

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	O'Gorman Home
Centre ID:	OSV-0000547
Centre address:	Castle Street, Ballyragget, Kilkenny.
Telephone number:	056 883 3377
Email address:	anne58mcgrath@gmail.com
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	O'Gorman Home Committee
Provider Nominee:	James Delaney
Lead inspector:	Gemma O'Flynn
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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: 21 September 2016 09:40 To: 21 September 2016 19:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of a one day, unannounced inspection to monitor ongoing compliance with the Regulations.

O'Gorman Home is a voluntary centre that provides support for residents with low dependency needs, from the local and surrounding areas. Residents requiring long term care and respite care are accommodated in the centre. Full time nursing care is not provided in the centre based on the assessed needs of the residents. On the day of inspection, there were 10 residents and two vacancies.

The inspection process included meeting with residents, staff and the person in charge. Practices were observed and documentation was reviewed. The actions outstanding from the previous report were also reviewed and the majority had been addressed satisfactorily. Some issues were ongoing in regards to completeness of

resident records and medication management.

Overall, the inspector found that residents were comfortable, happy and well cared for in a homely environment by staff who knew them well. Interactions between residents and staff were seen to be warm, friendly and respectful. Residents had access to medical care and other allied services. It was evident that the centre was part of the community. Areas of non compliance were addressed as set out in the above table. These issues are discussed throughout the report under the relevant outcome and associated action plan.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

There were sufficient resources to ensure the effective delivery of care to residents in the centre. On the last inspection, the management structure wasn't clearly identified. On this occasion, there was a clearly defined management structure and staff who spoke with the inspector were able to explain same. In regards to admissions, it was evident that the registered nurse and the person in charge or head carer would conduct the pre-assessment which would be signed off by the provider who had the final approval.

The person in charge had autonomy over the day to day running and expenditure in the centre and any large projects for example, new flooring or changes to the smoking room, had to be sanctioned by the board of management.

Records that were reviewed and the person in charge and other staff confirmed that the provider visited the centre at least monthly. At those times, a quality improvement meeting was held and this included review of key issues in the centre such as incident review; complaints and improvements required to the centre.

An annual review had been completed since the last inspection, the inspector found that although it reviewed quality of the service it didn't set out what improvements had been implemented in the centre or what plans for improvement were in place for the year ahead.

A quality improvement programme consisting of audits had been implemented since the last inspection. The person in charge stated that this was still a work in progress and she planned on reviewing the audits to ensure they were centre specific and brought about meaningful change. The inspector found that such a review was required to ensure learning outcomes following audits were clear and improved the quality of the service and identified issues pertinent to the centre. For example, despite issues being

identified on inspection of medication management, these were not identified in associated audits. There were no audits of falls in the centre in an effort to identify trends nor were there audits of complaints.

There was evidence of consultation with residents via resident meetings and an annual resident survey conducted in June 2016. As identified in the previous inspection, resident responses to the survey were stored in the resident's own file and were therefore available for all to review, which had the potential to inhibit resident responses.

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 of the centre demonstrated knowledge of the legislation and statutory requirements appropriate to the role. She was employed to be in the centre 40 hours per week and she stated she did this by varying her hours to ensure she was in the centre at times other than 9 to 5. She was known to the residents and staff and demonstrated sound knowledge of the residents needs. She was engaged in the governance, management and administration of the centre.

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):

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

Findings:

Medical records were reviewed and it was observed in the sample of files examined that not all records were complete or up to date and did therefore not provide a record of ongoing medical assessment, treatment and care provided by a person's medical practitioner. In some instances, an update following medical review was recorded by carer's in the carer's narrative note section and therefore was not easily retrievable.

Judgment:

Non Compliant - Moderate

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 was a policy in place for safeguarding residents. Staff had received training and those who spoke with the inspector demonstrated good knowledge of the different types of abuse and all stated that they would report any concerns of that nature. Although all staff were clear that they would report any concerns, not all staff were sure to whom they should report any concerns if they involved the person in charge.

The person in charge said that she met with residents informally and determined if they were satisfied with staff or if they had any concerns, there was no documentary evidence of this, however, residents confirmed that the person in charge was approachable and if they had any concerns they would have no hesitation in raising them with her.

All resident who spoke with the inspector, said the staff were excellent and that they felt very safe in their care.

Staff confirmed that they did not manage any residents' finances.

There was a policy in place for working with residents who have behaviour that is challenging. There was a policy in place for restraint. However, there were no residents who required such support or interventions on the day of the inspection.

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

Findings:

The centre had policies and procedures pertaining to health and safety. There was a risk management policy that set out the requirements of the Regulations. There was a plan for responding to emergencies and this included a safe place for residents to go to if the centre needed to be evacuated.

Weekly safety checks of the centre were completed, however, where a hazard was identified, it was not clearly documented with an associated risk assessment to clearly set out the required controls. The person in charge demonstrated an awareness of the hazards identified by the inspector and spoke of plans to address same, such as the smoking room requiring additional controls or a dip in the floor of the corridor that required additional controls to ensure that it could be seen by residents and visitors to the centre but there was no risk assessments completed for those hazards. The inspector found that the doors to an enclosed courtyard garden were locked and the reason for this wasn't clear with the person in charge citing health and safety as a rationale for the control due to some mildly uneven surfaces. There was no risk assessment completed to demonstrate that the controls had been considered and if they were proportional to the risk identified.

There was an infection control policy in place and staff who spoke with the inspector discussed the cleaning system that was in place. On the day of inspection, the centre was clean and free from odour. Staff had received training in infection control as confirmed by those who spoke with the inspector and training records provided.

Incidents were recorded in a specific log book and the information was detailed giving a good picture of what had happened and any required follow up such as medical referral or referral to a falls clinic if appropriate. There was documentary evidence that the provider and the person in charge met monthly and reviewed any incidents that had occurred in the centre.

Fire exits were unobstructed and subject to daily checks, fire evacuation procedures were displayed prominently throughout the centre however, there was no instruction specific to staff. Staff were trained and could discuss what to do in the event of a fire, however, not all staff who spoke with the inspector were sure as to who would take charge and give instructions should the fire alarm sound. Fire records were examined and were up to date. Fire drills were not carried out on a regular basis to test and

ensure staff and where practicable, residents, knew what to do in the event of a fire. Smoking risk assessments were completed but were not comprehensive as they didn't consider aspects of the residents health or cognition in regards to smoking, nor were they reviewed four monthly to ensure residents' changing needs or capabilities were identified. As discussed above, the smoking room required further review to ensure it was a safe space. It was located outside, away from the centre without any method of contacting staff if required. Risk assessments for residents who smoked didn't specify whether supervision was required or the regularity of checks on the smoking room.

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):

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

Findings:

There were written operational policies relating to medication management in the centre, however, the inspector was not satisfied that this policy was fully implemented at all times.

The centre received the residents' medication in a pre-dispensed system from a pharmacy. These were delivered on a monthly basis on a day when the registered nurse was on duty and was subject to checks by the nurse against the residents' current prescription to ensure accuracy. The nurse said errors were never encountered but if they were they would be recorded and returned to pharmacy. The nurse signed each medication administration record to verify that she had checked the prescription.

The inspector observed a medication round and found that practices required improvement as the process was open to error. For example, because the medications had been checked upon delivery by the nurse to ensure they were correct, a final check at the time of administration by the carer to ensure all was correct was not carried out. Formal authorisation had not been sought from the registered prescriber where the crushing of medication was required. A carer did show the inspector a narrative note entered by a carer confirming they had discussed same with the registered prescriber.

There were no residents self administering medication at the time of the inspection. Audits were completed in regards to medication practices however, they had not identified the issues discussed above and therefore required review to ensure they were comprehensive. Audits are discussed further under outcome two.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

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

Findings:

The person in charge was aware of her reporting responsibilities and had filed 'nil returns' as required. However, upon review of the incident book in the centre, it was apparent that a notification for an incident involving a resident who had experienced a fall in the centre and received subsequent treatment that met the notifying criteria of the Authority had not been submitted.

Judgment:

Substantially 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):

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

Findings:

Overall, the inspector was satisfied that residents' health care needs were met through timely access to medical treatment. Residents could retain the services of their own General Practitioner (GP) if they so wished. Some residents chose to visit their GP in the local surgery in the town and were supported by care staff where required. As discussed in the outcome relating to documentation, resident records were not maintained in a complete manner.

Access to allied health professionals such as physiotherapy, dietician, chiropodist, optician and dentist was evident upon review of a sample of resident files. All the

residents in the centre had had their eyes tested the day prior to the unannounced inspection. Records of care delivered to prevent and detect ill health were maintained such as monthly weight and blood pressure checks and blood sugar checks as required.

There was an assessment and care planning process in place. Each resident had been assessed prior to admission to ensure that their dependency levels were low thus meeting the admission criteria of the centre. The majority of ongoing assessments reviewed were up to date but there was evidence that nutritional screening tools had not been completed at least four monthly as is required. There was evidence that residents were involved in the care planning process, residents signed their own care plans and those who spoke with the inspector expressed satisfaction with the care provided.

Care plans were in place for identified problems but they required review and development to ensure they fully directed care. For example, a care plan for a resident with a mild cognitive impairment did not clearly set out the support that person required as a result of this impairment. This was an issue identified on the previous inspection also. A care plan for a resident experiencing sleep issues stated that the resident should be monitored for effectiveness of new medication, however, there were no records in the daily flow chart or carer's narrative note of any monitoring/documentation of same, therefore it wasn't clear how the effectiveness of the new medication was being evaluated. For a resident with low mood, the care plan did not give any guidance as to how to recognise the resident's low mood nor how to assist the resident in engaging in activities or conversations that were enjoyable to the resident and helped maintain a stable mood. The nurse who worked in the centre was able to describe in detail different interventions that worked well with this resident however, that information was not recorded in the care plan to ensure others involved in the care of the resident were consistent and up to date. In some instances, care plans consisted of just updates following medical review but these updates didn't inform the development of the care plan.

Records of information supplied to hospital in the event a resident was transferred were maintained in the residents' files.

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):

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

Findings:

The design and layout of the centre was in line with the statement of purpose. The premises met the needs of residents and the design and layout promoted dignity and independence. The premises and the grounds were well maintained and the centre was homely with sufficient fixtures and fittings. On the day of the inspection, the centre was clean and suitable decorated. There was good signage directing residents to relevant communal areas such as the sitting and dining rooms and visitor's room.

Bedrooms were suitably laid out and adequate in size. Residents beds had been upgraded since the last inspection. Residents were seen to bring their own items from home such as soft furnishings and photographs. There was a wash hand basin in each room and a lockable space for any valuables. Shared rooms were sufficient in size and met the requirements of the Regulations, however, screening curtains did not allow for privacy as they did not go around the entire bed but just separated one bed from another.

There was adequate storage for residents' belongings and a call bell system was in place. There was a small kitchenette available for residents to make tea or coffee although there were no residents using it at the time of inspection, the person in charge stated it had been used in the past.

There was safe, spacious and well maintained grounds. There was a large walled gardens with established fruit trees and activity logs demonstrated that residents often picked fruit with staff, residents confirmed this also. Residents were seen walking in the walled garden. The person in charge had plans to lift the patio slabs in the courtyard garden and replace them with an alternative surface as she was concerned that they were uneven.

Handrails were in place throughout the centre.

Judgment:

Substantially 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:

One aspect of this outcome was examined due to an outstanding action in the previous report pertaining to adequate records of food intake for residents. On this occasion, a new daily recording tool had recently been introduced that included space for the residents' nutritional intake to be recorded. At the time of the inspection, there were no residents at risk from a nutritional perspective and the records reviewed were adequate.

There was access to fresh drinking water at all times. There were no residents who required assistance with eating their meals. Kitchen staff were familiar with residents likes / dislikes and a folder relating to special dietary requirements and residents' preferences was maintained in the kitchen. Staff were knowledgeable regarding any residents with special dietary needs such as diabetes.

Food was cooked and served on site and the menu had been reviewed by a dietician and found to be nutritionally balanced. Residents were seen to enjoy their lunch and evening meals and it was evident from records seen that ample choice was available at all mealtimes. Residents said that the standard of food they received was 'top notch'.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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:

Residents were consulted about how the centre was run, meeting minutes evidenced this and residents confirmed it. Feedback was sought and put into practice. For example, residents voiced dissatisfaction with a particular food product, this was immediately addressed by the person in charge with the supplier, changes were made and there was prompt follow up with the residents to ensure their satisfaction with the outcome.

Residents had access to advocacy services and there was information pertaining to that displayed in the centre and guided by a relevant policy.

The centre was managed in a way so as to maximise capacity and freedom of choice. Residents could go out when they wished, take part in activities if they desired and take their meals in a location of their choice. However, the inspector found that the number

of notices and signs displayed around the centre detracted from the homely feel of the centre and created an institutional feeling. This was discussed with the person in charge who agreed to review same.

The centre was located adjacent to the local church and mass was celebrated in the centre's spacious oratory once weekly. Local members of the community attended mass in the centre and one resident told the inspector how that gave them a chance to catch up with friends from the locale.

Residents could vote in the local community. There was a selection of activities including bingo, cards and music evenings and again members of the community would often stop by to enjoy these activities with the residents. Residents were seen to enjoy a game of bingo during the course of the inspection. The inspector observed the residents enjoying themselves and joking with each other and the staff member facilitating the game. A recent outing had taken place to a place of local interest and seven residents had taken part.

There was a spacious visitors' room available should any resident wish to use it and this was comfortable and decorated in a homely fashion. There was no restrictions on visiting and a sign in book was maintained.

Care interactions between staff and residents were caring, warm and respectful. It was evident that residents knew the staff and that they felt comfortable with them. When staff discussed the residents with the inspector, they were respectful and genuine in their demeanour and referred to the residents as their extended family.

The centre was part of the local community via activities in the centre and their own participation in the local community outside of the centre. Local and national newspapers were available in communal areas. Residents expressed satisfaction with the activities on offer and the calibre of staff that worked with them.

Judgment:
Substantially 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 sufficient staff with the right skills, qualifications and experience to meet the assessed needs of the residents. On the previous inspection it had been identified that nursing hours required review as did evening cover. As a result, the nurse's hours had been increased from nine to twelve and an extra carer was rostered on between the hours of 7-10pm. Residents confirmed this to be so and said that there was always a staff member there to attend to them if needed and they wouldn't hesitate in calling at any time. The person in charge stated she had autonomy in regards to allocating extra staff to a shift if required and told the inspector that two carers who lived locally had been identified as being available if extra covered was required in an emergency such as at times of resident ill health.

Due to the residents' low levels of dependency, it had been deemed that a nurse was required for 12 hours per week, records demonstrated that this resource was available and scheduled. On the day of inspection there was no evidence to indicate that this resource was insufficient. The nurse who spoke with the inspector confirmed that she adequate time to discharge her duties.

Staff had access to training such as infection control, medication management, people moving and handling techniques, fire training and prevention of elder abuse. On the previous inspection it had been identified that training in the supporting of residents with a cognitive impairment was required, this had been delivered to the majority of staff and those who spoke with the inspector said that they had found it helpful. Given the issues identified in the care planning process, the inspector found that training in the area of care planning was required.

A sample of staff files were reviewed and found to be complete. Up to date registration with the relevant body was available for nursing staff. Staff were subject to annual appraisals as evidenced in documentation in staff files.

A vetting disclosure was not in place for all volunteers nor was a written agreement outlining the roles of responsibilities of volunteers as is required by the Regulations.

Judgment:

Non Compliant - Moderate

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:

Gemma O'Flynn
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:	O'Gorman Home
Centre ID:	OSV-0000547
Date of inspection:	21/09/2016
Date of response:	17/10/2016

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:

Audits required review to ensure they were meaningful and relevant to the service and brought about clear learning and improvements and identified issues in the subject being audited such as medication management.

The system of storing resident responses to surveys in the residents' files where they could be viewed by all staff had the potential to inhibit resident responses and thus limit

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

accurate feedback regarding quality and satisfaction of care.

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 monitored.

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

Audits will be reviewed to ensure they are meaningful and relevant to our service and bring about clear learning's and improvements. It is our policy to operate a Quality Management System to facilitate improvement to the quality of the service and the quality of care at our home. All staff will be made aware of this policy and will be encouraged to contribute to the data used for learning purposes. Management understands that mistakes will be made and the QMS will employ these mistakes to carry out improvement in the home.

Resident's responses to survey will no longer be stored in the resident's files.
(Immediately)

Proposed Timescale: 15/03/2017

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:

Medical records were reviewed and it was observed in the sample of files examined that not all records were complete or up to date and did therefore not provide a record of ongoing medical assessment, treatment and care provided by a person's medical practitioner. In some instances, an update following medical review was recorded by carer's in the carer's narrative note section and therefore was not easily retrievable.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

We will continue to endeavour, to achieve compliance in Schedule 3 so as to ensure that records of ongoing medical assessment, treatment and care whether extended on or off site by medical practitioners are available at the centre in a complete and easily retrievable manner.

Proposed Timescale: 31/12/2016

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:

Not all staff were clear on the reporting procedures if they had concerns regarding safeguarding and the person in charge.

3. 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 have been asked to refer to the centre specific policy available on the detection, prevention and responses to abuse. This policy clearly identifies the reporting mechanism which exists within the unit regarding concerns of safeguarding and the person in charge. This issue will be raised at the next scheduled staff meeting, where the learning from recently completed safeguarding training will be discussed in relation to the unit's specific policy.

Proposed Timescale: 30/11/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Risk assessments were not completed for all identified hazards such as the smoking room or a dip in the floor in the corridor.

In the absence of completed risk assessments for identified hazards, it was not evident that all controls were proportionate given the profile of residents in the centre.

4. Action Required:

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

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

The risk management policy set out in Schedule 5 will include all hazard identification and assessment of risks throughout the unit. This will include the smoking room and dip in corridor floor and be proportionate to the resident's dependency levels at any particular time.

Proposed Timescale: 31/12/2016

Theme:

Safe care and support

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

Regular fire drills to test staff and where practicable, resident responses to the fire alarm were not conducted.

Evacuation notices that gave specific guidance to staff were not displayed in prominent locations throughout the centre.

5. Action Required:

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

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

Regular fire drills to test staff and where practicable, resident responses to the fire alarm will be conducted on a regular basis with a schedule in place.

New Evacuation notices that give specific guidance to staff members will be displayed in prominent locations throughout the unit.

Proposed Timescale: 31/12/2016

Theme:

Safe care and support

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

The centre's smoking room required assessment to ensure all required controls were in place. For example, there was no way of contacting the staff in the centre if a resident was in the smoking room.

Risk assessments for residents who smoked were not comprehensive as they didn't consider all factors when determining a residents capabilities such as relevant medical conditions or a history of non compliance of smoking in only designated areas.

Risk assessments for residents who smoked were not completed at least four monthly so as to identify a resident's changing needs or capabilities.

6. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

The smoking room will be assessed to ensure all required controls are in place. An emergency bell will be installed. In addition risk assessments for residents who smoke will be comprehensive and will now consider all factors when determining resident's capabilities such as relevant medical conditions and histories of non compliance of smoking in only designated area.

Risk assessments for residents who smoke will be completed at least every four months so as to identify a resident's changing needs or capabilities

Proposed Timescale: 31/12/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

A final check of medications at the time of administration by the carer to ensure the medications were correct was not carried out.

Authorisation from the relevant prescriber was not obtained prior to the crushing of medication in the centre.

7. Action Required:

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

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

A final check of medications at the time of administration by the carer to ensure the medications are correct is now in place.

The process of crushing medication will be prescribed as such by the Resident's Registered Prescriber. We will ensure our practices are line with the prescription as written by the registered prescriber.

Proposed Timescale: Immediately

Proposed Timescale: 17/10/2016

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

A notification for an incident involving a resident who had experienced a fall in the centre and received subsequent treatment that met the notifying criteria of the Authority had not been submitted.

8. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

All notifications of incidents including falls will now be based on treatments received in line with notifying criteria of the Authority.

Proposed Timescale: Immediately

Proposed Timescale: 17/10/2016

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:

Not all assessments were up to date, for example, nutritional assessments.

Care plans required development as they did not always fully direct care nor did they reflect the staff's knowledge of the residents' needs.

9. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Each problem identified during the assessment shall be used to create an individual Care Plan.

Within each Care Plan, the following shall be determined:

- Description of Problem
- Goal of Care
- Nursing Intervention required to achieve goal. (This shall contain a number of steps which shall be individually numbered)

- Date of re-assessment of Care Plan
- Date and time of Care plan creation
- Signature of staff member and Resident where possible.

Each resident is consulted with and participates in, the development of their individual Care Plan.

Each resident's Care Plan is formally reviewed every four months or more frequently if there is a change in needs or circumstances.

Proposed Timescale: Immediately

Proposed Timescale: 17/10/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Privacy screening in shared bedrooms required review as it did not encircle the entire bed space to ensure full privacy.

10. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Private screening in shared bedrooms will be replaced to ensure privacy.

Proposed Timescale: 31/01/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The number of notices displayed in the centre detracted from the only environment and instead created an institutional feel.

11. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

We will minimise the number of notices displayed in the unit.

Proposed Timescale: Immediately

Proposed Timescale: 17/10/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Training in the process of care planning was required for the relevant staff.

12. 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:

All relevant staff members will have access to appropriate Care Plan Training by external competent persons.

Proposed Timescale: 31/03/2017

Theme:

Workforce

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

Written agreements outlining the roles and responsibilities for volunteers were not in place.

13. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

Written agreements outlining the roles and responsibilities for volunteers will be in place.

Proposed Timescale: 30/11/2016

Theme:

Workforce

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

A vetting disclosure was not in place for all volunteers.

14. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

No volunteer is now permitted to work at the centre unless they have first obtained Garda Vetting. (Immediately)

Vetting disclosure will be in place for all volunteers

Proposed Timescale: 31/10/2016