Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Adare and District Nursing Home
Centre ID:	OSV-0000404
Centre address:	Croagh, Limerick.
Telephone number:	069 644 43
Email address:	manageradare@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services Unlimited Company
Provider Nominee:	Pat Shanahan
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	75
Number of vacancies on the date of inspection:	9

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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
31 January 2017 10:15	31 January 2017 19:00
01 February 2017 08:50	01 February 2017 16:20

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. The provider had applied to renew their registration which is due to expire on 02 June 2017. As part of the inspection the inspector met with the residents, the person in charge, the provider, relatives, a General Practitioner (GP), Assistant Director Of Nursing (ADON), the Clinical Nurse Manager (CNM), director of care services, healthcare manager and numerous staff members. The inspector observed practices,

the physical environment and reviewed all governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform this application. The provider, person in charge and the staff team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents.

The person in charge had been in post approximately 11 months and an interview was conducted with her at the previous inspection. There was also a new CNM since the last inspection and an interview was conducted with her during this inspection. Both displayed a good knowledge of the standards and regulatory requirements. The ADON deputised in the absence of the person in charge and the healthcare manager visited the centre regularly. The inspector was satisfied that there was a clearly defined management structure in place. The management team were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the centre which are discussed throughout the report.

A number of quality questionnaires were received from residents and relatives and the inspector spoke to many residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of general satisfaction with the service and care provided. One relative commented that "there was excellent care by professional staff in a warm and friendly environment". Another complimented "the lovely atmosphere in the centre". A resident stated that "there was always respect from the staff and you are completely minded" However a number of relatives stated although there had been some increase in staff they felt more staff were needed. Staffing levels were looked into and discussed further in the body of the report. Family involvement was encouraged with relatives and residents stating they are welcomed at any time. The inspector saw numerous visitors in and out of the centre during the two day inspection. There was an residents committee which facilitated the residents' voice to be heard and this was run by the activity staff.

There were a number of improvements seen in the premises since the previous inspection. The inspector found the premises; fittings and equipment were very clean and well maintained and that there was a good standard of décor throughout. The foyer and oratory had been completely refurbished and redecorated and residents and relatives were very complimentary about the changes and improvements. The oratory was now a multifunctioning room and was used as a second quieter sitting room as well as a room for prayer. Storage of laundry was removed from the bathroom and was now stored in a cleaner environment. New signage was being trialed in the main house. However the inspector noted that further attention was required to the addition of colour and personalisation to a number of residents bedrooms.

There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Resident's health and social care needs were met. Residents had comprehensive access to (GP) services, to a range of other health services, and the nursing care provided was found to be

evidence-based. Residents could exercise choice in their daily life and were consulted on an ongoing basis. Residents could practice their religious beliefs. In summary, the inspector was satisfied that the centre was generally operating in compliance with the current conditions of registration granted to the centre.

The inspector identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection. These included , medication management, updating contracts of care, easier access to the fire panel and more personalisation of bedrooms. These are discussed under the outcome statements. The related actions are set out in the Action Plan under the relevant outcome. These 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. The provider was required to complete an action plan to address these areas.

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: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
The statement of purpose and function was viewed by the inspector, and it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The statement of purpose included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007. The arrangements for the management of the centre in the absence of the person in charge was not included. This was identified to the management team by the inspector during the inspection and was rectified. Following the amendment the updated statement of purpose was found to meet the requirements of legislation.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:
There was a clearly defined management structure in place, the centre is one of a number of centres owned and operated by Mowlam Healthcare Services. The provider nominee is supported in his role by a senior management and operational team which includes a human resource team, a finance team, estates, a director of care services and healthcare managers who each oversees several centres. The person in charge reports to the healthcare manager and is supported in her role by an ADON and CNM. The provider nominee and management team displayed a strong and clear commitment to continuous improvement in quality person-centred care through regular audits of all aspects of resident care utilising key performance indicators, staff appraisals and provision of staff training. The management team were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the centre during the inspection.

There was a quality management system in place which included recording weekly collection of data on quality of care issues such as falls, pressure areas, restraint, responsive behaviours and numerous other areas. There was evidence of quality improvement strategies and monitoring of the services. There was a company audit management system in place which identified a timeline of audits to be completed during the year. The inspector reviewed audits completed by the person in charge and staff in areas such as infection control, medication management, health and safety, catering, dining experience, person centred care, care plans, health and wellbeing and falls audit. There was evidence of actions taken as the result the audits to improve the quality of care for the residents. The person in charge and ADON regularly received feedback from residents and relatives via the residents forum and through relatives meetings that have recently commenced and have proven to be a great success. There was also evidence of individual consultation and the inspector was informed that issues identified were generally actioned and resulted in improvements to the service provision. The inspector looked at accidents and incidents that had occurred in the centre and found they were all recorded in line with best practice. Regular audits were in place and changes to practice were made to prevent recurrence. This included the change in shift patterns of staff to ensure more supervision of the residents and increased staffing levels at night which resulted in the centre reporting a 33% reduction in falls on the last quarter.

The management team had completed a very comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2016. The annual review outlined service developments, audits undertaken, complaints, results and feedback from resident and relatives' surveys. It outlined the improvements made in 2016 and outlined the quality improvement plan for 2016. The inspector was satisfied that the quality of care is monitored and developed on an ongoing basis and that the action taken in response to findings or trends identified generally resulted in enhanced outcomes for residents in areas audited

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
A Residents' Guide was available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

A sample of residents' contracts of care were viewed by the inspector. There were new contracts from 2016 and older contracts before then. The inspector found that contracts had been signed by the residents/relatives and found that the contract was clear, user-friendly and generally outlined all of the services and responsibilities of the provider to the resident and the fees to be paid. The newer contracts also detailed what was included and not included in the fee in a schedule of additional charges. However there were a number of older contracts seen where there was not evidence of the costs for extra services to be provided and these contracts generally had out of date fees included.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

The inspector interacted with the person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis. The inspector was satisfied that she was a registered nurse, was suitably qualified and had a minimum of three years experience in nursing of the older person within the previous six years, as required by the regulations. There was evidence that the person in charge had a commitment to her own continued professional development and had undertaken post graduate training in tissue viability and wound care, along with other relevant education and on-going training.

Staff, residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable and were confident that all issues raised would be managed effectively. They confirmed she always made herself available to them whenever they needed to discuss anything with her.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

The designated centre had recently updated and implemented 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 and these are reviewed and updated at intervals not exceeding three years as required by Regulation 4. The inspector viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

The person in charge informed the inspector that they had really tightened up on their recruitment process and no staff commenced employment until satisfactory Gardaí vetting, references and all the requirements of schedule 2 of the regulations had been attained. The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
There had been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the person in charge was aware of the responsibility to notify HIQA of any absence or proposed absence.
There were suitable arrangements in place should the person in charge be absent from the centre. There was an Assistant Director of Nursing (ADON) and a recently appointed Clinical Nurse Manager (CNM). The ADON was appointed to deputise for the person in charge in her absence

The CNM was interviewed by the inspector during the inspection and was found to have the relevant experience in nursing the older adult. She demonstrated adequate knowledge of the legislation and the standards and had worked in the centre for 10 years at staff nurse and senior staff nurse level. There is currently a vacancy for a second CNM. The CNM's were also part of the management team to support the person in charge and ADON and take charge of the centre in their absence.

Judgment:
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:
The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that safeguarding training was on-going on a very regular basis in-house and training records confirmed that staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. Residents indicated that they could speak to the person in charge or any member of staff if they had any concerns and confirmed that they felt safe and were well looked after in the centre.
The inspector saw that previous allegations of abuse were appropriately handled, investigated, actioned and reported in line with the centres policy and legislative requirements.

The provider facilitated some residents in the management of their finances and the inspector reviewed the systems in place to safeguard residents' money. On the previous inspection inspectors found that the systems in place for the management of residents' finances was not sufficiently robust to protect residents or staff. On this inspection the inspector saw there was a more robust system in place with double signatures on transactions and residents' finances were all stored in the safe. The residents finances' are subject to audit internally by the person in charge and externally by the administration manager. The centre acts as pension agents for a number of residents and the healthcare manager confirmed to the inspector following the inspection that residents with consistent credit balances, where the amount received continues to exceed their weekly fees have their surplus funds transferred into a designated resident account. There is one designated resident bank account for the Mowlam nursing homes. Any interest accruing on the funds held in this account are allocated on a pro-rate basis to the residents.

The inspector reviewed the policies on meeting the needs of residents presenting with responsive behaviour and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. 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 reduction in the use of

bedrails, there were 8 residents using bed rails at the time of inspection and the inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents. The inspector reviewed a sample of files of residents using bedrails and found that risk assessments detailing alternatives tried and considered as well as care plans guiding care were documented. Regular checks of all residents were being completed and documented.

The inspector observed that residents generally appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, noise free environment and allowing residents choice of daily routines however they said this can be difficult at times due to the size of the dementia specific unit which could accommodate up to 35 residents. There were 31 residents residing in the dementia unit at the time of the inspection. The inspector reviewed a sample of files of residents presenting with responsive behaviours and noted that comprehensive care plans were in place to guide staff in addition to behavioural support plans. There was evidence of regular involvement of psychiatric services including specialist nurse review and review by the psychiatrist as required. There had been a reduction in the use of chemical restraint and a full review is undertaken when as required anti-psychotic or sedating medications are used. This was also the subject of audit.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care and in dealing with responsive behaviours. Update training in responsive behaviours was a requirement at the last inspection and training records showed this had been provided to staff in 2016 and 2017.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
The inspector saw that the fire policies and procedures were centre-specific. The fire safety plan was viewed and found to be comprehensive. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the building. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire training was provided to staff on a number of dates in 2016 and staff had up to date fire training. The person in charge told the inspector and records showed that fire drills were undertaken regularly with different staff in attendance the actions taken and outcome of the fire drill was documented and

an evaluation form completed. The last fire drill took place on the 30 January 2017. The inspector examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment had been tested in April 2016 and the fire alarm was last tested in January 2017. However the inspector noted the location of the fire alarm panel was in a room by the reception, the room was also used as a storage area and charging area for hoists. On the day of the inspection the inspector saw that access to the alarm panel was blocked by hoists and other equipment which made it difficult to get to the alarm panel if there was a fire to identify the location of the fire. The person in charge said they had plans to move it to a more accessible spot and the inspector said this required immediate attention.

Accidents and incidents were recorded on incident forms and were submitted to the person in charge and there was evidence of action in response to individual incidents. There were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on corridors. There was a centre-specific emergency plan that took into account all emergency situations and detailed where residents could be relocated to in the event of being unable to return to the centre. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency, assessments for malnutrition and assessments for pressure ulcer formation. The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced which were all up-to-date.

On the previous inspection the inspectors noted that there was a strong unpleasant odour in various rooms and on some corridors in the centre. On this inspection the environment was observed to be very clean and generally the centre smelt much fresher. Personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. Hand hygiene training was on-going and staff demonstrated good hand hygiene practice as observed by the inspector. Arrangements for the disposal of domestic and clinical waste management were appropriate. As discussed in outcome two, audits of infection control were on-going particularly following the recent outbreak of norovirus (winter vomiting) in the centre. Infection control training was ongoing and provided to staff on a regular basis.

The health and safety of residents, visitors and staff were promoted and protected. The health and safety statement seen by the inspector was centre-specific and up-to-date. The risk management policy as set out in Schedule 5 was updated during the inspection to ensure it included all the requirements of Regulation 26(1) The policy covered, the identification and assessment of risks and the precautions in place to control the risks identified. It included the measures and actions in place to control the following specified risks, 1) Abuse, 2) the unexplained absence of a resident, 3) accidental injury to residents or staff, 4) aggression and violence, and 5) self-harm and therefore was found to meet the requirements of legislation. The risk register was up to date and it identified and outlined the management of clinical and environmental risks. Corrective action reports were completed for any deviation and risks identified.

Records viewed by the inspector indicated that staff had received up to date moving and

handling training. Hoists were serviced on a regular basis as required by legislation and records of same were seen by the inspector.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The centre-specific policies on medication management were made available to the inspector. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were comprehensive and evidence based. The policies were made available to nursing staff who demonstrated adequate knowledge of this document. Medicines for residents were supplied by a community pharmacy and residents had access to their pharmacy of choice. Records examined confirmed that the pharmacist was facilitated to meet his/her obligations as per guidance issued by the Pharmaceutical Society of Ireland and had attended a relatives meeting and made themselves available to residents.

Medicines were stored in a locked cupboard or medication trolley. Medications requiring refrigeration were stored securely and appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications with the nurse which accorded with the documented records.

Medication administration was observed and the inspector found that the nursing staff generally did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais and adopted a person-centred approach. However the inspector saw that antibiotics had been continued to be administered to a resident despite the prescription date of three days having been exceeded. Nursing staff said the GP had left a message to extend the course of antibiotics but had not prescribed as such. Therefore nursing staff were administering medications to a resident without a valid prescription. This was rectified by the end of the inspection but it could had lead to errors. Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection.

A sample of medication prescription records was reviewed. Where medicines were to be

administered in a modified form such as crushing, this was prescribed at the top of the medication sheet and not individually prescribed by the prescriber on the prescription chart. This could lead to errors as not all medications can be crushed, however the nursing staff did show the inspector a folder with a list of all medications that could and could not be crushed and they demonstrated their knowledge of medications that could not be crushed. The maximum dose for 'as required' medicines was specified by the prescriber.

There had been an on-going reduction in the use of psychotropic medications and the inspector reviewed a sample of care plans for residents who were prescribed 'as required' psychotropic medicines for the management of challenging behaviour. Care plans clearly outlined a proactive approach to behaviour that challenges including the identification of specific triggers and the use of reassurance and distraction techniques. Evidence based tools were used to record the antecedent, behaviour and consequence (ABC) of each incident. Evidenced based pain assessment and relief had been introduced as first option in response to responsive behaviours. It was clearly outlined that psychotropic medicines only be administered when all alternative less restrictive measures have been considered. Staff with whom the inspector spoke were knowledgeable in relation to the care plan in place and were observed to implement the measures outlined. Multi-disciplinary input was sought when appropriate.

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 inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 have continued to be reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents as required.

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:
There was evidence that residents could keep the service of their own general practitioner (GP) and there were a number of GP's attending residents in the centre. There was evidence of timely access to health care services facilitated for all residents. General Practitioners (GP) visited regularly and were available in the evenings and out of hours and this was confirmed by residents. The inspector met a GP undertaking a routine visit to the centre and he expressed satisfaction with the care given to the residents in the centre. There were policies in place to ensure that relevant information was shared between providers and services for when the resident was admitted to, transferred or discharged from the centre.

All referrals and appointments were recorded and blood tests were completed as per the GPs instructions. Nurses had received training in venepuncture and regularly took blood in the centre. A physiotherapist visited the centre twice weekly and was available more frequently if required. An occupational therapist had commenced working in the centre and was in the centre one day per month. The inspector also saw that residents had access to chiropody, dental, optical, dietetic and speech & language services as required. Residents in the centre also had access to the specialist mental health of later life services. Community mental health nurses attended the centre to review and follow up residents with mental health needs and residents who displayed behavioural symptoms of dementia. Treatment plans were put in place which were followed through by the staff in the centre. Follow-up to consultations were completed by psychiatrists as required. Residents and relatives expressed satisfaction with the medical care provided.

The inspector saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Pain charts in use reflected appropriate pain management procedures. The inspector reviewed care plans for residents and these were seen to be person centred and reviewed at least four monthly. Residents and/or their relatives confirmed their involvement in the development of care plans. Care plans were maintained on an electronic system and there were facilities in the centre for care staff to update resident files after care was delivered. Care plans were easy to follow, up to date and were individualised. The inspector saw "key to me" information and support plans that had been completed for residents in the dementia unit which included detailed information on residents likes, dislikes, hobbies and interests. These support plans were seen to include very detailed

person centred information on how and what the resident likes to eat, areas of risk for the resident, areas the resident finds difficult, and other things staff need to know about the resident. These support plans were maintained in folders on the unit and were made available to all staff to ensure the care provided is in compliance with the resident's wishes and plan of care.

Good wound care management was evident in the centre and there was evidence that wound care was evidence based. The person in charge had undertaken specialist wound care training and shared her expertise with the nursing staff. The inspector saw that attention was given to promoting continence and assessments were completed to ensure correct use of continence products.

The inspector observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met. Residents, where possible, were generally encouraged to keep as independent as possible and the inspector observed some residents moving freely around the corridors, in communal areas and in the grounds of the centre.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The premises were generally suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. Overall, the design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile.

The centre comprised of two single floor units; the 'main house' and 'the Willows. The main house had a two storey section in the foyer that housed two apartments. The main house was divided into two wings; Sycamore and Birch and the Willows was a separate dementia specific unit which could provide accommodation for up to 35 residents in a mixture of single and twin bedrooms. There was generally good lighting, handrails and heating throughout the centre. There was good communal space provided with a

number of sitting rooms, dining rooms, visitors' rooms. In the dementia specific unit there was a spacious sitting room with a smaller relaxation room also available.

The physical environment in the dementia unit was designed in a way that was consistent with some of the design principles of dementia-specific care. Signage and cues were used to assist with perceptual difficulties and orient residents. For example, bedroom doors were all painted individual colours, toilets, lounges and dining rooms had pictures and signage used to assist residents to locate facilities independently. There were also newly acquired items such as red crockery and black toilet seats to assist residents identify these items. Feedback from staff in relation to colour specific items for residents with dementia has been positive and in line with evidenced based findings. The corridors were wide and bright and allowed for freedom of movement. There were seating areas along the corridors with focal points of interest near them. Age appropriate music was playing in the area and books with photographs for reminiscence were set out. Posters were made up about events of interest such as the 1916 rising. Residents' art work were prominently displayed throughout the unit and colourful murals along the corridor provided interest and talking points. There were four dining areas in the centre, two of which were used for residents who required some assistance at meal times. The size and layout of bedrooms was adequate and some twin rooms were being used as single rooms due to the needs of some residents. Each bedroom had en-suite toilet, shower and wash hand basin and had sufficient storage for personal belongings.

There was a functional call bell system in operation and staff appeared to respond promptly to residents that called via this system. The inspector saw that residents had access to equipment that promoted their independence and comfort. There were contracts in place to service equipment such as the hoists, call-bell system and on-going repairs to beds and special mattresses and up-to-date service records were available for all equipment on the day of the inspection. There were suitable staff facilities for changing and lockers were available for storage. There were suitable hand-washing facilities and there were separate toilet facilities for catering staff.

There were two apartments on the first floor of the centre for more independent living, both of which were occupied on the day of the inspection. Access to this floor was via a chair/stair lift, service records showed that it was serviced regularly but one of the residents using it said it had been out of service from time to time. Residents had access to safe and secure gardens which were well maintained, the garden in the dementia unit was completely enclosed and provided a tranquil place for residents to walk around in.

There was a maintenance person employed in the centre. A maintenance book for staff to log maintenance requests was maintained and was signed off by the maintenance person when an action was taken. On the previous inspection the inspectors identified a number of issues with the premises during the inspection that that required attention. On this inspection the inspector saw that there were a number of improvements seen in the premises since the previous inspection. The inspector found the premises; fittings and equipment were very clean and well maintained and that there was a good standard of décor throughout. The foyer and oratory had been completely refurbished and redecorated and residents and relatives were very complimentary about the changes and improvements. The oratory was now a multifunctioning room and was used as a second quieter sitting room as well as a room for prayer. Storage of laundry was

removed from the bathroom and was now stored in a cleaner environment. New signage was being trialled in the main house. However the inspector noted that further attention was required to the addition of colour and personalisation to a number of residents bedrooms. The action required for this is outlined under outcome 17. Although there was great improvements in storage equipment was seen to be stored in some bedrooms, in the hallway and as already identified in the room that housed the firm alarm, blocking access to same. The person in charge showed the inspector an area that was to be converted to a storage area off the main foyer which will address the issues around storage.

Judgment:
Compliant

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:
The inspector found there was a complaints process in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The process included an appeals procedure. The complaints procedure, which was prominently displayed, met the regulatory requirements. The inspector viewed a comprehensive complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

Residents and relatives all said that they had easy access to the person in charge who was identified as the named complaints officer to whom they could openly report any concerns and were assured issues would be dealt with. The person in charge stated that she monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded. Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint.

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

Judgment:
Compliant

Outcome 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:
Residents religious needs were facilitated with mass taking place weekly in the centre and the rosary said daily. Mass took place during one of the days of the inspection and residents told the inspector how important it was to them. Residents from other religious denominations were visited by their ministers regularly as required. The inspector reviewed the centre's policy on end-of-life care which was seen to be comprehensive to guide staff in providing holistic care at the end of life stage. The inspector reviewed a sample of residents' care plans with regards to end-of-life care and noted that they comprehensively recorded residents' preferences at this time. All information was accessible to staff and staff indicated that relevant information was shared at report handover time. A number of residents with whom the inspector spoke were positive about the care available in the centre. Most residents stated that in the event that their needs changed in the future they would prefer to be cared for in the centre.

Staff training records indicated that a number of staff had attended training on palliative care issues including spiritual care, psychological support, pain management and communicating with the bereaved relatives. The person in charge stated that the centre was well supported by the specialist team from the local community. Records which the inspector viewed indicated that the palliative team were responsive to the GP and the staff in providing specialist advice in pain relief and symptom management.

Families were facilitated to be with residents at end of life and facilities were provided to ensure their comfort. Overall the inspector found that care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
The centre had a comprehensive policy for the monitoring and documentation of nutritional intake which was seen to be implemented in practice. A record of staff training seen by the inspectors indicated that staff had attended a broad range of training and that internal education sessions were on going.
There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate nutrition and hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed.

Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. A nutritional review of the menu was undertaken by the dietetic services and recommendations were made to ensure all choices were nutritionally balanced. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The inspector met the head chef and saw that residents special dietary requirements along with their likes and dislikes were documented and well know to the catering staff. The inspector reviewed records of resident meetings and any issues residents raised in relation to food had been addressed and overall residents were very complementary of the food and choice on offer in the centre. Relatives with whom the inspector spoke said that the food was very good and that they were informed of any changes in the nutritional status of their relative.

Mealtimes in the four different dining rooms was observed by the inspector to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Assistance was provided in a dignified and person centred manner. 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. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to

exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

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

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriated with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited a number of days per week and there were two hairdressing saloons available, one in the dementia specific unit and one in the main house.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Feedback from relatives was that staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and that there were plenty of areas in the centre to visit in private if they wished to. They also said that "the offer of tea and coffee was very welcoming". They said that if they any concerns they could identify them to the staff and were assured they would be resolved.

There was evidence that residents were consulted about how the centre was run. Residents were consulted through a residents' forum normally held every two months but there had been two meetings already held in 2017. The inspector saw minutes of the last forum that was chaired by an activities coordinator. The inspector saw evidence

that the person in charge had attended the meeting to discuss the upcoming renovations planned for the centre and to inform them of the HIQA inspection. Activities were discussed and one resident requested wool which was facilitated. Meals and mealtimes were discussed and all expressed satisfaction with same. The inspector saw that the centre had links with the local community and the community had attended funerals of residents who died in the centre and had been invited in for a social event during the summer. Local schools visited the centre as part of their 'Gaisce Awards' and local societies in Adare visit the centre throughout the year.

The social care practitioner role had been put in place to ensure the social care needs of residents were met. The centre had an extensive programme of activities on displayed and the inspector saw some different activities taking place during the inspection from small group activities to a music session in the main lounge. On the previous inspection the inspectors observed that a number of residents spent periods of time without any social stimulation. Since the last inspection the centre had enlisted the services of an occupational therapist who is working closely with the activity staff to ensure greater assessment and provision of appropriate activities for residents. The inspector saw there had been an increase in activities available and plans were in place to introduce further activities such as "mens shed" and more therapeutic activities such as threading. Minutes of these meetings outlining these plans were seen by the inspector.
The centre produces a regular newsletter which contains all the news of what has gone on in the centre and what is planned. It contained numerous photographs of residents staff and families involved in and enjoying activities and life in the centre.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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 viewed the centre's policy on the protection of residents' accounts and personal property which had last been updated since the last inspection as required. On the previous inspection inspectors found evidence that residents' clothes were not being cared for adequately in the centre and the system for the management of the laundering of residents' personal clothing was inadequate. On this inspection the inspector saw and was told by residents, relatives and staff that there had been a great improvement in the management of residents clothing. There was a label machine in the

laundry room for the labelling of residents' clothes and the inspector saw that clothing was now discretely labelled with the residents name.

Staff were more vigilant to ensure clothing went into the correct bags for external laundering. Residents and relatives indicated satisfaction now in regards to the management of laundry in the centre and there were generally no issues with laundry identified in the minutes of the residents committee or in the complaints log.

On the previous inspection inspectors also identified issues with storage of laundry. Clean linen was stored in the bathroom of the dementia unit which required review in accordance with infection control best practice. This was now placed in a more appropriate clean storage area. The inspector observed that there was adequate storage provided for residents' personal possessions. Each resident also had access to separate locked storage for valuables. A number of bedrooms were seen to be much personalised with residents photos rugs blankets and some had their own double beds. However a good number of bedrooms seen appeared to totally lack any personalisation and were devoid of colour, pictures or items of interest.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were

discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place and training records confirmed that staff had received up to date training in fire safety, safe moving and handling, safeguarding vulnerable persons and training in responsive behaviours. Other training provided included, dementia specific training, infection control, end of life, care planning and food safety. A number of staff had completed or were in the process of completing the Masters degree in dementia care and they were providing dementia training to the staff and promoting evidenced based innovative practice. The inspectors saw that other formal training courses had been booked and were scheduled for the coming months.

The inspector reviewed a sample of staff files which included all the information required under Schedule 2 of the Regulations. Registration details with An Bord Altranais for 2017 for nursing staff were seen by inspectors. The person in charge and the provider confirmed Garda vetting was in place for all staff and no staff commenced employment until this was in place. This was an improvement from the last inspection where there were a number of items missing from staff files viewed.

There was an actual and planned roster available and there was a nurse on duty at all times on both units with a second nurse shared between the units during the day time. On the previous inspection relatives and staff reported a lack of staff in the dementia specific unit. The needs of the residents in that unit were generally assessed as high to maximum dependency and residents required a lot of assistance with activities of daily living and in particular assistance with the social aspects of care. On this inspection the inspector saw that there was an extra care staff allocated to the unit at night and the that the staff member allocated until 21.00hrs or 22.00hrs tended to be allocated to this unit. Relatives confirmed there had been improvements in staffing levels but felt further staff were required. The inspector acknowledged the improvements and required that staffing levels be kept under constant review in line with increasing residents numbers to ensure there were sufficient staff to meet the needs of the residents taking into account the size and the layout of the centre and this was highlighted at the feedback meeting.

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:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Adare and District Nursing Home
Centre ID:	OSV-0000404
Date of inspection:	31/01/2017
Date of response:	27/02/2017

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 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were a number of older contracts seen where there was not evidence of the costs for extra services to be provided and these contracts generally had out of date fees included.

1. Action Required:
Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in

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

regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

Please state the actions you have taken or are planning to take:
The older contracts for residents will be reviewed and updated to reflect current fee structures and a breakdown of all costs for extra services to be provided, where indicated.

Proposed Timescale: 31/03/2017

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
On the day of the inspection the inspector saw that access to the alarm panel was blocked by hoists and other equipment which made it difficult to get to the alarm panel if there was a fire to identify the location of the fire.

2. Action Required:
Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
Access to the alarm panel is now unimpeded and the Person-in-Charge will monitor compliance with this requirement.

Proposed Timescale: 28/02/2017

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:
The inspector saw that antibiotics had been continued to be administered to a resident despite the prescription date of three days having been exceeded. Nursing staff said the GP had left a message to extend the course of antibiotics but had not prescribed as such. Therefore nursing staff were administering medications to a resident without a valid prescription.

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:
There is a GP signature for all prescribed medications for all residents.
All medicinal products are administered in accordance with the directions of the GP.
The PIC and Assistant Director of Nursing will monitor compliance with appropriate prescribing and medication administration practices by conducting regular medicines management audits. Independent audits will be conducted by the pharmacist on a quarterly basis.

Proposed Timescale: 27/02/2017

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A number of bedrooms seen appeared to totally lack any personalisation and were devoid of colour, pictures or items of interest.

4. Action Required:
Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

Please state the actions you have taken or are planning to take:
The PIC will ensure that residents and their families are involved in helping to create a familiar and homely environment in residents' rooms. Families have been invited to bring in personal items for residents, such as pictures, photographs and/or small furniture items, if desired.

Proposed Timescale: 30/04/2017