

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Woodlands Nursing Home
Centre ID:	OSV-0000304
Centre address:	Bishopswood, Dundrum, Tipperary.
Telephone number:	062 71 335
Email address:	paddy@wnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Tipperary Healthcare Limited
Provider Nominee:	Paddy Fitzgerald
Lead inspector:	Gemma O'Flynn
Support inspector(s):	Sonia McCague
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	8

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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: 28 September 2016 09:55 To: 28 September 2016 16:15

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Non Compliant - Moderate
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This unannounced inspection took place over one day. Its purpose was to follow up on the status of the findings and action plan following the centre's previous inspection in April 2016.

Inspectors initially met with the nurse on duty, then the provider and person in charge and explained the purpose of the inspection. On the day of the inspection, there were 35 residents and 8 vacancies.

Inspectors met with residents, relatives and staff members over the course of the inspection. Similar to the previous inspection, residents who spoke with the inspector expressed satisfaction with the care they received and with the staff who delivered such care. Staff interactions with residents were observed to be respectful. Policies, procedures and practices were reviewed as part of the inspection process.

Inspectors found that the majority of the findings identified on the previous inspection had not been satisfactorily addressed. There were 17 actions following the previous inspection, of those, four were addressed satisfactorily; four were partially addressed but required further improvement and nine remained an ongoing issue. The timescale that the provider had undertaken to address the non-compliances had

expired for all proposed actions except one for which there remained one day for completion. The outcomes inspected against on this occasion and their associated judgments of compliance are set out in the table above and discussed in the body of the report where a number of the findings are restated.

Inspectors met with the provider and the person in charge at the close of the inspection and feedback was provided in regards to the identified findings. As a result of the ongoing findings in the centre, the provider was invited to a meeting in the offices of the Authority to discuss in details the plans the provider had to bring his centre into compliance with the regulations.

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

Outcome 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 had been reviewed since the previous inspection. Overall, the content met the requirements of the regulations. However, the Statement of Purpose required review to include the arrangements in place for the management of the centre where the person in charge was absent from the centre.

As found on the previous inspection, due to nursing staff shortages, the number of whole time equivalent nurses available in the centre did not correspond to the number as set out in the statement of purpose.

Judgment:

Non Compliant - Moderate

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:

Issues pertaining to governance and management were ongoing since the previous inspection in April 2016. The nursing staff resources in whole time equivalent (WTE) hours outlined in the statement of purpose were not available in practice. Efforts had been made to recruit additional nursing staff via the addition of one new nurse to the roster and the return of an existing staff nurse from planned leave. Although all shifts were covered with one nursing staff in place, the centre continued to operate with deficiencies on the nursing roster. However, the person in charge continued to provide cover on a regular basis when nursing shifts could not be filled.

Some relief nursing staff had been recruited since the previous inspection, the person in charge stated that these nurses were not scheduled for the next couple of weeks and sufficient cover was in place. However, upon further discussion about staffing levels, the provider and person in charge disclosed that a number of staff, (nursing, care assistants and catering), working in the centre had not received a vetting disclosure prior to the commencement of employment as required by the regulations. Some of these staff had been in the centre for some time, for example, one nurse had commenced employment in February 2016 and vetting had not been applied for until September 2016. The provider stated that some applications had been submitted but there had been delays in the processing of same which he said was outside of his control. The provider was reminded of his regulatory responsibilities in this regard and undertook to ensure that post the inspection, unvetted staff would not be rostered on duty until the appropriate vetting was in place.

Audits that the person in charge had agreed to complete since the previous inspection had been undertaken. For example, medication management, resident assessment audits and care plan audits. However, the audits did not identify some of the service deficits found on this inspection, therefore it wasn't clear that audits always brought about improvements. Findings relating to those matters are discussed further under the relevant outcomes.

Judgment:

Non Compliant - Major

***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):

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

Findings:

Issues identified on the previous inspection in regards to the completeness and maintenance of records were ongoing.

A visitors' book was positioned at the reception desk of the centre and the person in charge and provider stated that they encouraged visitors to sign it. Upon review it was evident that there were gaps in the entries recorded. For example, there were some entries for the day of inspection but previous entries were not recorded daily with gaps of a week or more between entries.

Policies, procedures and staff files were reviewed. As previously identified, not all requirements under Schedule 2 of the regulations were in the sample of personnel files reviewed. For example, not all files held evidence of the person's identification; a vetting disclosure nor documentary evidence of accredited training of the person.

A sample of residents' files were also reviewed and not all matters required under Schedule 3 of the Regulations were in place. For example, where bed side rails were in use, appropriate assessments were not always in place and a record of alternatives trialled prior to the use of bed side rails was not documented.

Judgment:

Non Compliant - Moderate

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

Theme:

Safe care and support

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

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

Findings:

There were policies and procedures relating to health and safety, risk management and emergency planning.

Call bells were still not available at all bedsides. Nor did the call bell available in a particular bedroom reflect the accurate number of the room for staff to attend in a timely manner if a resident should need assistance. These issues were also identified on the previous inspection.

Hazards such as the position of wall mounted televisions had been addressed, however

systems and documentation to demonstrate that the physical environment was regularly assessed for new or changing hazards to ensure resident safety were not available for inspection.

Staff were observed engaging in outdated and potentially unsafe people moving and handling techniques when assisting residents to mobilise.

Infection control policies and procedures were in place. Household staff were able to discuss the systems in place to prevent the spread of infection. Key staff were able to discuss the steps they would take if an outbreak of infection occurred, however, not all key staff were aware of what constituted an outbreak of infection to ensure appropriate interventions would be undertaken in a timely manner. The person in charge confirmed that there had been no outbreak of infection since the last inspection.

Measures had been implemented to ensure that in shared bedrooms, residents' personal hygiene items such as toothbrushes were stored in identifiable containers, specific to that resident, however, these measures were not implemented in all shared rooms. A urinary drainage bag, which staff confirmed was to be reused, was seen to be stored on the bathroom floor and full of urine. Nursing staff confirmed that this was not how the device should be stored.

Floor surfaces in some areas of the centre were worn and some surfaces such as bed frames and bed side rails were seen to be rusty. Some chair coverings were torn. These issues would prevent effective cleaning and were as a result an infection control concerns.

A care plan and risk assessment for a resident that smoked required review to ensure it gave full, clear and concise guidance to staff so as to ensure resident safety. The person in charge was asked to review this risk assessment and care plan and this review was submitted to the inspector after the close of the inspection.

Improvements had occurred in regards to fire drills. There was evidence that a number of drills had occurred since the previous inspection. The documentation of the drills was inconsistent at times which could result in learning opportunities being missed. However, it was evident that learning's were taking place as a result of the drills. Staff who spoke with inspectors were clearly able to discuss what they would do in the event of a fire. The person in charge stated that all staff were up to date with fire training, however, the training record provided to inspectors did not reflect this.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Inspectors found that there had been improvements in the management of issues identified on the previous inspection, however, some improvements were still required.</p> <p>Policies and procedures were in place and a medication round was observed by the inspector. Records demonstrated that residents had received their medication as prescribed. However, it was observed by the inspector that the medication trolley was left unattended, fully stocked and unlocked in a corridor in the centre. Medications that required crushing prior to administration were prescribed as such.</p> <p>The arrangements for the return of discontinued medication to the pharmacy were improved since the previous inspection. A clear system was in place and the nurse in charge stated that the medication would normally be collected within 24 hours of notifying the pharmacy. Whilst the storage of discontinued medications was improved as they were now stored in a locked box, it was evident that the box was otherwise unsecured and non nursing staff had access to the area in which it was stored. The documentation of medications to be returned to the pharmacy was inconsistent and therefore it was not always clear where the medication had originated. The returns book was not always signed by the receiver to confirm the medications had been returned as per protocol.</p>
<p>Judgment: Non Compliant - Moderate</p>

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:
It remained from the previous inspection that some improvements were required to ensure the healthcare and social care needs of residents were facilitated.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was shared between providers and services.

Some improvement was required in the overall assessment, planning, referral and evaluation of care on and following admission of residents to the centre. Findings of the previous inspection are restated as they were ongoing. Assessment details and records that included daily evaluation and clinical care records were incomplete, unavailable or insufficiently maintained or linked in a related or specific care plan to guide practice and inform an assessment or review.

For example, the assessment of wounds had not been completed to demonstrate appropriate care. Documentation indicated that a wound had not been dressed for at least ten days. There was no guidance as to what dressing materials should be used and records demonstrated that the same dressing materials were not consistently used to promote healing. It was therefore unclear that the management of wounds was based on evidence based practice. Despite the wound being present since 2015, the expertise of a wound care specialist such as a tissue viability nurse had not been sought. At the last inspection there had been no links with a tissue viability nurse, the person in charge was able to discuss arrangements that were now in place, however, key staff were not aware of how to access this specialist if required.

A nutritional assessment reviewed did not have the relevant information entered, therefore the resulting score was not based on the information required to fully assess a resident's nutritional status.

Care plans required review to fully direct care. For example, a care plan for a resident with diabetes required review to ensure that details were specific to the individual. In this instance the record said that blood sugar levels should be checked daily, the person in charge said the tests took place twice daily, however records were inconsistent with some showing once daily and some showing twice daily checks. On some days there was no record of blood sugar levels being checked. There was no care plan in place for a resident with an indwelling urinary catheter. Care plans for residents requiring respiratory assistance required further development to ensure they fully guided care. For example, when and why parts of the equipment might need to be changed. Care plans in place for residents requiring bed side rails required further development. For example, the care plan stated frequent checks to ensure safety. Upon review of the daily record, it was evident there was inconsistencies in the documentation of these checks. For example, recorded checks took place in some instances between midnight and 4am, and other days between 1am and 3am. Records did not always demonstrate that safety checks took place before midnight and after 4am. The person in charge stated she was aware of the deficits in care planning and was working towards reviewing all care plans.

The location of a resident with high dependency needs in the centre had been reconsidered since the last inspection and improvements had taken place in that regard.

There was an activities co-ordinator on duty of the day of inspection. She was seen to accompany residents for walks of the grounds on the morning of the inspection. An

activities schedule was in place and included bingo, quizzes and baking. Residents who spoke with inspectors confirmed that these activities took place and that they enjoyed them.

As observed on the previous inspection, a number of residents took their meals on bedside tables in the sitting areas of the centre. Staff who spoke with inspectors said this was the residents preferences. A small number of residents were seen to use the dining room facilities. Staff were observed assisting residents to eat their meals. The pace was set by the resident and drinks were seen to be offered throughout. Inspectors observed that the task wasn't utilised as social occasion as conversation between staff and the resident they were assisting was very limited and consisted mainly of asking the resident if they would like a drink.

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):

No actions were required from the previous inspection.

Findings:

Some elements of this outcome were examined on this inspection and improvements were required.

Some resident bedrooms did not have the furniture required under Schedule 6 of the regulations. For example, not all bedrooms had a chair for a resident if they wished to sit in their bedrooms. Shared bedrooms did not have adequate privacy screening. For example, if one resident had privacy screening closed, the wash hand basin was not accessible to the other resident in the room.

Some decorative upgrade was required in places. For example, parts of the flooring was worn and torn. Some armchair seats were torn and in some cases repaired with tape. Wood panels in the sitting room were raw and not finished with a painted or varnished surface. Some bed frames and bed side rails were seen to be rusty in appearance.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

A record of resident dependency levels, staff rosters with staffing levels and training programmes were maintained and monitored by the person in charge to inform staffing arrangements.

Staffing levels and skill mix at the time of this inspection were adequate to meet the needs of residents. However, as outlined in outcome 2, management and governance the nursing resource was inadequate.

A training needs analysis had been completed since the last inspection and a range of training needs had been identified. At the time of this inspection, no date had as yet been confirmed for the outstanding training, the person in charge stated that training was planned for November 2016. Some training had been delivered since the last inspection such as wound care for one nurse and venepuncture for two nurses.

However, training deficiencies and knowledge gaps specific to recording clinical practice, wound care and assessment, infection prevention and control practices and medication management were identified through conversations with staff members and review of documentation. These deficiencies had also been highlighted on the previous inspection.

Training in cardio pulmonary resuscitation was not up to date for all nurses according to the training matrix made available to inspectors. Not all staff had been trained in safer moving and handling practices. As discussed in the health & safety outcome, outdated and potentially unsafe moving and handling practices were observed being carried out over the course of the inspection. Staff who spoke with inspectors were not always clear on what technique should be used to move a resident who was immobile.

The person in charge stated that all staff were up to date with fire safety training, however the training record did not reflect this. Staff who spoke with inspectors were able to clearly discuss their role in the event of the fire alarm sounding.

There had been improvements in the systems of communication to ensure that all staff who cared for the residents were sufficiently informed of residents' needs or changes in their condition. A member of the catering team now attended the morning handover and relayed any relevant information to the remaining catering staff. Catering staff who spoke with inspectors demonstrated knowledge of residents needs and where information could be sought or updated if required.

At times, inappropriate language such as references to cotsides was still utilised by staff in the centre.

Recruitment procedures were in place, but as discussed in outcome two, these procedures did not conform to the centre's own policy nor did they comply with the regulations in that the records required under Schedule 2 of the regulations were not available in all files reviewed.

Appraisals formed part of the supervision process and were used to review performance and identify training needs. The provider and person in charge stated that they had recently updated the appraisal tool to maximise the appraisal process and as such appraisals for 2016 were not complete. They stated they planned to start the process in October.

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Woodlands Nursing Home
Centre ID:	OSV-0000304
Date of inspection:	28/09/2016
Date of response:	24/10/2016

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 arrangements in place for the management of the centre where the person in charge was absent from the centre were not clearly set out and therefore required review.

The number of whole time equivalent nurses available in the centre did not correspond to the number as set out in the statement of purpose.

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 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 Residents in Designated Centres for Older People) Regulations 2013.

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

Statement purpose have been reviewed and amended as necessary to comply with regulations and reflect current staffing levels.

Proposed Timescale: 11/10/2016

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:

Deficiencies were found in relation to the provision of skilled nursing staff available to meet the assessed needs of residents in accordance with the statement of purpose.

The allocation of the person in charge to cover unrostered shifts was the only contingency plan to ensure shifts would be covered. Any unplanned absence of the person in charge or nurses would compromise residents' safety and quality of care.

2. Action Required:

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

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

We have recruited extra nursing staff and have obtained two local nurses to provide relief as contingency. We are also awaiting 4 PIN numbers for additional nurses who we hope to be registered this year. Our roster now shows adequate cover on all shifts to allow the PIC return to her management role.

Proposed Timescale: 11/10/2016

Theme:

Governance, Leadership and Management

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

Not all staff in the centre had vetting disclosures as required by the regulations.

Audits were not comprehensive as they had not identified issues that were identified

over the course of the inspection and thus did not bring about improvements to the service.

3. 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:

All current staff now have a vetting disclosure. Any staff without a current garda vetting will not be allowed to work.

With the increase in our staffing levels the PIC is now in the position to ensure that the auditing of systems, policies and documentation is carried out in a methodical and consistent manner.

Proposed Timescale: 11/10/2016

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:

Not all requirements under Schedule 2 of the regulations were in the sample of personnel files reviewed. For example, not all files held evidence of the person's identification; a vetting disclosure nor documentary evidence of accredited training of the person.

Not all matters required under Schedule 3 of the Regulations were in place. For example, where bed side rails were in use, appropriate assessments were not always in place and a record of alternatives trialled prior to the use of bed side rails was not documented.

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:

All staff files have been audited and missing documents identified. Staff have been told to produce all missing documentation before the 1st December. Staff who fail to have the required documentation on file will be removed from the roster until such documentation is produced. Staff training has also been audited and training dates have been arranged so that all staff will have a minimum of the mandatory trainings complete by 1st December. Additional trainings have also been made available to all staff and they are encouraged to complete as soon as possible.

All restraint procedures have been audited, discussed with staff nurses and altered as necessary. Risk assessments, care plans etc have been amended to document and reflect this change.

Proposed Timescale: 01/12/2016

Theme:

Governance, Leadership and Management

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

The visitors' sign in book was not maintained. Upon review it was evident that there were gaps in the entries recorded. For example, there were some entries for the day of inspection but previous entries were not recorded daily with gaps of a week or more between entries.

5. Action Required:

Under Regulation 21(4) you are required to: Retain the records set out in paragraphs (6), (9), (10), (11) and (12) of Schedule 4 for a period of not less than 4 years from the date of their making.

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

The visitors book has been moved from the front of the reception desk to outside the main reception door. A large sign asking visitors to sign in is placed above the book. We try to verbally request visitors to sign the book but they are not always in agreement.

Proposed Timescale: 24/10/2016

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:

Systems and documentation to demonstrate that the physical environment was regularly assessed for new or changing hazards to ensure resident safety were not available for inspection.

6. 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:

A weekly room audit has been put in place identifying deficiencies in the physical environment including hazards to ensure resident safety.

Proposed Timescale: 11/10/2016

Theme:

Safe care and support

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

Staff were observed engaging in outdated and potentially unsafe people moving and handling techniques when assisting residents to mobilise.

7. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

Manual Handling training dates have commenced with all staff due to be completed on 5th November. This will ensure that all staff are up to date with the current techniques.

Proposed Timescale: 05/11/2016

Theme:

Safe care and support

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

Not all key staff were aware of what constituted an outbreak of infection to ensure appropriate interventions would be undertaken in a timely manner.

Measures had been implemented to ensure that in shared bedrooms, residents' personal hygiene items such as toothbrushes were stored in identifiable containers, specific to that resident, however, these measures were not implemented in all shared rooms. A urinary drainage bag, which staff confirmed was to be reused, was seen to be stored on the bathroom floor and full of urine.

Floor surfaces in some areas of the centre were worn and some surfaces such as bed frames and bed side rails were seen to be rusty. Some chair coverings were torn. These issues would prevent effective cleaning and were as a result an infection control concerns.

8. 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:

All staff have been booked into infection control training to be completed by 1st December.

The weekly room audit will identify any issues in regard to personal hygiene items and immediate actions will result. Complete

Our policy in regard to urinary catheter usage has been changed . All staff have been informed. Complete

Defective floor surfaces have been identified and will all be replaced by 1st March 2017.

All defective beds have been replaced. Complete

All defective chairs will be either refurbished or replaced by 1st March 2017.

Proposed Timescale: 01/03/2017

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:

The medications trolley was left unattended, fully stocked and unlocked in a corridor of the centre.

Medications that had been discontinued were stored in an area to which non nursing staff had access.

The documentation of medications to be returned to the pharmacy was inconsistent and therefore it was not always clear where the medication had originated.

The returns book was not always signed by the receiver to confirm the medications had been returned as per protocol.

9. Action Required:

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

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

The staff member and all other staff have been instructed in our policy in relation to medication management and all nursing staff now have completed an up to date medication management training.

The return medication box is now stored in the locked medication room. Complete

Documentation of all medications reviewed and all staff and pharmacist notified. complete

Proposed Timescale: 11/10/2016

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:

Assessment details and records that included daily evaluation and clinical care records were incomplete, unavailable or insufficiently maintained or linked in a related or specific care plan to guide practice and inform an assessment or review.

For example, the assessment of wounds had not been completed to demonstrate appropriate care. A nutritional assessment reviewed did not have the relevant information entered, therefore the resulting score was not based on the information required to fully assess a resident's nutritional status.

10. Action Required:

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

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

All clinical care records are being reviewed and deficiencies noted. A meeting has been held with staff nurses to ensure accurate completion of all documentation. An audit will take place in November to check that staff are compliant. 31/11/16

Proposed Timescale: 30/11/2016

Theme:

Effective care and support

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

Care plans required review to fully direct care.

For example:

A care plan for a resident with diabetes required review to ensure that details were specific to the individual.

Care plans for residents requiring respiratory assistance were not sufficiently detailed to guide care. For example, when and why parts of the equipment might need to be changed.

There was no care plan in place for a resident with an indwelling urinary catheter.

Care plans in place for residents requiring bed side rails required further development.

11. 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:

All care plans are in the process of being reviewed and where necessary re-written.

Proposed Timescale: 30/11/2016

Theme:

Effective care and support

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

A resident with a long standing wound, was receiving wound care that was not based on evidence based practice.

Not all key staff were aware of how to access specialist expertise such as tissue viability input.

12. Action Required:

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

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

A meeting was held with all Staff nurses outlining the methods of contacting TVN. All wound care documentation deficiencies were highlighted at this meeting. An audit will be carried out in November to ensure all staff are complying.

Proposed Timescale: 30/11/2016

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:

Some resident bedrooms did not have the furniture required under Schedule 6 of the regulations.

For example:

Not all bedrooms had a chair for a resident if they wished to sit in their bedrooms.

Shared bedrooms did not have adequate privacy screening. For example, if one resident had privacy screening closed, the wash hand basin was not accessible to the other resident in the room.

Some decorative upgrade was required in places.

For example:

Parts of the flooring was worn and torn.

Some armchair seats were torn and in some cases repaired with tape.

Wood panels in the sitting room were raw and not finished with a painted or varnished surface.

Some bed frames and bed side rails were seen to be rusty in appearance.

13. Action Required:

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

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

The weekly room audit will identify if there are any furnishings missing or in need of replacement. The first audit identified missing chairs and these have been put back in place.

Reconfiguration of the existing privacy screens will be completed by 30th April 2017

Worn floor coverings will be replaced by 30th March 2017.

Damaged armchairs repaired or replaced by 1st March 2017

There is currently a painting contractor (As seen by inspector) completing the painting of all areas. 31st March 2017

All worn beds have been replaced with new. 11/10/16

Proposed Timescale: 30/04/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Training deficiencies and knowledge gaps specific to recording clinical practice, wound care and assessment, infection prevention and control practices and medication management were identified through conversations with staff members and review of documentation. These deficiencies had also been highlighted on the previous inspection.

Training in cardio pulmonary resuscitation was not up to date for all nurses.

Not all staff had been trained in safer moving and handling practices.

The person in charge stated that all staff were up to date with fire safety training, however the training record did not reflect this.

14. 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:

Manual Handling trainings for all staff is ongoing (13th October, 14th October, 15th

October, 3rd November, 4th November, 5th November)
Fire safety training for all staff (1st & 2nd November)
All staff undertaking Infection control and safe guarding of vulnerable adults at present.
All nurses undertaking Medication management and CPR
Nurses who have not completed Wound management training are completing same
22.11.16

Proposed Timescale: 30/11/2016

Theme:
Workforce

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

Staff appraisals were not up to date.

At times, inappropriate language such as references to cotsides were still utilised by staff in the centre.

15. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Staff appraisals have commenced and this years appraisals will be completed by 31st December 2016.

A directive has been sent to all staff outlining that inappropriate language should not be used.

Proposed Timescale: 31/12/2016