

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Grange Con Nursing Home
Centre ID:	OSV-0000233
Centre address:	Carrigrohane, Cork.
Telephone number:	021 438 5479
Email address:	grangecon@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Grange Con Quarters Limited
Provider Nominee:	Julie Holland
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

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

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

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

The inspection took place over the following dates and times

From:	To:
01 August 2017 09:10	01 August 2017 18:00
02 August 2017 09:10	02 August 2017 14:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused on the care of residents with a dementia

in the centre. The inspection also considered progress on some findings following the last inspection carried out on in September 2016 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were 12 of the 22 residents residing in the centre with a formal diagnosis of dementia. With three further residents suspected of having dementia. The inspector observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that many residents functioned at high levels of independence. Overall, the inspector found the person in charge/provider and staff team were very committed to providing a high quality service for residents with dementia.

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. All staff fulfilled a role in meeting the social needs of residents and inspectors observed that staff connected with residents as individuals. The activity programme was supplemented by many external groups/individuals who came into the centre and provided activities. The inspector found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding all aspects of life and care in the centre. One relative commented "the level of care and interest displayed by the staff is particularly impressive, they are the most patient people I know"

The overall atmosphere in the centre was homely, domestic in character and in keeping with the overall assessed needs of the residents who lived there. The person in charge had submitted a completed self assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of the inspector generally concurred with the person in charge's judgments with the exception of outcome 1 which the person in charge assessed as compliant and the inspector found to be substantially compliant.

The person in charge had implemented the required improvements identified on the inspection in September 2016 with the exception of the premises issues which had a longer timeframe. The inspector also identified a few areas for improvement on this inspection such as medication management and other premises issues which consideration of signage for residents with dementia. These are discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply 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.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 22 residents in the centre on the day of this inspection, 14 residents have assessed maximum and high dependency needs and eight residents had medium dependency needs. 12 residents had a formal diagnosis of dementia with a further three residents had a form of cognitive impairment.

There was evidence that residents could keep the service of their own general practitioner (GP) but the majority of the residents were under the care one GP practice who provided medical services to the residents and visited weekly and more frequently as required. The inspector met and spoke to the GP during previous inspections of the centre and he expressed satisfaction that his patients received appropriate care in the centre. Residents' medical records were inspected and these were current with regular reviews including medication reviews, referrals, blood and swab results, and therapy notes. Residents' additional healthcare needs were met. Physiotherapy services were available weekly for a number of hours and this was included in the fee. Dietician and Speech and Language Therapy (SALT) services were provided by professionals from a nutritional company, who were also contactable by telephone for advice as required. All supplements were appropriately prescribed by a doctor. Optical assessments were undertaken on residents in-house by an optician from an optical company and the inspector saw new glasses delivered for a large number of the residents following a recent reassessment. Residents and relatives expressed satisfaction with the medical care provided.

There was evidence of regular nursing assessments using validated tools for issues such as falls risk assessment, dependency level, moving and handling, nutritional assessment and risk of pressure ulcer formation. These assessments were generally repeated on a four-monthly basis or sooner if the residents' condition had required it. Care plans were developed based on the assessments. The person in charge, ADON and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs and this was reflected in the comprehensive person-centred care plans available for each resident. The care plans were found to be fully reflective of the

assessed needs of the residents, were extremely personalised and detailed residents likes, dislikes, and preferences and took into account residents' daily changing needs and choice. There was documentary evidence that the care plan had been discussed with the resident or relative as required and this discussion of care plans was confirmed by residents and relatives. Consent to treatment was documented. Nursing notes were completed on a daily basis.

The inspector focused on the experience of residents with dementia in the centre on this inspection. This included tracking the journey of four residents with dementia and also reviewing specific aspects of care such as nutrition, wound care and end of life care in relation to other residents.

The inspector saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Each resident's needs were determined by comprehensive assessment with care plans developed based on identified needs. Care plans were updated in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia.

The inspector observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met. The inspector was satisfied that facilities were in place so that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. There was no resident with a pressure sore at the time of the inspection but there was a resident with leg ulcers and the inspector was satisfied that wound care was provided within best practices guidelines. There was evidence of scientific recording of the assessments and treatment of the wound and the wound care plan was seen to be comprehensive. Advice on tissue viability was secured through the local tissue viability specialist nurse. Residents, where possible, were encouraged to keep as independent as possible and inspector observed residents moving freely around the corridors and in communal areas.

There were systems in place to ensure residents' nutritional needs were met, and that they residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining room was observed by inspector to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT. There was also evidence that residents' individual choices were facilitated and the inspector saw residents enjoying their own particular choices that

they had enjoyed at home.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. The pharmacist supplying the centre attended monthly, completed medication reviews and stock checks. The pharmacist was available for advice and support to the staff, residents and relatives as required. The medication trolley was secured and the medication keys were held by the nurse in charge. The inspector observed a nurse administering the morning medications, and this was generally carried out in line with best practice. Medications were prescribed and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications with the nurse which accorded with the documented records.

The inspector viewed a number of medication prescription charts which included prescription sheets of residents with dementia. Medications that required crushing were seen to be individually prescribed as such and signed by the GP. As required medications stated frequency of dose therefore ensuring there was a maximum dose in 24 hours that could not be exceeded. A list of medications which cannot be crushed formed part of their medication management protocol. There was evidence on the medication prescription sheets of regular review of medications by the GP's.

The nursing staff transcribed prescriptions of newly admitted residents where a valid prescription accompanied the resident from the hospital. The transcribing nurse signed the prescription and this was then checked and signed by the GP. However only one nurse checked and signed the transcription although the centre policy stated it should be two nurses. The inspector also saw that a number of telephone orders had been received which were documented on the resident prescription chart and were administered to the resident as per policy. However the inspector saw that there were delays in the signing of these transcriptions by the GP and there was no faxed order to accompany the telephone order for nurses to administer from and this could lead to errors. On the second day of the inspection these were all signed for by the GP.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed by the inspector demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that safeguarding training was on-going and training records confirmed that staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents' finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked area in the nurses' administration office. Monies were stored in envelopes with the name of the resident. All lodgements and withdrawals were documented and were signed for by two staff members in specific recording book. The centre did not act as pension agents for the residents.

There was a policy on responsive behaviour and staff were provided with training in the centre on behaviours that challenge which was confirmed by staff and training records. Training records and staff confirmed that new staff were booked onto this training. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for full review and follow up if required. The inspector saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person-centred way by the staff using effective de-escalation methods as outlined in residents' care plans.

There was a policy on restraint which was updated since the last inspection. There was evidence that the use of restraint was generally in line with national policy. Where bedrails were required for a resident, the inspector saw evidence that there was a comprehensive assessment completed. Consent was obtained from residents for the use of restraint and there was evidence of regular checking of residents. There were 14 residents using bedrails at the time of the inspection which was a very high percentage of bedrail usage. This had been discussed with the person in charge at the last inspection. She confirmed that she and the staff were trying to reduce the use of them but a number of residents requested same. Following further discussion the person in charge said they were continuing to try to reduce the use of bedrails through further assessment and education.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents' religious preferences are facilitated through regular visits by clergy to the centre with mass held once a week and administration of sacrament of the sick regularly. Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room. The inspector observed that some residents were spending time in their own rooms, watching television, or taking a nap.

Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear and the hairdresser visited regularly.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome. They said that if they any concerns they could identify them to the person in charge or ADON and were assured they would be resolved.

Residents had access to the daily newspaper and residents were observed enjoying the paper. Residents had access to radio, television, and information on local events. Systems for consultation with residents were in place. The inspector saw minutes of meetings of the residents' committee. The last meeting was held on the 01 July 2017. The resident's committee meetings are chaired by a resident advocate and the committee offers residents the opportunity to participate and engage in the running of the centre. Residents made detailed suggestions about the mealtimes, activities and religious practices. Residents spoken with were complimentary about the residents' committee and felt that their issues and suggestions were taken seriously by the person in charge and by staff. There was evidence that all issues identified by residents were followed up by the person in charge and actions taken were documented and fed back to residents.

As part of the inspection, the inspector spent periods of time observing staff interactions

with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the morning and afternoon. These observations took place in the communal room. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in multi-occupancy and twin bedrooms to protect the residents privacy. However residents and relatives identified to the inspector that it was not always easy to maintain privacy and dignity in the multi-occupancy rooms. The inspector noted that there was a lack of general personalisation of the multi-occupancy bedrooms that was seen in other rooms in the centre. This is further discussed and actioned under outcome 6 Premises.

The inspector viewed the programme of activities. On the first day of the inspection there was an exercise yoga session going on which the residents appeared to be participating well in and enjoying. There was live music once or twice per week. There is weekly physiotherapy in the centre, Sonas sessions and activities like puzzles and board games instigated by the staff. Most residents said the activities met their needs and were of interest to them. A number of residents told the inspector about the session they had on laughing yoga the day prior to the inspection and how much they had enjoyed that.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
There was a policy and procedure for making, investigating and handling complaints. The policy is displayed in the main reception area and is also outlined in the statement of purpose and function and in the Residents' Guide. There was evidence that complaints are discussed at staff meetings and informed changes to practice.

Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspector viewed a comprehensive complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. Staff demonstrated a clear understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, management of responsive behaviours and safeguarding vulnerable persons. Other training provided included restraint procedures, dementia specific training, infection control, end of life, continence promotion, food and nutrition hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including wound care and medication management. The inspector saw that other training courses had been booked and were scheduled for the coming months. The inspector was satisfied that the education and training available to staff enabled them to provide care that reflects contemporary evidence based practice.

Actual and planned duty rosters were maintained for all staff and during the two days of inspection the number and skill-mix of staff working was observed to be appropriate to meet the needs of the current residents.

A sample of staff files was reviewed and those examined were compliant with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for all nurses. Staff files demonstrated that

staff appraisals were undertaken annually. The person in charge informed the inspector that there had been a delay with obtaining Gardaí vetting for one staff member who was currently on leave pending vetting before her commencing work.

The human resource policy was centre-specific and included details for the recruitment, selection and vetting of staff. A number of staff were interviewed regarding their recruitment, induction, and ongoing professional development. A review of staff records showed that staff were generally recruited and inducted in accordance with best practice.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

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:

Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges, dining room and other communal areas were inspected and found generally to be of a good standard and appropriate to the client group. The environment was homely, well decorated and in a style which was comfortable. The building was clean and generally bright and was well maintained, both inside and externally.

There was adequate assistive equipment to meet the needs of residents, such as pressure-relieving cushions and mattresses, grab-rails, hoists and wheelchairs. A number of residents were observed using specialist seating and mobility aids to maintain their independence. Hoists, beds, wheelchairs and other equipment were generally well maintained and service records viewed by the inspector were found to be up to date. However the inspector saw a wheelchair that had torn covering on the arms and was in need of repair or replacement. The person in charge told the inspector they were in the process of replacing all wheelchairs and had also replaced a number of beds and this was on a staged basis.

The kitchen was well equipped, clean, organised, with good food- hygiene practices in place. Kitchen staff had been trained in Hazard Analysis Critical Control Points (HACCP) and following the last environmental health visit they had implemented a total new HACCP system into the centre. There was a separate clinical room available where the medication trolley and clinical equipment such as dressings, specium containers, and catheters were stored. There was a clinical hand washing sink in the room. However at the time of the inspection there was an unused hoist and other items stored in the room which prevented easy access to the clinical sink. The person in charge said they did have a lack of storage in the centre which would be addressed in the extension plans

but in the meantime the clinical room will be cleared out to allow easier access to the sink.

There was an easily accessible, secure courtyard available to the residents who told the inspector that they used and enjoyed the courtyard mainly in the good weather. Seating and a table was provided for residents' and relatives' use. There were walkways at the front of the building and seating for residents and relatives to enjoy the view of the countryside.

There were two three-bedded and one four-bedded room in the centre. The four-bedded and one of the three-bedded rooms posed particular challenges to ensure that residents' privacy and dignity were met on a daily basis and during end-of-life care. Difficulties were presented due to the multi-occupancy of the bedroom space and there was limited space between individual residents' beds, impacting on their privacy and dignity. There was not adequate space to have a comfortable chair beside each bed and there was difficulty for some residents to watch the television due to the positioning of the beds. It was noted by the inspector that a number of the bed areas lack personalisation and this would be attributed to a lack of area to put personal items such as pictures and photos. The person in charge acknowledged the shortcomings and she had submitted a plan to the chief inspector to extend the centre and reduce the occupancy of these rooms. This plan is to ensure the size and layout of rooms occupied or used by residents are suitable for all their needs. The centre has received a condition of registration stating they will reconfigure the centre in line with these plans.

The communal sitting and dining areas were bright, homely and domestic in character however further attention was required to ensure the physical environment was designed in a way that was consistent with some of the design principles of dementia-specific care. Signage and cues were not always available to assist residents with perceptual difficulties and to assist residents to locate facilities independently.

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:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Grange Con Nursing Home
Centre ID:	OSV-0000233
Date of inspection:	01/08/2017
Date of response:	23/08/2017

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

The transcriptions of prescriptions and the receipt of telephone orders required review, to ensure nurses were administering medications in accordance with the directions of the prescriber.

1. 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

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

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:

Following the inspection the Director of Nursing, the Assistant Director of Nursing and the Pharmacist reviewed the medication policy in order to ensure nurses are administering medications in accordance with the directions of the prescriber and in line with the regulatory requirement. The director of nursing will continuously review the medication management policies and procedures in place in the facility to ensure that they are in line with evidence based practice and legislation, and that they continue to meet residents' needs and expectations.

The medication audit was also reviewed and updated. The Director of Nursing and the Pharmacist will audit and review adherence by staff to the medication policies and procedures.

The Director of Nursing will take appropriate action when these documented policies and procedures are not adhered to.

Proposed Timescale: 15/08/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

There was one four-bedded and one of the three-bedded rooms that posed challenges to ensure that residents' privacy and dignity were met on a daily basis and during end-of-life care. Difficulties were presented due to the multi-occupancy of the bedroom space and there was limited space between individual residents' beds, impacting on their privacy and dignity. There was not adequate space to have a comfortable chair beside each bed and there was difficulty for some residents to watch the television due to the positioning of the beds. It was noted by the inspector that a number of the bed areas lack personalisation and this would be attributed to a lack of area to put personal items such as pictures and photos.

A wheelchair had torn covering on the arms and was in need of repair or replacement.

Unused equipment was stored in the clinical room which prevented easy access to the sink.

Further attention was required to ensure the physical environment was designed in a way that was consistent with some of the design principles of dementia-specific care. Signage and cues were not always available to assist residents with perceptual difficulties and to assist residents to locate facilities independently.

2. 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:

Planning permission to extend the centre has been granted. The extension will comprise of one single room and one double occupancy room (both en-suite). This will reduce the four bed sharing room to two sharing. Also reducing the adjoining three bed sharing room to two sharing.

Currently there is a lack of funds to proceed with the extension. We foresee adequate finance will be available in the coming year and completion of the work in 2019.

The wheelchair with torn covering has been replaced by a new wheelchair. A continuous improvement plan is in place to upgrade any other equipment which may need repair or replacing.

The unused equipment which was stored in the clinical room has been removed to allow access to the sink.

Signage has been ordered to put in place in order to ensure the physical environment assists residents with perceptual difficulties to locate facilities independently.

Proposed Timescale: 31/10/2019