

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Chois Fharraige
Centre ID:	OSV-0000382
Centre address:	Pairc, An Spidéal, Galway.
Telephone number:	091 553 194
Email address:	care@thearas.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Aidan & Henrietta McGrath Partnership
Provider Nominee:	Aidan McGrath
Lead inspector:	Mary McCann
Support inspector(s):	Mary O'Donnell
Type of inspection	Unannounced
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
28 March 2017 20:30	28 March 2017 23:30
29 March 2017 09:30	29 March 2017 12:00

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

Outcome	Our Judgment
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection which took place following receipt of unsolicited information. One area detailed in this unsolicited information was found to require review, this related to the need for person-centred care plans with regard to personal care. All other areas detailed were found to be unsubstantiated. There was evidence of a substantial level of compliance, in a range of areas, 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.

Inspectors were satisfied that residents received a quality service and the actions required from the last inspection in September 2016 were addressed. There were 42 residents in the centre and several residents had dementia and other age-related conditions. All residents were residing in the centre for long-term care and there was nobody availing of respite care.

The provider is actively involved in the centre and was in the centre when the inspectors arrived. There were sufficient resources to ensure the delivery of care was in accordance with the Statement of Purpose. The health and social care needs of residents were met to a good standard. There were an adequate complement of nursing and care staff on duty on the first and second days of inspection. The building was warm, clean and pleasantly decorated. Inspectors met with residents, the provider nominee, visitors and staff. The collective feedback from residents and visitors were one of satisfaction with the service and care provided. Residents spoken with stated that they felt safe in the centre and commented on the activities they enjoyed.

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

Theme:
Governance, Leadership and Management

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

Findings:
Some residents had food and fluid intake and output charts in place. However, the system to monitor that the charts were appropriately completed required improvement. A sample of the records examined by inspectors indicated there were gaps in some records; for example, no intake recorded after lunchtime and the 24 hour intake and output was not consistently totalled. Inspectors established that this reflected poor record keeping and did not represent a risk of dehydration or malnutrition to residents.

The action with regard to the directory of residents was completed. On review of the directory inspectors found that it was in compliance with paragraph (3) of schedule 3 of the regulations.

When an entry was made in the daily narrative notes by nursing staff, the time of entry was not recorded. This does not comply with best practice in clinical recording.

Judgment:
Substantially Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

At the previous inspection it was found that behaviour management care plans lacked sufficient detail to guide staff when working with residents who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). This action plan had been completed. There were very few residents who had responsive behaviours and inspectors focused on the care and welfare of these residents. The records viewed confirmed that responsive behaviours were assessed and well managed in the centre. Files examined showed that a pre-admission assessment had been completed in all cases to ensure that the centre could meet the needs of the residents. There was evidence that appropriate referrals had been made to mental health services and expert recommendations had been implemented with positive outcomes for the residents.

The assessments and care plans for these residents were comprehensive. ABC charts (assessment forms) were completed on an ongoing basis, and they were formally analysed and used to create an individual care plan for each resident. Inspectors read a sample of care plans and saw that they identified potential triggers and contained sufficient detail about appropriate interventions to guide staff to provide consistent person-centred approaches to care. Boredom can sometimes trigger responsive behaviours and inspectors found that each resident had a plan to meet their social needs. Residents had a variety of rooms where they could spend time if they required peace and quiet or stimulation. Residents also had free access to suitable external space.

Inspectors read the restraint register and found that 19 of the 42 residents used bed rails at night and the majority were used to prevent the resident from rolling out of bed. Bed rails were full length and in the majority of cases there was no evidence that less restrictive alternatives had been trialled before bed rails were used. Access to less restrictive equipment was quite limited, with three residents using sensor alarms and one resident had a low bed. In the cases examined, all the residents had been risk assessed prior to using bedrails and care plans were in place for these residents which detailed the frequency of safety checks. There was documented evidence that hourly safety checks were undertaken at night. Some residents were prescribed sedation and psychotropic medications to manage an underlying condition. These medications were regularly reviewed and inspectors found evidence that chemical restraint was used as a last resort.

Measures were in place to safeguard residents. Staff spoken with were knowledgeable of the policies and procedures to ensure residents were safeguarded against abuse. All staff had undertaken training in recognising and responding to allegations of abuse. The Health Service Executive (HSE) policy on "Safeguarding Vulnerable Persons at Risk of Abuse" 2014 was available in the centre.

A visitor's book was maintained and all visitors were required to sign in and out of the centre. The entrance was secure and required a security fob code to open the doors. Residents spoken with stated they felt safe and secure in the centre

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

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

Findings:
At the previous inspection it was found that behaviour management care plans lacked sufficient detail to guide staff when working with residents who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). This action plan had been completed. There were very few residents who had responsive behaviours and inspectors focused on the care and welfare of these residents. The records viewed confirmed that responsive behaviours were assessed and well managed in the centre. Files examined showed that a pre-admission assessment had been completed in all cases to ensure that the centre could meet the needs of the residents. There was evidence that appropriate referrals had been made to mental health services and expert recommendations had been implemented with positive outcomes for the residents.

The assessments and care plans for these residents were comprehensive. ABC charts (assessment forms) were completed on an ongoing basis, and they were formally analysed and used to create an individual care plan for each resident. Inspectors read a sample of care plans and saw that they identified potential triggers and contained sufficient detail about appropriate interventions to guide staff to provide consistent person-centred approaches to care. Boredom can sometimes trigger responsive behaviours and inspectors found that each resident had a plan to meet their social needs. Residents had a variety of rooms where they could spend time if they required peace and quiet or stimulation. Residents also had free access to suitable external space.

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one resident had a low bed. In the cases examined, all the residents had been risk assessed prior to using bedrails and care plans were in place for these residents which detailed the frequency of safety checks. There was documented evidence that hourly safety checks were undertaken at night. Some residents were prescribed sedation and psychotropic medications to manage an underlying condition. These medications were regularly reviewed and inspectors found evidence that chemical restraint was used as a last resort.

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A visitor's book was maintained and all visitors were required to sign in and out of the centre. The entrance was secure and required a security fob code to open the doors. Residents spoken with stated they felt safe and secure in the centre

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a selection of medication charts. A medication policy was available which included information on the prescribing, administering, recording, safekeeping and disposal of unused or out-of-date medication. Inspectors tracked a resident who had recently had a hospital admission and found that the prescription accompanied the resident on return from the hospital. Staff in the centre administered medication from this prescription until the general practitioner (GP) attended the centre and prescribed the medication on the centre medication charts. This practice is documented in the centre's medication policy.

However, in one medication chart reviewed, the nurse was administering an antibiotic that had been transcribed by nursing staff and had not been signed for by the GP even though this medication was commenced on the 22 March 2017. Nursing staff had not followed the centre's medication policy when transcribing this medication, as no signature was available on the medication chart.

Inspectors also reviewed the administering of nebulisers and analgesic patches and found that these were managed in line with best practice. Each resident had their own individual nebuliser. When an analgesic patch was placed on a resident the date and

time was recorded on the medication chart. One resident had a daily patch prescribed that was to be used for 12 hours and then discarded for 12 hours. Inspectors reviewed on the second day of inspection whether this patch had been removed in accordance with the prescription and found that it had been.

All medications that were being crushed were prescribed as safe to crush. Medications that required strict control measures (MDAs) were counted by two nurses at each change of shift. There was photographic identification on the front of each resident's prescription chart. There was evidence that the pharmacist attends the centre regularly, carries out medication audits, is available to residents and offers training to staff. Staff informed the inspectors that stock control was reviewed on the instructions of the pharmacist post one of the audits. General practitioners (GPs) reviewed residents' medication on a regular basis.

The inspector observed a nurse administering part of the night medication round and found that medication was administered in accordance with the policy and An Bord Altranais guidelines. The medication administration sheets were signed by the nurse following administration. Medicines were administered within the prescribed timeframes. The nurse informed the inspector that he commenced the night round at approximately 20:30 and finished administering medication at approximately 22:00hrs. There was space to record when medication was refused on the administration sheet.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that a comprehensive record of all incidents was maintained. Notifications to HIQA were made in line with the requirements of the regulations. The inspector saw that all relevant details of each incident were recorded together with actions taken.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an

individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied healthcare.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and plans was reviewed. There was a documented comprehensive assessment of all activities of daily living, including eating and drinking, mobility, maintaining a safe environment, social needs, rest and sleep. There was evidence of a range of assessment tools being used to assess and monitor risks such as falls, malnutrition and risk of pressure ulcer development. Care plans were developed to address problems or if a potential risk was identified. Pressure relieving mattresses and cushions were provided and there were no residents with pressure ulcers which developed in the centre at the time of this inspection. Residents were weighed on a monthly basis or more frequently if required. There was timely access to dietetic services and specialist advice was incorporated into care plans. Meals were fortified to increase calorific intake and nutritional supplements were administered as prescribed. Each resident's care plan was kept under formal review on a four-monthly basis or as required by the residents' changing needs in consultation with residents or their representatives.

Inspectors reviewed the management of clinical issues such as falls, wound care and diabetes management and found they were well managed and guided by robust policies. However, one resident who recently returned from hospital did not have their care plan revised to reflect their changing needs.

Residents and relatives were satisfied with the service provided. Residents had access to General Practitioner (GP) services and out-of-hours medical cover was provided. Residents also had access to community palliative care services. A range of other services was available on referral including speech and language therapy (SALT), occupational therapy and chiropody services. Nursing care plans had been updated to reflect the recommendations of various members of the multidisciplinary team. Physiotherapy assessments were included as part of the service with a physiotherapist attending the centre for a half day each week. Inspectors saw evidence that residents with limited mobility and those at risk of falls had benefitted from physiotherapy input.

Residents also confirmed that they saw the physiotherapist regularly.

Some residents had care plans in place to address elimination and continence problems. Staff who spoke with inspectors identified residents who had plans in place to promote continence. Residents were provided with continence wear based on their assessed needs. Staff were familiar with the types of continence wear for each resident and the frequency which various residents needed to have their continence wear changed. Inspectors found no evidence of poor continence practices and there were no malodours in bedrooms and communal rooms where residents congregated.

Inspectors found that arrangements to meet residents' personal hygiene needs in a person-centred way required review. Daily care records indicated that each resident had a daily wash but there was poor evidence from records reviewed of the frequency of baths and showers. Care plans examined did not reflect the resident's specific wishes with regard to the frequency or their preference for a bath or a shower. Staff told inspectors that all the residents had regular showers, as nobody expressed a preference for a bath. The nurse or care supervisor on the floor identified residents who were due to have a shower on any given day. Staff told inspectors that residents sometimes refused a shower but this was not documented and there was no documentary evidence that an alternative plan was agreed for a shower or a bath at a time that suited the resident.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors found that there were a complaints policy and the procedure was displayed in the centre. A designated individual was nominated with overall responsibility to investigate complaints. No complaints were being investigated at the time of inspection. A complaints log was in place and this contained all relevant information about complaints and the complainant's satisfaction with the outcome was recorded.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her

physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Each resident's wishes for end of life care was elicited and used to inform a plan of care to meet their holistic needs. Residents had access to single rooms for end of life care and families were facilitated to stay overnight if they wished to do so. Staff were supported by the community palliative care team to provide symptom relief. A nurse who had a particular interest in end of life care told inspectors she was looking forward to commencing a post graduate palliative care course.

Inspectors found that the end of life care plans lacked sufficient detail to guide care. For example the residents resuscitation status was not documented and it was not clear from the care plans if a resident was for transfer to hospital for active treatment or if they were to remain in the centre for care and treatment.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The ethos of the service upheld the rights, dignity and respect for each resident. The nursing assessment included an evaluation of the resident's social and emotional wellbeing. All staff optimised opportunities to engage with residents and provide positive connective interactions. The daily routine was organised to suit the residents. Organised activities were provided and staff provided person-centred interactions with residents throughout the day and other activities were available which reflected the capacities and

interests of each resident. Residents had access to the outdoors and residents who spoke with inspectors said they enjoyed sitting outside and looking across the bay or watching the goats and fowl in the enclosure adjacent to the patio area. Residents also appreciated the fact that the staff could converse with them in Irish. Card games were played as Gaeilge and in English. There were two activity boards in the centre, one as Gaeilge and one in English. Pictures were also used to indicate what activities were taking place throughout the day. Newspapers were provided and residents had access to television and the radio.

The activity co-ordinator was rostered four days per week to provide recreation and engaging activities for residents. A number of staff had also completed courses in activity provision for residents. In addition to activities held in the centre, residents also engaged in community activities such as the St. Patrick's Day Parade. There was evidence that activities were chosen in collaboration with residents, and that residents were satisfied with the activities on offer. Group activities were organised such as Sonas, exercise classes, fun in the sun, bowling, music sessions and hand massage. Staff created opportunities for one-to-one activities, for residents who were unable or chose not to participate in group activities. Inspectors noted that staff ensured that they met the social needs of residents who spent periods in their bedrooms. Social assessments were completed for each resident. This was also completed as Gaeilge for some residents 'Sceal Mo Shaol'. These captured information on the resident's life prior to coming to live in the centre and detailed their hobbies, interests, likes and dislikes. Information from this assessment was used to inform the care plans and planning of activities.

Inspectors spent periods observing staff interactions with residents and the vast majority of interactions were rated as positive connective care. Staff attended programmes on person-centred care and a project was in progress where information about the resident's background, hobbies and family were posted on a cloud in their bedroom, with the resident's consent. This was to facilitate staff to connect with the resident in a person-centred way. Staff told inspectors that they engaged in a minimum of four person-centred interactions with individual residents on a daily basis. Care plans were created to meet residents' social and emotional needs and a record was maintained of the social engagements and various activities that each resident participated in. This was subject to review as the resident's needs changed.

There was evidence that residents received care in a dignified manner that respected his or her privacy. Staff were observed knocking on residents' bedroom doors and seeking the resident's permission before engaging in any care activity. Staff were seen to offer residents choice where possible. There were no restrictions on visiting times; there were facilities to allow residents to receive visitors in private. Visitors who spoke with inspectors confirmed that they were not kept waiting at the door when they called to visit.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs

of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

There were two actions detailed under this outcome at the time of the last inspection. These had been addressed. Garda vetting was available for the volunteer and the role and responsibilities of the volunteer were now set out in writing.

Inspectors reviewed the staff roster. Where staff were unable to work this was recorded and staff were replaced with staff who worked in the centre. No agency staff were employed. There was a planned roster in place. Residents, visitors and staff interviewed indicated that they were satisfied with staffing levels. Inspectors observed that staff were not rushed and spent time with residents and call bells were answered in a timely fashion. Based on a review of the rosters and these inspection findings, inspectors found that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated. The provider nominee informed the inspectors that he regularly completes a call bell response audit. Inspectors noted that an electronic satisfaction monitor was placed at the entrance door. The person in charge told inspectors that the most recent records from the device indicated a 98% satisfaction rate.

There were 42 residents in the centre on the days of inspection; 36% were assessed as maximum dependency, 26% as medium dependency, 26% as medium dependency and 12% as low dependency.

Two nurses were on duty during the day, this included the person in charge or persons participating in the management of the centre. One nurse was on duty at night time. In the morning there were seven carers and four carers in the afternoon and evening. Two carers worked on night duty. In addition to nursing and care staff there was a chef, an activity therapist and maintenance staff.

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:

Mary McCann
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:	Aras Chois Fharraige
Centre ID:	OSV-0000382
Date of inspection:	28/03/2017
Date of response:	13/04/2017

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The system to monitor that food and fluid charts were appropriately completed required improvement. A sample of the records examined by inspectors indicated there were gaps in some records, for example no intake recorded after lunchtime and the 24 hour intake/output was not consistently totalled

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

When an entry was made in the daily narrative notes by nursing staff the time of entry was not recorded. This does not comply with best practice in clinical recording.

1. 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:

Staff have received additional instruction in completing food and fluid intake sheets. A weekly audit has commenced to ensure best practice is followed in completing and totalling entries. Staff have been instructed to ensure the 24 hour clock is used on all daily narrative notes.

Proposed Timescale: 13/04/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

In the majority of cases there was no evidence that less restrictive alternatives had been trialled before bed rails were used.

2. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Bed rail assessments now clearly record which alternatives were trialled and considered and the outcome of same.

Proposed Timescale: 13/04/2017

Outcome 09: Medication Management

Theme:

Safe care and support

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

On one medication chart reviewed the nurse was administering an antibiotic that had been transcribed by nursing staff and had not been signed for by the GP even though this medication was commenced on the 22 March 2017. Nursing staff had not followed the centre medication policy when transcribing this medication as no signature was

available on the medication chart.

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:

The GP signed the relevant medication chart on March 29. A system has been set up to ensure that all hospital prescriptions are signed off in a timely manner.

Proposed Timescale: 13/04/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Inspectors found that arrangements to meet residents' personal hygiene needs in a person centred way required review Daily care records indicated that each resident had a daily wash but there was poor evidence from records reviewed of the frequency of baths and showers.

4. Action Required:

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

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

A new bathing recording sheet has been introduced and staff have received instruction to ensure all showers/baths and refusals are recorded. The bathing sheet is reviewed daily and where a resident is unable or unwilling to have a shower at least once a week the reason, such as illness, frailty or responsive behaviour is noted.

It has been reiterated to residents that bathing is dictated by their choices. Staff are using persuasion strategies such as calming music to try to encourage residents who are reluctant to shower to take part. Where residents refuse or are too ill to shower or bathe at least weekly they will continue to have a towel bath or assisted thorough wash at least once a day

A greater effort is also being made to encourage residents to avail of the jacuzzi bath as a pampering activity.

Proposed Timescale: 13/04/2017

Theme:

Effective care and support

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

A resident who recently returned from hospital did not have their care plan revised to reflect their changing needs.

5. 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:

The relevant section of this resident's care plan was revised on the 29/03/2017.

Proposed Timescale: 29/03/2017

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Inspectors found that the end of life care plans lacked sufficient detail to guide care. For example the residents resuscitation status was not documented and it was not clear from the care plans if a resident was for transfer to hospital for active treatment or if they were to remain in the centre for care and treatment..

6. Action Required:

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

All end of life care plans have been reviewed to ensure resident wishes are clearly documented, in so far as is possible.

Proposed Timescale: 13/04/2017

