

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Joseph's Home
Centre ID:	OSV-0000245
Centre address:	Abbey Road, Ferrybank, Waterford.
Telephone number:	051 833 006
Email address:	ms.waterford@lspireland.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Little Sisters of the Poor
Provider Nominee:	Kathleen McMahon
Lead inspector:	Ide Cronin
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	49
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 1 day(s).

The inspection took place over the following dates and times

From: 19 April 2017 08:40 To: 19 April 2017 17:40

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	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant
Outcome 07: Health and Safety and Risk Management		Compliant
Outcome 08: Governance and Management		Compliant

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). 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 provider completed the self-assessment document by comparing the service provided 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 (2016).

HIQA had received unsolicited information prior to this inspection regarding aspects of the service. The inspectors found that the provider had met their legislative responsibilities and the information received was not substantiated. The last inspection of the centre was an announced registration renewal inspection that took place in July 2016. Standards of care were found to reflect good practice and there was a varied programme of social activities. There were eight action plans identified on that inspection. These were reviewed under the related outcomes on this inspection and found to have been addressed.

Overall, inspectors found that care was delivered to a high standard. Residents were supported to live as independently as possible and it was evident from resident feedback and documentary evidence seen, that they were consulted about their care and the governance of the centre. Residents lived in a purpose built environment, over three floors and the accommodation was divided into two 'units'. The centre was clean and very well maintained, with appropriate furnishings and ample private and communal space.

Care practices and interactions between staff and residents who had dementia using a validated observation tool were observed by inspectors. These observations evidenced that both staff and external health professionals engaged positively with residents who had dementia. The inspectors reviewed documentation such as care plans, medical records, medication records and staff files.

Residents physical and mental health needs were met to a good standard. Quality of life and wellbeing was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated by actively engaging in their care pathways and in social activity.

The Action Plan at the end of this report identifies areas where some 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 Standards for Residential Care Settings for Older People in Ireland (2016).

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):

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

Findings:

There were 49 residents in the centre on the day of inspection. Six residents had a formal diagnosis of dementia. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. The centre implemented an effective admissions policy which included a detailed pre-admission review which was completed by the person in charge. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant and appropriate information about their care and treatment was readily available and shared between providers and services.

There was evidence that the wellbeing and welfare of residents was being maintained through the provision of a high standard of nursing, medical and social care. Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents' medical notes showed that GP's visited the centre to review residents and medicines on a regular basis. Medicines were also reviewed by the pharmacist also to ensure optimum therapeutic values.

Care plans for residents with dementia were person centred and specific to guide staff and manage the needs identified. Residents either diagnosed with dementia or presenting with impaired cognition had appropriate assessments around communication needs in place. Each care plan viewed by the inspectors had a communication and cognition care plan in place. A communication policy was available to inform residents' communication needs including residents with dementia.

The inspectors saw that there was inconsistent evidence that residents were involved in the assessment and care planning process. For the most part, care plans were reviewed four monthly or more frequently if required, for example following a change in the resident's condition. However, not all care plans were on a four monthly basis in line with regulatory requirements, for example one of the care plans examined had not been reviewed since September 2016.

The inspectors were satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided.

Staff told inspectors that residents and their family members are supported and end of life care is provided in accordance with the residents and their families' wishes as outlined in an end of life care plan. The resident's general practitioner and community palliative care services are available as required and provide a good support for the residential care staff team. Care plans were found to reference the religious needs, social and spiritual needs of each resident. Individual religious and cultural practices were facilitated and mass were held on a daily basis in the centre.

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated. Nutritional and fluid intake records were appropriately maintained where necessary. Residents' nutritional needs were well met. Residents were seen to be provided with a regular choice of freshly prepared food. Menu options were available and residents on a modified diet had the same choice of meals as other residents with due consideration given to the presentation of these meals. The inspectors observed that residents with dementia were assisted and supported to choose their meals on a daily basis through the use of picture enhanced communication. Systems were in place to ensure residents had access to regular snacks and drinks as observed by the inspectors.

There was evidence in care plans of good links with the mental health services. Behavioural charts were available to record a pattern of altered behaviours. Community psychiatry of older age specialist services attended residents in the centre. This service supported GPs and staff with care of residents experiencing behavioural and psychological symptoms of dementia as needed. Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values.

Medication management practices had improved since the previous inspection. However, further improvement in some areas was required. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. There were processes in place for the handling of medicines, included controlled drugs which were in line with current guidelines and legislation. The inspectors reviewed a sample of administration and prescription records and found that they were in line with prescribing legislation. The centre's pharmacist was facilitated to meet their obligations with dispensing medicines for residents in the centre.

Medicines were stored securely in the centre in medicine trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration. Fridge temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily, at the change of shift. An inspector checked a sample and found that the drug supplies and records were correct.

Drug prescribing and administration records required improvement. An inspector observed that in one instance there was a gap in nursing administration records therefore it was impossible to ascertain if the resident had their medicines or not. Some medicines had been discontinued as observed but had not been signed off as discontinued by the relevant prescriber which increases the risk of potential error. The nurse manager conducted monthly medication management audits.

Residents were assessed on admission and regularly thereafter for risk of falls. There was a falls prevention policy in place. Procedures were put in place to mitigate risk of injury to residents assessed as being at risk of falling including increased staff, such as, supervision/assistance, hip protection, low level beds and sensor alarm equipment. All residents were appropriately supervised by staff as observed by the inspectors on the day of inspection. The nurse manager conducted monthly falls audits and this information was then trended and analysed as observed by the inspector.

Judgment:

Non Compliant - Moderate

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:

Measures were in place to safeguard all residents, including those with dementia, from being harmed or from suffering abuse.

There were policies and procedures in place for the prevention, detection and response to abuse. The person in charge ensured that there were no barriers to staff or residents disclosing abuse. Residents who spoke with staff stated that they felt safe in the centre. All staff had been trained in the prevention, detection and response to abuse. Staff spoken with were knowledgeable of the procedures in the event of an allegation, suspicion or disclosure of abuse, including who they would report such information to.

The centre had a policy on and procedures in place for working with residents who have responsive behaviours. During the inspection staff were observed to approach residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. However, improvement was needed to support residents who may exhibit behavioural and psychological symptoms of dementia (BPSD). The person in charge stated that a tool to document the antecedents, behaviours and consequences of these behaviours was used for residents with responsive behaviour. However, this was not in place for one resident and the corresponding care plan to guide staff in recognising triggers and implementing interventions for these behaviours had also not

been developed.

The centre demonstrated that work was ongoing to reduce the use of restraint in the centre. A restraint register was maintained in the centre which indicated the reason for use of bedrails and all residents using bedrails were reviewed on a weekly basis to ensure usage was appropriate. Additional equipment such as sensor alarms were also available and in use by some. Inspectors reviewed the care plans of several residents using bedrails. Appropriate assessments were in place to determine the suitability of using bedrails, and consent by the resident or next of kin was clearly documented. Hourly checks of residents using bedrails were documented and these records were shown to inspectors.

Some residents were prescribed antipsychotic or mood altering medicines to treat an underlying condition. The inspector found that the use of p.r.n medicines (a medicine only taken as the need arises) was carefully monitored and used as a last resort when other person-centred interventions had failed.

There were procedures and practices in place to keep residents' money safe. The centre was a pension agent for one resident. Documentation to evidence this agreement was shown to inspectors. Small amounts of residents' money was managed on their behalf in the centre. This was held securely, and a robust system was in place to document all transactions. Inspectors reviewed a sample of this documentation and found that the corresponding balances were correct.

Judgment:

Substantially 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, including those with dementia, were consulted with and participated in the organisation of the centre on a day-to-day basis. The privacy, dignity and rights of residents were promoted, and residents were supported to participate in meaningful activities in line with their interests, preferences and capabilities.

Arrangements were in place to promote residents' privacy and dignity and many residents were supported to make choices and to be independent. All residents were facilitated to vote and a large chapel allowed residents to observe religious practices. Staff addressed residents and visitors in a respectful manner and it was apparent that staff knew the cultural backgrounds of the residents that they cared for. Staff were

observed knocking on residents' bedroom doors prior to entering. There were arrangements in place to support residents to meet with visitors in private, with a number of sitting rooms or lounges available throughout the building.

An activities co-ordinator had developed a programme of activities for residents and this was supported by several members of staff on a daily basis. The programme ran on a weekly basis and copies of the schedule was displayed in various areas throughout the centre. The programme was informed by residents' preferences, feedback and by detailed documentation that recorded residents' levels of engagement with each activity. There were opportunities for residents to participate in meaningful group and individual activities that suited their interests, including therapeutic activities designed to support residents with dementia. These included games, arts and crafts, music, sonas, baking, reminiscence therapy, daily mass and gentle exercises. A birthday party for residents was held every month, and special occasions like St. Patrick's Day and Easter were marked with dedicated events. There was a large balcony on the first and second floor and inspectors observed plants, pots of vegetables, herbs and flowers which residents were involved in growing and maintaining.

A hairdressing room was located in the centre, where the hairdresser attended on a weekly basis. Inspectors were informed that other hairdressers were supported to visit the centre if residents requested this.

Inspectors observed the quality of interactions between staff and residents in two dining rooms, a sitting room and an activity room throughout the day of the inspection. A validated observational tool was used by inspectors during these formal observation periods to rate and record the quality of interactions between staff and residents. All four observation periods showed evidence of a high rate of positive connective care which benefitted the residents involved. The two activities that were observed were particularly positive, the first being an exercise activity facilitated by an external health professional and a group activity in which a small number of residents both with and without dementia were participating. The second session was lead by the activity co-ordinator and supported by a staff member and a volunteer. In both of these activities all staff were seen to engage in a meaningful way with residents, and staff adapted their approach to residents based on their capabilities. It was evident to inspectors that both activities were positive experiences for all residents engaged in the activities.

Residents' meetings were held on a regular basis, and had been held monthly since the beginning of 2017. Minutes of these meetings were made available to inspectors and it was evident that residents' feedback was sought on topics such as outings, activities and menus. This forum was also utilised to update residents on fundraising activities and new admissions to the centre.

Communication aids and devices such as glasses or hearing aids were used by some residents, and staff were aware of these various communication needs. Residents' communication needs were documented in care plans reviewed by inspectors and staff were seen to reflect this in practice. Various links to the local community were maintained by the centre, and residents could access the internet via a computer on the ground floor if they so wished.

An advocacy service was available to residents. Inspectors were informed that no residents were being supported by an advocate at the time of the inspection.

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 were policies and procedures in place for the management of complaints. The procedure was displayed in prominent locations throughout the centre, for example, in high traffic areas such as the elevators between resident floors and in the reception area.

The procedure was straight forward. The person in charge was the person nominated to deal with all complaints and an appeals process was in place should a resident require it. It was the centre's policy to make residents aware of the outcome of any complaint within 14 days.

Residents who provided feedback said they were aware of how to make a complaint and identified the person in charge as the person they would approach if they had an issue of serious concern but that most of the time they would tell any member of staff. The inspector saw that a range of matters that had been addressed in the complains log.

This outcome was compliant in all aspects with the exception of verbal complaints which were not captured in the complaints log. Therefore it was not possible to ascertain the investigation that took place or if the complainant was satisfied with the outcome.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors found there were sufficient staff on duty on the day of inspection. There was

an actual and planned rota available for review. There was a nurse on duty at all times. The day shift had two registered general nurses on duty each day and they were supported by the clinical nurse manager who worked Monday to Friday. At night, one nurse was rostered on duty and the person in charge and the assistant director of nursing were on call in the centre should their assistance be required.

Staff who spoke with the inspector said that there was sufficient staff on duty day and night. Residents who spoke with inspectors did not raise any concerns with staffing levels. Staff numbers were on duty as outlined on the roster. The inspector saw that additional housekeeping hours had also been deployed since the previous inspection to ensure that all residents' bedrooms had a thorough deep clean.

Residents who had dementia were noted to be particularly well supported and staff could describe to the inspectors how they helped residents orientate to their environment and participate in day to day life to their maximum ability. They described giving resident's choices and ensuring they had plenty of time to respond to questions, speaking slowly and clearly and encouraging them to participate in familiar activity and in reminiscence sessions.

There was a comprehensive education programme in place and the person in charge had completed a recognised 'train the trainer' course so as to deliver courses in house, such as training in dementia. Staff from all disciplines told inspectors that they had completed some form of dementia training which included dementia DVD's, e-learning modules, in-house and external training. Other continuing professional development included infection control, medicines management, communication and nutrition. Mandatory training such as fire training, elder abuse and manual handling was in place, up to date and delivered on an on going basis. Copies of the regulations and of the revised standards as published by HIQA were available at the nurses' stations. Information pertaining to best practices in the area of healthcare were also available for review.

The inspectors saw records of regular team briefs between management and all staff. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge and the provider. The inspector found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residents with dementia living in residential care. They were familiar with residents and had sufficient experience and knowledge to provide safe and appropriate care to residents. The inspector observed that residents were at ease in their surroundings and with staff.

There were effective recruitment procedures in place and a sample of staff files reviewed met the requirements of the regulations. Up to date registration was on file for all nursing staff. Volunteer files were sampled and these met the requirements of the regulations. The provider/person in charge assured inspectors that all staff and volunteers were Garda vetted. Inspectors observed that staff were supervised appropriate to their role, and appraisals were also conducted. The inspectors observed that the person in charge, assistant director of nursing and nurse manager were supervising on the floor for most of the day.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and met all residents' individual needs in a comfortable and homely way. The design and layout promoted the dignity, independence and wellbeing of residents with dementia.

The centre was purpose built and was a bright, modern and spacious building. The premises and grounds were maintained to a very high standard with suitable heating, lighting and ventilation. The centre was clean and suitably decorated, with ample furnishings, fixtures and fittings to ensure a comfortable and homely residence. There was ample space for the movement of any specialised/assistive equipment that a resident might require. The layout and design of the centre ensured that noise and glare stimuli were controlled.

The centre had ample communal space with numerous dining rooms, sitting rooms and lounges throughout both floors that accommodated residents. A reminiscence room, a sensory room, an aromatherapy room and physiotherapy room and hair salon were all located within the centre. Brightly-coloured shop fronts had been constructed for the medical centre, activity centre, store and tea rooms to replicate a 'village-like' environment. A large balcony was located on both floors that accommodated residents, where flowers, herbs and vegetables were being grown by residents.

The layout of the centre supported freedom of movement to common areas and residents' personal spaces. An lift operated between floors. Hand rails were used in all circulation and communal areas and grab rails were in place in bath, shower and toilet areas. While grab rails were not of a contrasting colour to their surroundings, the person in charge was aware that this could support people with dementia if they required it.

Bedrooms were furnished to a high standard and were very spacious. Each resident's bedroom had their name on the door, a private letterbox and a working doorbell. Extra signage such as residents' photos was displayed on some bedrooms to support them to locate their rooms. All bedrooms were single occupancy with a large, well equipped ensuite shower, toilet and wash hand basin. A small sink supplying drinking water was also located in each room. All bedrooms contained the furniture required by the regulations, including a lockable space. Many bedrooms had been personalised with residents' furniture and other objects.

All equipment was for purpose and was stored safely and securely.
Judgment: Compliant

Outcome 07: Health and Safety and Risk 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:
Only the components of the action plan from the previous inspection were considered as part of this outcome.

On the previous inspection it was found that improvement was required in relation to documentation, servicing of fire equipment and fire evacuation procedures.

The risk management policy had been updated to include the hazards outlined in Schedule 5 of the regulations. Risk assessments had also been completed for these hazards. The centre's risk register had also been updated in January 2017.

An audit tool had been developed, and a 'health and safety and environment' audit had taken place in September 2016. The results of this audit was reviewed by inspectors, which also outlined eight actions to be addressed. A follow-up audit was scheduled for March 2017 but this had not yet taken place.

Fire alarms were now in the process of being serviced four times per year, in line with the regulations. Servicing reports reviewed by inspectors evidenced that these had taken place in August and November of 2016, as well as January and February of 2017.

Two fire drills had taken place since the previous inspection, in July and December of 2016. Details of these drills were made available to inspectors, including the time taken to complete each drill. It was noted that the drill held in July 2016 was designed to simulate night time staff levels in the centre.

Judgment:
Compliant

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

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

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

Findings:

Only the component of the action plan from the previous inspection was considered as part of this inspection. On the previous inspection it was found that the audit process was not sufficiently developed to support continuous quality improvement. The action plans developed following the audits were not sufficiently progressed to ensure that quality improvements were sustained. It was evident that audits were not adequately utilised to develop improvements over time.

On this inspection, inspectors found that these issues had been addressed. Inspectors saw that there was an audit tool for collating and studying audit data. There was a monthly quality indicator tool which was used for audits such as medication management and falls audits as observed by inspectors. The audits were informative and analysed each month. There were monthly clinical and health and safety governance audit and review meetings which outlined operational, clinical and non clinical issues as observed by inspectors. Inspectors saw that there had been improvements in some areas of clinical audit and where deficits were noted action plans were in place to further improve practice.

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:

Ide Cronin
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:	St Joseph's Home
Centre ID:	OSV-0000245
Date of inspection:	19/04/2017
Date of response:	29/04/2017

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:

There was inconsistent evidence that residents were involved in the assessment and care planning process.

1. Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent

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

of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

- 1) The clinical nurse manager offers supervision to all nurses. During supervision all nurses will be reminded that the documentation must demonstrate the resident and family involvement. Memo to be issued to all staff nurses reminding them that they must consistently document resident involvement in care planning.

Proposed Timescale: 30/06/2017

Theme:

Safe care and support

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

Not all care plans were reviewed within a four month period. For example one care plan had not been reviewed since September 2016.

2. 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:

- 1) Nurses are allocated care plans with the specific responsibility for reviews. Any nurse not completing their allocated care plan reviews on time will be offered supervision.
- 2) Memo to staff nurses – to be issued reminding staff nurses of the necessity to complete all reviews in time for the reviews.

Proposed Timescale: 30/06/2017

Theme:

Safe care and support

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

Drug prescribing and administration records required improvement. An inspector observed that in one instance there was a gap in nursing administration records therefore it was impossible to ascertain if the resident had their medicines or not. Some medicines had been discontinued as observed but had not been signed off as discontinued by the relevant prescriber which increases the risk of potential error.

3. 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:

- 1) Continue the current schedule of audits which is monthly.
- 2) Identify and offer training to any staff nurses who may fail to sign for a particular medicine.
- 3) Identify staff nurses who need one to one supervision to ensure full compliance with ABA medicine administration standards.
- 4) Improve liaison with GP's re: signing for discontinued drugs.
- 5) Memo to all staff nurses.

Proposed Timescale: 30/06/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

A care plan documenting the triggers and interventions for one resident with behaviours and psychological symptoms of dementia (BPSD) had not been developed.

4. 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:

- 1) One resident had recently begun to demonstrate some responsive behaviours – this was been dealt with by medical referral to two different medical clinical specialities. However, the care plan did not demonstrate clearly the actions to be taken in response to this resident's behaviour. This particular care plan will be reviewed. Only one resident in the centre at this time has a need of such a care plan.
- 2) Memo to staff nurses – highlighting the importance of using the ABC tools available in the centre.
- 3) Our CNM is organising online training on "Responsive Behaviours" and in house training session of "Care Planning for Responsive Behaviours"

Proposed Timescale: 30/07/2017

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Verbal complaints were not captured in the complaints log. Therefore it was not possible to ascertain the investigation that took place or if the complainant was satisfied with the outcome.

5. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

Books have now been put in place in each unit to record any verbal complaints and the follow up, outcomes and resident satisfaction.

Proposed Timescale: 26/04/2017