

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Moate Nursing Home
Centre ID:	OSV-0000068
Centre address:	Dublin Road, Moate, Westmeath.
Telephone number:	090 648 2855
Email address:	moatenursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services Unlimited Company
Provider Nominee:	Pat Shanahan
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 September 2017 11:30	26 September 2017 18:00
27 September 2017 09:30	27 September 2017 15:30

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

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

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. As part of the registration process, an interview was carried out with the person in charge and the person authorised to act on behalf of the provider.

The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate prior to inspection. In total 10 questionnaires were returned. They were mainly positive. Residents were very complimentary about the staff and many said they felt secure and safe while one went on to say they never

feel lonely. Some relatives described the centre as home from home with one stating that the staff were committed to the welfare of residents. One resident stated that they get attention immediately with the ring of a bell although a relative commented that the bell was not working in the room she visited. The inspector did not find evidence of this during the inspection.

Although all residents were complimentary about the food, one commented that there were 'too many stews and not enough cabbage'.

Overall, the inspector was satisfied that residents receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were in place.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. Staff files were complete and staff were offered a range of training opportunities. However the roles and responsibilities of volunteers attending the centre were not set out in writing as required by the regulations.

Residents had access to general practitioner (GP) services and to a range of other health services. Evidence-based nursing care was provided. However some improvement was required to ensure that care plans were used to inform practices. There was limited evidence of resident or relative involvement in the review of some of the care plans.

Other improvements related to one aspect of medication management and some aspects of the premises.

These are discussed further in the report and the required improvements are set out in detail in the action plan at the end

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the regulations. It accurately described the facilities available and the service provided in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority

and accountability. The organisational structure was outlined in the statement of purpose.

An auditing schedule set out the yearly plan. Audits carried out included hygiene and infection control, health and safety, medication and clinical documentation. The results of audits were shared with staff for learning and used to inform the annual review. The inspector saw that the 2016 review was completed and was available to residents. This included details of incidents, restraint use and previous inspection findings along with action plans to further improve the service.

There was evidence of consultation with residents and their representatives in a range of areas at residents' meetings and also through satisfaction surveys

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector read the Resident's Guide and noted that it met the requirements of the regulations.

The inspector read a sample of completed contracts and saw that they also met the requirements of the regulations.

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 is a registered nurse and has the required experience in nursing older people.

The person in charge had maintained her continuous professional development having previously completed courses including management and leadership. She continued to attend training and seminars relevant to her role such as wound care and medication management.

The inspector found that she was well known to residents and relatives and was aware of her responsibilities under the regulations and standards.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the regulatory requirement to notify the HIQA should the person in charge be absent for more than 28 days.

The clinical nurse manager (CNM) deputises for the person in charge in her absence. The inspector met with this person during the inspection and found that she was aware of her responsibilities and had up to date knowledge of the regulations and standards.

Judgment:

Compliant

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

Theme:

Safe care and support

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

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

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the use of restraint and noted that appropriate risk assessments had been undertaken. Hourly safety checks were being completed in line with the policy in place. Additional equipment such as sensor alarms had also been purchased to reduce the need for bedrails. There was documented evidence that other alternatives had been tried prior to the use of restraint. It was noted at the previous inspection that less restrictive devices had not been trialled prior to the use of bedrails for some residents. The inspector saw that this had been addressed. The inspector saw that grab rails were successfully used by some residents to assist with movement in bed. This was a policy in place to guide practice and staff had received training.

The inspector noted one issue with care plans for restraint and this is included under Outcome 11.

Staff had also received training on identifying and responding to elder abuse. There was a detailed policy in place. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice.

Pocket monies were managed for some residents. Detailed documentation including receipts were maintained. A monthly audit was carried out on balances. The inspector checked a sample of balances and found them to be correct.

This centre does not currently act as a pension agent for any resident.

Judgment:

Compliant

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted in this centre.

The centre had policies and procedures relating to health and safety. A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced on a regular basis.

Fire drills were carried out frequently and these included night-time scenarios. When required action plans were put in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents. They were kept in a separate folder and a copy was also maintained in each resident's room. They included details of mobility, communication needs and means of evacuation for day and night time.

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property. Temporary alternative accommodation was available should evacuation be necessary.

Satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections.

Judgment:

Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Some improvement was required to ensure that residents are protected by safe medication management policies and practices

The inspector reviewed a sample of administration and prescription records and noted that medication to be given as and when required (PRN) did not consistently state the maximum dose that could safely be administered in a 24 hour period in line with national guidelines.

Otherwise the inspector found evidence of safe practices.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector checked a sample of balances and found them to be correct. End of shift checks were carried out by two nurses.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

Written evidence was available that three-monthly reviews were carried out. Support and advice were available from the supplying pharmacy. The pharmacist attended the centre on a regular basis and also spoke with residents and relatives when needed. Regular audits were carried out.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However some

improvement was required to ensure that the arrangements to meet each resident's assessed needs were consistently set out in an individual care plan and that residents were involved in the review of their care plan.

The inspector reviewed a sample of clinical documentation including nursing and medical records. For the most part, care plans were comprehensive and person centred. They had been updated to reflect the recommendations of various health care professionals.

However the inspector noted that in some cases, care practices taking place were not the same as set out in the care plan. For example, a resident with diabetes was having blood sugar levels recorded daily. That care plan did not outline this. In addition, the care plan for a resident using restraint stated that safety checks were completed half hourly. The practice was that they were completed hourly in line with the policy in place. The inspector was satisfied that the care practices were in order and the improvement related to the documentation of this care.

The inspector noted that there was limited evidence of resident or relative involvement in the review of some of the care plans. This was also confirmed in some of the questionnaires reviewed.

The inspector reviewed the management of clinical issues such as wound care and found they were well managed and guided by robust policies.

Residents were satisfied with the service provided. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services were available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

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):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was suitable for its stated purpose and in the main met residents' individual and collective needs in a comfortable and homely way.

However improvements were required in relation to dining room space which appeared limited. The inspector also noted that some locks on en suite rooms did not work or were too stiff to be used which could impact on the privacy of a resident.

The inspector noted on both floors that some residents were having their meals in the day rooms. On checking, the inspector saw that there was not sufficient space in either dining room should that have been the residents' choice. This was not in keeping with the statement of purpose or the national standards which state that each resident has a choice as to where and when they eat their meals. This was discussed at length at the feedback meeting.

Moate Nursing Home is a two-storey purpose built centre. A lift and stairwells provide access between the floors. This centre is registered for 50 residents although one bed is currently taken down. A room previously designated as a twin room had been assigned as a single room to facilitate the needs of a resident. Therefore bedroom accommodation comprised of 49 single rooms each with a toilet and wash-hand basin en suite. Most rooms were nicely personalised although some residents said they preferred to keep everything simple and 'neat'.

Shower rooms, a bathroom and additional toilets were located throughout the building.

The premises and grounds were well maintained and clean, with suitable heating and ventilation.

There was a day room on each floor as well as a quiet room on the first floor.

A maintenance system was in place. Staff told the inspector that maintenance support was available as required. Arrangements were in place for the disposal of general and clinical waste.

It was found at the previous inspection that contrasting colours were not used to support people with dementia to achieve optimal functioning. The inspector saw that this had been addressed. For example all toilet and bathroom doors were now painted yellow. Contrasting colours were also evident in these rooms with different colour toilet seats etc.

A smoking room/area was available to residents within the centre.

Residents had access to a safe and enclosed outdoor courtyard which was well maintained and very popular with residents. Adequate parking was available to the front of the building.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that policies and procedures were in place for the management of complaints.

HIQA had received information that complaints were not responded to. However, the inspector found that a record of all complaints, investigations, responses and outcomes was maintained. The inspector was informed by the person in charge that the complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon. There was one active complaint being investigated at the time of inspection. The person in charge was the nominated complaints officer and an appeals procedure was in place.

The complaints procedure was displayed in the front foyer.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were provided with food and drink at times and in quantities adequate for their needs. Food was wholesome and nutritious while also properly prepared, stored and cooked.

The inspector visited the kitchen and found that it was clean and organised. Residents spoken with also expressed satisfaction with the food provided. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences which was documented and records held in the kitchen.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dietitians and speech and language therapists where appropriate. When required nutritional and fluid intake records were appropriately maintained. These were reviewed nightly and where necessary an action plan was put in place to address any deficiencies.

The inspector reviewed the menus and saw that choices were available at each meal. The menus had been reviewed by a dietitian who was satisfied with the menu and had made some suggestions which were taken on board.

Snacks and drinks were readily available throughout the day. The inspector observed and residents confirmed that the catering staff continued to produce a wide range of home-baking including a variety of scones, cakes and home-made desserts.

Although the inspector found that the size of the dining room was insufficient which is discussed under Outcome 12, the inspector saw that tables were nicely laid and meals were well presented. Adequate assistance was available when needed.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

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

Findings:

This outcome was inspected to review progress on the actions required from the previous inspection.

It was found at the last inspection that the activity co-ordinator was responsible for too large a group and did not have the support of other staff to facilitate activities. The allocation of staff to support activity provision required urgent review. In addition the records of residents' participation or level of engagement in activities were kept separately from other aspects of care. This may accentuate the perception that meeting residents' social needs is the responsibility of the activity staff and secondary to other aspects of care provision.

From speaking to staff and residents and general observation, the inspector did not find sufficient evidence that this had been addressed.

There were two activity coordinators employed on a part-time basis covering five days per week. This meant that one activity coordinator was on duty each day between Monday and Friday. The person in charge told the inspector that an additional staff member is also brought in for one hour per week. However this was not reflected on the rosters reviewed.

The inspector remained concerned that there were insufficient opportunities for residents to participate in activities that were meaningful and purposeful to them and that reflected their interests and capacities. HIQA had also received information in this regard.

Judgment:

Substantially Compliant

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A policy was in place to guide the management of residents' personal property and possessions.

There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. The inspector noted that improvements had been made to the system for marking clothes as a result of complaints received regarding missing clothes. The inspector saw that improvements had occurred because of this and was under constant review.

The space provided for residents' personal possessions and storage of their own clothes was suitable and sufficient, and well maintained. A system was in place where two named staff were assigned to each resident to ensure that each resident received adequate assistance to retain control over their own possessions.

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:

The inspector was satisfied that at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents for the size and layout of the centre. Improvement was required to records maintained for volunteers.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and saw that all documents required by Schedule 2 were in place. Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

A comprehensive induction plan was in place. Staff appraisals were completed on a yearly basis and the inspector saw evidence of this on the staff files.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in dementia care, infection control, health and safety and medication management.

Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety and moving and handling.

Several volunteers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that they had been vetted appropriate to their role. However their roles and responsibilities were not set out in writing as required by the regulations.

Judgment:

Substantially 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:

Sheila Doyle
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:	Moate Nursing Home
Centre ID:	OSV-0000068
Date of inspection:	26/09/2017 and 27/09/2017
Date of response:	13/10/2017

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 09: Medication Management

Theme:

Safe care and support

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

Medication to be given as and when required (PRN) did not consistently state the maximum dose that could safely be administered in a 24 hour period.

1. 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

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

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:

All medicinal products are administered in accordance with the directions of the resident's GP and also in accordance with the advice of the resident's pharmacist; this will include clearly stating the maximum dose of all prescribed PRN medications that can safely be administered in 24hrs.

Proposed Timescale: 31/10/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Some care practices taking place were not the same as set out in the care plans.

2. 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 that resident's admission to the designated centre.

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

A care plan is prepared for all residents within 48 hours of their admission to the centre. We will ensure that care plans accurately reflect the assessed care needs of the residents and that they guide practice. Care plans will be reviewed regularly to ensure compliance and accuracy.

Proposed Timescale: 31/10/2017

Theme:

Effective care and support

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

There was limited evidence of resident or relative involvement in the review of the care plans.

3. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

We will continue to consult residents and relatives (where appropriate) and involve them in the review of care plans. This will be documented clearly in the appropriate section of each resident's care plan and there will be a regular audit process of documentation to ensure compliance with regulatory standards.

Proposed Timescale: 31/10/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

There was insufficient space in the dining rooms to accommodate all residents.

Some of the door locks on the en suite toilets did not work properly.

4. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

A room on the first floor has now been designated as a dining room, which will allow sufficient dining space to accommodate all residents in the centre.

Door locks on ensuite room doors will be serviced and repaired to ensure that they are all operating safely and appropriately.

Proposed Timescale: 31/10/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There were insufficient opportunities for residents to participate in activities that were meaningful and purposeful to them and reflected their interests and capacities.

5. 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:

We will ensure that there are sufficient opportunities for residents to participate in meaningful and purposeful activities based on their preference and ability. The Activity Coordinator will continue to ensure that residents are facilitated to participate in such activities. We will also enable individual carers to deliver some activity programmes as part of residents' daily care. The weekly schedule of activities has been revised to reflect a varied daily programme of events and we will monitor this schedule and seek resident feedback to ensure the effectiveness and gauge overall satisfaction with the programme.

Staff training & awareness will be promoted to enhance their knowledge and insight into the importance of ensuring that the quality of life of our residents is an integral part of their lives in the centre.

Proposed Timescale: 31/10/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The roles and responsibilities of volunteers were not set out in writing.

6. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

Roles and responsibilities of people involved in a voluntary basis in the Home are now set out in writing.

Proposed Timescale: 09/10/2017