

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballinamore Community Nursing Unit
Centre ID:	OSV-0005290
Centre address:	Tully, Ballinamore, Leitrim.
Telephone number:	071 964 4682
Email address:	lorrainesheridan3@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Geraldine Mullarkey
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	1

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.

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: 11 October 2016 08:30 To: 11 October 2016 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection, carried out by the Health Information and Quality Authority (HIQA).

The centre can accommodate a maximum of 20 residents who need long-term care. The inspector reviewed progress on the action plan from the previous inspection. The two areas identified for improvement in the action plan of the last inspection were satisfactorily completed. Notifications of incidents received since the last inspection were assessed on this visit.

The governance arrangements in place are suitable to ensure the service provided is safe, appropriate and consistent. The inspection was facilitated by the person nominated to manage the centre in the absence of the current person in charge.

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.

The building was warm and comfortably decorated. The newly built unit is designed to meet the needs of dependent older people. The centre comprises of 18 single bedrooms and one twin bedroom. All bedrooms are ensuite.

Residents had good access to GP services and from the pharmacist to support medication management practice. Access to allied health professionals including physiotherapist, speech and language and occupational therapy was available. There was good choice of a variety of nutritious, wholesome food provided.

A total of 11 Outcomes were inspected. Five outcomes were judged as compliant with the regulations and five as substantially in compliance with the regulations. One Outcome, namely Safeguarding and Safety was judged non-compliant moderate 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. It contained all the 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. 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 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):

Findings:

There was a defined management structure in place with which staff were familiar. The governance arrangements in place are suitable to ensure the service provided is safe,

appropriate and consistent.

There is a system to review the quality and safety of care and quality of life in place. A system of audits is planned to include clinical data and environmental matters. A significant amount of clinical data was collected to identify trends including any falls sustained, the use of bedrails, the occurrence of any wounds and any incidents of responsive behaviour. Nutritional audits were completed every two months and actions identified to ensure individual outcomes for residents. An antibiotic register was maintained to identify the individual usage of antibiotics and the therapeutic reasons.

However, the procedures to complete some audits require further development to inform learning. The aim, objective and methodology were not defined for all planned audits with a review system in place to identify trends and develop improvement plans.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.

A copy was provided in each resident's bedroom with the statement of purpose, information for residents and their families on safeguarding and advocacy services. Provided in each resident's information folder were the contact details of the Health Service Executive (HSE) confidential recipient, who is an independent person appointed by the HSE to receive concerns or to whom anyone can make a complaint. Details of the residents' forum meeting and visiting arrangements for protected mealtimes were outlined.

All residents accommodated had an agreed written contract. The contract included details of the services to be provided in schedule three. The fees payable by the residents were detailed in schedule four. Expenses not covered by the overall fee and incurred by residents were identified. The inspector reviewed a sample of three contracts of care. All contracts were signed by relevant parties.

In line with amendment to the regulations in June 2016, it was identified that the contract of care did not specify for residents whether the bedroom to be occupied was single or twin occupancy.

Judgment:
Substantially Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

This statutory notification was received by HIQA in advance of this unannounced inspection.

The inspection was facilitated by the person nominated to manage the centre in the absence of the current person in charge. She fulfils the criteria required by the regulations in terms of qualifications and experience.

She demonstrated that she was familiar with the statutory responsibilities of the person in charge and had good knowledge of the legislation and standards. Throughout the inspection she demonstrated she was familiar with residents care needs.

The arrangements and reporting systems were known to staff and were described in the revised statement of purpose submitted to HIQA.

Judgment:
Compliant

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

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were effective and up to date safeguarding policies and procedures in place. There were sufficient numbers of suitably qualified staff on each shift to promote residents independence.

The inspector observed and saw that residents were treated well. Safety was at the forefront of care and support was provided appropriately to individual residents. There was access to a social worker to provide support and help to residents to manage personal affairs.

The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults. While the majority of staff were trained in May 2016, training in the safeguarding of vulnerable adults was not completed with all staff in line with the introduction of a new safeguarding policy.

No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection. Staff spoken with were able to explain the different types of abusive situations, 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.

There was evidence in care plans of links with the mental health services. Behavioural charts were available to record a pattern of altered behaviours. Psychotropic medications were monitored by the prescribing clinician and reviewed to ensure optimum therapeutic values. One resident was recently discharged from the care of the psychiatry team to the care of her GP.

There was a policy in place for managing responsive behaviour and a policy on self harm. However, all staff were not trained in the Professional Management of Violence and Aggression (PMAV) the model of responsive behaviour management implemented. All staff had not completed training in caring for older people with cognitive impairment or dementia.

There was a policy on restraint management (the use of bedrails and lap belts) in place. At the time of this inspection there were nine residents with two bedrails raised. A risk assessment was completed prior to using bedrails and these were regularly reviewed. Signed consent was obtained. However, the rationale to use bedrails in some files reviewed was at the request of the family and not based on a clinical decision where other options are not suitable or alternatives trialled were unsuccessful. The documentation did not outline or describe well how the raised bedrail supported the resident and ensured an enabling function by way of example, to sit up or turn in bed or providing a psychological safety aid.

Resident's capacity to make decisions and give consent requires review. Approximately

five residents in the day sitting room had sensor alarms with a clip attached to their clothing. This was considered necessary for their own personal safety due to a high risk of falling. However, a risk assessment and plan of care was not developed to outline the need with consent obtained for the wearing of a restrictive monitoring device.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced quarterly and annually in accordance with fire safety standards. Illuminated fire exit signage was in place. 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 of the centre. Personal emergency evacuation plans were developed for residents.

There were procedures to undertake and record internal fire safety checks. Monthly and weekly fire safety checks were undertaken. The fire extinguishers were checked to ensure they were in place and intact. The fire panel and automatic door closers were checked to ensure they were functioning. Records were maintained evidencing the fire escape routes were unobstructed.

There was an ongoing programme of refresher training in fire safety evacuation. A small number of recently recruited staff were identified as requiring training in fire safety evacuation. This was identified and a training date was arranged.

Regular fire drill practices to reinforce knowledge from annual training were not undertaken. Fire drills were not completed with records of the scenario or type of simulated practice including a night time situation when staffing levels are reduced. There was no documented evaluation of learning from fire drills completed to help staff

understand what worked well or identify any improvements required.

There was sufficient moving and handling equipment available to staff to meet residents' needs. Moving and handling risk assessments were completed for each resident. These were available to staff at the point of care delivery in each resident's bedroom. Nine residents required the use of a hoist to meet all their moving and handling needs safely as they were unable to weight bear.

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. There was a contract to service and repair call bells.

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. Access to work service areas to include the kitchen and sluice room was secured in the interest of safety to residents and visitors.

The building, bedrooms and bathrooms were visually clean. A sufficient number of cleaning staff were rostered each day of the week. A separate cleaning and sluice room is provided and suitably equipped. There was a good cleaning system in place to minimise the risk of cross infection. Separate colour coded cleaning equipment was used in each area.

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.

There was good evidence of pharmacy input to support medication management practice. Advice from pharmacy of reviews to guide nursing staff on contraindications and other forms of a drug for those with swallowing difficulty or blood screening for residents on a particular drug over a prolonged timeframe was evident.

There were no residents self medicating at the time of this visit. Medication was dispensed from individual packs. These were delivered to the centre on a monthly basis by the pharmacists.

Medicines were being stored safely and securely in the clinic room which was secured. The temperature range of the medicine refrigerator was monitored and recorded.

On arrival, 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 inspector reviewed a sample of drugs charts 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 (a medicine only taken as the need arises) 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.

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):

Findings:

There were 19 residents in the centre during the inspection. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. All residents were accommodated for long term care.

The arrangements to meet residents' assessed needs were set out in individual care plans. A range of risk assessments had been completed. These were used to develop care plans that were person-centred, individualised and described the current care to be given. Social care assessments were completed. These included details of the residents' life history, their likes and dislikes, level of support required and their communication needs.

There was good linkage between assessments completed and developed plans of care. Care plan were regularly reviewed. The evaluations documented in detail progress or any changes in health status. The reviews outlined a professional judgment of the effectiveness of the care plan pathway.

Care plans described well residents' level of independence and what they could do for themselves. There was evidence of regular consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

Residents had good access to GP services. There was evidence of medical reviews at least three monthly to review residents medication and more frequently when required at the request of nursing staff when a change in health status was observed. Medical records evidenced all residents were seen by a GP within a short time of being admitted to the centre.

Access to allied health professionals including physiotherapist, speech and language and occupational therapy was available to residents. Seating assessments were completed by occupational therapy. Residents were provided with specialist seating and good range of assistive equipment to suit their individual needs.

There was one vascular wound care problem being managed at the time of this inspection. There was evidence in files of access to a clinical nurse specialist in wound care. Professional expertise provided was followed. Care plans, wound assessment

charts and nursing notes outlined a clinical evaluation of the progress of wounds and healing progress. The file of a resident with a wound on admission and notified in quarterly notifications submitted to HIQA was reviewed. The wound was fully healed. Nutritional supplements to aid healing were included in the resident's diet.

A number of residents were provided with air mattresses. Care staff completed repositioning charts for residents with poor skin integrity. There was good recording by care staff of any variance in a resident's skin condition in their personal care bundle documentation and by nursing staff in the daily record of each resident's health, condition and treatment given.

The policy of the centre is all residents are to be weighed at a minimum on a monthly basis. This occurred in practice. Residents' weight was audited every two months to identify any changes. Nutritional screening was carried out using an evidence-based screening tool. There were seven residents on a pureed diet and two on a minced moist diet. Seven 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 nine residents.

There was a good dietary intake observed by the inspector at mealtimes. There was good choice of a variety of nutritious, wholesome food provided. Supplements were prescribed by the GP for residents at risk of weight loss. However, there was limited specialist advice available from a dietetic service. One resident assessed with a high nutritional risk since admission was not reviewed by a dietician to obtain specialist advice to guide care practice.

Judgment:
Substantially 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. Issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

Within the complaints procedure access to an advocate was identified to help residents raise an issue or concerns they may have.

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 inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

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):

No actions were required from the previous inspection.

Findings:

There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise.

A multi disciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team.

A system of advance care planning to meet end-of- life care needs was in place. Resident's end-of-life care preferences or wishes are identified and documented in their care plans. At the time of this inspection 12 residents had a do not attempt resuscitate (DNAR) status documented by the GP in their medical file.

The care plans contained good detail of personal or spiritual wishes. Decisions concerning future healthcare interventions were outlined. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were documented in end-of -life care plans.

While end of life care was being managed there were no residents under the care of the palliative team at the time of this inspection. There was evidence frail residents were receiving good nursing care in consultation with the GP. Pain relief needs were well managed and interventions described in nursing records.

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):

No actions were required from the previous inspection.

Findings:

The inspector judged 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 three health care assistants to meet the needs of 20 residents. In addition there is catering and cleaning staff employed. The deployment of some care staff resources and assignment of work practices requires review in line with their job description.

A recruitment procedure was described and the policy was in place in accordance with the regulations. A sample of staff files was examined and found to contain all of the relevant documents. A record was maintained of staff nurses' current registration details with their professional body.

The training needs of staff were not adequately monitored. Training requirements for all staff were not maintained up-to-date;

Each staff member did not have up-to-date refresher training in safe moving and handling techniques.

Training in the safeguarding of vulnerable adults was not completed with staff in line with the introduction of a new safeguarding policy.

All staff were not trained in the Professional Management of Violence and Aggression (PMAV), the model of responsive behaviour management implemented.

A small number of recently recruited staff were identified as requiring training in fire safety evacuation.

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:

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:	Ballinamore Community Nursing Unit
Centre ID:	OSV-0005290
Date of inspection:	11/10/2016
Date of response:	01/11/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The procedure to complete audits requires further development to inform learning. The aim, objective and methodology were not defined for all planned audits with a review system in place to identify trends and develop improvement plans.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

To ensure the service provided is safe, appropriate, consistent and effectively monitored, learning from data collection and use of approved audit tools will be reviewed by the Registered Provider and Person in Charge and following review will be actioned to ensure regulatory compliance.

Proposed Timescale: 31/12/2016

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The contract of care did not specify for residents whether the bedroom to be occupied was single or twin occupancy.

2. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

The contract of care has been reviewed to specify for residents whether the bedroom to be occupied is single or twin occupancy. For those existing residents who have signed a contract of care an appendix has been added to each individual contract of care specifying type of accommodation re single or twin occupancy. All new contracts of care will specify single or double room

Proposed Timescale: 30/11/2016

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:

All staff were not trained in the Professional Management of Violence and Aggression (PMAV) the model of responsive behaviour management implemented.

All staff had not completed training in caring for older people with cognitive impairment or dementia.

3. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date

knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Further training dates 28th and 29th of November are being rolled out to all staff not trained in PMAV /Dementia Care. Staff will be allocated to training as it becomes available.

Proposed Timescale: 31/03/2017

Theme:

Safe care and support

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

The rationale to use bedrails in some files reviewed was at the request of the family and not based on a clinical decision where other options are not suitable or alternatives trialled were unsuccessful.

The documentation did not outline or describe well how the raised bedrail supported the resident and ensured an enabling function by way of example, to sit up or turn in bed or provided a psychological safety aid.

Some residents in the day sitting room had sensor alarms with a clip attached to their clothing due to a high risk of falling. A risk assessment and plan of care was not developed to outline the need with consent obtained for the wearing of a restrictive monitoring device.

4. 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:

All Residents files regarding the use of restraint, including those whose rationale for bedrails were at the request of families, will be reviewed, reassessed and updated to reflect the enabling function either physical or psychological. Discussion with families will take place informing them that decisions regarding restraint are made based on clinical need in the best interest of the resident.

Chair alarms will no longer be attached to residents clothing. All staff will be notified at the safety pause to cease this practice. New staff as part of induction will be informed of this change in practice. This will be on-going and will be part of residents review of care

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:

Training in the safeguarding of vulnerable adults was not completed with all staff in line with the introduction of a new safeguarding policy.

5. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

All staff will be trained in the new safeguarding policy when training dates become available. Train the trainer course is to be commissioned by Provider Nominee / Service Manager ,where staff will have access to a front line trainer. The current Person in Charge is nominated to attend this course and will be delivering training on site.

Proposed Timescale: 31/03/2017

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:

A small number of recently recruited staff were identified as requiring training in fire safety.

6. 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:

Staff who have not received fire training will attend the fire training sessions in 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:

Fire drills were not completed with records of the scenario/type of simulated practice

including a night time situation when staffing levels are reduced. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

7. 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:

The Registered Provider and Person in Charge will review fire safety management to ensure fire drills and associated learning will take place at regular intervals to include night time situations.

Documented evaluation of learning from fire drills will be completed to help staff understand what worked well and identify any improvements required.

Proposed Timescale: 31/12/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

There was limited specialist advice available from a dietetic service.

8. Action Required:

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

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

There is on-going telephone consultation between the Person in Charge and the local Primary Care Dietician to ensure specialist advice is available regarding those residents who require specialist dietetic support. Nursing staff document in Residents file advice received from the dietician based on clinical information provided by Person in Charge. However the Service Manager/ Provider Nominee has requested additional dietetic support to include the dietician visiting residents in the unit who require support. Service Manager/Provider Nominee to seek support from Dietetic Manager for this service.

Proposed Timescale: 31/03/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The deployment of some care staff resources and assignment of work practices requires require in line with their job description.

9. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Staff resources and assignment of work practices will be reviewed to ensure they are in line with job description.

Proposed Timescale: 30/11/2016

Theme:

Workforce

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

The training needs of staff were not adequately monitored. Training requirements for all staff were not maintained up-to-date;

Each staff member did not have up-to-date refresher training in safe moving and handling techniques.

10. 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:

Training requirements for all staff will be addressed by the Person in Charge in the form of monthly reviews, notifying staff of their outstanding requirements. The electronic system will be kept up to date by the Person in Charge. Refresher update training in safe moving and handling techniques will be provided for all staff who require this training

Proposed Timescale: 30/11/2016

