

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Breffni Care Centre
Centre ID:	OSV-0000489
Centre address:	Ballyconnell, Cavan.
Telephone number:	049 952 6782
Email address:	Loida.aragon@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Rose Mooney
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	0

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: 20 October 2016 08:50 To: 20 October 2016 18:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 04: Suitable Person in Charge	Substantially 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	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	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 inspector reviewed progress on the action plan from the previous inspection carried out in March 2015. Notifications of incidents received since the last inspection was also considered and reviewed on this visit.

The physical environment has been improved to better meet the privacy needs of residents. The maximum number of residents accommodated in multi-occupancy bedrooms has reduced. The centre was clean, warm and well decorated with a calm atmosphere. Residents were complimentary of staff and satisfied with care services provided.

Residents were receiving responsive healthcare that met their assessed needs. All residents were regularly reviewed by the general practitioner (GP). The staff supported residents to maintain their independence where possible.

There was an adequate complement of nursing and care staff on each work shift with the proper skills and experience to support residents. There was a choice of a variety of well presented food. Residents spoken to were highly complimentary of the food.

A total of 12 Outcomes were inspected. Eight outcomes were judged as compliant with the regulations and four as substantially in compliance with the regulations.

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):

No actions were required from the previous inspection.

Findings:

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

The provider understood that it was necessary to keep the document under review. It was updated in the aftermath of the last registration renewal inspection. The provider was aware of the requirement to notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

A revised statement of purpose was submitted to HIQA to reflect changes in the governance arrangements in October 2016.

Judgment:

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 fulfils the criteria required by the regulations in terms of

qualifications and experience.

The person in charge has changed since the last inspection. She is a registered nurse and holds a full-time post. At the time of this inspection the person in charge was only in post for three weeks.

The person in charge has completed all mandatory training required by the regulations. She has engaged in continuous professional development. There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

The provider had arranged for a clinical nurse manager to work alongside the newly appointed person in charge to assist in managing the service. Continued mentoring support mechanisms are required to assist the person in charge manage the residential service and meet its stated purpose, aims and objectives.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored, maintained in a secure manner and easily retrievable.

A sample of records were reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose.

A record of visitors was maintained. The directory of residents' had the facility to contain all information required by schedule three of the regulations. The details of transfers to hospital and the date of transfer were not recorded in each case of

discharge and readmission.

A sample of staff files were reviewed and found to be compliant with the regulations.

The inspector also reviewed operating policies and procedures for the centre, as required by Schedule 5 of the regulations. Policies listed in Schedule 5 were in place, including those on health and safety of residents, risk management, medication management and the prevention, detection and response to abuse. Policies read had been reviewed and were maintained up to date.

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:

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

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. Staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified a senior manager as the person to whom they would report a suspected concern.

During conversations with the inspector residents confirmed that they were well looked after and they felt safe. They attributed this to the support and care provided by the staff team. Residents spoken with stated "I am well looked after", "the staff always have time to talk with me" and "the care and attention is really great". Staff have participated in training in caring for people with dementia and responsive behaviours. Some staff had completed training in communicating with people with dementia in

December 2015. This was identified as an area for improvement in the action plan of the last inspection.

There is a policy on the management of responsive behaviour. Staff spoken with were familiar with resident's behaviours and could describe particular residents' daily routines to the inspector. Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. Staff were trained in the Professional Management of Violence and Aggression (PMAV) the model of responsive behaviour management implemented.

There was a policy on restraint management (the use of bedrails and lap belts) in place. At the time of this inspection there were seven residents with their bedrails raised. Signed consent was obtained by the resident or their representative. A risk assessment was completed prior to using bedrails and regularly reviewed.

In some of the assessments the documentation did not outline or describe well how the raised bedrail supported the resident and ensured an enabling function in each of the assessments reviewed. A restraint register was not maintained to outline the times bedrails were raised and released.

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:
The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy and health and safety statement. The health and safety statement was revised to reflect the new governance arrangements.

There were arrangements in place for appropriate maintenance of fire safety systems including the fire detection and alarm system. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed. The

needs of the residents had been assessed in the event of an evacuation and outlined in the fire register.

There was an ongoing program of refresher training in fire safety evacuation. However, records did not indicate fire drill practices were completed routinely. The procedures to complete and record fire drills requires review. Regular fire drills to help familiarise staff with the fire safety procedures were not completed. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There were procedures to undertake and record internal fire safety checks. Regular checks of the fire extinguishers were undertaken to ensure they were in place and intact and fire exits were unobstructed. The fire alarm was not activated routinely apart from the quarterly servicing to ensure it was operational and automatic door closers were functioning and final exit fire doors released. This was an area identified for improvement in the action plan of the last inspection.

The training records showed 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. Moving and handling risk assessments were completed for each resident. The type of hoist and sling size was specified where required. Moving and handling risk assessment were available to staff at the point of care delivery. These were displayed on the inside of wardrobes in residents' bedrooms.

There was a contract in place to ensure hoists and other equipment to include electric beds and air mattresses used by residents was serviced and checked by qualified personnel to ensure they were functioning safely.

Hand testing indicates the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Grab rails were fitted alongside toilets and wash hand basins. Showers are level with the floor ensuring ease of access and egress.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. A post fall review was completed in each case to identify any contributory factors. Residents were reviewed by the GP and next of kin informed. There was evidence of referral to occupational therapy and physiotherapy for assessment to ensure suitable aids were provided to assist residents.

Judgment:
Substantially Compliant

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):

No actions were required from the previous inspection.

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. Practices were satisfactory to ensure each resident was adequately protected by all medication management procedures.

Medication was dispensed from individual packs. These were delivered to the centre on a monthly basis by the pharmacist.

The prescription sheets from the pharmacist were checked to ensure all medication orders were correct for each resident. Nursing staff did not transcribe medications. The GP's signature was in place for each prescribed medication.

The prescription sheets reviewed were legible. Regular medication, prn medicines (a medicine only taken as the need arises) and short-term medication were identified separately on the prescription sheets. Prescriptions, included clear directions to staff on the dose, route and times medication should be administered. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication. The maximum amount for prn medication (was indicated on the prescription sheets examined.

The medication administration sheets viewed were signed by the nurse following administration and recorded the name of the drug and time of administration. Medicines were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medication was being crushed for one resident. Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. Drugs being crushed were signed by the GP as suitable for crushing.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs. There were four residents in receipt of controlled drugs at the times of this inspection. Controlled drugs were checked by two nurses at the change of each shift.

There were transparent procedures for disposal of unused or out of date medication. A record was maintained of all stock returns to the pharmacy signed by both the nurse and the pharmacist.

Judgment:

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):

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

Findings:

There were 35 residents in the centre during the inspection. There were eight residents with maximum care needs. Three residents were assessed as highly dependent. Six had medium dependency care needs and one resident was considered as low dependency.

Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and continence needs. Care plans were developed for issues identified on assessment.

There was a good standard of evidence-based care and appropriate medical and allied health care access. The range of risk assessments completed were used to develop care plans that were person-centred, individualised and described the current care to be given. There was good linkage between assessments completed and developed plans of care. There were plans of care in place for each identified need. Care plans described well residents' level of independence and what they could do for themselves.

Care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in care plans reviewed of agreeing to their care plan.

Residents had timely access to allied health professionals to include speech and language therapist and dietician. Residents were reviewed by the GP within a short time frame of admission and regularly to assess medication needs.

There were no residents with vascular or pressure wounds at the time of this inspection. A range of suitable equipment was provided to ensure pressure relief and residents' comfort to include air mattress and suitable cushion.

Judgment:

Compliant

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:

The building was well maintained, warm, comfortably decorated and visually clean.

There was a good standard of décor. The provision of new furniture has enhanced the personalisation of residents' bedrooms. Residents spoken with confirmed that they felt comfortable in the centre.

There is a day sitting room, oratory and a separate dining room located beside the kitchen.

There are two single bedrooms and two twin bedrooms. The maximum number of residents accommodated in multi-occupancy bedrooms has decreased from four to three residents since the last inspection.

Increased wardrobe space and shelving has been provided for each resident. The new furniture is arranged to maximise privacy around each bed space. Additionally there are mobile screens available in each bed space.

There were a sufficient number of toilets, baths and showers provided for use by residents. Each multi-occupancy bedroom has a toilet and wash hand basin. There is an overhead tracking hoist system provided in each bedroom accommodating three residents.

Staff facilities were provided. Separate toilets facilities were provided for care and kitchen staff in the interest of infection control.

A safe enclosed garden provided with seating was available to residents.

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

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

No actions were required from the previous inspection.

Findings:

There was a complaints policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

No complaints were being investigated at the time of this inspection. A complaints log was in place.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

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

Findings:

The policy of the centre is all residents are for resuscitation unless documented otherwise. There were 12 resident with a do not attempt resuscitation (DNAR) status in place at the time of this inspection.

There was a good system of advance care planning developed to meet end-of-life care needs. Decisions concerning future healthcare interventions with regard to transfer to hospital if of a therapeutic benefit were documented.

Each resident with a DNAR had an acute medical directive in place. There was a protocol in place to review these to assess the validity of the clinical decision making process. A small number of end-of-life care plans remained to be completed for residents with an acute medical directive. The clinical nurse manager was working to consult with families and finalise end-of life plans of care.

There was good evidence frail residents were receiving good care. Pain relief needs were well managed and interventions described in detail in nursing records. A palliative medicine regime was documented for each resident with an acute medical directive.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the menu with the chef and discussed options available to residents. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those on fortified diets. A trolley served residents mid morning and afternoon offering a choice of soup, tea or coffee, buns and biscuits.

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. The frequency of weight checks has changed from three monthly to a monthly basis to allow for closer monitoring of changes and earlier interventions.

There was a choice of a variety of well presented food. Portions were individually plated and generous in size. All residents were offered the option of more at each sitting. There was a sufficient number of staff available to assist those requiring help.

There were six residents on a modified diet. Four residents required their fluids to be thickened. The instructions for food and fluid consistency were clearly described in care plans and available to staff in the kitchen. Food was being fortified for one resident only.

Access to dietician and a speech and language therapist was available when required to obtain specialist advice to guide care practice.

Judgment:
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:

There was an adequate complement of staff with the proper skills and experience on each work shift to meet the assessed needs of residents at the time of this inspection, taking account of the purpose and size of the designated centre.

There are two nurses rostered each day of the week and a clinical nurse manager five days of the week. There are four health care assistants from 8:00 am until 10:00 am and three until 17:30 to meet the needs of 18 residents. In addition there is a diversional activity therapist, catering and cleaning staff employed.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. In addition to mandatory training required by the regulations staff had attended training on infection control, nutritional care, cardio pulmonary resuscitation techniques and end of life care. All nursing staff were facilitated to engage in continuous professional development.

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



Provider's response to inspection report¹

Centre name:	Breffni Care Centre
Centre ID:	OSV-0000489
Date of inspection:	20/10/2016
Date of response:	21/11/2016

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 04: Suitable Person in Charge

Theme:

Governance, Leadership and Management

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

Continued mentoring support mechanisms are required to assist the person in charge manage the residential service and meet its stated purpose, aims and objectives.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

- The registered provider will put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively.
- This will include continued support from CNM2 who is currently on site for a period of time and then ongoing support for PIC in Virginia who will act as a mentor for new PIC.

Proposed Timescale: 31st December 2016 and ongoing.

Proposed Timescale: 31/12/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The details of transfers to hospital and the date of transfer were not recorded in each case of discharge and readmission.

2. Action Required:

Under Regulation 19(1) you are required to: Establish and maintain a Directory of Residents in the designated centre.

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

- Details and dates of transfers or discharges to hospital and re-admissions to Unit are now recorded in the Directory of Residents.
- A Ward Census is completed weekly and will show any transfers, discharges or re-admissions of residents and to updated as required.

Proposed Timescale: 21/10/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

In some of the assessments the documentation did not outline or describe well how the raised bedrail supported the resident and ensured an enabling function in each of the assessments reviewed.

A restraint register was not maintained to outline the times bedrails were raised and released.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

- The use of a Residential Restraint Register commenced on the 28th October 2016. This is completed every morning by the Person In Charge and will be completed by the Clinical Nurse Manager 2 or Nurse on duty in the absence of the Person In Charge.
- A Restraint Release and Review chart will be maintained.
- Assessment for the use of Bedrails was reviewed and all nurses completing the assessment will ensure to document why bedrail is considered as part of the residents care plan to maintain safety or to be used as an enabler. This will reflect in the care plan of each resident using bedrails, and will be reviewed regularly.

Proposed Timescale: 24/10/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Records did not indicate fire drill practices were completed routinely.

The procedures to complete and record fire drills requires review.

There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

4. 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:

- First Fire Drill practice done on the 14th of November and will be conducted every month.
- A team leader (staff member) was and will be chosen and will be responsible for giving commands, ensuring proper fire safety procedures are followed.
- A fire drill scenario was developed to make staff think about what could happen in a

real emergency situation.

- Evaluation done to discuss any learning and challenges they observed or experienced.
- Effectiveness of the drill will show either satisfactory or not satisfactory basing on the staff's response, familiarity with exit routes and procedures, communication during drill and the speed of evacuation.

Proposed Timescale: 14th November 2016 and ongoing

Proposed Timescale: 14/11/2016

Theme:

Safe care and support

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

The fire alarm was not activated routinely apart from the quarterly servicing to ensure it was operational and automatic door closers were functioning and final exit fire doors released.

5. Action Required:

Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

- Appropriate maintenance of fire safety systems including the fire detection and alarm system will take place.
- Maintenance have agreed to activate alarm system and fire safety checks every Monday. Checking commenced on the 7th of November 2016 and will be carried out regularly as agreed.

Proposed Timescale: 21/10/2016