

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Powdermill Nursing Home & Care Centre
Centre ID:	OSV-0004456
Centre address:	Gunpowdermills, Ballincollig, Cork.
Telephone number:	021 487 1184
Email address:	powdermillnursing.home@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	JCP Powdermill Care Centre Limited
Provider Nominee:	Joseph Peters
Lead inspector:	John Greaney
Support inspector(s):	Mary O'Mahony
Type of inspection	Unannounced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	2

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 October 2016 10:45	11 October 2016 18:45
12 October 2016 07:00	12 October 2016 12:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Powdermill Nursing Home and Care Centre is located close to the town of Ballincollig, which is approximately nine kilometres west of Cork city. It is a three storey premises, however, all resident accommodation is on the ground and first floors.

This inspection was an unannounced follow-up to an inspection carried out on 22 and 23 June 2016. Following that inspection the Chief Inspector issued a notice of proposal to attach conditions to the registration of the centre as a result of inadequate level of 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. The proposed conditions required the provider to put in place effective management systems to ensure the service was safe for residents and to not accept any admissions without the prior approval of the Chief Inspector. In response to the notice of proposal the provider the provider made a written submission in relation to the imposition of these conditions. This inspection was carried out to determine if the

provider had carried out the actions stated in this submission and also to determine if the action plan from the inspection of 22 and 23 June 2016 had been addressed.

On this inspection, inspectors noted that there was an overall improvement in the level of compliance with the regulations and standards. Where issues were identified in relation to staff performance, appropriate action was taken to safeguard residents including a programme of supervision. A member of staff had been designated to promote safeguarding practices among staff in order to highlight good practice and identify where improvements were required. The provider held informal training sessions with staff in relation to safeguarding.

The risks identified at the last inspection in relation to smoking had been mitigated. Residents that periodically smoked in their bedroom now complied with policy and only smoked in the designated area. In the event of non-compliance with the policy, advice had been sought from a fire safety consultant in relation to the placement of smoke detectors in the bedroom and bathroom adjacent to the bedroom. Fire safety equipment was also located proximal to the bedroom. Oxygen cylinders were now stored in the nurses station with appropriate warning signage in place. A number of fire drills had been undertaken and instruction had been given to staff, including the evacuation of residents should there be a fire on the first floor. However, a fire drill had not been carried out on the first floor to simulate the evacuation of a resident.

Some improvements had been made in relation to medication management in response to the findings of the last inspection, however, there remained issues for improvement such as the decanting of medicine to containers that did not contain an expiry date and the administration of medicines to residents that were not labelled for that resident's individual use.

At the last inspection there was evidence of the use of inappropriate restraint and there were not adequate assessments prior to the use of restraint. On this inspection the only form of restraint evident were bedrails and residents were assessed prior to its use and safety checks were carried out while it was in place.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National 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 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:

At the most recent inspection it was identified that a condition of registration relating to the completion of improvement works by September 2015 was not met. Following the inspection an application for the variation of that condition was submitted and granted to extend the date for completion of the works to September 2016. On this inspection it was found that this work was completed, which primarily involved the replacement of the floor covering in Millrace wing and the reconfiguration of the three bedded rooms.

Also a finding at the last inspection was a lack of understanding of the regulatory requirements by the provider and person in charge in relation to the management of the centre including protection of residents, supervision of residents and staff, and submission of notifications to HIQA. On this inspection it was found that a number of initiatives had been undertaken in response to this finding. A member of staff had been identified to take a lead in promoting safeguarding practices among staff. The role involves providing informal training to staff on an on-going basis on the importance of safeguarding and highlighting good practice and identifying areas where improvement is required. The provider had also sent a memo to all staff reminding them of their duty to immediately report any concerns to management.

Where issues were identified in relation to the performance of staff, a supervision plan was put in place to support performance improvement. Based on a review of a sample of records, notifications were submitted to HIQA as required. Records were seen from clinical governance meetings that were attended by both clinical and non-clinical management. Issues discussed included staffing, safeguarding, training, premises works and care issues.

Inspectors were informed that there were plans in place for changes to the management structure, however, these were not yet implemented. The provider was

informed to submit relevant documentation to support these changes at the earliest possible opportunity, as this proposal was contained in his submission in response to the notice of proposal to attach conditions to the registration of the centre.

A number of audits had been undertaken since the last inspection, including audits of care plans and of medication management. Some improvements, however, were required as areas for improvement identified by inspectors on this inspection were not captured by the audits.

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:
There was a person in charge who was a registered nurse, worked full time and had adequate experience in the area of nursing of the older person. There was evidence that the person in charge was involved in the day to day running of the organisation and residents could identify the person in charge.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

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

Findings:

In general, records were kept secure and easily retrievable. At the last inspection the complaints log available in the centre only held complaints recorded in 2016, as the older one was archived and not available in the centre. On this inspection the old complaints log had been retrieved and was now available in the centre.

Some improvements were required in relation to residents' records. For example, new care plans were created for some issues such as smoking, however, the old care plan was also stored in the resident's file. This meant that it was not always easily identifiable which care plan was current and should be used to guide practice.

Judgment:

Substantially 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:

There was a policy on safeguarding residents from abuse, that had been reviewed and revised since the last inspection. At the last inspection it was identified that inappropriate restraint was used without adequate assessment and care planning. On this inspection there was no evidence of the use of inappropriate restraint. The only form of restraint in use were bedrails and where these were in place, a risk assessment had been done. Where it was identified that bedrails were unsuitable, for example, for residents that may attempt to climb over bedrails, bedrails were removed and alternative options explored. A number of residents also had movement alarms in place as a falls prevention measure. A restraint register was maintained and there were records of regular safety checks while bedrails were in place.

Training records viewed by inspectors indicated that most, but not all, staff had received up-to-date training in recognising and responding to abuse. Staff members spoken with by inspectors were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse. Where issues were identified in relation to staff performance, supervision and performance improvement plans were put in place.

A small number of residents presented with responsive behaviour. While staff were knowledgeable of individual resident's behaviour needs and how to support residents at times of distress, this was not adequately documented in care plans. There were inadequate records identifying triggers to certain behaviours or how to deescalate the behaviour. For example, there was an inadequate care plan for a resident that at times exhibited disinhibited behaviour, which was predominantly towards staff members.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
There was an up-to-date risk management policy and associated risk register. There was an emergency plan identifying what to do in the event of an emergency, including the safe placement of residents in the event of a prolonged evacuation. At the last inspection it was identified that the risk register was not being reviewed to ensure it was up-to-date. On this inspection it was found that the register was reviewed. Some improvements were still required, as not all risks, such as access to a stairwell by residents were included in the risk register.

Infection prevention and control practices had improved since the last inspection, particularly in relation to the storage of oxygen masks and nebulisers. On this inspection, these were seen to be stored appropriately and there was a system in place to ensure they were changed regularly.

Improvements were required at the last inspection in relation to fire safety practices. Fire safety training had been undertaken since the last inspection and most staff had up-to-date training in fire safety. However, the training for a small number of staff remained outstanding. There were records of fire drills having taken place on three occasions since June 2016 and adequate records were maintained outlining any learning from the drills. The provider had also undertaken some informal training with staff in particular around the alarm system and identifying the location of a fire from the fire alarm panel. A number of residents' bedrooms were on the first floor. Instruction was given to staff on the evacuation of residents from this floor by a fire safety consultant and an evacuation drill was scheduled, but had not but taken place. Staff members spoken with by inspectors were knowledgeable of what to do in the event of a fire, including horizontal evacuation and identifying the location of a fire on the fire alarm

panel. New personal emergency evacuation plans were put in place for all residents, identifying the most appropriate means of evacuating each resident.

At the last inspection a number of doors had been held open with door wedges. There was no evidence on this inspection of door wedges being used to hold doors open. A damaged smoke seal had also been replaced since the last inspection.

Part of the improvement works involved the levelling of the floor in the nurses' office that previously had a significant slope. As a result of these works, the door to the office no longer extended all the way to the ground. The provider was advised to rectify this at the earliest possible opportunity.

A number of residents smoked. At the last inspection a new smoking shelter had been built but had not been completed and it had been planned that it would come into use on the day of that inspection. The new smoking room was now completed satisfactorily and was in use. The old smoking room was decommissioned and there were plans to use it as an additional sitting room. There was a fire blanket and fire extinguisher located proximal to the shelter and there was adequate ventilation. Residents that smoked had a risk assessment completed and care plan in place to identify the level of access to cigarettes and lighters and the supervision required when smoking. This was seen to be reviewed and updated as the condition of the resident changed and when supervision was required.

At the last inspection it was identified that one resident periodically smoked in their bedroom. A revised risk assessment was completed for this resident. Records indicated that the resident no longer smoked in their bedroom. On the advice of a fire safety consultant a cigarette smoke detector was repositioned in the bedroom and a smoke detector was installed in the bathroom outside the room. New curtains were hung in the room that were certified fire retardant and a chair that was not certified as being fire retardant was removed. There was a fire extinguisher and fire blanket located immediately outside this residents bedroom.

Oxygen was now stored in the nurses' station and appropriate warning signage was in place.

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):

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

implemented.

Findings:

At the last inspection a number of improvements were required, predominantly in relation to information contained in medication administration records (MAR). For example, PRN (as required) medications were administered but the date of administration was not recorded; the dosage of a medication on the prescription differed from the MAR; and the MAR indicated that a medicine had been omitted for a number of days and the justification was not recorded. On this inspection, based on a sample of records reviewed, the date and time of administration of all PRN medicines was recorded appropriately. The dosage of the medicine on the prescription sheet correlated with what was recorded on the MAR. However, the prescription for one medicine was amended from PRN to regular administration but the MAR was not amended to reflect this change. The MAR, however, did accurately reflect the dosage being administered. Where drugs were refused or withheld this was reflected on the MAR.

Audits of medication management were completed, most recently in September 2016, and issues identified for improvement were satisfactorily addressed. Medication errors were recorded and were reviewed with a view to minimising the risk of reoccurrence. Training records indicated that a number of nursing staff had completed medication management training since the last inspection, however, based on training records provided to inspectors, not all staff had attended this training.

There were appropriate systems in place for the management of medicines that required specific control measures. These were counted by two nurses at the end of each shift and following administration. Medications requiring refrigeration were stored appropriately and the fridge temperature was monitored and recorded.

Some improvements were required in relation to medication management. For example, one resident had previously been prescribed an intramuscular injection on a weekly basis. However, this was not included on the current prescription. On the day of the inspection staff had prepared this medicine for administration, however, the prescribing error was discovered prior to administration. One resident was being given medicines from a supply that was labelled for use by another resident, which is not a satisfactory practice. Other improvements were required in relation to the storage of medicines. Some PRN drugs were being decanted to a container that did not accurately reflect the expiration date for that particular medicines. In addition, there was no stock control of PRN sedative medicines.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Based on a review of the accident and incident log and complaint records, notifications were submitted to HIQA as required by the regulations.</p>
<p>Judgment: Compliant</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

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: At the last inspection it was found that care plans were not always updated to include advice from allied health services. From a sample of records viewed on this inspection it was found that residents were comprehensively assessed using recognised assessment tools for issues such as the risk of falling, the risk of malnutrition, the risk of developing pressure sores and mobility status. Care plans were developed on issues identified on assessment. These were predominantly person centred and were reviewed and updated as the residents' condition changed and following advice for other healthcare professionals.</p> <p>Residents had access to the services of a general practitioner (GP) and records indicated residents were reviewed regularly. Out-of-hours GP services were also available. Residents had access to allied health/specialist services such as physiotherapy, speech and language therapy (SALT), chiropody, dietetics, and palliative care services.</p>
<p>Judgment: Compliant</p>

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose

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

Theme:

Effective care and support

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

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

Findings:

Powdermill Nursing Home is located close to the town of Ballincollig. It is a three storey premises, however, all resident accommodation is on the ground and first floors. The upper floor can be accessed by stairs and lift. Bedroom accommodation on the ground floor comprises 18 single bedrooms, one twin bedroom and three triple bedrooms. Bedroom accommodation on the first floor comprises four single bedrooms and two triple bedrooms. One of the single bedrooms on the first floor had previously been a twin bedroom but was reduced to a single due to the inadequate size and layout of the room. For operational purposes the centre is divided into three sections; Millrace which includes bedrooms one to nine; Cooperage, which includes bedroom ten to 15; and Barges, which includes bedrooms 18 to 28.

At the last inspection it was identified that improvements required under a condition of registration had not been completed in their entirety. On this inspection it was found that these works were completed. The floor covering to Millrace corridor was replaced and two of the three-bedded rooms were reconfigured. This involved changing the location of the door to the bedrooms and installing a wider, more accessible door. The beds were repositioned to support privacy and allow more space for the residents in the rooms. Residents had adequate wardrobe space and space to store personal belongings and possessions. The ceiling in the dining room had been repaired and repainted following a leak that resulted in a large stain on the ceiling.

Overall the centre was bright, clean and in a good state of repair. There was an on-going programme of maintenance, which included a painter being present in the centre for one day each week to apply fresh paint to bedrooms and communal areas.

Judgment:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: At the last inspection it was identified that the complaints policy and complaints procedure on display required review as the appeals process was not clearly outlined in either. Additionally the policy did not identify who was responsible for ensure adequate records were maintained and all complaints were responded to. The policy and notice on display have now been updated to include an appeals process and identifies the person for ensuring adequate records were maintained and all complaints were responded to.</p> <p>Inspectors reviewed the complaints log that contained a record of complaints, the investigation process, the outcome of the complaint, and whether or not the complainant was satisfied with the outcome of the complaint.</p>
<p>Judgment: Compliant</p>

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: A review of the staff roster indicated that there were two registered nurses on duty each day from 07:30hrs to 19:30hrs and one on duty from 19:30hrs to 07:30hrs. There were six healthcare assistants (HCAs) on duty from 07:30hrs until 13:00hrs; there were five HCAs until 16:00hrs; five HCAs from 16:30 until 18:00hrs; four HCAs until 19:30: three HCAs until 22:30; and two HCAs until 07:30hrs. Staff were supervised by the person in charge, who worked full time, and a clinical nurse manager that worked part time.</p> <p>At the last inspection it was identified by inspectors that there insufficient staff on duty, particularly in the morning time. On this inspection it was found that an additional staff member was on duty each day from 08:30hrs to 11:30hrs as a dining room assistant.</p>
--

This staff member supervised and supported residents to have their breakfast. This facilitated HCAs to concentrate on providing personal care to residents. Staff members spoken with by inspectors stated that this had a positive impact on workload. Residents stated that they were happy with the assistance with breakfasts. Additional staff on duty included a chef, an activities coordinator, a laundry assistant, housekeeping staff, an operational manager, administration staff and maintenance.

At the last inspection inspectors were not satisfied that appropriate supervision was put in place where concerns had been raised in relation to the performance of staff. On this inspection it was found that where performance was not at the desirable level a performance management plan was implemented and additional supervision arrangements put in place.

Based on a sample of records reviewed and discussions with management, a small number of staff had undergone a disciplinary process. The disciplinary process was as a result of complaints either by residents, relatives or other staff members. Where the outcome of the disciplinary process indicated that staff performance was not at acceptable level, appropriate measures were taken, including increased supervision of staff.

A review of a sample of staff files indicated that all of the requirements of the regulations were met.

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:

John Greaney
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:	Powdermill Nursing Home & Care Centre
Centre ID:	OSV-0004456
Date of inspection:	11/10/2016
Date of response:	10/11/2016

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 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:

Some improvements were required in relation to residents' records. For example, new care plans were created for some issues such as smoking, however, the old care plan was also stored in the resident's file. This meant that it was not always easily identifiable which care plan was current and should be used to guide practice.

1. Action Required:

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

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:

All nursing staff have been instructed on when to remove/archive old documents from care plans. They also know only current, pertinent documents should be in care plans. All care plans are always dated and timed in order to avoid confusion.

Proposed Timescale: Complete by 21st October 2016

Proposed Timescale: 21/10/2016

Outcome 07: 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:

While staff were knowledgeable of individual resident's behaviour needs and how to support residents at times of distress, this was not adequately documented in care plans. There were inadequate records identifying triggers to certain behaviours or how to deescalate the behaviour. For example, there was an inadequate care plan for a resident that at times exhibited disinhibited behaviour which was predominantly towards staff members.

2. 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:

The care plan referred to has been fully updated with specific reference to behaviours and instructions on how to identify triggers and deescalate disinhibited behaviour. Training on recognising triggers to certain behaviours among residents and instructions on how to deescalate behaviour was carried out with 15 staff on the 27th of October and another session is planned for 18 staff on the 24th of November 2016. This includes training on deescalating various situations that may arise. Care plans are now in place for all residents who present with behavioural issues.

Proposed Timescale: Complete by 24th November 2015

Proposed Timescale: 24/11/2016

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:

Some improvements were still required, as not all risks, such as access to a stairwell by residents were included in the risk register.

3. Action Required:

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

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

A full risk assessment has been completed on the stairwell on the 27th of October 2016. A full review of the risk register will complete by the 30th of November 2016.

Proposed Timescale: Complete 30th November 2016

Proposed Timescale: 30/11/2016

Theme:

Safe care and support

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

Most staff had up-to-date training in fire safety. However, the training for a small number of staff remained outstanding.

4. 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:

Fire Training Date set for Monday 19th of December with Apex Fire. They will also do a full evacuation drill from the first floor to the ground floor on that date.

Proposed Timescale: Complete by 19th December 2016

Proposed Timescale: 19/12/2016

Theme:

Safe care and support

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

the following respect:

A number of residents' bedrooms were on the first floor. Instruction was given to staff on the evacuation of residents from this floor by a fire safety consultant and an evacuation drill was scheduled, but had not but taken place.

5. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Simulated emergency evacuation from the first floor to ground floor now takes place in house with staff on duty on the day. Generally 3-4 staff attends and to date 12 staff have had this training. We anticipate that all health care assistants and nurses will be trained by the 16th of December.

Apex fire will include a full evacuation drill from the first floor to the ground floor in their fire training on the 19th of December.

Proposed Timescale: Complete by 19th December 2016

Proposed Timescale: 19/12/2016

Theme:

Safe care and support

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

Part of the improvement works involved the levelling of the floor in the nurses' office that previously had a significant slope. As a result of these works, the door to the office no longer extended all the way to the ground. The provider was advised to rectify this at the earliest possible opportunity.

6. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The door to the nurses' station has been repaired and now extends all the way to the ground.

Proposed Timescale: Complete 18th October 2016

Proposed Timescale: 18/10/2016

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:

Some improvements were required in relation to medication management. For example:

- one resident had previously been prescribed an intramuscular injection on a weekly basis. However, this was not included on the current prescription. On the day of the inspection staff had prepared this medicine for administration, however, the prescribing error was discovered prior to administration
- one resident was being given medicines from a supply that was labelled for use by another resident, which is not in compliance with evidence-based practice
- some PRN drugs were being decanted to a container that did not accurately reflect the expiration date for that particular medicine
- there was no stock control of PRN sedative medicines.

7. 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:

Several changes have been made to management of medication. Medication rounds are being done by three nurses simultaneously in the three areas of the nursing home. This improves administration times of medication.

We have implemented new drug prescription charts which are now colour coded and half of our residents now have these in place. We are working with the pharmacy to complete these for all residents and anticipate completion by 30th of December. Each resident will have three coloured prescription charts. Green is for regular medication, yellow is for PRN medication and blue is for short term medication such as antibiotics. All residents now have their medication labelled and stored in their container with their blister packs in the medication trolley.

PRN sedative medicines are now stored in a locked cupboard and a signing sheet (separate to mars) is filled in by the nurse if a drug is administered. This system is being audited weekly by a senior staff nurse and our pharmacist. The Person in Charge receives a report from the senior staff nurse weekly to ensure this is carried out and fully compliant.

The Person in Charge carries out weekly audits to ensure that stock of PRN medication is appropriate to the needs and usage of the resident.

The issue of drugs in a container without an expiry date has been discussed with the pharmacy and assurances have been given that this won't happen again.

Proposed Timescale: Complete 30th December 2016

Proposed Timescale: 30/12/2016