

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Arus Carolan Community Nursing Unit
Centre ID:	ORG-0000656
Centre address:	Mohill, Leitrim.
Telephone number:	071 9631152
Email address:	mary.ross@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Frank Morrision
Person in charge:	Mary Ross
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	36
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 judgements 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.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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: 26 March 2014 08:30 To: 26 March 2014 18:20

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection. This inspection took place over one day. The purpose of this inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and follow up on the action plan and the provider's response to previous inspection carried out 4 September 2013. Notifications of incidents received since the last inspection was also considered and reviewed on this inspection.

Residents had good access to general practitioner (GP) and allied health professionals to include the occupational therapist, dietician and the speech and language therapist. The building was found to be comfortable and welcoming. Residents spoken with confirmed that they felt comfortable in the centre.

There was an adequate number and skill mix of nursing, care assistants, catering and cleaning staff rostered on the day of inspection to meet the assessed care needs of residents.

The inspector identified aspects of the service that required improvement. The inspector observed and discussed with nurse management his concerns regarding the number of residents who did not get up from bed each day. On the day of inspection, 19 residents remained in bed until lunchtime and 15 residents remained

in bed all day. Care plans were not adequately person-centred, individualised or described the current care to be given. There was not a system in place to involve or notify residents or their representative in the development and review of the resident's care plan.

Aspects of restraint practice in the use of bedrails required additional review to promote a restraint free environment. The management of fire records required review to ensure fire safety checks were adequately and consistently being maintained.

The action plan at the end of this report identifies all areas where improvements are required to comply with the Regulations and the Authority's Standards.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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:
Leadership, Governance and Management

Judgement:
Non Compliant - Minor

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

Findings:
The inspector was satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided.

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations. The statement of purpose is kept under review by the provider and had been updated in February 2013. However, the statement of purpose did not include all of the conditions of registration as outlined in the certificate of registration. The details of the number and sizes of bedrooms required updating to reflect the changes in the reduction of the number of triple bedrooms.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was well known by residents. She had good knowledge of residents care needs and could describe how staff ensured that their care needs were met.

She maintained her professional development and attended mandatory training required by the regulations in fire evacuation, safe moving and handling of residents and adult protection.

There was an organisational structure in place to support the person in charge. The clinical nurse manager deputises in the absence of the person in charge. The arrangements and reporting systems were known to staff and were described in the statement of purpose.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was provided with a copy of the centre's policy on prevention, detection and response to elder abuse. The policy was specific to the centre and defined the various types and signs of abuse and the reporting arrangements. The person in charge confirmed arrangements were in place for management to receive training on protected

disclosure procedures.

Residents spoken with stated that they felt safe in the centre. There was a visitors log in place and entrance and exit doors were monitored by CCTV. No incidents, allegations or suspicions of abuse have been recorded or notified to the Authority in the preceding 12 months at this centre.

Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern. A review of notes in a file outlined details of an incident in relation to adult protection. While the resident's safety was ensured at all times, the details of the incident were not referred to the HSE senior case worker for adult protection for consideration and guidance.

Garda Síochána vetting had been applied for all staff members. This was evidenced by a review of returned Garda Síochána vetting forms examined by the inspector.

The financial controls in place to ensure the safeguarding of residents' finances were not examined by the inspector on this visit.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a centre specific risk management policy in place. The governance arrangements to manage risk situations were specified. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy.

Infection control practices in relation to hand hygiene were robust. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant with hand hygiene and all staff had been trained on best practice in this regard by a link nurse for infection control.

Service records showed that the fire alarm system was serviced and the emergency lighting and fire equipment regularly. The inspector read the training records which confirmed that all staff had attended fire evacuation training annually. Fire evacuation sheets were fitted the beds of all residents. There was no evidence of routine in-house

fire drills. All staff had not participated in a minimum of two fire drill practices within the past 12 months to include simulated evacuation techniques to reinforce their knowledge from annual training.

The records in the fire register were not being maintained consistently. Daily checks to ensure fire exits were unobstructed were not signed for each day of the week prior to inspection. The automatic door closers were checked on a weekly basis. However, there was a period of a month in which no checks were documented. There were no recorded checks on fire fighting equipment to ensure it was in place and intact.

The inspector viewed evidence staff were trained in the safe moving and handling of residents. However, six staff were identified as requiring refresher training as their current certificate of training had expired. This was an area identified for improvement on the last inspection. Moving and handling assessments were located in residents' bedrooms. However, each resident did not have a moving and handling assessment completed specifying the type of hoist required for use by the resident to assist staff in helping them safely mobilise with details of the sling type and size.

There were arrangements in place for recording and investigating untoward incidents and accidents. All incident and near miss events were recorded. The inspector noted that falls and near misses were well described and that neurological observations and vital signs were checked and recorded. No falls resulting in serious injury were reported to the Authority since the last inspection.

There were two residents who smoked. Cigarettes and lighters were held by one resident during the day. A risk assessment to ensure residents were safe to smoke independently outlining the level of assistance and supervision they may require was not in place for both residents. The designated smoking room was located off the corridor at the rear of the building. Residents were not clearly visible to staff at all times. Measure to mitigate risk while residents smoked were not detailed in a care plan

There was a missing person policy in place to guide staff should a resident leave the centre unaccompanied. The front exit door was secured with a coded key pad and the door to the day hospital since the last visit. There was an alarm system in place if a resident with an alert bracelet was leaving the building unaccompanied. However, windows were not secured, some did not have restrictors fitted and other windows had the restrictors disengaged.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear, legible and distinguished between PRN (as needed), regular and short term medication. The maximum amount for PRN medication was indicated on all prescription sheets viewed by the inspector.

Medication was being crushed for a small number of residents prior to administration due to swallowing difficulty by the residents. Good links were established with the pharmacy and where possible a liquid or dispersible form of the medication was obtained. There was consent for crushing signed by the GP on the front of the chart. However, medications were not prescribed for crushing individually on the prescription sheet. There was space to record when medication was discontinued and these were signed on the sample reviewed.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medicines were being stored safely and securely in a locked cabinet in a secure location. The temperature ranges of the medicine refrigerator was being appropriately monitored and recorded.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked at the change of each shift and signed by two nurses. The inspector checked a selection of the balances and found them to be correct.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre can accommodate a maximum of 37 residents. There are four designated beds for respite care or short term care and the remaining residents are accommodated for extended care. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition.

The arrangements to meet residents' assessed needs were set out in individual care plans. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure and cognitive functioning.

The inspector reviewed four resident's care plans in detail and certain aspects within other plans of care. In the sample of care plans reviewed there was evidence care plans were not updated at the required three monthly intervals or in a timely manner in response to a change in a resident's health condition. Two residents recently admitted to the centre from another designated centre did not have a comprehensive assessment on admission. While their medical files, risk assessments, care plans accompanied the residents on transfer, the care plans were not comprehensively reviewed and updated on admission. The residents were not weighed until four weeks after admission. One of the residents' care plans stated 'poor appetite due to not having an interest in eating'.

Care plans were not adequately person-centred, individualised or described the current care to be given. Care plans were not always updated following review by an allied health professional. The inspector noted two residents reviewed by the speech and language therapist did not have their plan of care up dated to reflect changes and advise outlined. One resident reviewed by the occupation therapist for trial of a sleep system did not have a care plan updated to outline required interventions.

Care plans were not well personalised. There was poor linkage between the assessment, care plans and reviews. Care plans lack detail to manage problems identified. One resident had a care plan as they were at risk of wandering. However, the action to identify triggers and required interventions was not completed in the documentation reviewed. Another resident had a care plan for a mood disorder. There was evidence in the medical file of good links with community mental health services and regular reviews. However, the plan of care did not identify triggers, outline preventative and reactive strategies or the impact of prescribed medication.

Care plan reviews did not outline the conclusion or judgment on the care pathway being followed. In many cases there was no clear evaluation of the effectiveness of the care plan in place. The plan of care was signed and dated to be continued in the absence of a professional judgment to its effectiveness in many cases. There was not documentary evidence that residents or their representative were involved in the development and review of the resident's care plan when being reviewed or updated.

The inspector observed and discussed with nurse management his concerns regarding the number of residents who did not get up from bed each day. On the day of inspection 19 residents remained in bed until lunchtime and 15 residents remained in bed all day. On review of care plans and daily nursing notes there was no documented, clear rationale why residents were unable to get up. Some resident had not got up from bed for a significant period of time and there was no rehabilitative plan in place to minimise the risk of contractures. Some residents spoken with told the inspector they would like to get up some days or for part of the day.

Residents had access to GP services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents' medical notes showed that GP's visited the centre regularly. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards. Residents were referred to allied services such as dietician and physiotherapist.

The policy on restraint was based on the national policy on promoting a restraint free environment. The inspector reviewed a sample of assessments that underpinned restraint practice. Restraint measures in place included the use of bedrails by twenty residents and lap belts by three residents. There was a risk assessment completed prior to the use of the restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative and the GP and the occupational therapist was involved in the decision process. A restraint register was maintained to record the times the restraint measure was applied and released. Approximately 54% of the residents have two bedrails in place and further work is required in exploring alternative options prior to using a restraint measures to promote a restraint free environment.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The building was found to be comfortable and welcoming. Residents spoken with confirmed that they felt comfortable in the centre.

As previously reported, an insufficient number of shower and toilet facilities were available at appropriate places in the premises having regard to the number and needs of the residents. While the centre has two independent assisted bathroom facilities with a shower and toilet facility, one is allocated for use by day hospital attendees; as a result one independent assisted bathroom is to available for 20 residents occupying single bedrooms. The action plan from the last inspection indicated 'a further assisted toilet/shower room on corridor with rooms 1 - 10 will be included on the minor capitals list for Arus Carolan in 2014'. The timescale to complete this work had not lapsed at the time of this inspection.

The number of multiple occupancy bedrooms at the centre has decreased. There are three remaining bedrooms which are multiple occupancy in their configuration. The provider is required to have in place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland within the time frame allocated.

Access to the unit from the attached day hospital was restricted. A coded key pad was in place and residents wishing to use the bathroom in the unit were accompanied by a staff member.

Staff facilities were provided with lockers for the storage of personal belongings. Separate toilets and showering facilities were provided for care and kitchen staff in the interest of infection control. A separate cleaning room and sluice room were available. A safe enclosed garden was available to residents.

There was an infection control policy in place. Cleaning staff were assigned on the rota each day of the week for cleaning duties. However, not all parts of the building were kept clean or suitably decorated. Paintwork on bedroom walls and the ceiling and skirting boards were stained or marked. In particular bedrooms numbered 11 and 21.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that complaints were listened to and there was a local policy and procedure in place to ensure complaints were monitored and responded to. Formal complaint procedures and appeals details were outlined in the HSE complaints policy 'your service your say'.

The local procedure confirmed issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. A designated individual was nominated with overall responsibility to investigate complaints. A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified.

The inspector reviewed the complaints log which contained the facility to record all relevant information about the complaints, investigation made and the complainant's satisfaction with the outcome. All complaints were recorded in the complaints log ensuring they are separate and distinct from a resident's individual care plan.

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.

Theme:

Workforce

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector viewed the staff duty rota for a two week period. The rota showed the staff complement on duty over each 24-hour period. The staff roster detailed their position and full name. The inspector noted that the planned staff rota matched the staffing levels on duty. There was an adequate number and skill mix of nursing, care assistants, catering and cleaning staff rostered on the day of inspection to meet the assessed care needs of residents. Staff on duty included the person in charge, one CNM2, two staff nurses, five care attendants, one housekeeper and two catering staff. This number and skill mix of staff appeared adequate to meet the needs of the 37 residents accommodated during the time of inspection.

A sample of four staff files were examined to assess the documentation available, in respect of persons employed. It was difficult to ascertain fully whether all the documents required by Schedule 2 of the regulations were available due to the organisation of documents in the files. It was not clear there were three references available for each employee or a full employment history in each file examined.

There was a training matrix available which conveyed plan were in place for staff training and continued professional development throughout 2014. One nurse was a link trainer for hand hygiene and this training was completed with all staff in January 2014. Mandatory training required by the regulations in fire was due to be undertaken in April and May. Refresher training in adult protection and cardio pulmonary resuscitation was required during 2014 however no dates were scheduled. Two nursing staff were link nurse trainers for end of life care. However, training had not commenced in this area with all staff

A record of An Bord Altranais PINs (professional identification numbers) for all registered nurses was maintained and reviewed by the inspector.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Arus Carolan Community Nursing Unit
Centre ID:	ORG-0000656
Date of inspection:	26/03/2014
Date of response:	12/05/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include all of the conditions of registration as outlined in the certificate of registration. The details of the number and sizes of bedrooms required updating to reflect the changes in the reduction of the number of triple bedrooms.

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

The Statement of Purpose will be updated and a copy sent to the Chief Inspector.

Proposed Timescale: 16/05/2014

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

Outcome 06: Safeguarding and Safety

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 notes in a file outlined details of an incident in relation to adult protection. While the resident's safety was ensured at all times, the details of the incident were not referred to the HSE senior case worker for adult protection for consideration and guidance.

Action Required:

Under Regulation 6 (2) (b) part 2 you are required to: Take appropriate action where a resident is harmed or suffers abuse.

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

This case was discussed with the Social Worker Older Persons Service based at St Patrick's Hospital Carrick in Shannon at the time. It has now been referred to the HSE Senior Case Worker (Social Worker) for further review.

Proposed Timescale: 12/05/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

Six staff were identified as requiring refresher training as their current certificate of training had expired.

Action Required:

Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

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

Training for staff continues to be carried out on a regular basis.

Further Manual Handling Training is arranged as follows

13.5.2014 x 3 staff for moving and handling

July (date to be confirmed) x 3 staff for moving and handling.

Proposed Timescale: 29/07/2014

Theme: Safe Care and Support

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

Moving and handling assessments were located in residents' bedrooms. However, each resident did not have a moving and handling assessment completed specifying the type of hoist required for use by the resident to assist staff in helping them safely mobilise with details of the sling type and size.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Moving and handling assessments are currently being updated with slings specific to each resident and this will be reflected in their manual handling assessments.

Proposed Timescale: 30/05/2014

Theme: Safe Care and Support

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

Measure to mitigate risk while residents smoked were not detailed in a care plan. A risk assessment to ensure residents were safe to smoke independently outlining the level of assistance and supervision they may require was not in place

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Individual risk assessments are being carried out on residents who smoke. Specific care plans will be formulated for smoking on each of these residents indicating what actions need to be followed to ensure that no undue harm occurs when the resident is smoking.

Proposed Timescale: 29/05/2014

Theme: Safe Care and Support

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

There was an alarm system in place if a resident with an alert bracelet was leaving the building unaccompanied. However, windows were not secured, some did not have restrictors fitted and other windows had the restrictors disengaged.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

The Maintenance Manager has been informed regarding the window restrictors. Some will be replaced. Those windows that have restrictors will have them engaged. Restrictors that are functional are currently engaged. Remaining windows will have restrictors fully fitted / functional 30.5.2014

Proposed Timescale: 30/05/2014

Theme: Safe Care and Support

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

There was no evidence of routine in-house fire drills. All staff had not participated in a minimum of two fire drill practices within the past 12 months to include simulated evacuation techniques to reinforce their knowledge from annual training.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

Fire Drills are being organised with the assistance of the Local Fire Service, 30/06/2014 and 31/10/2014.

Proposed Timescale: 31/10/2014

Theme: Safe Care and Support

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

The records in the fire register were not being maintained consistently. Daily checks to ensure fire exits were unobstructed were not signed for each day of the week prior to inspection. The automatic door closers were checked on a weekly basis. However, there was a period of a month in which no checks were documented.

There were no recorded checks on fire fighting equipment to ensure it was in place and intact.

Action Required:

Under Regulation 32 (1) (c) (v) you are required to: Make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.

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

Daily Checks on the fire exits will be carried out.

Weekly checks on automatic door closures were carried out however the wrong date was written beside the entry in the log when the inspector reviewed the log. This has now been rectified.

Equipment has been checked and entered on the fire register.

Proposed Timescale: 27/04/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

Medications were not prescribed for crushing individually on the prescription sheet.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

The pharmacist and doctor have been made aware of this requirement. Medications that need to be crushed will be documented and prescribed on the Medication Sheet.

Proposed Timescale: 31/05/2014

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:

The inspector observed and discussed with nurse management his concerns regarding the number of residents who did not get up from bed each day. On the day of inspection 19 residents remained in bed until lunchtime and 15 residents remained in bed all day. On review of care plans and daily nursing notes they was no documented, clear rationale why residents were unable to get up.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

The number of residents that get up each day varies and is dependent on their individual needs and wishes. Due to the high dependencies on the unit some residents are unable to get up until just before dinner as they are only capable of remaining up and out of bed for a very short period. This is done with respect to the residents individual wishes. We will continue to reassess all residents with the Multi Disciplinary Team (MDT), the resident themselves and their family in relation to their preference and capability. In addition this will be documented in the Resident's care plan. 30/06/2014 plus ongoing reassessments.

Proposed Timescale: 30/06/2014

Theme: Effective Care and Support

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

Approximately 54% of the residents have two bedrails in place and further work is required in exploring alternative options prior to using a restraint measures to promote a restraint free environment.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

We will continue to reassess restraint on the unit with the resident, family and MDT, and continue to trial new equipment to reduce the necessity of restraint on the unit. 16.5.2014 and ongoing.

Proposed Timescale: 16/05/2014

Theme: Effective Care and Support

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

In the sample of care plans reviewed there was evidence care plans were not updated at the required three monthly intervals or in a timely manner in response to a change in a resident's health condition.

Care plans were not always updated following review by an allied health professional.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

Care plans will be fully updated and reviewed within the prescribed intervals / or on a needs basis responding to the residents medical / social needs. We have reviewed the

Care Plan updates within the Unit. 30/06/2014 and ongoing.

Proposed Timescale: 30/06/2014

Theme: Effective Care and Support

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

Two residents recently admitted to the centre from another designated centre did not have a comprehensive assessment on admission. Their care plans were not comprehensively reviewed and updated on admission. The residents were not weighed until four weeks after admission. One of the residents' care plans stated 'poor appetite due to not having an interest in eating'.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

A check-list has been formulated and added to new nursing files detailing what documentation needs to be completed and associated time scales for completion. This includes ensuring weight and observations are recorded at the time of transfer.

Proposed Timescale: 30/04/2014

Theme: Effective Care and Support

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

Care plans were not personalised well. There was poor linkage between the assessment, care plans and reviews. Care plans lack detail to manage problems identified. In many cases there was no clear evaluation of the effectiveness of the care plan in place. The plan of care was signed and dated to be continued in the absence of a professional judgment to its effectiveness.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Work continues within the unit to ensure that Care Plans are person centred, assessments and carried out and appropriate care introduced as a result. It will also ensure that regular reviews are performed and that the resident and families are also involved.

Proposed Timescale: 29/08/2014

Theme: Effective Care and Support

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

There was not documentary evidence that residents or their representative were involved in the development and review of the resident's care plan when being reviewed or updated.

Action Required:

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

A new form has been introduced to ensure that the discussion regarding the plan of care with the resident / families is documented and included in the Care Plan.
30/04/2014. Current and Ongoing.

Proposed Timescale: 30/04/2014

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:

An insufficient number of shower and toilet facilities were available at appropriate places in the premises having regard to the number and needs of the residents.

Action Required:

Under Regulation 19 (3) (j) part 1 you are required to: Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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

There are currently two fully assisted shower facilities on corridor 19 – 28 and also 11-18. In addition a further shower room is available for Day Hospital clients used under the supervision of Day Hospital Staff. This is located at the bottom of corridor 11-18.

A further shower room is due for completion on corridor 1-10 in the last quarter 2014. This will be funded via minor capitals.

Proposed Timescale: 31/12/2014

Theme: Effective Care and Support

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

There are three remaining bedrooms which are multi-occupancy in their configuration. The provider is required to have in place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland within the time frame allocated.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

The provider has been advised by the Estates Department that plans have been submitted to the Authority in relation to proposed refurbishment to similar type units Nationally. Once these plans are accepted by the Authority, the refurbishment of units will take place according to available capital within the HSE.

Proposed Timescale:

Theme: Effective Care and Support

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

Not all parts of the building were kept clean or suitably decorated. Paintwork on bedroom walls and the ceiling and skirting boards were stained or marked. In particular bedrooms numbered 11 and 21.

Action Required:

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

A cyclical programme of painting has been requested from the maintenance department. Rooms 11 and 21 will be painted before end June 2014.

Proposed Timescale: 31/07/2014

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:

A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified.

Action Required:

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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

A person has been nominated to monitor the complaints process.

Proposed Timescale: 30/04/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Refresher training in adult protection and cardio pulmonary resuscitation was required during 2014 however no dates were scheduled. Two nursing staff were link nurse trainers for end of life care. However, training had not commenced in this area with all staff.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

An update on End of Life Care has been carried out on 30th April 2014. A further update will take place to ensure that all staff have been updated on End of Life Care in 2014.

Adult Protection training dates are currently been organised with Social Worker in St Patrick's Hospital. We await confirmation for training dates.

CPR training will take place on 3rd June 2014.

Proposed Timescale: 30/10/2014

Theme: Workforce

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

It was difficult to ascertain fully whether all the documents required by Schedule 2 of the regulations were available due to the organisation of documents in the files. It was not clear there were three references available for each employee or a full employment history in each file examined.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

All staff files will be reviewed and fully compliant with Schedule 2 requirements.

Proposed Timescale: 31/07/2014