and knowledge when outlining procedures and practices on medication management. Some improvements were required to ensuring records were maintained for medication checks on receipt of medicines from the pharmacy and to ensuring that the opening date was recorded to medications with a specific shelf life.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medication prescribing/administration sheets. All medications were regularly reviewed by the general practitioners (GP). All medications were individually prescribed. The inspector reviewed prescription and administration records and observed the nurse administering medications to residents which were completed in accordance with best practice guidelines.

Medications were delivered in monitored dose units however, there were no formal checks recorded by nursing staff to verify that what was delivered corresponded with prescription records. Systems were in place for the return of unused/out-of-date medications to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist who also provided ongoing training and advice to staff.

Systems were in place to record medication errors which included the details, outcome, follow up action taken as well as learning and improvements required. Staff were familiar with them. Medication errors along with all other incidents were reviewed and discussed at the regular quality management meetings.

Regular medication management audits were carried out by the pharmacist and nursing management. The person in charge advised the inspector that further medication management training was planned once the two new nurses commenced in their posts.

Judgment:
Substantially Compliant

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

Findings:

The centre had failed to notify the Authority of all notifiable incidents which had occurred in the centre, this was discussed in Outcome 8 Health and safety and risk management.

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

Findings:
The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services, however, access to physiotherapy services was limited. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A range of other services was available including speech and language therapy (SALT), dietetic services and psychiatry of later life. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes. The person in charge told the inspector that she had recently been in contact with a company who provided physiotherapy services and was committed to pursuing a service for residents.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, with wounds, at high risk of falls, nutritionally at risk and presenting with behaviours that challenge and with communication issues. See Outcome 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

Residents records were maintained on a computerised nurse documentation system. Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including nutrition, falls, dependency, manual

handling, bedrail use, oral care and skin integrity. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. Care plans were in place for all identified issues. Care plans had been reviewed and updated on a regular basis. Systems to record evidence of residents/relatives involvement in the development and review of their care plans required some improvement as this was not recorded in all cases.

The inspector was satisfied that weight loss was closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly or more often if staff had concerns. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, liaise with the GP and referrals maybe made to the dietician and/or SALT. Files reviewed by the inspector confirmed this to be the case. Some residents were prescribed nutritional supplements which were administered as prescribed.

The inspector reviewed the file of a resident who was at high risk of falls and who had fallen recently. There was evidence that falls risk assessments and falls care plans in place were updated post falls. Additional measures including low low beds and alarm mats had been put in place for some residents. The inspector noted that the communal areas were supervised by staff at all times.

The inspector was satisfied that wounds were being well managed. There were adequate up-to-date wound assessments and wound care plans in place.

Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

Staff continued to provide meaningful and interesting activities for residents. There was a full time activities coordinator employed as well as external facilitators such as pet therapist, bible readers and musicians. The daily activity schedule was displayed. Activities that took place regularly included art and crafts, bingo, bible reading, music sessions, skittles, gardening, chair exercises, news paper reading and bead threading. Other on-going activities included the weekly mass, birthday celebrations, hand and foot massage. Residents art and craft work was displayed throughout the centre.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre were in line with the statement of purpose. While the premises were generally in good repair, some areas including the enclosed garden area required upgrading. Some areas of the building required decorative upgrade. The person in charge told the inspector that the provider had committed to upgrading the décor of the existing building and the repainting of some bedrooms had commenced.

The enclosed external garden area at the rear of the building was poorly maintained and did not provide a stimulating environment for residents. The garden furniture provided was old and defective.

The floor covering to some parts of the building was worn and defective.

The ceiling area to the sluice room was stained and defective with black mould evident following a water leak.

The frames to some equipment such as shower chair/commode were rusted which prevented them from being properly cleaned and sanitised.

Some equipment such as the cleaners trolley, hoist stands and wheelchairs were found to be dirty and required thorough cleaning.

There was a good variety of communal day space such as the dining room, day room, activities room and visitor's room. All communal areas were bright and had a variety of furnishings which were domestic in nature. Additional seating was provided in the hallways.

Bedroom accommodation met residents' needs for comfort and privacy. There was adequate numbers of assisted toilets, bath and shower rooms. Assisted toilets were located beside the day rooms. There was a nurse call-bell system in place.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. The inspector viewed the service and maintenance records for the equipment and found these were up-to-date.

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.

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that complaints were generally well management.</p> <p>There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed in a prominent position.</p> <p>The inspector reviewed the complaints logs, there was one open recent complaint which the inspector noted was being dealt with appropriately. The details of complaints were recorded along with actions taken. All complaints to date had been investigated and responded to, complainants satisfaction or not with the outcome was being recorded.</p> <p>A representative from SAGE (support and advocacy services for older people) had recently visited the centre and spoke with staff and residents.</p> <p>Throughout the inspection, inspectors observed good communication between residents and staff.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Workforce</p>

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge acknowledged the current shortage of nursing staff and told the inspector that two staff nurses had been recently recruited and were due to commence</p>
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in their posts shortly. The person in charge was currently working shifts on the floor including night duty, she had prioritised the safety, care and welfare of residents.

On the day of inspection there was one nurse and four care assistants working during the day and evening time until 20.00 hours, there was one nurse and two care assistants on duty from 20.00 hours until 22.00 hours and one nurse and one care assistant on duty at night time. The person in charge was attending a training course during the morning time and was on duty in the afternoon.

The inspector noted that there was a comprehensive recruitment policy in place. Staff files were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction/orientation received and training certificates were noted on staff files. The person in charge told the inspector that she intends to complete staff appraisals over the coming months.

The management team continued to provide on going training to staff. Training records indicated that staff had attended recent training in subcutaneous fluids, advocacy, hand hygiene, incontinence products and dementia/challenging behaviour.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary Costelloe
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:	Bushy Park Nursing Home
Centre ID:	OSV-0000410
Date of inspection:	11/07/2016
Date of response:	22/08/2016

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:

A review of the quality and safety of care for 2015 had not been completed.

1. 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

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

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:

Currently we are in the process of completing review of the quality and safety of care for 2015.

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:

There was inadequate governance arrangements in place to maintain oversight of all departments particularly health and safety and risk management to ensure the service was safe, appropriate to the residents needs, consistent and effectively monitored.

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:

Health and Safety and risk management audits completed and findings implemented in the centre. Also a continuous system of auditing is in place.

Recruitment of Registered Nurses has been successfully completed, therefore, as a result the Person in Charge is able to provide and facilitate resident's needs and the daily management of Bushy Park.

Proposed Timescale: 02/08/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk register had not been reviewed or updated since July 2014. Risks identified during the inspection such as bedroom doors being wedged open and the unsecured door to the laundry/cleaning room had not been identified. Weekly hazard inspections had not been carried out in line with the centres risk management policy.

3. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout

the designated centre.

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

The risk register has been updated, a new key pad has been fitted to laundry door. Door wedges have been removed and new magnetic catches fitted and connected to the fire alarm system. Weekly hazard inspections commenced in accordance with the risk management policy. Completed 14/07/2016. Weekly hazard inspections ongoing.

Proposed Timescale: 14/07/2016

Theme:

Safe care and support

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

There were two hoists in use, however, there was no guidance for staff as to the type and size of slings to use for individual residents. Staff spoken with told the inspector that there was no evidenced based assessments for use of slings. This posed a risk to residents.

4. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

Residents that require hoisting have been reassessed by PIC and a full assessment will be carried out by an occupational therapist and recommendations updated in the individual resident's care plan. A colour code system will be put in place and staff educated on same.

Proposed Timescale: 17/08/2016

Theme:

Safe care and support

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

Some bedroom doors continued to be held open by inappropriate means such as door wedges. Records of weekly fire safety checks were not up to date. Fire marshals had not received specific fire safety training.

5. Action Required:

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

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

Door wedges have been removed and new magnetic catches fitted and connected to the fire alarm system. Weekly fire safety checks are up to date in accordance with our fire safety policy. Fire Marshal training scheduled.
Magnetic catches completed 14/07/2016.
Weekly fire safety checks up to date and ongoing.
Fire marshal training 02/09/2016

Proposed Timescale: 02/09/2016

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:

Medications were delivered from the pharmacy in monitored dose units however, there were no formal checks recorded by nursing staff to verify that what was delivered corresponded with prescription records.

The opening date to some medications with a specific shelf life such as eye drops were not recorded.

6. Action Required:

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

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

Formal checks carried out between the Pharmacists and PIC to verify that all medications delivered to the centre corresponded with prescription records.

Medications with specific shelf life opening dates recorded.

Medication checked 28/07/2016

Medication opening dates 11/07/2016

Proposed Timescale: 28/07/2016

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:

An incident involving a resident who required hospital treatment was not notified to the Chief Inspector as required.

7. 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:

The incident report completed on 19/05/2016. NF03 form completed and sent to the Chief Inspector.

Proposed Timescale: 04/08/2016

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:

Systems to record evidence of residents/relatives involvement in the development and review of their care plans was not recorded in all cases.

8. 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:

Currently discussing individual person centred care plans with residents/relatives.

Proposed Timescale: 16/09/2016

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:

The enclosed external garden area at the rear of the building was poorly maintained. The garden furniture provided was old and defective.

The floor covering to some parts of the building was worn and defective.

The ceiling area to the sluice room was stained and defective with black mould evident.

The frames to some equipment such as shower chair/commode were rusted.

Some equipment such as the cleaners trolley, hoist stands and wheelchairs were found to be dirty.

9. 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:

Maintenance has been carried out on enclosed external garden. Completed 20/07/2016

An audit has been carried out on the floor coverings in the centre and any worn and defective covering will be replaced. Defected floor covering to be replaced over the next eight months 01/04/2017

Repairs have been carried out to sluice room ceiling. Sluice room ceiling repaired 28/07/2016

An audit on equipment within the centre has been completed and any defected equipment identified has been removed. Defective equipment removed 29/07/2016

An updated weekly cleaning schedule has been implemented within the centre. Updated weekly schedule 12/07/2016

Proposed Timescale: 29/07/2016