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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Michael's Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004664</td>
</tr>
<tr>
<td>Centre address:</td>
<td>100 Acres East, Caherconlish, Limerick.</td>
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<tr>
<td>Telephone number:</td>
<td>061 450 060</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:managerstmichaels@gmail.com">managerstmichaels@gmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Springfort Health Care Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Sandra Farrell</td>
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<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>78</td>
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<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

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

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
05 July 2016 09:30 05 July 2016 18:30
06 July 2016 08:30 06 July 2016 16:30

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

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<th>Our Judgment</th>
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<td>Non Compliant - Moderate</td>
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<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
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<td>Compliance demonstrated</td>
<td>Compliant</td>
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<td>Compliance demonstrated</td>
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<td>Outcome 05: Suitable Staffing</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection
St. Michael's Nursing Home is located in the village of Caherconlish, which is approximately 15 minutes from Limerick city. It is a two storey premises comprising 62 single bedrooms and nine twin bedrooms. All of the bedrooms were en suite with shower, toilet and wash-hand basin. Seven residents were accommodated upstairs in five single and one twin bedroom and is accessible by stairs and lift. All other residents were accommodated on the ground floor.

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to focus on the care and quality of life for residents with dementia living in the centre. Thirty six of the seventy eight residents who were living in the centre on the days of the inspection had a formal diagnosis of dementia and another four residents...
were suspected of having dementia.

The provider had submitted a completed self assessment on dementia care to HIQA with relevant policies and procedures prior to the inspection. The judgements from the self assessment and inspection findings are set out in the table above.

Overall, residents’ healthcare and nursing needs were met to a high standard. Residents had access to general practitioners (GPs) of their choice, and to allied healthcare services including dietetics, speech and language therapy, psychiatry, dental, chiropody and occupational therapy. Staff provided end of life care to residents with the support of their GP and the community palliative care team. The centre employed a member of staff in the role of "Compassionate Care". The staff member spent one-to-one time with residents that were known to be approaching end of life and provided psychological, personal hygiene and nutritional support to residents.

Activity coordinators were available in the centre for six days each week and a range of activities were available each day such as physical activity exercises, music, reminiscence, reflexology, bingo, sonas, art and reading. There were also one-to-one activities for residents that do not participate in group activities.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in a sitting room and dining room. Overall, the inspector observed staff interacting with residents in a positive and caring manner.

Some improvements, however, were required. Many care plans were generic and did not provide adequate detail of the care to be provided and some care plans did not address issues relevant to the care of each resident. While the centre was bright, clean and spacious, there was minimal use of contrasting colours and the centre lacked visual cues to support residents navigate to the various areas within the centre

Additional required improvements included:
• some medicines were out of date
• personnel files did not contain all the required information
• breakfast for most residents was served at 07:15hrs and some residents were awoken for their breakfast

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.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

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

The inspector focused on the experience of residents with dementia and tracked the journey of a number of residents with dementia. The inspector also reviewed specific aspects of care such as nutrition and restrictive practices in relation to other residents.

Prospective residents and/or their families were facilitated to visit the centre prior to admission in order to decide whether or not the centre was suitable for their needs. This also afforded them the opportunity to meet other residents and staff prior to admission. The person in charge also visited prospective residents in hospital prior to admission to carry out a pre-admission assessment to ensure that the service could adequately meet the needs of the resident.

Residents had access to general practitioners (GPs) of their choice, and to allied healthcare services including dietetics, speech and language therapy, psychiatry, dental, chiropody and occupational therapy. Medical notes indicated that residents were reviewed regularly by their respective GPs. A large number of the residents were under the care of one GP, who routinely visited the centre twice weekly, but also visited to review residents at other times, if they became unwell. Out-of-hours GP services were also available. A dietician and a speech and language therapist, both of whom were employed by a nutritional supplement organisation, visited the centre every eight to twelve weeks, or more frequently if required. A physiotherapist visited the centre for one afternoon each week to carry out individual assessments, where required. An occupational therapist was available in the centre for one afternoon every three months. Residents also had access to mental health of later life services. A community mental health nurse visited weekly and a psychiatrist visited as required.

The inspector viewed a sample of residents' records, some of whom had been transferred to hospital from the centre and found that appropriate information about
their health, medications and their specific communication needs were shared with the admitting hospital. Records of residents' assessments reviewed included comprehensive biographical details, medical history, and nursing assessments. Common Summary Assessment Reports (CSAR), which detailed the assessments undertaken by professionals such as public health nurses, geriatricians, and medical social workers, were not routinely available in the centre.

The inspector primarily focused on the experience of residents with dementia and tracked the journey of a number of residents with dementia. Aspects of care such as nutrition, access to activities and restrictive practices in relation to other residents was also reviewed.

Comprehensive 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 many of the issues identified on assessment. Improvements, however were required in relation to the assessment and care planning process. Many of the care plans were generic and did not provide adequate detail of the care to be provided. For example, the nutritional care plan for one resident stated that the resident should be provided with either a normal, soft or pureed diet but did not specify which diet had been prescribed for this resident. Some care plans did not address issues relevant to the care of each resident. For example, one resident had an indwelling urinary catheter and another resident had a subcutaneous line, however, neither of these were addressed in the residents' care plans. Additionally end of life care plans were not always developed or updated to reflect the resident's current end of life status. Records were maintained of communication between the resident/families and the centre.

There were written policies and procedures in place for end-of-life care and for the management of residents' resuscitation status. Staff provided end of life care to residents with the support of their GP and the community palliative care team. There were a number of residents being supported through end of life on the days of the inspection. The centre employed a member of staff in the role of "Compassionate Care". This staff member was present in the centre for four to five hours each day for five days each week but would also visit on other days, should the need arise. The staff member spent one-to-one time with residents that were known to be approaching end of life and provided psychological, personal hygiene and nutritional support to residents.

Records indicated that end-of-life preferences were discussed with residents and/or their relatives and these were documented in residents' records. The centre had participated in a compassionate end of life care (CEOL) programme, and it was evident that there was an emphasis on providing a high standard of end of life care. There were end-of-life packs that included specially designed handover bags for returning residents' property to family members. The majority of residents were accommodated in single rooms, so the option of a single room was usually available. Family and friends were facilitated to remain with the resident and tea/coffee making facilities were available.

There were policies and procedures to guide practice in relation to the management of nutrition. There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were assessed for the risk of
malnutrition on admission and at regular intervals thereafter. Residents' were weighed regularly. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements, however, the information available in the kitchen for one resident did not reflect the recently prescribed diet. Inspectors found that residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served. Residents that were identified as having unintentional weight loss were assessed by a dietician and advice to increase calorific intake had been appropriately communicated to catering staff.

Most residents had breakfasts in their bedrooms but had their lunch and supper in the dining room, however, residents that chose to dine in their bedrooms were facilitated to do so. Breakfast was served for most residents at 07:15hrs. While staff informed the inspector that some residents requested to have breakfast at this time, some residents were awoken for their breakfast. The provider and person in charge were requested to review breakfast time to ensure that breakfasts were served at a time suitable to all residents. A number of residents had specifically requested breakfast at a later time and this was facilitated. Fluids were available throughout the day and tea/coffee and snacks were served between meals and in the evening.

On the day of the inspection there were adequate numbers of staff on duty to assist residents with their meals. Residents requiring assistance were assisted by staff in a respectful and dignified manner.

There was a centre-specific medication policy with procedures for safe ordering, prescribing, storing and administration of medicines. Residents had photographic identification on prescription sheets, however, this was not in place for one resident. This was rectified immediately. The inspector reviewed the management of medications that required special control measures. These medications were stored in a locked cupboard within a locked cupboard as required by legislation, and were counted at the end of each shift by two nurses. However, additional drugs, predominantly used for end of life care, were also stored here, which was not in compliance with relevant guidance. This was also immediately rectified.

Medications were supplied in a monitored dosage system and these were checked against prescriptions when supplied to ensure they were correct. Medications requiring refrigeration were store appropriately and the fridge temperature was monitored and recorded. The ambient temperature in the treatment room where medications were stored was also monitored and recorded. The inspector reviewed a sample of stock medications and found that a small number were out of date. Staff were advised to put in place a system to ensure that the expiry date of all medicines was monitored to ensure that out of date medicines were returned to the pharmacy.

This outcome was judged to be compliant in the self assessment, and the inspector judged it as non-compliant - moderate.

**Judgment:**
Non Compliant - Moderate
Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was an elder abuse policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. All staff spoken with knew what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about a colleague's behaviour. The person in charge and the provider were also very clear of their role if there were any investigations. Records that were reviewed confirmed that most, but not all, staff had received training on recognising and responding to elder abuse.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude.

There were policies in place about meeting the needs of residents with responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to give clear instruction to guide staff practice. Training records reviewed by inspectors indicated that staff were facilitated attend training related to the care of people with dementia.

There were no residents at the time of inspection that presented with responsive behaviour. Staff spoken with were knowledgeable of individual residents' behaviour including how to avoid the situation escalating.

There were residents who required the use of bed rails and there were risk assessments completed prior to the use of bed rails. The alternatives to bed rails had been considered, for example, low beds.

Inspectors reviewed incident reports in relation to resident's behaviour and records confirmed the information given to inspectors that there were no recent significant behavioural related incidents.

There were adequate systems in place to safeguard residents finances. The centre managed the finances of a small number of residents and adequate records were maintained of lodgements and expenditure. Petty cash was held on behalf of some
residents to cover day-to-day expenses and records were maintained that included resident/relative and staff signatures for all transactions.

This outcome was judged to be compliant in the self assessment, and the inspector judged it as compliant.

**Judgment:**
Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

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

**Findings:**
Residents were consulted about how the centre was planned and run through residents' meetings. The meetings had been chaired by a resident advocate, however, the advocate was no longer available and the meetings had become infrequent. A new advocate had been sourced and residents meetings were planned to take place at more frequent intervals. A new template had been created to record minutes of the meetings that included a section for identifying who was responsible for addressing any issues raised.

Religious preferences were documented and there was evidence that they were facilitated. The centre had a small oratory. Religious ceremonies were celebrated in the centre, including daily prayers and weekly mass for Catholic residents. Residents were facilitated to vote in local and national elections and the returning officer had visited the centre to facilitate residents to vote in the general election.

Inspectors observed staff interacting with residents in an appropriate and respectful manner. Inspectors observed staff knock on bedroom doors before entering.

Residents had access to a number of private areas and meeting rooms whereby they could meet with family and friends in private, or could meet in their rooms. Most residents had private bedrooms and where bedrooms were shared there was adequate screening between beds to support privacy. Staff were knowledgeable of individual residents needs and preferences, addressed residents by their name and conversed with them on issues that appeared to be of interest or relevant to the resident.

Residents choose what they liked to wear and inspectors saw residents looking well dressed, including jewellery and makeup. A number of residents were observed having their hair done in the hairdressing salon on the day of inspection.
Positive interactions between staff and residents were observed during the inspection. As part of the inspection, inspectors spent a period of time observing staff interactions with residents. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). An overview of these observation periods is detailed below.

Observations were recorded in the sitting room and also in the dining room. The total observation period was 90 minutes, which comprised three 30 minute periods. For rating purposes, there were 18 five minute observation periods. 14 scores of +2 were given predominantly when activities were taking place and when staff were seen to assist residents to the dining room and assist with meals. Staff were also seen to sit with residents and chat with them while making good eye contact. Four scores of +1 were given when there were minimal staff in the sitting room. Visitors were seen to come and go, and all were made welcome by staff and addressed them by name.

Activities coordinators was available in the centre each day from Monday to Friday and a range of activities were available each day such as physical activity exercises, music, reminiscence, reflexology, bingo, sonas, art and reading. There were also one-to-one activities for residents that do not participate in group activities. Each Wednesday there was a "Men's Shed" that was facilitated by a member of maintenance staff, supported by a healthcare assistant. Residents built and painted items such as wooden plant boxes and bird boxes. On the second day of inspections residents were seen to be putting the finishing touches to a wooden wheelbarrow. The inspectors observed most residents participating enthusiastically in group activities.

This outcome was judged to be compliant in the self assessment, and the inspector judged it as compliant.

**Judgment:**
Compliant

**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

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

**Findings:**
There was a system in place to ensure that the complaints of residents or their representative were listened to and acted upon. There was a complaints policy that identified the person responsible for managing complaints and also included an appeals
The complaints procedure was on prominent display in the centre, and summarised in the residents guide.

Throughout the inspection it was clear that residents were familiar with all members of management including the provider, the person in charge, and clinical nurse manager. It was apparent to inspectors that residents would find staff easy to approach with any concerns or complaints.

Inspectors viewed the complaints log that contained details of complaints, the investigation of each complaint, the outcome of the investigation and whether or not the complainant was satisfied with the outcome of the complaint. While the register indicated that not all complainants were satisfied with the outcome of the complaint, there was evidence of learning from these complaints, such as an enhanced assessment of residents at admission.

This outcome was judged to be compliant in the self assessment, and the inspector judged it as compliant.

**Judgment:**
Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
Inspectors found that staff delivered care in a timely and safe manner. During the inspection, residents were seen to receive attention from staff based on their care requirements, for example, responding to the call bell, and supporting people from the sitting area to the dining room or to their own rooms.

Residents appeared to be familiar with staff. At meal times staff were seen to be speaking to residents, and where support to eat and drink was being provided, it was done in a discreet way. Where residents were able to eat themselves they were supported to do so.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The person in charge was supported by a clinical nurse manager. There was a regular pattern of rostered care staff. The staffing complement included the activities coordinator, catering, housekeeping, administration and maintenance staff.

Residents and staff spoken with felt there was adequate levels of staff on duty.
However, the provider and person in charge were requested to keep staffing under review as the needs of residents change. This was particularly relevant at night time when there were two nurses and two care assistants on duty for 80 residents from 12mn to 07:00hrs.

Based on training records submitted to the inspectors, not all staff members had completed mandatory training in areas such as safeguarding and prevention of abuse; manual handling; and fire safety and evacuation. Additionally, not all staff had received training on responsive behaviour. Staff had access to a range of education, including training in specific dementia related courses such as "Dementia" and "Dementia and Nutrition". A number of staff had also attended end of life related courses.

Inspectors reviewed a sample of staff files and found that some improvements were required. For example, two written references were not available for all staff and a full employment history was not available for all staff with satisfactory explanations for any gaps in employment.

This outcome was judged to be substantially compliant in the self assessment, and the inspector judged it as moderate non-compliant.

**Judgment:**

Non Compliant - Moderate

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**Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

St. Michael's Nursing Home is located in the village of Caherconlish, which is approximately 15 minutes from Limerick city. It is a two storey premises comprising 62 single bedrooms and nine twin bedrooms. All of the bedrooms were en suite with shower, toilet and wash-hand basin. Seven residents were accommodated upstairs in five single and one twin bedrooms and is accessible by stairs and lift. All other residents were accommodated on the ground floor.

On the days of inspection the centre was bright and clean throughout, and was appropriately furnished. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre.

The ground floor is divided into four sections, namely Autumn Breeze (bedrooms 1 - 10), Bluebell (bedrooms 11 - 20), Shamrock (bedrooms 21 - 26), and Summer Mist (bedrooms 27 - 65). All bedrooms were spacious and many were seen to be
personalised. Some residents had brought their own furniture such as chairs as well as pictures and ornaments. It was observed that there was adequate room in the bedrooms for furniture including a bed, bedside locker, a chair and storage. The rooms also had enough space for equipment such as hoists to be used, with sufficient space to access the beds from either side.

Communal space comprised a large sitting room and two adjacent slightly smaller sitting rooms, where most residents congregated during the day. There were also two other sitting rooms, a relaxation room, a small oratory and a conservatory, which was located upstairs. The conservatory had lots of potted plants and was also used for the "Mens Shed" every Wednesday morning. There was a large dining room with tables set for 60 residents on the days of inspection.

There were two secure gardens, one of which was home to two hens. The other secure garden was readily accessible by residents and was well maintained with lots of shrubs and trees, a water feature, a long walkway, and suitable seating. A section of the garden was called the remembrance garden in memory of deceased residents and staff.

There were adequate sanitary facilities such as toilets located throughout the premises. Access to rooms such as the treatment room, store rooms and housekeeping rooms were all secure on the day of inspection.

There was a large well-equipped kitchen with adequate hand hygiene and changing facilities for staff. There was evidence of good practice in relation to the management of clinical and domestic waste. There were up-to-date records of the maintenance of equipment such as beds, clinical equipment, speciality chairs and hoists.

All laundry was undertaken on site including residents' personal laundry if they so wished. The laundry room was adequately equipped, clean tidy and organised, ventilated to the external area, had a dedicated hand wash basin and was sufficiently spacious to allow for the segregation of clean and soiled linen. There were dedicated well equipped sluicing facilities. The kitchen was spacious, visibly clean and adequately equipped. Catering services were monitored by the relevant Environmental Health Officer (EHO) and inspection reports were made available for the purposes of this inspection.

Some improvements were required in relation to the premises. For example, the centre lacked visual cues to support residents navigate to the various areas within the centre. There was minimal use of contrasting colours and there was a lack of memorabilia or furniture to create a home like environment.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as substantially compliant.

**Judgment:**
Substantially 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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Michael's Nursing Home</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004664</td>
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<tr>
<td>Date of inspection:</td>
<td>05/07/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>03/08/2016</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were required in relation to the assessment and care planning process. For example:
• many of the care plans were generic and did not provide adequate detail of the care to be provided
• the nutritional care plan for one resident stated that the resident should be provided with either a normal, soft or pureed diet but did not specify which diet had been

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
prescribed
• some care plans did not address issues relevant to the care of each resident such as
  an indwelling urinary catheter or a subcutaneous line
• end of life care plans were not always developed or updated to reflect the resident's
current end of life status.

1. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the
assessment referred to in Regulation 5(2), for a resident no later than 48 hours after
that resident's admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
Re-training organised for all nurses for care planning and documentation.
All residents care plans to be revised and made more personal to the resident.

**Proposed Timescale:** 30/09/2016

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement
in the following respect:
The information available in the kitchen for one resident did not reflect the recently prescribed diet.

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

**Please state the actions you have taken or are planning to take:**
Dietary information which is available to the kitchen staff will be monitored closely by
the Clinical Nurse Manager and senior staff nurse. They will ensure that the information
is reflected in the individuals care plans

**Proposed Timescale:** 03/08/2016

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement
in the following respect:
Breakfast was served for most residents at 07:15hrs. While staff informed the inspector
that some residents requested to have breakfast at this time, some residents were
awoken for their breakfast. The provider and person in charge were requested to
review breakfast time to ensure that breakfasts were served at a time suitable to all
3. **Action Required:**
Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

**Please state the actions you have taken or are planning to take:**
Majority of residents have requested specific times for their breakfast and this is documented in their care plans. We will speak to the individual residents and ensure that they are happy with their current breakfast time

**Proposed Timescale:** 31/08/2016

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector reviewed a sample of stock medications and found that a small number were out of date. Staff were advised to put in place a system to ensure that the expiry date of all medicines was monitored to ensure that out of date medicines were returned to the pharmacy.

4. **Action Required:**
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

**Please state the actions you have taken or are planning to take:**
Our clinical nurse manager and senior staff nurse have put in place a system to ensure that the expiry date of all medicines are monitored to ensure that out of date medicines are returned to the pharmacy in a timely manner.

**Proposed Timescale:** 03/08/2016

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents had photographic identification on prescription sheets, however, this was not in place for one resident. This was rectified immediately.

5. **Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
All nursing staff will ensure that photographic identification will be placed on the prescription sheets in the appropriate time frame on admission. The administrator to support this process.

**Proposed Timescale:** 03/08/2016

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Based on training records submitted to the inspector, not all staff members had completed mandatory training in areas such as safeguarding and prevention of abuse; manual handling; and fire safety and evacuation. Additionally, not all staff had received training on responsive behaviour.

6. **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:
A rigorous training program has been put in place to ensure that all new staff have the required mandatory training completed.

**Proposed Timescale:** 31/08/2016

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors reviewed a sample of staff files and found that some improvements were required. For example, two written references were not available for all staff and a full employment history was not available for all staff with satisfactory explanations for any gaps in employment.

7. **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:**
Going forward, all staff that are hired will have the required complete information in their file identifying any gaps in their work history, appropriate references etc.

| Proposed Timescale: 31/12/2016 |

### Outcome 06: 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 improvements were required in relation to the premises. For example, the centre lacked visual cues to support residents navigate to the various areas within the centre. There was minimal use of contrasting colours and there was a lack of memorabilia or furniture to create a home like environment.

**8. Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
Appropriate signage and use of contrast colours to be used within St Michael's nursing home. If the residents desire additional memorabilia or furniture in addition to what we have then certainly it will be introduced. We will discuss this at the next residents meeting.

| Proposed Timescale: 30/09/2016 |