

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Josephs Nursing Home
<b>Centre ID:</b>	OSV-0005413
<b>Centre address:</b>	Lurgan, Glebe, Virginia, Cavan.
<b>Telephone number:</b>	049 854 7012
<b>Email address:</b>	directorofcare@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Masonic Havens Limited
<b>Provider Nominee:</b>	Richard Graves
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	51
<b>Number of vacancies on the date of inspection:</b>	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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 16 March 2016 10:00 To: 16 March 2016 16:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	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 a registration inspection, which took place following an application to the Health Information and Quality Authority (HIQA) regulation directorate, to register the designated centre by a new provider entity.

The inspector met with the new provider nominee, person in charge and staff members. The centre can accommodate a maximum of 52 residents who need long-term care, convalescent/respite, or have palliative care needs. The Statement of Purpose outlined the management organisational structure and the role of the provider nominee. The lines of authority and accountability were defined to ensure the effective governance of the service.

The applicant provider nominee demonstrated a good knowledge of his role as a care provider and understanding of his legal responsibilities in terms of the regulations.

There is no change to the person in charge or key senior manager notified to the HIQA.

The centre was clean, warm and well decorated with a calm atmosphere. Residents were complimentary of staff and satisfied with care services provided. Residents had opportunities to participate in meaningful activities, appropriate to their interests and capacities.

There was an adequate complement of nursing and care staff on each work shift. There was a good emphasis on personal care and ensuring personal wishes and needs were met. Care plans were in place for all identified needs.

A total of 13 Outcomes were inspected. One Outcomes was judged as moderately non-compliant, namely Health and Social Care Needs. Ten Outcomes were judged as compliant with the regulations and two 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 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 was updated in February 2016. The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

There was a defined management structure in place to ensure the effective governance of the service. The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre.

There was an organisational structure in place to support the person in charge. The

providers met with the inspector throughout the inspection.

The incoming provider nominee demonstrated a good knowledge of his role as a care provider and understanding of his legal responsibilities in terms of the regulations. There is reporting system in place to demonstrate and communicate the service is effectively monitored and safe between the person in charge and the service provider.

There was evidence of quality improvement strategies and monitoring of the services. The quality assurance program was further developed since the last inspection to review key areas which impact on resident's wellbeing and quality of life. A falls audit was completed, contributory factors were identified and a post falls review was undertaken. However, the post falls review was not completed each time a resident fell. One resident had three falls in a one month period and the post falls review was only completed once.

Audits of medication were undertaken. Individual usage of psychotropic and night sedative medication was discussed with the GP. The system to document the information was further developed. However, the present format in place does not allow for trends to be easily identified in individual and collective usage through audits.

An annual report on the quality and safety of care was compiled for 2015. Copies were available to the residents or their representative. The report was comprehensive and provided much useful information on to residents and their families on developments within the service.

**Judgment:**  
Substantially Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**  
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.

The person in charge is a registered nurse and is noted on the roster as working in the post full-time. The post of person in charge is supported by an assistant director of nursing and a clinical nurse manager.

The management team had good knowledge of residents care needs. The person in charge could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

The person in charge has maintained her professional development and attended mandatory training required by the regulations.

**Judgment:**  
Compliant

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

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
The inspector found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff.

A directory of residents was maintained update. The inspector noted the details of the most recent admission were recorded in the directory.

**Judgment:**  
Compliant

***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**  
Governance, Leadership and Management

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> 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. The key senior manager is appointed to deputise while the person in charge is absent.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 07: Safeguarding and Safety</i></b> <b><i>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.</i></b></p>
<p><b>Theme:</b> Safe care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> There were effective and up to date safeguarding policies and procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected. There were sufficient numbers of suitably qualified staff on each work shift to promote residents independence.</p> <p>Residents spoken with stated that they felt safe in the centre. There was a visitors log in place. No notifiable adult protection incidents which are a statutory reporting requirement to the HIQA have been reported since the last inspection.</p> <p>Staff had the knowledge, skills and experience they needed to carry out their roles effectively. The inspector observed and saw that residents were treated well, with safety at the forefront of care and support provided appropriately.</p> <p>Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed records confirming all staff had up to date refresher training in protection of vulnerable adults.</p> <p>There is a policy on the management of behaviour that is challenging. Staff spoken with</p>

were very familiar with resident's behaviours and could describe particular residents daily routines very well to the inspector. All staff had received training in responsive behaviours. This was an area identified for improvement on the last inspection.

There was a policy on restraint management (the use of bedrails and lap belts) in place. Risk assessments were completed in all cases prior to the use of the bedrails. Assessments were regularly revised. Signed consent was obtained by the resident or their representative and the GP. Sensor alarms and ultra low beds were in use to promote a restraint free environment.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

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

**Theme:**

Safe care and support

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

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

**Findings:**

The health and safety of residents, staff and visitors in the centre was promoted and protected.

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. 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 around the building.

Staff had completed training in fire safety evacuation procedures. Newly recruited staff were familiarised with the fire precautions on induction and prioritised for training by a competent external trainer who visited the centre twice yearly.

A system to undertake routine fire drill practices was not established. Procedures to record drills detailing the scenario/type of simulated practice, to include the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario was not in place.

The evacuation procedure in the event of a fire was one of phased, progressive horizontal evacuation of the building. The needs of the residents had been assessed in the event of an evacuation of the centre. Personal emergency evacuation plans were developed for each resident.

There was an emergency plan and this was found to be appropriate with identification of services and emergency numbers in the event of a range of possible occurrences. A missing person's policy was in place.

The cleaning system in place was reviewed since the last inspection. Cleaning staff were provided with new cleaning trolleys to carry all their required equipment to facilitate changing cleaning cloths and mops at frequent intervals.

On the previous visit it was observed some residents were transported without footplates on their wheelchairs. A risk assessment was completed and the calculated risk discussed with the residents.

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 incident review tool was obtained since the last inspection to identify any contributing factors for example, changes to medication or onset of an infection in the aftermath of a fall. However, the review was not completed each time an individual resident fell or sustained an injury.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified to include the type of hoist and sling size. These were documented in care plans and displayed discreetly in bedroom for staff to check.

**Judgment:**  
Non Compliant - Moderate

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

**Theme:**  
Safe care and support

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

**Findings:**  
Each resident's medication was dispensed from blister packs. The blister packs on arrival

were checked against the prescription sheets in the signed kardex to ensure all medication orders received were correct for each resident. Drugs which were crushed prior to administration were prescribed and signed by the GP.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible and colour coded to easily distinguish between PRN (a medicine only taken as the need arises), regular and short term medication.

There were two medication trolleys to facilitate the administration of medication. The medication administration sheets viewed were signed by the nurse following administration of medication to the resident. These recorded the name of the drug and times of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

**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:**

On admission a comprehensive assessment of needs was completed. 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, continence needs and mood and behaviour.

In the sample of care plans reviewed there was evidence care plans were updated at the required 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.

There was a good emphasis on personal care and ensuring personal wishes and needs were met. Care plans were in place for all identified needs.

Residents had access to general practitioner (GP) services. There was good evidence of medical reviews shortly after admission and when a resident became unwell. Medical notes evidenced GP's visited the centre regularly to review medication and reissue each resident's prescriptions.

In one case file reviewed it was evidenced responsive healthcare to meet the needs of a resident did not occur. A resident sustained an injury and had a medical review at the time of the incident. The required notification was submitted to HIQA. The resident continued to incur pain. It was a prolonged period later before another medical review was requested by the centre's nurse management team after which, the resident was transferred to hospital and a fracture was confirmed.

Access to allied health professionals to include speech and language therapist, dietetic service, and psychiatry was available. 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.

A number of residents were provided with air mattresses. Care staff completed repositioning charts for residents with poor skin integrity. At the time of this visit there were approximately five residents with dressings in place for wounds or minor skin tears or abrasions. However, there was no incident report completed for residents with dressings for minor wounds or skin tears. An investigation as to the possible cause or action to minimise the risk of a repeat occurrence was not in place as a result.

There were opportunities for residents to partake in activities. An activity coordinator was employed full time for five days each week. Residents had access to a secure enclosed garden and the patio area at the front of the building was secured in the interest of safety to residents and visitors.

**Judgment:**

Non Compliant - Moderate

***Outcome 12: Safe and Suitable Premises***

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The building is adapted to meet the needs of dependent older people and is comfortable and welcoming.

The inspector noted the building was comfortably warm. Wash hand basins are fitted with thermostatic controlled valves. Hand testing indicated the temperature of hot water did not pose a risk of scalds. Restrictors are fitted to all windows.

There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to the day room for residents' convenience. Each resident had sufficient space to store their clothing and personal belongings.

Bedrooms are spacious and equipped to assure the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Suitable lighting was provided and switches were within residents reach.

Staff facilities were provided with space for the storage of personal belongings

A safe enclosed garden 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):**

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

**Findings:**

Aspects of the complaints policy and procedure were reviewed. This was an area identified for improvement in the action plan of the previous inspection report.

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.

The complaints procedure was displayed in the entrance foyer for visitors to view. This provided direction where a person could raise an issue with if they had a concern.

The complaints procedure displayed met the requirement of regulation 34.

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 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):**

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

**Findings:**

The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Staff interviewed could describe the different textures and the residents who had specific requirements.

Residents had care plans for nutrition in place. There was ongoing monitoring of residents nutrition and skin integrity. Nutritional screening was carried out using an evidence-based screening tool at monthly intervals. Each need had a corresponding care plan.

All residents were weighed regularly. Food intake records were well completed where a need was identified. Fluid charts were totalled to ensure a daily fluid goal was achieved.

Resident's requiring a pureed diet have their portions individually plated at mealtimes. Potatoes, meat and vegetables were distinguishable from each other. Shaped moulds were obtained to ensure food when plated was easily distinguishable. This was an area identified for improvement in the action plan of the previous inspection report.

**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:**

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The inspector noted that the planned staff rota matched the staffing levels on duty.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees.

Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector.

Information available conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on cardio pulmonary resuscitation, infection control, dementia care and food hygiene.

**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 report<sup>1</sup>

<b>Centre name:</b>	St Josephs Nursing Home
<b>Centre ID:</b>	OSV-0005413
<b>Date of inspection:</b>	16/03/2016
<b>Date of response:</b>	14/06/2016

#### 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 system to document the information requires further development. The present format in place does not allow for trends to be easily identified in individual and collective usage through audits.

##### **1. Action Required:**

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

<sup>1</sup> 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:**

A post falls review is now completed each time a resident falls. There is a new medication format in place in relation to PRN's to easily identify and collect information for completion of audits.

**Proposed Timescale:** 28/06/2016

**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:**

A post incident review was not completed each time an individual resident fell or sustained an injury.

**2. Action Required:**

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

A post falls assessment is completed each time a resident falls

**Proposed Timescale:** 13/06/2016

**Theme:**

Safe care and support

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

A system to undertake routine fire drill practices was not established. Procedures to record drill detailing the scenario/type of simulated practice, to include the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario was not in place.

**3. 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:**

Routine fire drills are now carried out, Scenario/type of drill's are recorded and the findings are documented and kept in our Emergency plan

**Proposed Timescale:** 13/06/2016

### **Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

Five residents had dressings in place for wounds, minor skin tears or abrasions. There was no incident report completed for residents with dressings for minor wounds or skin tears. An investigation as to the possible cause or action to minimise the risk of a repeat occurrence was not in place as a result.

**4. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

An incident form is completed for any minor wounds or skin tears and a copy attached to the wound care plan. All incidents are investigated and measures are put in place to safe guard the resident from the incident reoccurring. All incidents are now recorded in our monthly governance and management report.

**Proposed Timescale:** 13/06/2016

**Theme:**

Effective care and support

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

In one case file reviewed it was evidenced responsive healthcare to meet the needs of a resident did not occur.

**5. Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Any resident presenting with pain following an incident/accident will be sent to hospital for further investigation.

**Proposed Timescale:** 13/06/2016