

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Conlon's Community Nursing Unit
Centre ID:	OSV-0000666
Centre address:	Church Road, Nenagh, Tipperary.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Alice Clohessy-McGinley
Lead inspector:	Mary Costelloe
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:	5

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:
22 May 2017 09:30	22 May 2017 17:00
23 May 2017 09:30	23 May 2017 15:00

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		Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Non Compliant - Moderate
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Non Compliant - Major

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 Quality Standards for Residential Care Settings for Older People in Ireland.

While this centre does not have a dementia specific unit the inspector focused on the

care of residents with a dementia during this inspection. Two residents were formally diagnosed with dementia and some other residents had cognitive impairments. The inspector met with residents 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. 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 was well maintained and nicely decorated. It was warm, clean and odour free throughout. The building was secure and residents had access to an enclosed garden courtyard which was easily accessible.

There has been a longstanding issue with the design and layout of the premises as the fifteen single bedrooms did not offer sufficient space for residents and did not comply with the size set out in the National Quality Standards for Residential Care Settings for Older People in Ireland. Residents with high dependency needs such as those requiring the use of specialised lifting equipment could not be accommodated in these rooms. The design and layout of the single bedrooms placed restrictions on the acceptance and placement of residents.

The inspector found that while residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services, nursing documentation did not always support the care as described by staff.

Staff continued to strive to improve the type and variety of activities to ensure that they were meaningful and interesting activities for all residents. Detailed life histories had been documented for most residents and staff were observed to use this information when conversing with residents. Staff continued to make efforts to involve residents in community events.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance. The inspector noted that staff assisting residents with a dementia were particularly caring and sensitive.

The collective feedback from residents was one of satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses.

Other improvements were required to areas such as restraint management documentation, medicines management and the complaints management policy.

These areas for improvement are discussed further throughout the report and in the action plan at the end of the report.

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:

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. Residents had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. However, improvements were required to the care planning documentation.

The centre had regular and timely services provided by a number of local general practitioners (GP's). Residents could choose to retain their own GP if they wished. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspector noted that medicines were regularly reviewed, and individually prescribed. The inspector was satisfied that there was no over reliance on PRN (as required medications). However, the inspector noted that the maximum dose for some 'as required' medicines was not specified. The inspector noted gaps in medicines administration records where some medicines had not been administered as prescribed. No codes had been used to indicate that the medicines had been refused or withheld.

Residents spoken with were satisfied with the medical care in the centre. The residents received timely access to speech and language therapy, dietician, occupational therapy and physiotherapy in the centre. The inspector reviewed residents' records and found that residents had been referred to these services, regularly reviewed and results of assessments were written up in the residents' notes.

There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. When considering admissions to the nursing home, they would consider if the residents needs would be met in the environment. The inspector observed that pre admission assessments were completed by the person in charge for all residents prior to admission.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral health and mental status.

The inspector reviewed a sample of residents files and noted many inconsistencies in the care planning documentation.

- There were no care plans in place for some residents with identified issues such as cognitive impairment, risk of absconsion, responsive behaviour, high risk of falls, high risk of developing pressure ulcers and specialised seating requirements.
- Some care plans in place were not informative such as nutrition and communication care plans.
- Some care plans had not been updated to reflect the changed and current needs of the resident.
- The information in some care plans was not individualised or person centered.

Nursing staff spoken with were very familiar with residents current care needs and were clearly able to describe the care being delivered but in many instances this was not reflected in the care plans.

Nursing staff showed the inspector the detailed hospital transfer letter which was completed when a resident was transferred to hospital to ensure that hospital staff were made aware of residents individual needs. Nursing staff told the inspector that should it be necessary for a resident to be admitted to hospital that they were always accompanied by a relative or staff member.

The inspector was satisfied that residents weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. 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 speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. As discussed previously some nutrition care plans reviewed were not informative. Nutritional supplements were administered as prescribed. Nursing and catering staff spoken with were aware of residents likes and dislikes and of those residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

The daily menu was displayed and choice was available at every meal. The inspector observed the lunch time meal experience and noted it to be a pleasant one. Meals were served to residents in a bright dining room which was linked to the kitchen by a serve over counter area. Residents were seated at tables seating up to four. The table settings were attractive with a fresh flower centrepiece.

Mealtimes in the dining room were unhurried social occasions. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. Modified consistency diets were nicely presented and included a variety of texture and colour. Residents spoken with were complimentary regarding the quality and choice of food. The inspector observed a variety of drinks and snacks being offered to residents

throughout the days of inspection, a selection of home baking including scones and cakes were also on offer.

Nursing staff advised the inspector that there were no residents with wounds at the time of inspection. Support was available from a tissue viability nurse if required.

The inspector reviewed the files of residents who were at high risk of falls. Falls risk assessments were regularly updated and care plans were in place for some but not for all residents identified as being at high risk of falling. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds, crash mats, chair and bed sensor alarms as well as hip protectors were in use for some residents. The inspector noted that the communal day areas were supervised by staff at all times. All falls were logged as incidents. There was evidence that residents families and GP were informed post falls. Further falls management training for staff was scheduled for 2017.

Staff provided end of life care to residents with the support of their GP and the palliative care team. There were two spacious dedicated end of life rooms available. The inspector reviewed a number of 'end of life' care plans. As discussed previously there were inconsistencies in the care planning documentation. Some outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care, some were less informative and did not fully guide the care of the resident and some had not been completed. Many nursing staff had completed syringe driver training and some staff had undertaken training in palliative and end of life care. One staff member was currently undertaking further training. Facilities were provided for families to stay overnight if they wished. A private lounge and kitchenette facility were provided. There were no restrictions in terms of visiting hours.

Residents religious and spiritual needs were met. Mass was celebrated weekly in the centre. Daily rosary and mass from the local church was relayed by video link to the television in the main day room. Other denominations were catered for when requested.

The social care needs of each resident were assessed and life histories, a 'Key to me' had been documented for residents, staff were observed to use this information when conversing with residents. There was a dedicated staff member who facilitated a variety of activities each day. Some staff had completed training in the provision of meaningful activities and imagination gym. There were currently three staff attending Sonas training (therapeutic programme specifically for residents with Alzheimer's or dementia). The daily activities schedule was displayed and the inspector observed residents enjoying a variety of activities during the inspection including bingo, quiz, light exercise and newspaper discussion groups. Some residents spoken with told the inspector that they enjoyed the activities. Residents were encouraged and supported to attend other activities taking place locally in the community. Some residents had recently attended events in the local library and pastoral centre. The inspector saw the minutes of residents committee meetings and noted that residents had requested more music sessions at the last number of meetings.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

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 provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There was a comprehensive recently updated safeguarding policy in place. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Further safeguarding training was scheduled. Staff spoken with were knowledgeable regarding their responsibilities. The clinical nurse manager 2 was scheduled to attend safeguarding officer training.

The inspector reviewed the policies on the management of responsive behaviour and restraint. The policy on responsive behaviour outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment. There were seven bed rails in use at the time of inspection. A risk assessment, care plan and regular checks were documented. The inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents.

A small number of residents were prescribed psychotropic medicines on a 'PRN' as required basis and these were administered occasionally. Staff spoken with informed the inspector that these were always administered as a last resort only when other strategies had been trialled and possible underlying causes had been eliminated. However, there were discrepancies and inconsistencies in how this information was recorded. Records did not always indicate the rationale for administration of these medications, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine.

The inspector observed that residents appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm environment and allowing residents choice of daily routines. The inspector observed this taking place in practice.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of

restraint. Further training on managing actual and potential aggression (MAPA) was scheduled. The person in charge and clinical nurse manager 2 had both completed a post graduate diploma in dementia care. A number of staff were planning to attend a two day programme on enhancing and enabling well being for the person with dementia in September 2017.

The person in charge told the inspector that the finances of residents were not managed in the centre. Small amounts of money were kept for safekeeping on behalf of some residents. The inspector was satisfied they were managed in a clear and transparent manner. There was a policy in place on the management of residents' personal property. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two staff members. External audits were carried out annually.

All residents had access to a secure lockable storage in their bedrooms should they wish to securely store any personal items.

The inspector reviewed a sample of staff files and noted that safeguarding measures such as Garda vetting were in place. A recent audit of staff files had been carried out. The person in charge confirmed that Garda vetting was in place for all staff and persons who provided services in the centre. There were no volunteers currently attending the centre.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents spoken with stated that they were supported by excellent staff and received very good care.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

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

Findings:

The inspector was satisfied that residents were consulted in the organisation of the centre, and that their privacy and dignity was respected.

Residents' committee meetings were held on a regular basis and were facilitated by staff members. Minutes of meetings were recorded, issues recently discussed included activities, outings, gardening, the building environment and upcoming events. Residents were invited to partake in satisfaction surveys annually.

A local representative from the national advocacy service (SAGE) was available to residents. Her photograph and contact details were displayed in the centre.

The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

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. The hairdresser visited regularly.

The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents were supported to eat their meals at their preferred times in their preferred location. The inspector observed this happening in practice. Residents were observed coming and going from the enclosed garden area throughout the days of inspection. Residents spoken with told the inspector that there no rules.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the home.

The centre was part of the local community. Residents had access to television, radio, newspapers and information on local events. The daily and weekly local newspapers were available. The newspaper headlines were read and discussed with residents each morning. Posters relating to local events of interest were displayed in the centre. On the day of inspection some residents attended a local men's shed workshop in the local library while others had attended an arts and crafts day at the library the week prior to the inspection. Some residents had attended an evening of story telling and traditional music at the local pastoral centre. Day trips had taken place to local areas of interest and further day trips were planned during the summer months. A local youth group had visited and were involved in making St. Bridget crosses with residents. Members of the local hurling team had visited with the Liam McCarthy cup. The residents had recently held a fundraising Alzheimer's tea day to which relatives were invited. The person in charge told the inspector that a family and friends day was planned.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

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

Findings:

The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. However, issues raised at the last inspection in relation to the policy had not been addressed.

The inspector reviewed the local complaints policy dated April 2017. The policy required updating to reflect the requirements of the regulations. The nominated persons to deal with complaints were the person in charge and the provider representative. A second nominated person to ensure that all complaints were appropriately responded to and records as required by the regulations were maintained was not included. The policy incorrectly advised that the role of HIQA was to respond to and investigate complaints.

The complaints procedure was displayed and a complaint box was located in the front entrance hallway. 'Your Service, Your Say', how to complain information leaflets were also displayed. The person in charge advised that the complaints procedure was clearly outlined to all residents and families and that an information pack containing the residents guide and details of the complaints procedure was given to all new residents.

The inspector reviewed the complaints log, there were no open complaints. Details of complaints and investigations carried out were recorded along with the complainant's satisfaction or not with the outcome.

Judgment:

Non Compliant - Moderate

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:

There was a clear management structure in place in the centre and lines of accountability were clear to all staff. A clinical nurse manager 2 (CNM2) had been recently appointed in October 2016.

The inspector found there were appropriate numbers and skill mix of staff on duty to meet the holistic and assessed needs of the 22 residents on the days of inspection.

There were three nurses and three healthcare assistants on duty in the morning and afternoon, two nurses and two healthcare assistants on duty in the evening and early night time until 23.00 and one nurse and two healthcare assistants on duty at night time. The person in charge and CNM2 were normally on duty during the day time Monday to Friday. The staffing complement included catering, activities, housekeeping and administration staff. The staffing rosters reviewed indicated that these staffing patterns were the norm.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, manual handling and fire safety. A number of recently recruited staff were due to complete formal fire safety training and this training was scheduled.

The staff also had access to a range of education, including training in specific dementia care training courses, open disclosure, assisted decision making capacity, positive workplace culture, end of life care, medication management, infection control and cardiac pulmonary resuscitation. There was a training plan in place for 2017, scheduled training included fire safety, manual handling, MAPA, falls management and infection control.

There were robust recruitment procedures in place. Staff files reviewed were found to contain all the required documentation as required by the Regulations including Garda vetting. The person in charge confirmed that Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction and orientation received, training certificates and staff support meetings were available.

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:

The inspector noted that improvements were still required to the layout of the building in order to meet the requirements of the National Quality Standards for Residential Care Settings for Older People in Ireland.

Private accommodation was provided for residents in five twin en suite bedrooms, two

single en suite bedrooms and fifteen single bedrooms without en suite facilities. There was a longstanding issue with the design and layout of the premises as the fifteen single bedrooms did not offer sufficient space for residents and did not comply with the size set out in the National Quality Standards for Residential Care Settings for Older People in Ireland. For example, it was not possible to place bedside lockers beside some beds and within residents reach. There was minimal floor space available which was insufficient to allow for the use of large pieces of specialised equipment including hoists. The provider representative advised of the planned construction of a new 50 bed unit on a green field site. She confirmed that funding had been approved and allocated but that no start date had yet been agreed.

The person in charge had continued to assess all residents prior to admission. She confirmed that the size of single bedrooms placed restrictions on the acceptance and placement of residents.

The centre was warm, clean and odour free throughout. It was well maintained and nicely decorated. There was a good variety of communal day spaces including the dining room, day room, conservatory, family room and relaxation room. The communal areas had a variety of comfortable furnishings and were domestic in nature. Many of the residents commented on the homely feel of the centre.

There was an adequate number of toilets and assisted showers. There was a separate bathroom with specialist bath. Contrasting coloured grab rails had been fitted to bathrooms to help residents with dementia orientate better.

Residents had access to an enclosed garden area which provided a safe space for residents to walk or sit out in the fresh air. The garden was easily accessible and could be viewed and accessed from many areas in the centre. Residents spoken with stated that they enjoyed the gardens and looked forward to some fine weather when they could sit outside or carry out some planting. Several residents were observed walking and sitting outside in the garden. Level safe flooring, raised flower beds and garden furniture had been provided.

The corridors were wide and bright and allowed for freedom of movement. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. The floor covering was consistent in colour and non slip.

The inspector noted good signage and sign posting throughout the centre. Appropriate signage was provided on doors, there was a sign with a word and a picture for bathrooms and other rooms residents would use. The inspector noted that some bedroom doors were provided with visual cues to assist residents recognise their own bedroom.

There was a range of equipment in the centre to aid mobility. Overhead ceiling hoists were provided in some bedrooms and bathrooms. Hoists and other equipment seen in the centre were in working order, and records showed they had been regularly serviced. Staff records showed that staff had completed manual handling training in relation to the equipment available in the centre.

Judgment:

Non Compliant - Major

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:

Mary Costelloe
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 Conlon's Community Nursing Unit
Centre ID:	OSV-0000666
Date of inspection:	22 nd and 23 rd May 2017
Date of response:	29 th June 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 were many inconsistencies noted in the care planning documentation.

-There were no care plans in place for some identified issues such as cognitive impairment, risk of absconsion, responsive behaviour, high risk of falls, high risk of developing pressure ulcers and specialised seating requirements.

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

-Some care plans in place were not informative such as nutrition and communication care plans.

-Some care plans had not been updated to reflect the changed and current needs of the resident.

-The information in some care plans was not individualised or person centered.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

- All care plans have been reviewed and updated : Specifically 1. cognitive impairment, 2. risk of absconion, 3. responsive behaviour, 4. high risk of falls,5. high risk of developing pressure ulcers, 6. specialised seating requirements.
- All Nutrition and Communication care plans have been reviewed in consultation with SALT and the dietician and updated to reflect the individual requirements of residents.
- The information in all care plans is now individualised and person centered.
- All newly admitted residents will have care plans completed within 48 hours of admission.
- Care planning training dates have been arranged for the following dates: 16/10/17 and 04/12/17.

Proposed Timescale: 31/12/2017

Theme:

Safe care and support

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

The maximum dose for some 'as required' medicines was not specified.

Gaps were noted in the medicines administration records, no codes had been used to indicate that the medicines had been refused or withheld.

2. 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:

- An audit of MPARS has been completed and all kardexes contain maximum dose for some 'as required' medicines.
- A learning notice has been issued to all Nursing staff advising all RGNs to use codes indicating when medicines had been refused or withheld as per NMBI Medication Management Guidelines.

- The Director of Nursing informed each individual prescribing GP of HIQA findings.
- A medication management audit schedule has been developed- monthly by CNM11 and three monthly by link nurse.
- All staff have completed on-line HSE land e learning medication training.
- Medication Management training sessions have been arranged as follows: 24/10/17 and 29/11/17.

Proposed Timescale: 30/11/2017

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:

Records did not consistently indicate the rationale for administration of PRN psychotropic medicines, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Records did not consistently indicate the rationale for administration of PRN psychotropic medicines, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine.

- All records have been reviewed and updated and all records now reflect the rationale for administration of PRN psychotropic medicines.
- All behavioural interventions are undertaken prior to the administration of any psychotropic drugs are now being recorded.

- Medication Management training have been arranged as follows: 24/10/17 and 29/11/17.

Proposed Timescale: 30/11/2017

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:

The complaint policy required updating to reflect the requirements of the regulations. A second nominated person to ensure that all complaints were appropriately responded to and records as required by the regulations maintained was not included. The policy incorrectly advised that the role of HIQA was to respond to and investigate complaints.

4. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

- The Complaints Policy and Flowchart has been updated and amended in accordance with the requirements of the regulations, and the necessary records will be maintained
- The incorrect reference to HIQA has been removed.
- Complaints Management training has been arranged and the PIC and PPIM of are scheduled to attend.
- The PIC and the PPIM are nominated to ensure that all complaints are responded to appropriately

Proposed Timescale: 31/10/2017

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:

The fifteen single bedrooms did not offer sufficient space for residents and did not comply with the size set out in the National Quality Standards for Residential Care Settings for Older People in Ireland

5. 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:

- The insufficient space will be addressed with our new 50 bedded Unit on a green field site which will be in accordance with "New Build Standards & Regulations", with funding secured through the Capital Plan 2016-2021. The HSE is satisfied that these commitments will address the room size issues identified in this inspection report of the above facility 22nd & 23rd of May 2017
- A Pre admission assessment will continue to be completed on all prospective admission as per Unit policy

Proposed Timescale: 31/12/2021