Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Rushmore Nursing Home
Centre ID:	OSV-0000381
Centre address:	Knocknacarra, Galway.
Telephone number:	091 523 257
Email address:	rushmorenursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Rushmany Nursing Home Limited
Provider Nominee:	Sharon Conlon
Lead inspector:	PJ Wynne
Support inspector(s):	Shane Grogan
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	7

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:	To:
13 September 2016 08:45	13 September 2016 15:35

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection. This inspection took place over one day. The centre was previously inspected on the 27 April 2016. The inspection at that time evidenced a number of failings to adequately meet the requirements of the regulations. A total of nine outcomes were inspected. One outcome was judged as major non-compliant and five as moderately non-compliant.

In line with HIQA's procedures to manage risk and ensure safe quality care this second unannounced inspection was undertaken to monitor progress and assess the action undertaken by the provider since the last inspection.

There were 20 residents accommodated in the centre during the inspection. All residents were residing in the centre for continuing care except one resident admitted for a period of convalescent care. The provider is registered to accommodate a maximum of 27 residents. Due to structural renovations on going at the centre, the provider has reduced maximum occupancy to 20 residents.

This inspection evidenced an improvement in the safety and quality of care and

management systems. The management team demonstrated a clearer understanding of their responsibilities to the inspectors. The areas identified for improvement on the last inspection were all completed to a satisfactory standard.

A total of 10 outcomes were inspected on this visit. Five outcomes were judged as compliant and a further three as substantially compliant with the regulations. Two outcomes were assessed as non-compliant moderate, namely Health, Safety and Risk Management and Health and Social Care Needs. The findings in these outcomes indicated a further review of the fire safety precautions is required and the system to review each resident's long term medication prescriptions requires further development.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) 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: 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The provider understood that it was necessary to keep the statement of purpose document under review. A revised statement of purpose was submitted to HIQA dated August 2016. The updated statement of purpose detailed the environmental facilitates and structural changes to the building as renovation works are in progress.

The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained information in relation to the matters listed in Schedule 1 of the regulations.

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

Findings:

The inspection findings evidenced an effective governance structure. Accountability was clearly defined at individual, team and service levels. It was evident from conversations with staff and management all people working in the service are aware of their responsibilities and to whom they are accountable.

The management team have an active presence at all levels throughout the centre. The registered provider is actively involved in overseeing the daily operations of the provision of care services. She works at the centre in an administrative capacity. She is well known to residents and their families.

On the previous inspection it was identified a collective review to inform learning in safeguarding vulnerable adults was required. This was undertaken and a report with learning outcomes was submitted to HIQA.

There was evidence of consultation with residents and their representatives in a range of areas. In particular there was evidence of regular communication on the building works in progress and the action in place to minimise disruption. Any concerns raised were responded to and the complainants satisfaction with the resolution was documented as evidenced on reviewing the complaints register.

The areas for improvements identified in the action plan of the previous inspection report were all completed to a satisfactory standard.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
Residents admitted for short term care did not have an agreed contract in place outlining the terms and conditions of their occupancy. While the provider had a service level agreement with a third party agency to provide convalescent or respite care, individual residents admitted did not have a contract outlining the terms and conditions of their occupancy.

While the contracts of care specified the bedroom number to be occupied it did not clarify whether the bedroom was single of twin occupancy in each contract.

Judgment:
Substantially Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge is a registered nurse and has a whole time post. She has been employed at the centre since February 2015.

She is suitably qualified and an experienced nurse who meets the criteria required by the regulations in terms of qualifications and experience.

During the inspection she demonstrated that she had knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
Measures were in place to protect residents. There was a policy and supporting documents which provided guidance for staff to protect vulnerable adults. The management team demonstrated their knowledge of the designated centre's policy.

They were aware of the necessary referrals to external agencies.

Since the last inspection there have not been any notifiable adult protection incidents which are statutory reporting requirement to HIQA.

The training records identified that staff had opportunities to participate in training in the protection of vulnerable adults. There was an ongoing program of refresher training in safeguarding of vulnerable adults in place. Training in caring for older people with cognitive impairment or dementia has been undertaken by 24 staff since the last inspection.

Restraint management procedures (the use of bedrails) were in line with the national policy guidelines on promoting a restraint free environment. The actions from the previous inspection in relation to restraint management were satisfactorily completed. The restraint risk assessment tool was reviewed to take cognisance of a broader range of issues to ensure it was safe to use bedrails.

At the time of this inspection there were four residents with two bedrails raised. One was considered an enabler and three a restraint measure in the best interest of the resident's safety. In files reviewed where residents requested the bedrails raised as an enabler, the enabling function was now well described. The documentation now outlined the enabling function for example, if it helped the resident to sit up or turn in bed unaided or provided a psychological safety aid.

Through observation and review of care plans it was evidenced staff were knowledgeable of residents' needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Because of medical conditions, some residents showed responsive behaviours. Care plans detailed better resident's specific details such as possible triggers and interventions. Staff spoken with were very familiar with appropriate interventions. Staff could describe particular residents' daily routines very well to the inspectors.

There was evidence when residents had specialist care needs such as mental health difficulties, of links with the mental health services. Medical files evidenced good care input from the psychiatry of later life team to review residents and their medication to ensure optimum health.

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):

Findings:
Matters identified in relation to health, safety and risk management on the last inspection were addressed. Personal emergency evacuation plans were developed for each resident. These identified the type of equipment and level of assistance required to evacuate each resident. Final exit fire doors were accessible. The fire alarm system has been upgraded and a new fire panel provided.

Staff were trained in fire safety evacuation procedures. Fire records evidenced staff participated in routine practice drills. Records demonstrated there was evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

However, further review of the fire safety precautions is required.

Two fire compartment doors were wedged open. These doors were held open with a magnetic lock connected to the fire alarm system. The system is designed to release on activation of the alarm. Wedging the fire doors restricts the system from functioning and prevents the magnetic lock from releasing in the event of a fire.

The fire exit door from the first floor to the external fire escape was not secured with a magnetic lock designed to release on activation of the alarm. While the door was openable it could not be secured to minimise the risk of a resident leaving the centre unaccompanied. This part of the building is currently unoccupied due to ongoing structural work.

Bedroom doors were fitted with individual battery operated door closing mechanisms designed to close doors on activation of the fire alarm. The batteries required replacing in two of the bedroom doors due to the visible red warning light and beeping sound signalling the requirement for replacement.

Some fire escape route plans and directional signage require review to reflect the internal structural changes in the communal day sitting room areas.

The structural works to redesign and upgrade the sluice room and laundry have been completed. Suitable and sufficient equipment is provided in both areas with adequate sinks and suitable hand washing facilitates. A sufficient number of cleaning staff were rostered each day of the week. Colour coded cleaning equipment and cloths were provided to clean bedrooms and communal areas to minimise the risk of cross infection.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified to include the type of hoist and sling size. This was required from the action plan of the previous visit. These were documented and available for reference by staff on the inside of each resident's wardrobe door.

There were arrangements in place for recording and investigating untoward incidents

and accidents. Any fall was well documented and the risk assessment tool reviewed. A falls log record was maintained in residents' individual care plans. A post incident review tool has been obtained. This was completed in the immediate aftermath of a fall to identify any contributing factors for example, changes in a resident physical or mental health status, medication changes or onset of an infection.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe care and support

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

Findings:
Policies and procedures were in place to guide staff in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Each resident's medication was dispensed from individual packs. These were delivered by the pharmacy and contained a two-week supply of each resident's medication. A tray was provided in the medication trolley to store each resident's individual medication.

Photographic identification was available on the prescription chart for each resident to ensure the correct identity of the resident receiving the medication.

Medications were transcribed by nursing staff. Transcribed medications were countersigned by a second nurse in each of the sample of prescriptions examined in accordance with An Bord Altranais guidance on medication management. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined. In one kardex reviewed a resident had returned from hospital and the changes to the medication were not transcribed onto the centres kardex's. Nursing staff were administering medications from both prescription orders posing an increased risk of medication error.

Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. Drugs were not being crushed for any residents at the time of this inspection.

Judgment:
Substantially 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:
There were 20 residents accommodated in the centre during the inspection. All residents were residing in the centre for continuing care except one resident admitted for convalescent care.

Each resident had a comprehensive assessment of needs completed on admission and reviewed periodically. Care plans were updated at the required intervals. There was evidence of consultation with residents or their representative in care plans.

Nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition. Care plans were developed for issues identified on assessment.

There was improved linkage between assessments completed and care plans developed. Care plans were reviewed and are more person-centred and individualised. Each resident had an advance end-of life care plan. These were further developed since the last inspection. Decisions concerning future healthcare interventions, personal and spiritual wishes were detailed.

The policy of the centre is all residents are for resuscitation unless documented otherwise. Two of the residents have a do not attempt resuscitation (DNAR) status in place with procedures in place to review the DNAR.

A social care assessment has been completed in the sample of files reviewed with a plan of care developed to meet the psychosocial needs of residents. Plans of care to meet responsive behaviours or dementia care needs were reviewed. These were more personalised and described better the required care interventions.

Further improvement in care planning is required for residents accommodated for short term care. A comprehensive assessment was completed on admission and a care plan was in place to address an acute medical needs. However, residents did not have a discharge care plan completed to guide staff in their rehabilitive goals and ensure a safe

discharge. There were not plans of care to guide staff on all health problems being managed during convalescent periods.

Pressure relieving devices to promote healing and access to professionals with specialist knowledge was available. However, improvements were required in the recording of the clinical practice in relation to wound assessments and documenting management of wound care.

There were three residents with wounds. One vascular, a pressure sore and a surgical wound. Wound assessment records were not completed each time dressings were changed. In some records the assessment charts were completed but not dated. It was difficult to establish if the frequency of change of dressing was in accordance with the plan of care. Nursing notes did not outline a clinical evaluation of the progress of the wound and it was difficult to determine healing progress. Notes stated 'dressing changed and cleaned' in some cases only. There was no evidenced based reporting as to the progress of the adequacy of the type and frequency of the care interventions and dressings applied.

In accordance with regulation 6 (1) and (2), this inspection evidenced an improvement in timely medical assessment and clinical reviews as residents' needs indicate. Newly admitted residents were seen by the general practitioner (GP) shortly after admission. Medical notes evidenced GP reviews when a resident became unwell.

However, the system to review each resident's medication requires further development. In some files examined residents were on a comprehensive list of medications. Some GPs did not attend the centre to see each resident prior to renewing long term medication prescriptions. Prescriptions were faxed or e-mailed to the GPs for review. In some files examined there was no documented review by the GP in a 12 month period. There was evidence of a reliance on phone calls and faxed prescriptions.

Residents had timely access to allied health professionals to include speech and language therapist and dietician. While specialist chairs were provided one resident was noted to have inadequate support. While there was a plan of care in place input from occupational therapy had not being obtained. The resident was observed slipping to the edge of the seat. A review of the resident's file noted two falls had occurred as the resident had slipped from the chair in the recent past.

Nutritional screening was carried out using an evidence-based screening tool. There were four residents on a modified diet and two on thickened fluids. Three residents were prescribed supplements. There was a good choice of a variety of nutritious wholesome food provided. There was a sufficient number of staff deployed to assist those requiring help with their meals. The staff deployment at meal times was reviewed since the last visit. The nurse is now available to assist at meal times with medications administered at the end of meals. A sample of care record reviewed indicated each resident was being weighed monthly.

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):

Findings:
The building is presently undergoing major structural renovation to enhance the quality of the living environment. Seven single ensuite bedrooms are being provided on the first floor. Work has progressed well and the layout and design will meet the needs of dependent older people.

Renovations are being completed in accordance with HIQA's, National Standards for Residential Care Settings for Older People in Ireland, 2016. In the renovated section each bedroom and bathroom is spacious and well equipped to meet residents' comfort and privacy needs. Showers are level with the floor surface ensuring ease of access. All bedrooms have good natural light. Suitable ventilation is provided in all areas.

The call bell system has been upgraded and all bathrooms have call alarms fitted. The sitting room has been divided to provide two separate sitting areas providing residents with a choice of a smaller quieter sitting room. The entrance door to the large sitting room has been relocated and made wider to allow improved access for residents mobilised in assessed specialist chairs.

A new multipurpose room had been provided which will give residents increased recreational space. A lift has been fitted to replace the chair lift previously utilised. The provider has resourced a stretcher which can be accommodated by the lift.

The provider confirmed thermostats will be fitted to dispensing hot water in bathrooms used by residents to restrict the water temperature in line with HIQA standards.

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:
The inspector examined the staff duty rota. Staffing levels on each work shift, skill mix and supervision arrangements were adequate to meet the needs of residents.

Observations confirmed staff were deployed to meet resident's needs. There are three care assistants rostered throughout the day from 8.00am to 8.00pm. There is one nurse and the person in charge who is rostered from Monday to Friday.

One nurse has been recruited on a part time basis since the last inspection. There has been no turnover in the number of care assistant employed. There was evidence that staff had participated in training relevant to their role and responsibility. Staff demonstrated their knowledge in a number of areas for example, infection-control, fire safety, adult protection and caring for residents with dementia or responsive behaviours.

Staff who communicated with the inspectors confirmed that they were supported to carry out their work by the provider and person in charge.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Rushmore Nursing Home
Centre ID:	OSV-0000381
Date of inspection:	13/09/2016
Date of response:	27/10/2016

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 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents admitted for short term care did not have an agreed contract in place outlining the terms and conditions of their occupancy.

While the contracts of care specified the bedroom number to be occupied it did not clarify whether the bedroom was single of twin occupancy in each contract.

[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 24(2)(a) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.

Please state the actions you have taken or are planning to take:
All contracts herewith shall indicate single or twin occupancy

Proposed Timescale: 27/10/2016

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:
Two fire compartment doors were wedged open.

The fire exit door from the first floor to the external fire escape was not secured with a magnetic lock designed to release on activation of the alarm.
Bedroom doors were fitted with individual battery operated door closing mechanisms. The batteries required replacing in two of the bedroom doors due to the red light alert and beeping sound signalling the requirement for servicing.

Some fire escape route plans and directional signage require review to reflect the internal structural changes in the communal day sitting room areas.

2. Action Required:
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
a) No fire compartment doors shall be wedged open
b) On completion of building works & Prior to admissions of residents the fire exit door shall have a magnetic lock designed to release on activation of the alarm
c) All battery operated door closing mechanisms indicating low battery will be replaced immediately
d) Fire escape route plans and directional signage that require review to reflect the internal structural changes in the communal day sitting areas shall be reviewed and appropriate signage put in place

Proposed Timescale:
a) effective 13th September 2016
b) 1st November 2016
c) Effective 13th September 2016

d) Effective 1st November 2016

Proposed Timescale: 01/11/2016

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In one kardex reviewed a resident had returned from hospital and the changes to the medication were not transcribed onto the centres kardex's. Nursing staff were administering medications from both prescription orders posing an increased risk of medication error.

3. 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:
A resident returning from the hospital shall have medication changes transcribed onto the Centres Kardex.

Proposed Timescale: 25/10/2016

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Further improvement in care planning is required for residents accommodated for short term care. Residents did not have a discharge care plan completed to guide staff in their rehabilitive goals and ensure a safe discharge. There were not plans of care to guide staff on all health problems being managed during convalescent periods.

4. 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 admissions that are short term care shall have a rehabilitive care plan identifying

goals and ensure a safe discharge, this shall include all health problems to be managed during convalescence period.

Proposed Timescale: 13/09/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required in the recording of the clinical practice in relation to wound assessments and documenting management of wound care.
In some records the assessment chart were completed but not dated. It was difficult to establish if the frequency of change of dressing was in accordance with the plan of care.
Nursing notes did not outline a clinical evaluation of the progress of the wound and it was difficult to determine healing progress.
There was no evidenced based reporting as to the progress of the adequacy of the type and frequency of the care interventions and dressings applied.

5. 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:
All documentation regarding wound assessment and management of wound care shall be competed & dated. Also a clinical evaluation concerning progress shall be evident

Proposed Timescale: 13/09/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The system to review each resident's medication requires further development. Some GPs did not attend the centre to see each resident prior to renewing long term medication prescriptions. Prescriptions were faxed or e-mailed to the GPs for review. In some files examined there was no documented review by the GP in a 12 month period.

6. 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:
All residents files shall show evidence of regular review by GP

Proposed Timescale: 27/10/2016

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident was noted to have inadequate support. While there was a plan of care in place input from occupational therapy had not being obtained. A review of the resident's file noted two falls had occurred as the resident had slipped from the chair in the recent past.

7. Action Required:
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
Following a seating assessment 20th October 2016 this resident is now in a chair that meets required needs

Proposed Timescale: 28/10/2016

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:
Thermostats are required to be fitted to dispensing hot water in bathrooms used by residents to restrict the water temperature.

8. 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:
Thermostats shall be fitted to dispensing hot water in bathrooms used by residents to restrict the water temperature.

Proposed Timescale: 01/11/2016