

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rivervale Nursing Home
Centre ID:	OSV-0005519
Centre address:	Old Birr Road, Rathnaleen, Nenagh, Tipperary.
Telephone number:	067 50426
Email address:	info@rivervalenh.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Blockstar Limited
Provider Nominee:	Shane Scanlan
Lead inspector:	Mary Costelloe
Support inspector(s):	Mary O'Mahony
Type of inspection	Unannounced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	11

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: 29 August 2017 10:00 To: 29 August 2017 19:00

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	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection, which took place following the receipt of unsolicited information by the Authority and notification from the provider of a change to the person in charge. This was the first inspection of this centre since Blockstar Ltd took over as registered provider in January 2017. As part of the inspection the inspectors met with residents, relatives, staff members, the provider representative, the person in charge and the assistant director of nursing. The inspectors observed practices and reviewed documentation such as care plans, medical records, complaint logs, policies, procedures and staff files.

Overall, the inspectors found that the person nominated to represent the provider and the person in charge demonstrated a commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland. Many improvements had been completed since January 2017.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The inspectors found it to be well maintained and nicely decorated. It was warm, clean and odour free throughout.

There was evidence of good practice in many areas. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names.

On the day of inspection, the inspectors were satisfied that the nursing and healthcare needs of residents were being met. There was evidence of timely access to general practitioners and allied health services. A computerised nurse documentation system had been provided and inspectors noted that nursing documentation was completed to a high standard.

The quality of residents' lives was enhanced by the improved provision of a choice of interesting things for them to do during the day.

The inspectors had concerns at the lack of oversight by the registered provider to ensure that all staff were recruited in line with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland, including the absence of vetting disclosures in accordance with the National Vetting Bureau. Inspectors were also concerned that the provider had failed to ensure that some staff who had a significant level of managerial responsibility, had adequate knowledge of fire safety arrangements and knowledge to guide staff in the event of fire. Staffing levels particularly in the late evening required review. The inspectors spoke with the provider representative and person in charge regarding these concerns, both were responsive and stated that they were committed to ensuring that the issues would be addressed as a priority. Following the inspection the provider representative submitted evidence to confirm that Garda clearance was now in place for both staff members and that formal fire safety training was scheduled for 5 September 2017.

These areas for improvement are included in the action plan at the end of this report.

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

Outcome 01: 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):

Findings:

The inspectors reviewed the updated statement of purpose dated 15 August 2017, it complied with the requirements of the regulations.

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):

Findings:

The provider had established a clear management structure. There was a recently recruited person in charge who worked full time in the centre. The person in charge was supported in his role by a recently recruited assistant director of nursing and service manager. There was an on call out-of-hours system in place. The provider representative visited the centre on a weekly basis. Residents and staff spoken with told the inspector that they felt well supported and could report or discuss any issue with

any member of the management team.

While the provider had developed systems to review the safety and quality of care, these were not always adequate. The inspectors had concerns at the lack of oversight by the registered provider, to ensure that all staff were recruited in line 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, including the absence of vetting disclosures in accordance with the National Vetting Bureau. The provider had also failed to ensure that some staff, who had a significant level of managerial responsibility, had adequate knowledge of fire safety arrangements to guide staff in the event of fire. The inspectors spoke with the provider representative and person in charge regarding these concerns, both were responsive and stated that they were committed to ensuring that the issues would be addressed as a priority.

There was a planned audit schedule in place, audits and reviews were to be completed in areas such as infection control, hand hygiene, activities, dining experience, restraints, laundry, catering, medication management and clinical audits. The pharmacist had recently completed a medication management audit.

The provider representative advised the inspectors that information from audits will be used to inform the annual review of the quality and safety of care for 2017. The system of review included consultation with and seeking feedback from residents and their representatives. Residents committee meetings continued to be held on a regular monthly basis.

The provider representative outlined the many improvements that had been completed over the past six months. The inspectors noted that all schedule five policies had been reviewed and updated, a computerised nurse documentation system had been provided, nursing documentation was completed to a high standard, the physical environment had been enhanced, additional signage had been provided, the activities schedule had been revised, cleaning schedules had been revised and implemented.

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):

Findings:

The person in charge was a nurse and had been recently appointed to the role at the

end of July 2017. He had the required qualifications and experience in the area of nursing the older adult. The person in charge was knowledgeable regarding the regulations, HIQA's Standards and his statutory responsibilities.

Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspectors was made readily available.

The inspectors observed that he was well known to staff, residents and relatives.

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):

Findings:

Some records as required by the regulations were not maintained in the centre.

The inspectors reviewed a number of staff files including the files of staff recruited in recent months. Two of the staff files reviewed did not contain all of the information as set out in the regulations including vetting disclosures in accordance with the National Vetting Bureau, details and documentary evidence of relevant qualifications or accredited training, full employment history and two written references. The inspectors were concerned that the provider had not ensured that a primary safeguarding measure of obtaining vetting disclosures were in place for these staff who had been employed in Rivervale Nursing Home for a number of weeks.

The recruitment of some staff was not in line with the centres own safeguarding or recruitment policies.

The complaints policy did not reflect the details of the recently appointed person in charge who was the nominated complaints officer. The provider needed to update this detail of the complaints policy so that residents and staff understood who to approach if they had a complaint to make.

Judgment:

Non Compliant - Major

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):**Findings:**

The inspectors had concerns that the recruitment of some recently recruited staff was not in line with the centres own safeguarding or recruitment policies. Some recently recruited nursing staff did not have Garda vetting (police clearance) disclosures in place. The provider representative undertook to remove these staff members from the roster until such time as satisfactory Garda clearance was in place. This action is included under Outcome 5: Documentation to be kept in the centre.

The inspectors reviewed the policies on management of behaviours that are challenging and behavioural and psychological symptoms of dementia, and use of restraint. 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 inspectors reviewed the files of some residents who presented with behaviours that challenged and noted comprehensive clear guidance for staff documented in the residents behavioural support plans.

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. There were seventeen residents using bed rails at the time of inspection. The person in charge advised inspectors that he was currently reviewing the use of bed rails with a view to reducing the numbers in use. Risk assessments along with clear rationale for their use and care plans in line with national policy were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded. Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services, the psychiatry of later life team and community psychiatric nurse visited weekly.

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):

Findings:

The inspectors found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspectors reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspectors reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspectors reviewed a number of residents' files including the files of residents with a dementia, with wounds, presenting with behaviours that challenge, smoking risk, restraint measures in place and at end of life. See Outcome: 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

A new computerised nurse documentation system had been put in place and all staff had completed training on its use. The inspectors found that nursing documentation was completed to a high standard. Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including in nutrition, falls, dependency, manual handling, restraint, continence, skin integrity, pain and meaningful activities. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. A comprehensive and informative daily life care plan was in place for all residents which outlined clear guidance for staff in areas such as washing, bathing, grooming and mobility, continence management, food

and nutrition, mood, behaviour, engaging in meaningful activities, risks to safety, rights and advocacy, pain and palliative care needs and end of life wishes. Care plans had been reviewed and updated on a regular basis. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

The inspectors were satisfied that weight loss was closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly or more often if staff had concerns. Nursing staff told the inspector that that if there was a change in a resident's weight, nursing staff would reassess the resident, liaise with the GP and referrals maybe made to the dietician and or SALT. Files reviewed by the inspectors confirmed this to be the case. Some residents were prescribed nutritional supplements which were administered as prescribed.

There was a reported low incidence of wound development and the inspectors saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. The inspectors reviewed the file of a resident with wounds. There was a wound care chart and plan in place, the wound dressings were regularly changed and recorded in the nursing notes, however, the wound assessment chart was not updated and therefore it was difficult to determine the progress of the wound.

All residents had safety care plans in place. The inspectors noted that residents who smoked had individualised, detailed smoking care plans in place.

The social care needs of each resident were assessed. There was a fulltime activities coordinator employed. There was a wide range of activities taking place and the daily activities timetable was displayed. On the day of inspection, residents were observed attending Mass which was relayed by video link from the local church, enjoying ball games, light exercises, bingo, newspaper discussion and reading. Some residents spoken with told the inspectors that they enjoyed the variety of activities taking place. Some residents preferred to remain in their bedrooms and told inspectors that they enjoyed the peace and quiet, reading the daily newspapers, listening to the radio and watching television. Other residents were observed walking about both inside the centre and outside in the enclosed garden area.

Judgment:

Substantially 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):

Findings:

The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. However, the complaints policy required updating, the documentation to support the investigations carried out and learning outcomes required improvement.

The complaints policy required updating to include the name of the nominated complaints officer. The inspectors were told that the new person in charge was now the nominated complaints officer.

The complaints procedure was displayed and a complaint box was located in the front entrance hallway.

Complaints were logged on the computerised documentation system. The inspectors noted that both verbal and written complaints were recorded. The person in charge advised that all complaints had been investigated and he had spoken with all complainants to resolve issues. Details of the complainant's satisfaction or not with the outcome was documented, however, details of investigations carried out and learning outcomes were not always recorded.

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):**Findings:**

Inspectors were concerned that there were inadequate staff on duty in the late evening particularly between the hours of 20.00 and 22.00 hours, taking into account the dependency and individual needs of residents. HIQA had received a number of concerns (unsolicited information) regarding inadequate staffing levels in the centre prior to this inspection. The inspectors spoke with residents, relatives and staff and also reviewed residents' dependency levels, staffing rosters, the layout of the centre, incident records and nursing notes in regard to staffing levels.

At the time of inspection there were 34 residents living in the centre. Eleven residents had been assessed as maximum dependency, ten as high, eight as medium and five as low dependency. There were some residents with high social care needs who at times required immediate staff response. The centre was single storey building however, the bedrooms were located on three corridors.

There was normally one nurse and six care assistants on duty in the morning time, one nurse and four care assistants on duty in the afternoon and evening time and one nurse and two care assistants on duty at night time. The person in charge was normally on duty during the day time Monday to Friday. The activities coordinator was also on duty during the morning and afternoon Monday to Friday and assisted with residents care needs from 8.00am to 10.30 am.

Nursing staff informed inspectors that many residents would regularly be still up in the dayroom after 20.00 hours. The nurse on duty at night time was involved in attending handover and administering medications until approximately 22.00hours. Many of the residents preferred to go to bed during this time. At this time therefore, there were only two care assistants on duty to assist residents who may wish to go to bed, some who required the assistance of two staff while other residents some with a high level of social care needs required attention and supervision in the day areas during this time period. The daily nursing notes of a resident with complex needs indicated that additional staff support was needed particularly in the late evening/night time. As a result, inspectors were concerned that some residents may not be afforded choice around going to bed times, meeting the needs and supervision of other residents may also be compromised.

Some relatives spoken with told inspectors that they were not satisfied with staffing levels in the evening time and at weekends, stating that there were often long periods of time when there were no staff present in the day areas. The inspectors noted that a number of residents had recent falls in the dayroom when staff members were not present.

The inspectors raised this issue of concern with the provider representative at the feedback meeting. He agreed to review staffing levels and work organisation in the centre.

Staff spoken with and staff files reviewed indicated that most staff had received appropriate mandatory training. Further training in relation to safeguarding and fire safety were scheduled for September 2017.

All staff spoken with told the inspectors that they had completed moving and handling training. However, inspectors were concerned that staff were not appropriately supervised to ensure that safe manual handling practices that protected residents were properly implemented. The inspectors observed some poor people handling practices and comments from some residents also indicated poor handling practices on some occasions. This issue of concern was raised with the provider.

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:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Rivervale Nursing Home
Centre ID:	OSV-0005519
Date of inspection:	29/08/2017
Date of response:	19/10/2017

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The inspectors had concerns at the lack of oversight by the registered provider, to ensure that all staff were recruited in line 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, including the absence of vetting disclosures in accordance with the National Vetting Bureau. The provider had also failed to ensure that some staff, who had a significant level of

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

managerial responsibility, had adequate knowledge of fire safety arrangements to guide staff in the event of fire.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.

Proposed Timescale:

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 complaints policy required updating to reflect the details of the recently appointed person in charge who was the nominated complaints officer.

2. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

The name of the nominated complaints officer is reflected in the complaints policy and procedure.

Proposed Timescale: 22/09/2017

Theme:

Governance, Leadership and Management

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

The recruitment of some staff was not in line with the centres own safeguarding or recruitment policies.

3. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

The services manager and PIC were re-educated by the Nominated Provider on the recruitment policy.

Garda vetting for the two employees in question was actioned immediately during the inspection by the Nominated Provider.

Both staff were not on duty until this was received.

The recruitment of staff is now in line with current regulatory and legislative requirements.

Proposed Timescale: 22/09/2017

Theme:

Governance, Leadership and Management

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

The inspectors reviewed a number of staff files including the files of staff recruited in recent months. Two of the staff files reviewed did not contain all of the information as set out in the regulations including vetting disclosures in accordance with the National Vetting Bureau, details and documentary evidence of relevant qualifications or accredited training, full employment history and two written references. The inspectors were concerned that the provider had not ensured that a primary safeguarding measure of obtaining vetting disclosures were in place for these staff.

4. 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:

The staff files referred to above are complete. This was acknowledged by the inspector the summary introduction findings of this report.

All staff files are now in line with current regulatory and legislative requirements.

Proposed Timescale: Completed 31/08/2017 & 4/08/2017

Proposed Timescale: 31/08/2017

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:

Wound assessment charts were not updated and therefore it was difficult to determine

the progress of wounds.

5. 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:

Wound assessment charts are now reflective of the updated wound pictures and nursing notes relevant to the resident in question during the inspection.

Proposed Timescale: 22/09/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

Details of investigations carried out and learning outcomes were not always recorded.

6. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Education was provided by the Nominated Provider to the relevant people in relation to the importance of recording details of investigations and learning outcomes. The nominated provider shall review complaints on an ongoing basis during weekly meetings with the PIC to ensure full compliance.

Proposed Timescale: Education Completed 30/8/17.

Review by nominated Provider: Ongoing.

Proposed Timescale: 30/08/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Inspectors were concerned that there were inadequate staff on duty in the late evening particularly between the hours of 20.00 and 22.00 hours.

7. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.

Proposed Timescale:

Theme:

Workforce

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

The inspectors observed some poor people handling practices and comments from some residents also indicated poor handling practices on some occasions.

8. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Observations of manual and people handling practices will be audited over a three month period. Where appropriate corrective action will be taken and appropriate refresher training provided.

Proposed Timescale: 31/12/2017