

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Áras Mhic Dara Community Nursing Unit
Centre ID:	OSV-0000626
Centre address:	An Cheathrú Rua, Co na Gaillimhe, Galway.
Telephone number:	091 869 010
Email address:	mary.curran2@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Siobhan O'Sullivan
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	33
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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 July 2016 17:30	04 July 2016 21:00
05 July 2016 09:00	05 July 2016 17:00

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 - 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	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This inspection was undertaken to follow-up on completion of the actions to address non-compliances with the regulations identified during the previous inspection undertaken in May 2015. There were 13 actions in the previous action plan. Eight actions were found to have been completed, three were partially completed, these related to auditing, the statement of purpose and recording end of life care wishes and two were not addressed. These related to care planning and ensuring the risk management policy complied with current legislation. Refurbishment of the centre was in progress.

The centre is registered to provide care to 47 residents. There were 33 residents

living in the centre, twenty of whom were of maximum dependency, eleven were high dependency, two medium dependency. Residents spoken with by the inspector stated they were well cared for and if they required assistance staff would help them. They stated that they felt safe in the centre and staff were always around. The inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records and accident logs.

The numbers and skill mix of staff were appropriate to meet the assessed needs of residents and the size and layout of the centre. Communal areas were supervised and there was adequate staff to assist residents with their meals. Review of the roster showed that this was the usual staffing level.

The evidence found on inspection that supported the inspectors' judgments was relayed to the person in charge at the end of the inspection. Improvements required included the production of an annual review report of the quality and safety of care delivered to residents, review of the auditing system, ensuring the risk management policy complied with the regulation, review of some of the care plan records and ensuring end of life care wishes are recorded for all residents. These matters are discussed in the body of the report and actions that require to be undertaken by the provider/person in charge are contained in the action plan at the end of the 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 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):

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

Findings:

The statement of purpose (SOP) was revised in February 2016 but remained in draft format. The SOP requires to be finalised and contain all of the matters listed in schedule 1 of the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013. Information regarding the staffing compliment requires review so that the day centre staff are not included with the residential service staff.

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):

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

Findings:

The inspector found there were sufficient resources to ensure effective delivery of care

in accordance with the Statement of Purpose. There is a clearly defined management structure that identifies the lines of authority and accountability. Since the last inspection there had been a change to the provider nominee. The current provider nominee had deputised for the previous provider nominee when she was unavailable. Consequently, she has a good knowledge of the service and an understanding of the regulations and standards. The person in charge has been the person in charge since the commencement of the regulatory process.

This centre is one of a group of designated centres in Co Galway. An auditing system is in place. Where audits had been completed, for example a care plan audit was completed in February 2016 and deficits were identified, however a quality improvement plan was not enacted to address the deficits identified, consequently the deficits remained including risk assessments not been completed in response to changing needs, care plans not been reviewed at four monthly intervals or in response to changing needs.

Under regulation 23(d) the registered provider shall ensure that that an annual review of the quality and safety of care delivered to residents in the designated centre is carried out and this review must be carried out in consultation with residents and their families to ensure that such care was in accordance with relevant standards set by the Authority under Section 8 of the Health Act. A copy of this review is required to be made available to residents. This had not been completed.

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):

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

Findings:

The person in charge is a registered nurse and has many years experience of working with older persons. The Inspector reviewed the roster which demonstrated that the person in charge is employed full-time. During the inspection she demonstrated that she had knowledge of the Regulations and Standards pertaining to designated centres. She is supported in her role by an experienced clinical nurse manager, nursing, care, administration and ancillary staff.

She had good knowledge of residents' assessed needs. She stated she attended the handover regularly and supervised the delivery of care on a daily basis. Residents

spoken to were aware of the person in charge and confirmed they saw her most days. The person in charge maintained her professional development and had completed courses in infection control and dementia care.

Her mandatory training in Adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

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

Findings:

The inspector reviewed a range of documents to include the directory of residents, accident and incident log, medical and nursing records, operational policies and residents' files and found that they were well maintained.

At the time of the last inspection improvement was required to ensure that the maximum dose of PRN (as required) medication within a 24-hour period was clearly documented. Also the sign-in book to record visitors entering and leaving the building was not up to date. These have been addressed.

The inspector found that the directory of residents was not up to date. It failed to document when a resident returned from receiving care at the acute general hospital. The inspector also noted the use of a deleting substance on the directory. Where a resident had died, there was no time or cause of death documented.

Judgment:
Non Compliant - Moderate

Outcome 07: Safeguarding and Safety

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

Theme:
Safe care and support

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

Findings:
The inspector found that the provider and person in charge had measures in place to protect residents from being harmed or suffering abuse. There was a policy on the prevention, detection and response to abuse of vulnerable adults. The person in charge confirmed that there had been no allegations of abuse at the centre. 15 staff had attended training on the new safeguarding procedures and more training is planned.

Residents who displayed responsive behaviour had a behaviour support plan in place. Residents had access to psychiatry of later life. Residents' personal finances were not reviewed on this inspection. This area was found to be in compliance with relevant legislation at the time of the last inspection. Feedback from residents spoken with indicated that they felt safe 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:
At the time of the last inspection, the inspector found that there was some improvement to risk management policy and fire safety checks required. Arrangements for the identification, recording, investigation and learning from serious incidents were not included in the risk management policy. This had not been addressed.

A health and safety statement was in place. The policy included a range of risks in the

centre, including the precautions in place to control the specified risks as required by the Regulations such as control of aggression and violence and accidental injury but it failed to document the arrangements in place for identification, recording, investigation and learning from serious incidents.

Staff had received training in fire safety and evacuation and this was confirmed by staff and in training records. Staff spoken with by the inspector were clear on fire safety practices and knew what to do in the event of a fire. Fire evacuation notices, were displayed throughout the building, indicating the nearest fire exit. The inspector noted all fire exit doors were unobstructed. A procedure was in place for daily inspections of emergency exits. At the time of the last inspection these were not up to date, this had been addressed. A designated person was identified to complete these checks. The inspector viewed up to date fire records which showed that equipment, including fire extinguishers, fire alarms and emergency lighting, had been regularly serviced.

The centre had submitted a notification of a missing person. One of the residents had gone on the bus that transports the day resident's home without the knowledge of the residential staff or the bus driver. A thorough review of this incident had been completed and procedures put in place to prevent re-occurrence.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
At the time of the last inspection improvements were required in the discontinuation of medication, disposal of medication and control of medication requiring strict control. These areas had been addressed. The procedures for the handling and disposal of unused and out of date medicines were not appropriate or secure. Medication which was no longer required was not recorded and was not securely stored while awaiting disposal.

A medication management policy was in place to provide guidance to staff with regard to prescribing, administration, storage and disposal of medication.

The inspector reviewed the administration of medication. Medication was supplied in individual pre-packed blister-packs which were colour coded according to the time of administration. Photographs of residents were available to aid identity of residents and

decrease the risk of medication administration errors. Medication administration charts were clear and legible. Information such as the dose and time of medication administration was recorded. However, on some of the charts viewed the routes of medications were not recorded. In addition, some discontinued medications had not been signed by the prescribing medical practitioner on the administration charts to verify this action.

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):

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

Findings:

Improvements were required to the care plan documentation to ensure they reflected the current needs of residents provided adequate information to guide practice. Some care plans and client care documentation was poorly maintained and the use of a deleting substance, frequent gaps in the documentation, incomplete dates or no date of entry was observed by the inspector. On review of a selection of care plans, there was poor evidence that care plans or clinical risk assessments had been reviewed in response to residents' changing needs or at regular intervals. Where an evaluation was completed, this failed to ensure the care plan was revised to reflect the residents' changing needs. Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector. The inspector observed evidence of good communication with relatives when they visited but there was poor evidence available that residents and/or family, where appropriate, participated in reviews of the care plans.(An action regarding this is contained under Outcome 5 documentation). Care plans were not in place for all needs identified, for example, one resident had diabetes and no corresponding care plan was available regarding the management of this.

There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, physiotherapy and chiropody services. Access to palliative care specialists, dietician and physiotherapy was also available. There was good evidence available of communication between the centre and acute care services

when a resident was being transferred for care. Staff informed the inspector that they forwarded a letter to the hospital and the doctor who recommends admission completed a transfer letter. Where residents were deemed to be at risk of developing wounds preventative measures were identified including skin care regimes. Supportive equipment such as specialist cushions, mattresses and dietary supplements also formed part of the care package. A review of residents' medical notes showed that a general practitioner visited the centre regularly. Residents had access to the psychiatry of later life team who visited the centre as required. A narrative record was recorded for residents each day. These records described the clinical aspect of care provided but poorly documented psychological well being.

While staff described a range of activities were available, including reading the newspapers, chatting about bygone days, music, and exercise there was poor information available as to how residents spent their days. In some care files reviewed there was some information recorded as to what residents enjoyed doing prior to their admission, however, there was no evidence available that this information was utilized to ensure person centered meaningful activities for residents. Where personal calendars were available these were either blank or sparsely completed. There were no restrictions on visitors and residents could meet visitors in private.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

When the registration of this centre was renewed on the 25 June 2015 Condition 8 of the registration certificate stated that the physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 22 January 2015. The reconfiguration was to be completed by 30 June 2016. Refurbishment work to extend the building to meet the requirements of the Regulations and standards was in progress at the time of this inspection. The person in charge explained that completion of the work would improve the quality of life for residents and provide greater privacy for residents. Multi occupancy rooms were large and spacious and beds were suitably screened to provide privacy for residents. It is planned that renovations

will be complete by August 2016.

The centre was well maintained, clean, comfortable and well furnished throughout. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order.

Residents had access to a safe outdoor garden, this was an action at the time of the last inspection.

Judgment:
Compliant

Outcome 13: Complaints procedures

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

Theme:
Person-centred care and support

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

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

Findings:

A bi-lingual complaints policy was in place and the complaints procedure was displayed in the foyer area. The complaints policy had been reviewed and complied with current legislation.

Judgment:
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):

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

Findings:

A minority of residents had their end of life preferences recorded, however, these

required review to ensure they were comprehensive and reflected physical psychological, social and spiritual needs of the residents. Some failed to reflect resident's wishes and preferred pathway at end of life. Where specific instructions with regard to wishes regarding resuscitation had been discussed with the resident and or their relatives these were documented. Staff described good access to local palliative care services.

Judgment:

Non Compliant - Moderate

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector observed residents having their evening tea in the sitting/dining room. Adequate staff were available to assist and monitor intake at meal times. Some residents choose to dine in their own bedrooms, and this was facilitated. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets/thickened fluids was available to catering/care staff. Residents confirmed that they enjoyed the food. Snacks were available at all times. The inspector saw residents being offered drinks throughout the day.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. While residents were being weighed monthly and their weights were recorded, some nutritional care plans had not been updated to reflect current requirements and interventions, such as, modified consistency diets, updated recommendations of the speech and language therapist and whether the resident was on a fortified diet or what type of supplements had been prescribed. Where nutritional risk assessments were completed these were often inaccurate as when residents had lost weight this was not reflected in the risk score.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can

appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

While a record was kept of each residents' personal property this was not up to date. Some residents' list had not been updated since 2013.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

Residents were supervised at all times and residents spoken with by the inspector were complimentary of the staff and expressed the view that there was adequate staff on duty at all time to meet their needs. There was one roster available for the day and residential care service. The service was run as one service. This had been a recent development and staff and residents spoke with were positive with regard to this change. With regard to the direct delivery of care to residents, there was fourteen staff on duty in the morning and thirteen in the afternoon. In addition there were catering a chef, cleaning, and laundry and administration staff. Two nurses and two carers were on night duty. Confirmation of up to date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann for all nursing staff was available. Training records were reviewed and evidenced that all staff had been provided with training in fire safety, moving and handling and adult protection. An-ongoing training programme was in place

including hand hygiene, end of life care, dementia training and care planning.

One roster was available and as changes were made these were documented on the roster. However, the hours worked by the person in charge were not detailed on the roster and where abbreviations were used these was no key to indicate what these abbreviations were.

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:

Mary McCann
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:	Áras Mhic Dara Community Nursing Unit
Centre ID:	OSV-0000626
Date of inspection:	04/07/2016
Date of response:	21/09/2016

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 was in draft format and included reference to day service staff.

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:

The Statement of Purpose has been updated and amended to contain all information as set out in Schedule 1 of the Health Act 2007 (Care and Welfare of residents in Designated Centres of Older People) Regulations' 2013.

Proposed Timescale: 21/09/2016

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:

Where audits had been completed and deficits identified a quality improvement plan was not enacted to address these deficits, for example, a care plan audit was completed in February 2016 and deficits were identified. These deficits remained and included risk assessments not being completed in response to changing needs, care plans not being reviewed at four monthly intervals or in response to changing needs.

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:

A meeting was held with the nurses to discuss and put in place rectified care plans for each resident that reflect the true needs of residents with the necessary interventions. The reviewed care plans contents was discussed with each resident involved where possible and practicable. Where this was not possible the next of kin was consulted. Missing information was rectified (diabetes mellitus care plan, adapted activity plan/programme). All care plans of all residents will be in date in October. A follow-up audit was undertaken by the CNM2 and we are currently reviewing the updates.

Proposed Timescale: 15/10/2016

Theme:

Governance, Leadership and Management

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

The registered provider had not ensured that an annual review of the quality and safety of care delivered to residents in the designated centre had been carried out in consultation with residents and their families and made available to them.

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:

The annual review of the quality and safety of care delivered is completed in draft and circulated to residents/next of kin. We intend to discuss the draft in the next scheduled Resident Advocacy Meeting on 24th October '16. The draft was also sent to the Manager Older People Services for his comments. Once these actions are completed a copy of the annual review will be sent to Chief Inspector.

Proposed Timescale: 31/10/2016

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. It failed to document when a resident returned from receiving care at the acute general hospital. The use of a deleting substance on the directory was identified. Where a resident had died, there was no time or cause of death documented.

4. 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:

We completed the directory of residents as required under paragraph (3) of Schedule 3. Nursing staff are instructed to adhere to the Nursing Boards' guidance document on documentation and refrain from using a deleting substance.

Proposed Timescale: 21/09/2016

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:

A health and safety statement was in place but it failed to document the arrangements

in place for identification, recording, investigation and learning from serious incidents.

5. 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:

The Health & Safety Statement was reviewed and amended to include the arrangements for identification, recording, investigating and learning from serious incidents.

Proposed Timescale: 21/09/2016

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:

Care plans were not in place for all needs identified, for example, one resident had diabetes and no corresponding care plan was available regarding the management of this.

The narrative record recorded for residents each day poorly documented psychological well being.

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:

The needs of residents were recently re-assessed and all care plans which needed a review are currently being rectified, see also outcome 2.

Nurses are advised to review their entries in the narrative notes section to ensure that social and psychological wellbeing is included when writing the twice daily reports. The CNM2 is checking to determine that this is done with immediate effect.

Proposed Timescale: 16/09/2016

Theme:

Effective care and support

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

the following respect:

In some care files reviewed there was some information recorded as to what residents enjoyed doing prior to their admission but there was no evidence available that this information was utilised to ensure person centered meaningful activities for residents.

7. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Information on activities enjoyed by the resident prior to admission are now utilised to inform an individual person-centred meaningful activities programme for each resident as much as is possible and practicable. This action is in progress in conjunction with outcome 2 under the leadership of the CNM2.

Proposed Timescale: 31/10/2016

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:

End of life preferences that were recorded required review to ensure they were comprehensive and reflected physical psychological, social and spiritual needs of the residents and all residents did not have end of life preferences recorded.

8. 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:

End of life preferences are reviewed for all residents. In conjunction with the care plan review the CNM2 is working with individual nurses to ensure that a comprehensive end of life care plan is in place that reflects the physical, psychological, social and spiritual needs, wishes and preferences of each resident. Family members will be consulted where a resident is unable to make his/her wishes known.

Proposed Timescale: 31/10/2016

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

While residents were being weighed monthly and their weights were recorded, some nutritional care plans had not been updated to reflect current requirements and interventions, such as, modified consistency diets, updated recommendations of the speech and language therapist and whether the resident was on a fortified diet or what type of supplements had been prescribed. Where nutritional risk assessments were completed these were often inaccurate as when residents had lost weight this was not reflected in the risk score.

9. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

The Person in Charge and the CNMs have instructed nurses to ensure that the nutritional assessments are carried out according to the nutrition & hydration policy of Aras Mhic Dara. The dietician will discuss the use of fortifying food with the Chefs when next in the Unit. In addition, an education session is scheduled in October, when a dietician is available, to instruct / refresh the knowledge of nurses in the use of the MUST. If a resident has lost significant weight, it will reflect in the MUST score and appropriate action is taken when the nurse(s) follow the nutrition & hydration policy. Nurses will incorporate the instructions of the Speech and Language Therapist into the resident's food and drink care plans. These actions are monitored by the CNM2 taking the lead in progressing the implementation of the care plan updates, see previous outcomes.

Proposed Timescale: 31/10/2016

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

The record of residents' individual property was not up to date.

10. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

One of the nurses has taken this action on board. Discussions are progressing with individual residents/family members to notify staff when new items of property are being brought in or removed from the unit.

Proposed Timescale: 31/10/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

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

The hours worked by the person in charge were not detailed on the roster. Where abbreviations were used, there was no key to indicate what these abbreviations were.

11. 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:

The hours worked by the person in charge is now detailed on the roster. A list of abbreviations is inserted in the roster books.

Proposed Timescale: 21/09/2016