

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rockshire Care Centre
Centre ID:	OSV-0000688
Centre address:	Rockshire Road, Ferrybank, Waterford.
Telephone number:	051 831108
Email address:	info@rockshirecarecentre.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	RCC Care Limited
Provider Nominee:	Michael Dwyer Snr.
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Ide Cronin
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 May 2016 09:15 To: 04 May 2016 18:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Major
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The inspection also followed up on progress with completion of actions required to address non-compliances with the regulations from the last inspection in the centre in May 2014. There were 13 actions identified in the action plan from the last inspection. The findings from this inspection confirmed that seven actions were completed and six actions had not been satisfactorily progressed.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the provider completed the self-

assessment document by comparing the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The judgements of the self-assessment and the inspection findings are set out in the table above.

Residents' accommodation in the centre was arranged over two floors. The design and layout of the centre met its stated purpose and provided a therapeutic and comfortable environment for the 19 residents with dementia who lived there. Overall, inspectors found the local management team and staff were committed to providing a quality service for residents with dementia. This commitment was demonstrated in the work done and ongoing to create a familiar and accessible environment for residents with dementia.

Inspectors met with residents and staff members during the inspection. They tracked the journey of residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and staff files. Inspectors examined the relevant policies including those submitted prior to this inspection.

There were policies and procedures in place around safeguarding residents from abuse. However, not all staff had completed mandatory training but they were knowledgeable about the steps they must take if they witness, suspect or were informed of any abuse taking place. There were also policies and practices in place for the use of restraint and around managing behaviors that challenges. Residents were safeguarded by staff completing risk assessments and reviewing their needs in relation to any plans of care that were in place to support residents to live independent lives.

Areas for improvement included:

- * medication management practices,
- * development of care plans to comprehensively inform residents' care needs,
- * documenting interventions to support residents with communication difficulties when residents accessed services outside the centre
- * mandatory training for all staff in fire safety, moving and handling and protection of vulnerable adults.

The Action Plan at the end of this report identifies areas where improvements are required to comply 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

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: Health and Social Care Needs

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:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There were a total of 36 residents in the centre on the day of this inspection; nine residents had assessed maximum dependency needs, 12 had high dependency needs, 14 residents had medium and 1 resident had low dependency needs. 19 residents had a formal diagnosis of dementia and some others had symptoms of cognitive impairment.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans were developed based on these assessments and in line with residents changing needs within 48hrs of admission. Residents had a choice of GP and many residents were able to retain the services of the GP they attended prior to their admission to the centre. Residents had access to allied health care services including dietetic and speech and language therapy services. There was a physiotherapist employed at the centre three days each week. The physiotherapist reviewed each resident on their admission and completed their mobility assessments and treatment plans to support their ongoing needs as required. Residents had good access to specialist medical services such as psychiatry of older age and palliative care services. Inspectors observed a member of the community psychiatric of older age service was completing a consultation with a resident on the day of inspection.

Inspectors focused on the experience of residents with dementia. They tracked the journey of some residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end-of-life care in relation to other residents.

There were systems in place to ensure communications between the resident/families, the acute hospital and the centre. The person in charge or senior nurse visited prospective residents in hospital or their home prior to admission. This gave the resident

and their family information about the centre and also ensured that service could adequately meet the needs of the resident.

Residents' files held a copy of their hospital discharge letter with details of the assessments completed for residents with dementia admitted for long-term care. Inspectors observed that the files of residents who were transferred to hospital from the centre referenced information about their health and medications in their transfer documentation. While, their communication needs were referenced in most cases, there was scope for improvement to ensure the specific communication needs of residents with dementia going to hospital or to clinic appointments was clearly outlined. The communication policy required review to ensure it informed the various communication needs of all residents, including residents with dementia while in the centre or when accessing services outside the centre.

Residents' documentation was managed by means of a computerised data management system. The system was password protected. Nursing, healthcare and activity staff populated the system on a day-to-day basis. Medical and other documentation was maintained in a paper file. Although improvements had been made to ensure loose page documents were securely fixed in these files since the last inspection in May 2014, some further improvement was required to mitigate any risk loose pages in residents' files getting lost.

Residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of validated tools to assess each resident's risk of malnutrition, falls, level of cognitive impairment and their skin integrity. There was also a pain assessment tool for residents who could not verbally communicate their needs. A care plan was developed within 48 hours of admission based on each resident's assessed needs. Improvement was required in the care planning process to ensure each care plan was person centred and informed residents' individual care needs. Some care plans did not comprehensively describe the care interventions that staff should take to ensure residents' individual needs were met. Recommendations made by the speech and language therapy service to mitigate risks to residents with swallowing difficulties were not consistently stated in each resident's nutritional care plan. Some daily progress notes documented by nurses also required improvement to ensure they were consistently linked to care plans and informed ongoing care. Residents and or their relatives were involved in care plan development and while each care plan was reviewed every four months or more often, there was limited evidence that they were involved in these reviews.

Staff provided end-of-life care to residents with the support of their medical practitioner and palliative care services. The inspectors were told that no residents were receiving 'end of life' care on the day of inspection. The inspectors reviewed a number of 'end of life' care plans. However, as found on the last inspection in May 2014, inspectors found that an 'end of life' care plan was not developed for some residents. The end of life care plans in place also required improvement to ensure that they outlined the physical, psychological and spiritual needs of each resident on an individual basis, including their preferences regarding their preferred setting for delivery of care. Single rooms were available for end of life care and relatives were accommodated in the centre to be with the resident at this time of their lives.

The person in charge told inspectors that staff had the skills to administer subcutaneous fluids to treat dehydration and percutaneous endoscopic gastrostomy (PEG) feeding in order to avoid unnecessary hospital admissions. The person in charge notified HIQA of two residents with pressure-related skin injuries since 01 May 2015, both incidents occurred in the centre. Inspectors reviewed the wound care of a resident in the centre with a pressure ulcer and found that it was satisfactorily managed. A referral was made to ascertain the advice of a tissue viability nurse specialist as healing was delayed due to infection. All residents were assessed for risk of developing pressure-related skin injury and those identified as being at risk had a care plan in place to direct their preventative care. Pressure relieving mattresses and cushions to prevent skin damage developing were available and in place. Repositioning records were maintained for residents who were immobile and assessed as being at risk of developing skin damage.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences. As previously stated some residents' nutrition care plans did not outline the recommendations of dieticians and speech and language therapists where appropriate. A copy of the recommendations made by the dietician and speech and language therapist was not available in the kitchen on this inspection. The person in charge assured inspectors that this information was copied to the kitchen. Residents' meals are served in two settings, with residents needing assistance served first. Modified meals were attractively served. Staff were observed to sit with residents whilst providing encouragement and assistance with eating their meal. Staff chatted to residents and focused their attention to ensuring their needs were met. Residents were observed to be given choice of a fabric clothes protector or a paper napkin. The person in charge advised inspectors that she was working on developing menus to suit the needs of residents with dementia. The lunch menu was not displayed on the day of inspection.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. The centre's physiotherapist was involved in the falls risk assessment procedures. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate risk of further falls.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, some medication management practices did not reflect the centres policy or professional best practice. Some medications administered in crushed format were not prescribed for administration in that format. Maximum dosage over 24 hours was not stated for medications administered on a PRN (as required) basis. Discontinued medications were dated but not signed by the prescriber. The pharmacist was facilitated to meet their obligations, audits were available and residents had access to the pharmacist if they wished.

Judgment:

Non Compliant - Major

Outcome 02: Safeguarding and Safety

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 a policy in place to advise staff on protection of vulnerable adults from abuse. All staff spoken with were familiar with the policy and their responsibilities to ensure residents were safeguarded. The staff training record on protection of vulnerable adults dated 04 May 2016 indicated that two staff members had not attended refresher training since 2010 and seven staff members had not attended any training. This finding was identified in an action plan from the last inspection in the centre in May 2014. There were no allegations or incidents relating to adult protection reported to HIQA since the last inspection. Staff-resident interactions observed by inspectors throughout the day of this inspection were respectful, supportive and kind.

There were policy and procedures in place that promoted a positive approach to behavioural and psychological symptoms of dementia (BPSD). Inspectors observed there were few residents who presented with BPSD. Staff interviewed were knowledgeable about interventions that addressed the underlying cause of behaviours and described therapeutic interventions they used such as distraction techniques to prevent the escalation of behaviours. Positive behaviour care plans were developed and used to guide care. PRN (as required) psychotropic medications were administered to a small number of residents for management of symptoms of their dementia. However, behavioural management plans in place to direct care of some residents with behaviour that challenges did not include PRN medications as an intervention strategy when other de-escalation techniques failed. The inspectors also observed staff managing an incident of behaviour that challenges on the day of inspection. The incident was managed knowledgeably by staff in the centre with support by the services of a member of the community psychiatric team. Since the inspection, the person in charge advised inspectors that following review of this resident's regular medication by the psychiatric team, their mental health had significantly improved. The inspectors observed that residents had been regularly reviewed by their GP, and were referred to mental health of later life for further specialist input as necessary. To date, approximately 70% of staff had attended training on managing behaviours that challenge and 13 staff had completed a training course in dementia care. The person in charge identified in the quality improvement in dementia care questionnaire and self assessment document that she was sourcing additional training for staff in managing behaviours that challenge.

From review of residents' documentation, it was evident that physical or chemical restraint was used only as a last resort. Incidents where restraint was used were appropriately notified to HIQA. Concerted efforts were made to promote a restraint-free

environment and bedrail use was evaluated and monitored. Some residents at risk of falls had low-low beds and crash mats in place. These measures achieved the goals of care without restricting residents' freedom.

Residents had a locked drawer in their rooms for their money and valuables. There was a policy advising on managing residents' personal property. The inspectors reviewed the system in place to manage residents' money, and found that it was sufficiently comprehensive to ensure transparency and security. Residents' financial transaction records were signed and witnessed. Residents could access their money kept in safekeeping as they wished.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

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:

The person in charge and staff informed inspectors that residents with dementia were consulted with and participated in the organisation of the centre. Inspectors reviewed the minutes of residents' meetings which took place on 11 April 2016 and noted that residents with dementia attended the residents' meetings. Residents were enabled to make choices and maintain their independence.

There were opportunities for residents to participate in activities that suited their assessed needs and interests. Inspectors were informed by the activities coordinator that residents were enabled to vote in national referenda and elections and actively participated in the organisation of the centre. Some external day trips took place to local places of interest. Residents' rights to privacy and dignity were respected with personal care being delivered in their own rooms. The majority of residents' bedrooms were single occupancy with an en-suite shower and toilet. The layout and design of twin bedrooms ensured the privacy needs of residents in these bedrooms were met.

Inspectors found there was a varied activities programme, which was displayed in the front foyer with arts and crafts, exercise and music included. There were opportunities for all residents to participate in activities. There was also a mix of group and individual sessions facilitated to ensure the activities suited all residents. In relation to residents with dementia there was evidence of appropriate activation techniques such as life stories, reminiscence, a sensory based programme and music used to enhance communication and occupation. Inspectors were satisfied that the activity schedule provided for both cognitive and physical stimulation.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in the large communal room which was bright and spacious with adequate furnishings. Inspectors observed all staff interacting with residents in an appropriate and respectful manner. Inspectors saw that residents had access to televisions and radios. Newspapers were available and the main news topics were discussed with residents.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. Inspectors used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the communal and dining area in the centre. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between staff and residents with dementia. In the communal room the observing inspector noted that interactions were positive and meaningful. Staff related to residents in a calm and engaging manner. During the lunch time period staff were observed to offer assistance in a respectful and dignified manner, chatting and encouraging residents to interact and enjoy their eating experience.

All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with only necessary assistance to improve and maintain their functional capacity.

The person in charge told inspectors that access to advocacy services was available to all residents

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents who spoke with an inspector were aware of the process which was displayed.

On review of the record of complaints, there was evidence that all complaints were

documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

Inspectors found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. Inspectors observed that call-bells were answered as required. Staff were available to assist residents as necessary. Residents were satisfactorily supervised in the dining room and in the communal rooms. An actual and planned staff roster was in place. Staff on duty reflected that outlined in the staffing roster.

There was a written staff recruitment policy in place. An inspector reviewed a sample of staff files and found that the required documentation was in place in line with the requirements of the Regulations. The inspector observed that An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for nursing staff were in place and up to date.

There was a system in place to ensure that all staff attended mandatory and refresher training. Staff had training in dementia care, the management of behaviours that challenge, restraint management and infection control. Inspectors observed that not all staff had attended required mandatory training in fire safety, moving and handling and protection of vulnerable adults

Staff who spoke with inspectors were knowledgeable regarding residents and their needs. Each resident was allocated a key nurse who took personal responsibility to ensure the resident's needs were met and documentation was up to date. The staffing arrangements provided for the supervision of residents in communal rooms and met the holistic needs of residents.

There was a clear organisational structure and reporting relationships in place. The inspector saw records of staff meetings. There were also records of senior management meetings at which operational and staffing issues were discussed. A new staff appraisal system was being rolled out. The inspector saw that staff had copies of the Regulations and standards available to them. In discussions with staff, they confirmed that they

were supported to carry out their work by the senior nurse and person in charge.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Residents with dementia were integrated with the other residents in the centre. The centre premises were purpose-built, with residents' accommodation provided over two floors. The first floor was accessible by a lift fitted with a handrail fitted to support residents mobility needs while the lift was moving. The centre was observed to be bright, spacious and well decorated. Residents were accommodated in 32 single, en suite bedrooms and three twin, en suite bedrooms. The communal sitting areas for residents' use on both floors. The large sitting room on the ground floor included a library area. There was access from this sitting room an external safe and secure garden. The sitting room on the first floor was available for family events birthday celebrations or private meetings. The person in charge advised inspectors that they were in the process of revising the layout of the sitting room with the input of residents by subdividing the extensive floor space to create small cosy areas within it for residents' comfort and enjoyment. The inspectors saw that this process had commenced and work done positively impacted on the ambiance of the environment especially for residents with dementia.

There was a separate hairdressing room. A small room adjacent to the sitting room; used as an oratory was also used as a quiet area for residents to relax in or for facilitating activities with a small group of residents. The person in charge told inspectors of plans for further improvement to enhance the environment in the centre for residents including residents with dementia. Inspectors observed that recent decorative improvements completed in the sitting room, dining room and corridors positively impacted on the quality of life for residents with dementia in the centre.

Most residents rested in the main sitting room on the ground floor, which was bright with natural light from large windows in two walls. A large screen television was available to support ease of viewing for residents including residents with visual problems.

The layout and dimensions of the bedrooms met the needs of residents in terms of adequate personal storage space, access for assistive equipment such as hoists and wheelchairs, privacy and dignity. The inspectors saw that some residents personalised their bedrooms with photographs and personal items.

The environment in the centre was brightly painted and the many large windows provided good natural lighting to support residents' access around the centre. There was some use of signage to support residents with dementia; however, this area needed further improvement. Familiar curtain designs, wallpapering, pictures and photographs supported the comfort of residents with dementia especially on the ground floor.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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 was visibly clean. Hand hygiene dispensers were located at intervals throughout the centre and staff were observed to carry out hand hygiene procedures as appropriate. Personal protective equipment (disposable gloves and aprons) was available. However, improvement was required in infection prevention and control procedures to ensure unauthorised access to the kitchen was appropriately managed and to ensure kitchen staff donned personal protective clothing as required to mitigate any risk of infection to residents. Infection control practices and procedures were satisfactory in the other parts of the centre. Most staff had attended training in infection prevention and control, food safety and health and safety.

All fire exit doors were free from obstruction. Fire exit doors were electromagnetically secured and disengaged on activation of the fire alarm. Staff training records did not reference participation of four staff in an emergency evacuation drill and also four staff who had not participated in a fire drill since 2012/2013. These staff training records also confirmed that 17 staff had not attended fire safety training for 2015/2016. Mandatory fire training was identified as requiring action during the last inspection in May 2015. The person in charge forwarded confirmation of satisfactory completion of this training following the last inspection however, this mandatory training requirement was not sustained.

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:

Catherine Rose Connolly Gargan
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:	Rockshire Care Centre
Centre ID:	OSV-0000688
Date of inspection:	04/05/2016
Date of response:	01/06/2016

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

Some care plans did not comprehensively describe the care interventions that staff should take to ensure residents' individual needs were met.

Recommendations made by the speech and language therapist for a resident with swallowing problems were not consistently stated in each resident's nutrition care plan and a copy of these recommendations were not available for reference in the kitchen..

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

1. 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:

We are currently going through all current SALT and Dietician assessments and adding recommendations and changes to the nutrition care plans.

All assessments are also sent to the kitchen and kept on file for the chef as reference

Proposed Timescale: 11/06/2016

Theme:

Safe care and support

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

While each care plan was reviewed every four months or more often, there was limited evidence that residents or their families were involved in these reviews.

2. Action Required:

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

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

There is a separate file when all residents care plans are worked through with the resident or their families. This will be updated and also recorded on the electronic system.

Proposed Timescale: 26/08/2016

Theme:

Safe care and support

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

An 'end of life' care plan was not developed for some residents and those in place required improvement to ensure that they outlined the physical, psychological and spiritual needs of each resident on an individual basis, including their preferences regarding their preferred setting for delivery of care.

3. 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:

Though we have 'end of life' care plans for our residents, these need to be a lot more person centred. Each named nurse will be responsible for ensuring residents wishes are recorded in detail and all other staff are aware.

Proposed Timescale: 16/09/2016

Theme:

Safe care and support

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

Some daily progress notes documented by nurses also required improvement to ensure they were consistently linked to care plans and informed ongoing care.

4. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Nurses have already had this raised at their appraisal meetings. As each care plan comes up for review they will ensure this is always the case.

Proposed Timescale: 16/09/2016

Theme:

Safe care and support

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

The healthcare records did not adequately ensure that confidential information was being filed securely as the information was in loose sheets, some of which was not secured.

5. Action Required:

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

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

We will be reviewing our record management to find a better way of filing all documents safely

Proposed Timescale: 18/06/2016

Theme:

Safe care and support

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

Some medications administered in crushed format were not prescribed for administration in that format.

Maximum dosage over 24 hours was not stated for medications administered on a PRN (as required) basis.

Discontinued medications were dated but not signed by the prescriber.

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:

All medication charts have been changed to include a column where the GP can sign to say the medication can be crushed.

Nurses have been asked to ensure all maximum doses are recorded on all PRN medications.

The GP will always sign the discontinued medication, but will not come to the nursing home specifically to do so. We will talk to each and find a solution for this issue.

Proposed Timescale: 24/06/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Behavioural management plans in place to direct care of some residents with behaviour that challenges did not include PRN medications as an intervention strategy when other de-escalation techniques failed.

7. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

This will be included immediately

Proposed Timescale: 20/05/2016

Theme:

Safe care and support

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

The staff training record on protection of vulnerable adults dated 04 May 2016, indicated that two staff members had not attended refresher training since 2010 and seven staff members had not attended any training.

8. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

2 members of staff had only been employed 2 weeks prior to the inspection and 5 within the last 3 months – they have now been trained

Proposed Timescale: 27/05/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The staff training records provided to inspectors referenced that not all staff had attended required mandatory training in fire safety, moving and handling and protection of vulnerable adults.

9. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Since 2015 the staff are all required to complete a questionnaire on commencement of working at the centre – this gives them information with regard to fire safety until the fire trainer comes to train all the staff each year. The second course will be September 2016. Moving and Handling training is to commence immediately and will be undertaken by our physiotherapist. Again 2 members of staff had only been employed 2 weeks prior to the inspection and 5 within the last 3 months - All staff will be retrained again this year.

Proposed Timescale: 30/09/2016

Outcome 07: 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:

Improvement was required in infection prevention and control procedures to ensure unauthorised access to the kitchen was appropriately managed and to ensure kitchen staff donned personal protective clothing as required to mitigate any risk of infection to residents.

10. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

New signage will be placed in the kitchen. The chef will manage the staff more closely to ensure staff entry is to a minimum, in line with HACCP.

Proposed Timescale: 23/05/2016

Theme:

Safe care and support

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

Staff training records did not reference participation of four staff in an emergency evacuation drill and also four staff who had not participated in a fire drill since 2012/2013. These staff training records also confirmed that 17 staff had not attended fire safety training for 2015/2016.

11. 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:

As stated previously 2 staff were new in post and 5 within 3 months. We have already commenced evacuation training and this will be ongoing until September to ensure all attend

Proposed Timescale: 01/09/2016