### Centre name:
St. Theresa’s Nursing Home

### Centre ID:
OSV-0000434

### Centre address:
Dublin Road, Thurles, Tipperary.

### Telephone number:
0504 22246

### Email address:
info@sttheresasnursinghome.ie

### Type of centre:
A Nursing Home as per Health (Nursing Homes) Act 1990

### Registered provider:
Camillus Healthcare Limited

### Lead inspector:
John Greaney

### Support inspector(s):
None

### Type of inspection
Unannounced Dementia Care Thematic Inspections

### Number of residents on the date of inspection:
27

### Number of vacancies on the date of inspection:
8
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

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

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Summary of findings from this inspection

St. Theresa's Nursing home is located on the outskirts of the town of Thurles in close proximity to shops and other facilities. It is a two-storey premises with bedroom accommodation on both floors and communal accommodation on the ground floor only. Bedroom accommodation comprises nine twin bedrooms and 17 single bedrooms. Two of the bedrooms on the first floor are en suite with toilet, shower and wash hand basin and all of the other bedrooms have wash hand basins in the room. Access to the first floor is by stairs and chair lift.

The purpose of this inspection was to focus on the care and quality of life for residents with dementia living in the centre. This inspection report sets out the
findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. During the inspection, some required improvements were identified in one additional outcome, and this is included in this inspection report.

Seven of the 27 residents who were living in the centre on the days of the inspection had a formal diagnosis of dementia and one other resident had a cognitive impairment and was suspected of having dementia. The provider had submitted a completed self-assessment on dementia care to HIQA with relevant policies and procedures prior to the inspection. The judgments from both the self-assessment, that was carried out in September 2017, and inspection, that was carried out in May 2018, are set out in the table above.

Overall, residents' healthcare and nursing needs were met to a good standard. Residents had access to medical and allied health services. Many residents had their meals in the dining room and meal times were seen to be social occasions. Some residents chose to eat in the sitting room and others had some of their meals in their bedrooms. Residents were seen to come to the dining room at various times throughout the morning to have their breakfast.

As part of the inspection process, the inspector spent a period of time observing staff interactions with residents. The Inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. Overall, the inspector observed that interactions by staff with residents were respectful and caring. While there were improvements noted since the last inspection, the social experience of residents, however, could be enhanced through the provision of a more structured and varied programme of activities. There were periods of time when residents were seen to be left unsupervised and without meaningful stimulation in the sitting room.

All residents spoken with stated that they felt safe in the centre. Where there were suspicions or allegations of abuse, these were recorded and investigated. However, on one occasion this was not notified to HIQA as required and there was not a documented safeguarding plan in place. There were adequate measures in place to safeguard residents' finances through appropriate record keeping and receipts.

Care plans were seen to be personalised and provide good guidance on the care to be delivered. A sample of care plans reviewed adequately addressed issues such as wound care and the communication needs of residents. Care was provided to residents as they approached end of life to a good standard. There was good access to palliative care and relatives and friends were supported to remain in the centre should they so wish. The care plan for one resident, that was known to be in the end of life process, did not indicate that end of life preferences were discussed with the resident or family members.

Significant improvements were required in relation to medication management. Prescriptions were transcribed by nursing staff and then signed by the resident's general practitioner (GP). However, transcription practice did not comply with relevant professional guidance, in that each medication transcribed did not have an
associated signature of the transcribing nurse. Additionally, some prescriptions were faxed copies and had been transcribed by the nurse but were not signed by the GP within the timeframe set out in the medication management policy. A stock of antibiotics was maintained for emergency purposes. Some of these were seen to be out of date. Other medications had been decanted from their original containers but the expiry date had not been recorded on the new container and it was therefore not possible to know when these medications expired.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Outcome 01: Health and Social Care Needs

Theme: Safe care and support

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

Findings:
This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

The inspector focused on the experience of residents with dementia and tracked the journey of a number of residents with dementia.

The person in charge assessed all residents prior to admission to the centre, to determine if their needs could be met. Residents and their families were also invited to visit the centre prior to admission, if possible. When residents were admitted from hospital or transferred to hospital, there were adequate systems in place to optimise communication between the resident/families, the acute hospital and the centre.

Residents' records contained comprehensive biographical details. A section entitled "Life's Story" contained personal information such as what name the resident was usually addressed by, their previous living arrangements, hobbies, personal care needs and likes/dislikes.

Residents had access to a GP of their choice, and to allied healthcare services including dietetics, physiotherapy, speech and language, psychiatry of later life, and chiropody. Occupational therapy was available through the HSE on a referral basis but there was poor access. For example, one resident was referred approximately nine months prior to this inspection and the occupational therapist phoned on the day of the inspection to arrange an appointment. As an alternative, private occupational therapy is offered to residents that wish to avail of this service. GPs visited the centre regularly and records indicated that residents were reviewed frequently. Out-of-hours GP services were also available. Dieticians and speech and language therapists from a nutritional company visited the centre regularly and reviewed residents on a referral basis. Mobile optician services visited the centre every two years and a local dentist also visited to review residents.

Comprehensive nursing assessments were carried out that incorporated the use of...
validated assessment tools for issues such as risk of falling, risk of developing pressure sores, mental status and for the risk of malnutrition. Care plans were developed for issues identified on assessment and these were personalised to individual residents and provided good guidance on the care to be delivered. The communication needs of residents were also clearly set out in care plans.

There were written policies and procedures in place for end-of-life care and for the management of residents' resuscitation status. Staff provided end of life care to residents with the support of their GP and the community palliative care team, to which there was good access. Religious preferences were documented and there was evidence that they were facilitated. Most residents were catholic and a priest visited the centre each week, either to celebrate mass or to offer other sacraments, such as communion. The needs of other denominations were respected and supported. Seventeen of the 26 bedrooms were single rooms, so the option of a single room was usually available. Family and friends were facilitated to remain with the resident and there were adequate facilities for relatives to remain overnight. A review of records indicated that care was provided to a good standard as residents approached end of life, however, this was not addressed in the care plan for one resident and the section of the care plan dealing with end-of-life was blank.

There were policies and procedures to guide practice in relation to the management of nutrition. There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were weighed and assessed for the risk of malnutrition on admission and at regular intervals thereafter using a validated tool. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The inspector found that residents on diabetic and modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served.

Most residents had breakfast in the dining room but those that chose to eat in their bedrooms were facilitated to do so. Breakfast was served for most residents from 08:00hrs or earlier if requested, lunch was served from 12:15hrs and supper was served from 16:30hrs. Residents were seen to interact with each other during meals and were supported to be as independent as possible with their meals. Residents that required assistance with their meals were assisted by staff in a respectful and dignified manner. Choice of food was available at mealtimes, including for residents on a modified diet. Meals appeared to be nutritious and were attractively presented.

There was a centre-specific medication policy with procedures for safe ordering, prescribing, storing and administration of medicines. All residents had photographic identification in place in the medication administration record book. The supply and administration of scheduled controlled drugs was checked and was correct against the drug register, in line with legislation. Two nurses checked the quantity of these medications at the start of each shift. The nurse, spoken with by the inspector, displayed a good knowledge of the requirements in the area of controlled drugs and the responsibilities of the registered nurse to maintain careful records.

Medications in the centre were supplied in a monitored dosage system. A stock of medications, predominantly antibiotics, was maintained in the centre for use out-of-
hours. A review of a sample of these drugs indicated that some antibiotics were out of date and some were nearing their expiry date. While there was a system in place to review this stock monthly, this review did not identify that these medications were out of date. Additionally the stock of antibiotics exceeded what would be considered as an emergency supply. The inspector also noted that some medications that had been decanted from their original container did not have an expiry date and therefore, it would not be possible to determine when they could no longer be administered.

A review of a sample of prescriptions indicated that nurses transcribed medications. The transcription practice, however, did not comply with relevant guidance, as the nurses did not sign for each drug transcribed but indicated which drugs were transcribed using a numbering system at the bottom of the prescription. A number of prescription sheets were torn and held together with adhesive tape, when the centre's policy specified that they should be replaced when they became dirty, torn or disfigured. It was also noted that a number of faxed prescriptions were in use. These had been transcribed to the prescription sheet but had not been signed by the GP within the 72 hour timeframe indicated in the medication management policy.

This outcome was judged to be compliant in the self assessment, and inspector judged it as moderate non-compliant.

**Judgment:** Non Compliant - Moderate

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**Outcome 02: Safeguarding and Safety**

**Theme:** Safe care and support

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

**Findings:**
The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a policy in place that covered prevention, detection, reporting and investigating allegations or suspicions of abuse. All staff spoken with knew what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about a colleagues behaviour. The person in charge was also very clear of her role if there were any investigations.

All residents spoken with said they felt safe and secure in the centre, and felt that staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude. Improvements, however, were required in relation to notifying HIQA of allegations of abuse. There is a requirement to notify HIQA of suspicions or allegations of abuse, even when the allegations are not substantiated. On one occasion
an allegation of abuse was not notified and safeguarding arrangements were not documented following the allegation to protect both residents and staff.

There were policies in place about meeting the needs of residents with responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to give clear instruction to guide staff practice. Care plans set out how residents should be supported if they presented with responsive behaviour. Inspectors saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. Staff spoken with were knowledgeable of individual residents behaviour, including how to avoid the situation escalating.

The only form of restraint in place were bedrails and these were in place for two residents. While there was a risk assessment completed for each of these residents, it was significantly out-of-date and there was no documented review to ensure that the risk assessment was still relevant.

The inspector reviewed incident reports in relation to resident’s behaviour and records confirmed that there were no recent significant behavioural related incidents.

The centre was not pension agent for any resident and there were adequate procedures in place for the management of residents’ finances.

This outcome was judged to be compliant in the self assessment, and inspector judged it as moderate non-compliant

Judgment: Non Compliant - Moderate

**Outcome 03: Residents’ Rights, Dignity and Consultation**

**Theme:** Person-centred care and support

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

**Findings:**
Residents confirmed that their religious and civil rights were supported. The preferences of all religious denominations were respected and facilitated. Religious ceremonies were celebrated in the centre that included mass for Catholic residents. Residents had access to advocacy services and records indicated that they visited the centre when it was identified that a resident required the support of an advocate.

Residents meetings were held in the centre approximately every two months. Records of residents’ meetings were reviewed by the inspector and issues discussed included meals, staffing, the environment, and day-to-day life in the centre. There was a written response by the provider identifying how issues raised would be addressed.
The inspector observed staff interacting with residents in an appropriate and respectful manner. Residents chose what they liked to wear and inspectors saw residents looking well dressed, including jewellery and makeup. Residents had access to a visitor's room, where they could meet with family and friends in private, or they could meet with them in their bedrooms.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). An overview of these observation periods is detailed below.

Observations were recorded in the sitting rooms. The total observation period was 90 minutes, which comprised three 30 minute periods. For rating purposes, there were 18 five minute observation periods. Four scores of +2 were given predominantly when staff were seen to sit and chat with residents. Staff were seen to sit with residents and chat with them while making good eye contact. Eight scores of +1 were given when staff were observed to provide care to residents with minimal meaningful interaction. Four scores of 0 were given, when residents were observed to be left in the sitting room with minimal stimulation. Three scores of -1 were given when residents were not consulted about an activity, such as changing the radio station to a channel with mass without asking residents if they would like mass. A resident was seen to lower the volume of the radio when staff left the sitting room.

Each resident had a "Life Story" completed which provided information about their life prior to becoming a resident in the centre. There were no activity coordinators and instead activities were incorporated into the responsibilities of healthcare assistants each day. While the inspector observed a healthcare assistant enthusiastically chair a quiz and residents actively participating on one of the days of the inspection, the absence of a structured programme of activities is reflected in the result of the QUIS detailed above. While it was noted that there had been some improvements in the programme of activities since the previous inspection, there were periods of time when residents were left unsupervised and without stimulation in the sitting rooms. Other than the visit of musicians, an exercise programme, the weekly visit of a priest and weekly pet therapy, the programme of activities was unstructured and dependent of healthcare assistants not being busy providing personal care to residents.

This outcome was judged to be compliant in the self-assessment, and the inspector judged it as moderate non-compliant.

Judgment: Non Compliant - Moderate

Outcome 04: Complaints procedures
**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:**
There was a system in place to ensure that the complaints of residents or their representatives were listened to and acted upon. There was a complaints policy that identified the person responsible for managing complaints and also included an appeals process. The complaints procedure was on prominent display in the centre, and summarised in the residents guide.

Throughout the inspection it was clear that residents were familiar with all members of staff and management. It was apparent to inspectors that residents would find staff easy to approach with any concerns or complaints.

Inspectors viewed the complaints log that contained details of complaints, the investigation of each complaint, the outcome of the investigation and whether or not the complainant was satisfied with the outcome of the complaint.

This outcome was judged to be compliant in the self assessment, and the inspector judged it as compliant.

**Judgment:** Compliant

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**Outcome 05: Suitable Staffing**

**Theme:** Workforce

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

**Findings:**
The inspector observed staff providing care residents in a respectful and caring manner. Residents appeared to be familiar with staff and staff were knowledgeable of each resident's needs. An actual and planned roster was maintained in the centre, with any changes clearly indicated. The person in charge was supported in her role by an assistant director of nursing. A review of the staff roster, indicated that there was a nurse on duty at all times. There was a regular pattern of rostered care staff. Residents and staff spoken with felt there were adequate levels of staff on duty.

Training records indicated that all staff had attended mandatory training in fire safety and manual handling. Training records also indicated that all staff had attended training in responsive behaviour and safeguarding residents from abuse. However, these training programmes had not been provided by a trainer accredited in providing this training.
While all staff nurses had recently completed training in medication management, the programme of training could be enhanced by the provision of up-to-date training in other areas, such as dementia care, infection prevention and control and nutrition.

The inspector reviewed a sample of staff files to assess compliance with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. A vetting disclosure was available for all staff. Employment histories were available for all staff, however, of a sample of files reviewed, one did not have dates associated with the employment history and there were gaps in employment in others, for which a satisfactory explanation had not been recorded. Additionally, the photograph on file for one staff member was not proof of identification.

This outcome was judged to be substantially compliant in the self-assessment, and the inspector judged it as moderate non-compliant.

**Judgment:** Non Compliant - Moderate

### Outcome 06: Safe and Suitable Premises

**Theme:** Effective care and support

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

**Findings:**
St. Theresa's Nursing home is located on the outskirts of the town of Thurles, in close proximity to shops and other facilities. It is a two-storey premises with bedroom accommodation on both floors and communal accommodation on the ground floor only. Bedroom accommodation comprises nine twin bedrooms and 17 single bedrooms. Two of the bedrooms on the first floor are en suite with toilet, shower and wash hand basin and all of the other bedrooms have wash hand basins in the room. Access to the first floor is by stairs and chair lift.

All of the twin bedrooms were marginal in size and would not be suitable for residents with high needs, such as residents requiring large specialty chairs and full hoist transfers. The provider was advised that the size of these bedrooms will not meet the requirements of S.I. No. 293/2016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 from 01 January 2022. These regulations stipulate that, from that date, each resident shall have an area of not less than 7.4 m² of floor space. The first floor could only be accessed by a chair lift and when on the first floor, there were two steps on the corridor to be negotiated in order to access bedrooms on one wing. On the days of the inspection, however, the twin bedrooms met the needs of the residents living there. The person in charge stated that the pre-admission process involved screening residents to ensure that the bedrooms were suitable and that bedroom accommodation was under constant review.
as residents' needs changed.

On the days of the inspection the centre was bright and clean throughout and predominantly in a good state of repair. Some improvements were required. For example, there was no hand or grab rails in one of the toilets and the hand rails in another toilet were rusted. The paintwork on the walls and doors in some areas of the centre required repainting and this was in the process of being address by a programme of redecoration, which had commenced prior to this inspection. Communal space comprised a visitors' sitting room that was located immediately to the left of the front entrance door. This room was comfortably furnished and decorated to a high standard. It was routinely used by residents to meet with visitors in private but was also occasionally used by residents, if they wished to have some quiet time alone. There was a small sitting room to the right of the entrance door and a larger sitting room adjacent to it, both of which were in constant use.

Sanitary facilities comprised three assisted bathrooms on the ground floor, each of which had an assisted shower, a toilet and a wash hand basin. There was an additional toilet on the ground floor. There were two bathrooms on the first floor, both with shower, toilet and wash hand basin, one of which was an assisted shower.

There was a dining room adjacent to the kitchen that was furnished with three large circular tables. The kitchen was clean and well organised. Residents had access to an enclosed outdoor area that contained suitable patio type furniture. There was appropriate assistive equipment such as speciality beds, mattresses, and hoists and records indicated that preventive maintenance was up-to-date.

This outcome was judged to be substantially compliant in the self-assessment, and the inspector judged it as substantially compliant.

**Judgment:** Substantially Compliant

### Outcome 12: Notification of Incidents

**Theme:** Effective care and support

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

**Findings:**
There is a requirement to notify HIQA of suspicions or allegations of abuse, even when the allegations are not substantiated. On one occasion, an allegation of abuse was not notified to HIQA.

**Judgment:** Non Compliant - Moderate
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:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>Date of inspection:</td>
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Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme: Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A review of records indicated that care was provided to a good standard as residents approached end of life, however, this was not addressed in the care plan for one resident and the section of the care plan dealing with end-of-life was blank.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
Care plans are developed with the Resident and where a Resident and or the Next of Kin does not wish to have a care plan developed it will be documented.

**Proposed Timescale:** 10/05/2018

**Theme:** Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A review of a sample of prescriptions indicated that nurses transcribed medications. The transcription practice, however, did not comply with relevant guidance. For example:
- nurses did not sign for each drug transcribed but indicated which drugs were transcribed using a numbering system at the bottom of the prescription
- a number of prescription sheets were torn and held together with adhesive tape, when the centre's policy specified that they should be replaced when they became dirty, torn or disfigured
- a number of faxed prescriptions were in use. These had been transcribed to the prescription sheet but had not been signed by the GP within the 72 hour timeframe indicated in the medication management policy.

**2. Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
A review of medication prescriptions has been undertaken and transcription practice is now in line with relevant guidance. Dates were included in the transcription and will continue to be. Medication sheets have been signed and updated and nurses guided to continually observe for a need to do so within the time frame.

**Proposed Timescale:** 16/05/2018

**Theme:** Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Improvements were required in relation to the management of medications, such as:
- a review of a sample of stock medicines indicated that some antibiotics were out of date and some were nearing their expiry date
- while there was a system in place to review stock medications monthly, this review did not identify that these medications were out of date
- the stock of antibiotics exceeded what would be considered as an emergency supply
- some medications that had been decanted from their original contained did not have an expiry date and therefore it would not be possible to determine when they could no
longer be administered.

3. Action Required:
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:
The stock medications and decanted medications were examined and replaced immediately. The nurses have been guided not to hold excess stock and to remove medications with an expired or nearing expiration date. All medications have expiry dates clearly labelled. The stock taking review is now broken down to cover two days in the month.

Proposed Timescale: 09/05/2018

Outcome 02: Safeguarding and Safety

Theme: Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
While there was a risk assessment completed for each resident using bedrails, it was significantly out-of-date and there was no documented review to ensure that the risk assessment was still relevant.

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

Please state the actions you have taken or are planning to take:
A review of risk assessments has been completed in the care plan documentation.

Proposed Timescale: 14/05/2018

Theme: Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Safeguarding arrangements were not documented following an allegation of abuse to protect both residents and staff.

5. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.
Please state the actions you have taken or are planning to take:
A safe guarding care plan has been implemented to protect both Residents and Staff.

Proposed Timescale: 14/05/2018

Outcome 03: Residents’ Rights, Dignity and Consultation

Theme: Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There were periods of time when residents were left unsupervised and without stimulation in the sitting rooms. Other than the visit of musicians, an exercise programme, the weekly visit of a priest and weekly pet therapy, the programme of activities was unstructured and dependent of healthcare assistants not being busy providing personal care to residents.

6. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
The schedule of activities had included, music, pet therapy, visit from the priest, twice weekly music and movement programme, school pupils visit, outdoor walks, morning quiz and exercises. A review of the activities took place and care attendants met to discuss the matter. It is noted that some Residents like quite times and others like to engage. A named person is accountable for each morning to oversee the need of engagement with the Residents and the goal is to focus on where it can be enhanced for the Resident.

Proposed Timescale: 15/05/2018

Outcome 05: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were required in relation to the provision and attendance at training. For example:
• training records indicated that all staff had attended training in responsive behaviour and safeguarding residents from abuse. However, these training programmes had not been provided by a trainer accredited in providing this training
• the programme of training could be enhanced by the provision of up-to-date training in other areas, such as dementia care, infection prevention and control and nutrition.

7. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to
appropriate training.

Please state the actions you have taken or are planning to take:
The in house training will be provided by a trainer accredited in provision of training. A review of up to date training in other areas is being addressed and provision of this will take place.

**Proposed Timescale:** 01/11/2018  
**Theme:** Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Employment histories were available for all staff, however, of a sample of files reviewed, one did not have dates associated with the employment history and there were gaps in employment in others, for which a satisfactory explanation had not been recorded. Additionally, the photograph on file for one staff member was not proof of identification.

8. **Action Required:**  
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
A review of staff files has taken place and the dates of the employment history has been included, any gaps have been recorded in writing together with satisfactory explanation. A copy of the staff member’s passport has been included.

**Proposed Timescale:** 14/05/2018

**Outcome 06: Safe and Suitable Premises**

**Theme:** Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some improvements were required. For example, there was no hand or grab rails in one of the toilets and the hand rails in another toilet were rusted. The paintwork on the walls and doors in some areas of the centre required repainting and this was in the process of being address by a programme of redecoration, which had commenced prior to this inspection.

9. **Action Required:**  
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The grab rail has been put in place, and hand rail repainted together with other areas repainted as part of maintenance work.

Proposed Timescale: 25/05/2018

**Outcome 12: Notification of Incidents**

**Theme:** Effective care and support

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

There is a requirement to notify HIQA of suspicions or allegations of abuse, even when the allegations are not substantiated. On one occasion, an allegation of abuse was not notified to HIQA.

10. **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:

An notification report of an unsubstantiated allegation will be sent to HIQA in the future with immediate effect.

Proposed Timescale: 10/05/2018