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:	Sonas Ard Na Greine
Centre ID:	OSV-0005421
Centre address:	Enniscrone, Sligo.
Telephone number:	096 37 840
Email address:	ardpic@sonas.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sonas Asset Holdings Limited
Provider Nominee:	John Mangan
Lead inspector:	Marie Matthews
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	6

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 monitor ongoing regulatory compliance. 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:
24 May 2017 11:00	24 May 2017 19:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Sonas Ard Na Greine is a two-storey building Nursing Home with bedroom accommodation for residents on both floors. The centre is located in the sea side town of Enniscrone in County Sligo. The centre is currently registered to accommodate 52 residents. Accommodation comprises 42 single bedrooms of which 29 have ensuite bathroom facilities and 5 twin bedrooms- three with ensuite facilities. It has a designated dementia unit.

This report set out the findings of an unannounced monitoring inspection which was completed in one day. The inspector reviewed progress with the action plan from the previous inspection carried out in June 2016. Notifications of incidents received since the last inspection was considered and reviewed on this visit. Most actions from the last inspection had been addressed but actions in relation to staff training had not been addressed and these are repeated in the action plan that accompanies this report.

The inspector found that residents were receiving responsive healthcare that met their assessed needs. There was evidence of individual residents' needs being met by a good standard of evidence-based care and appropriate medical and allied health care access. A total of ten Outcomes were inspected. Two outcomes were judged as moderately non compliant. These related to the provision of training in mandatory areas including safeguarding, manual handling. One incidents of absconscion had not been notified to the Authority as required by the regulations. The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 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 that outlined the lines of authority and accountability in the designated centre. There were systems in place to review the safety and quality of care of residents living in the centre.

The person in charge was on leave on the day of the inspection. Her deputy facilitated the inspection and demonstrated good knowledge of the residents and of her responsibilities under the regulations. There were minutes of monthly management meetings and meetings of all staff grades available which were reviewed by the inspector.

There were appropriate systems in place to monitor the quality and safety of care provided to residents. The inspector read a sample of audits completed during the year. The audits were completed for a number of key clinical areas such as falls, wound care, weights, and medication management. An annual report for 2016 on the safety and quality of care provided to residents was available.

Judgment:
Compliant

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 was not present on the day of the inspection. She is an experienced registered nurse who works full-time in the centre. She was supported in her role by a deputy person in charge who facilitated the inspection and provided all documentation requested by the inspector.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that the documents outlined in Schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure accuracy and ease of retrieval.

The policies required by Schedule 5 of the regulations were in place and most policies were up-to-date, centre specific. However, the centres policy on protecting residents from abuse required review to reflect the revised reporting and safeguarding arrangements in the new Health Service Executive (HSE) policy on Protection of Vulnerable adults.

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:
There were procedures in place for the prevention, detection and response to abuse. Staff members who spoke with the inspector were aware of the different forms of abuse and confirmed that they would report any suspicions to the person in charge. A policy on protecting residents from abuse was available however it required review to reflect the revised reporting and safeguarding arrangements in the new Health Service Executive (HSE) policy on Protection of Vulnerable adults. An action has been included under outcome 5 requiring the provider to revise this policy. The centres policy was to provide refresher training on safeguarding every 2 years. There was an on-going program of training in protection of vulnerable adults but it had lapsed due to an unplanned absence of the person who normally provided the training. Several staff members had not completed training in over 3 years and some in over 4 years. One staff member interviewed during the inspection, who had commenced employment in the last year, had not been provided with training in safeguarding in accordance with the centres policy.

There was a policy to guide staff on the risk of absconsion. The inspector saw a recorded incident where a resident with a cognitive impairment had left the centre. The resident was located and returned safely to the centre but the incident was not reported to the Authority as required in the regulations. An action has been included under outcome 10 to address this and the provider has been requested to submit this notification retrospectively. A missing person drill had been completed since the incident and revised supervision arrangements were put in place. The centre appeared secure and all visitors signed a visitors directory. Residents who spoke with the inspector said they felt safe and secure in the centre.

16 residents had bedrails in place. Most of these were at the request of the resident to help them to reposition or to reassure them. The inspector saw that the enabling function was recorded on the assessment completed. A risk assessment was completed prior to using bedrails and signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process.

There were policies in place to guide staff on managing behavioural and psychological signs and symptoms of dementia (BPSD). Staff were observed to be competent at managing behaviours and knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents. On the last inspection guidance to inform care in a consistent manor was not recorded in a care plan. The inspector saw that this action was addressed. Care plans were developed for

residents with dementia who had responsive behaviours. Logs were maintained and used to inform the guidance in the care plan. Staff were observed to be aware of the interventions to use to help manage the behaviours including redirection and engaging with the residents. There was evidence in care plans of links with the mental health services.

Judgment:
Non Compliant - Moderate

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 found there were systems in place to protect and promote the health and safety of residents, visitors and staff but fire safety training arrangements required review. The environment was maintained in a safe manner and all corridors were unobstructed. Call bells were provided in communal areas and beside residents' beds. There were non-slip safe floor surfaces. Handrails were provided on along hallways and in bathrooms to support residents. Communal areas were observed to be well supervised during the inspection. Hand gel dispensers and disposable gloves and aprons were provided. All cleaning equipment and chemicals were securely contained in a locked area.

Fire exits were observed to be unobstructed and records were available to show daily checks were completed by staff. Bedroom doors were fitted with self-closing devices and suitable fire fighting equipment was provided including fire extinguishers, smoke detector alarms, emergency lighting and alarm equipment. There were service records of the equipment maintained that confirmed regular servicing took place and they were in good working order.

Fire evacuation procedures were prominently displayed in the centre. Records showed that fire drills took place regularly and the records indicated the location and duration of the drill and the names of the staff who took part. The staff who spoke with the inspector were knowledgeable on their role in the event of a required evacuation of residents. However, a review of training records indicated that several staff had not completed training in fire safety management in over two years. The provider confirmed that this training was booked and scheduled to take place on 30th May 2017. Some staff were also overdue training in movement and handling and in the use of assistive equipment such as hoists. An action has been included under outcome 18 requiring the provider to address this.

From a review of the accident and incident log and the notifications submitted to the authority of any serious incidents that occurred in the centre, the inspector identified that five residents had sustained a fracture as a result of a fall in the last 9 months. The inspector reviewed a sample of care records for residents assessed as been at risk of falling. The inspector saw that where a fall was unwitnessed or a resident sustained a head injury, neurological observations were completed and this was evident in the care records reviewed. There was evidence that they were appropriately assessed on admission and a falls prevention care plan was developed. A physiotherapist was employed by the provider and worked in the centre one day each week. Those who were at risk of falling or those who had sustained a fall were prioritised for review. There was a programme of passive exercise in place to promote mobility. However, where a resident had sustained a fall, the need for enhanced supervision was not always included in the residents care plan to alert staff and to reflect the increased risk. An action is included under outcome 11 requiring the person in charge to address this.

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):
No actions were required from the previous inspection.

Findings:
Medication was supplied by a local pharmacy. The person in charge said that where possible residents were facilitated with their choice of pharmacist. A system was in place to check all medication for completeness following delivery. In general there was evidence that GP's completed a review of each resident's medication every three to four months or more frequently should a change in residents' health occur. The person in charge had requested a review for some residents whose medication hadn't been reviewed by their GP in over 3 months.

The inspector reviewed a sample of medication charts. Photographic identification was evident on each chart to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible. The maximum dose over a 24-hour period was stated for all PRN or as required medication. The inspector reviewed a sample of medication administration sheets. Medication was administered within the timeframes recommended for medications prescribed to residents at specific times. One medication administration sheet. There was a system in place for the return of unused medication to the pharmacy.

Judgment:
Compliant

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:
Practice in relation to notifications required review. The inspector reviewed a record of all incidents that had occurred in the centre since the previous inspection and cross referenced these with the notifications submitted by the person in charge. An incident where a resident was reported missing from the centre had not been reported to the authority as required by the regulations. The inspector also observed that the incident report form did not include a prompt to report such incidents to the authority as required in the regulations.

All other relevant incidents had been appropriately notified to the Authority and quarterly notifications were submitted within the required time frames.

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

Findings:
There were 46 residents accommodated at the time of the inspection. 28 residents were

assessed as having maximum care needs, 14 had high care needs and 4 had medium care needs. 20 residents had a diagnosis of dementia and others had some aspect of cognitive impairment. The residents had a range of healthcare problems associated with age and the majority had more than one medical condition. The staff on duty were knowledgeable about the residents' preferred daily routines, their likes and dislikes. Residents' wellbeing and welfare was maintained to a good standard of nursing care, with access to GP and appropriate allied health services. The inspector found some aspects of the care documentation for wounds and fall prevention care plans required improvement. The actions from the previous inspection were addressed.

Preadmission assessments were completed to determine areas of risk and the nursing homes suitability for the resident. Comprehensive nursing assessments were completed on admission to establish residents' health and social care needs. The inspector saw that a range of assessment tools were used to assess each residents' risks related to nutrition, falls, developing pressure ulcers and cognitive ability. These were generally completed on a four monthly or more frequent basis.

Care plans were developed where a care need was identified. In general, these were specific and person centred and provided comprehensive information to guide care. There was evidence of consultation with residents or their representative in the care plans reviewed and this was confirmed by relatives who spoke with the inspector. A small number of care plans required review to fully reflect changes in the residents care needs. For example, where a resident sustained a fall the need for increased supervision was identified in the revised assessment however this was not included in the residents care plan. In another care plan reviewed person care was identified as a trigger for responsive behaviour for the resident with dementia. While a care plan was in place to guide staff delivering person care, it lacked sufficient detail about the proactive and reactive strategies that should be adopted by staff to help reduce the residents' anxiety. Care plans had been developed for residents with dementia or cognitive impairment in response to the action plan from the previous inspection which described what they could do for themselves, who they still recognised and the activities they could participate in for all residents.

Residents were facilitated to keep their own General Practitioner (GP) on admission to the centre if this was their choice and there was evidence in the care records reviewed that residents were seen regularly by a GP. There was access to the psychiatry of later life team on referral by the GP. The inspector saw that resident's weights and vital signs were monitored on a monthly basis and regular blood screening was completed where required. There were systems in place to ensure that when a resident was transferred to hospital appropriate information about their care needs and treatment was shared between the services.

Assessments were completed to assess each resident's skin integrity and those at risk of developing a pressure wound were appropriately provided with pressure relieving mattresses and cushions and were regularly repositioned to prevent deterioration of the skin. One resident had returned from hospital with a pressure wound at the time of inspection. The inspector saw that a care plan was developed to guide care and there was evidence of regular wound cleaning and dressing changes. Measurements were recorded and photographs taken of the wound to help assess how the wound was

healing but in the recent care notes measurements were not recorded and there were no recent photographs. The inspector saw reference to the wound in the daily progress notes which suggested the wound was continuing to heal.

There were systems in place to ensure nutritional needs were met. A list of residents on modified consistency diets or special diets such as high protein diets, diabetic or fortified diets was updated monthly or more often if there were any changes and this was given to the catering and care staff.

Residents described being able to plan their own day within the centre. A schedule of activities was displayed and most residents said they had enough to do during the day.

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

Findings:
The inspector found the design and layout of the centre is suitable for its stated purpose, and meets the needs of residents to an adequate standard. The building, furnishings and décor were of a good standard. The actions from the last inspection were addressed. There was improved signage provided in the main foyer to help orientate residents by identifying areas such as the dining room and bathrooms and some picture references were used to prompt recognition of the residents bedrooms.

The lighting in one communal area had been replaced with a human centric system which helps support the natural daytime rhythm of residents. The provider stated that this would be installed throughout the centre.

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):
No actions were required from the previous inspection.

Findings:
There was a planned and actual staff roster in place. It included the names and the times of staff shifts for each staff grade. The normal allocation of staff was two nurses and 11 care assistants on duty during the day until 8pm at night. This reduced to one nurse and three care assistants from 8pm until 8am. The deputy person in charge said that additional staff were deployed where necessary. The person in charge who worked full time in the centre was not rostered on duty on the day of inspection and the deputy person in charge took a supervisory role in the centre. All care staff on duty reported to the nurses. The nurses in turn reported to the person in charge.

The inspector reviewed a sample of personnel files for staff and found them to contain the documentation and information required by Schedule 2 of the regulations. There was evidence of An Garda Siochana vetting for the staff whose files were reviewed. The person in charge confirmed all staff working the centre also had vetting. The provider ensured references for new staff were verified.

All nurses had up-to-date personal identification numbers that confirmed registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2016.

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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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	Sonas Ard Na Greine
Centre ID:	OSV-0005421
Date of inspection:	24 May 2017
Date of response:	20 June 2017

Requirements

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

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

Outcome 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 policy on protecting residents from abuse required review to reflect the revised reporting and safeguarding arrangements in the new Health Service Executive (HSE) policy on Protection of Vulnerable adults.

1. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures

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

referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The policy on protecting residents from abuse was reviewed and now complies with the safeguarding arrangements in the new Health Service Executive (HSE) policy on Protection of Vulnerable adults. This policy with be reviewed at least every three years and after every allegation of abuse. All staff will receive training on new policy. Computerised alert system is being developed which will alert us when policy is due for update.

Proposed Timescale: 01/01/2018

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:
Several staff members had not completed training on safeguarding/protection in over 3 years and some in over 4 years. One staff member who had commenced employment in the last year had still not been provided with training in safeguarding.

2. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
Training (Mandatory) is scheduled. All staff will be completing the mandatory training by 30th of June 2017. Training Matrix established as best practice to make sure that staff are completing or updating all the necessary training.

Proposed Timescale: 30/06/2017

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:
Several staff had not completed training in fire safety management in over two years.

3. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the

designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
Fire training arranged for all staff members and will be completed before 30th June 2017. Mandatory Fire training will be completed yearly as per regulations.

Proposed Timescale: before 30.06.17

Proposed Timescale: 30/06/2017

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An incident where a resident was reported missing from the centre had not been reported to the authority as required by the regulations.

4. Action Required:
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
All PPIMs are aware of the regulatory requirements in relation to "Missing Persons". All PPIMs will comply with regulatory requirements in relation to "Missing persons" going forward

Proposed Timescale: Completed

Proposed Timescale: 20/06/2017

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:
Where a resident had sustained a fall, the need for enhanced supervision was not always included in the residents care plan to alert staff and to reflect the increased risk.

Some care plans required review to fully reflect changes in the residents care needs.

5. 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:
Care plans are under review to meet resident's person centred needs (both physical and Psychological), especially those reflects high risk. RN Care planning training is planned with emphasis on falls prevention strategies to be included in Care plans and documenting in details residents needs and reviewing care plans as resident condition changes.

Proposed Timescale: 20/09/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no recent records of a wound completed for one resident to accurately evidence healing.

6. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
Further training updates for RN's regarding wound management. Wound care audits are currently completed 3 monthly. Additional auditing at the time when there is a wound present will be completed.

Proposed Timescale: 20/08/2017