

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Good Counsel Nursing Home
Centre ID:	OSV-0000416
Centre address:	Kilmallock Road, Limerick.
Telephone number:	061 416288
Email address:	emmetbeston@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Good Counsel Nursing Home Limited
Provider Nominee:	Eileen Beston
Lead inspector:	Gemma O'Flynn
Support inspector(s):	Paul Dunbar
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	0

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.

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 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: 10 February 2015 08:50 To: 10 February 2015 17:50

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

Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an unannounced inspection to monitor ongoing compliance with the Regulations. The centre had last been inspected in May 2014. The centre can accommodate 28 residents and on the day of the inspection the centre was fully occupied, with one resident in hospital.

As part of the inspection, inspectors met with residents, staff and the person in charge. Practices, policies and documentation were also reviewed. Overall, in addition to the findings on this inspection, inspectors were not satisfied that the action plan submitted by the provider in response to the previous inspection had been fully implemented. Further improvements were required in: Governance & Management (Outcome 2); the use of restraint (Outcome 7); Health, Safety & Risk Management (Outcome 8); Medication Management (Outcome 9); the assessment and care planning process (Outcome 11); Safe Premises (Outcome 12); Complaints (Outcome 13); Residents' rights, dignity & consultation (Outcome 16) and Suitable Staffing (Outcome 18).

These non compliances are discussed in the body of the report and in the action plan at the end of the 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

There were sufficient resources to ensure the effective delivery of care, as described in the statement of purpose. There was a clearly defined management structure and staff demonstrated a clear understanding of same.

On the previous inspection, an audit system had not been implemented. On this inspection, there was evidence that audits had taken place in September and October 2014 and these included audits of: environmental infection control; hand hygiene; personal protective equipment and care record audit. The inspector noted that follow up to these audits was due to take place in December 2014; however, this had not occurred. It was not clear what learnings resulted following completion of these audits. If a non compliance was noted in the audit, there was no action plan in place to address same. It was not clear how this audit system contributed to improving the quality and safety of the care in the centre. Other meaningful audits had not been undertaken such as falls, restrictive practices, incidence of pressure sores or end of life care.

Under the Regulations, the provider is required to produce an annual review of the quality and safety of care delivered to residents in a designated centre; however, there were no plans in place in regards to the preparation of this report.

There was evidence of consultation with residents and relatives via a questionnaire survey. There was a good response to this survey and some positive feedback was received for the staff in the centre. Descriptions such as 'caring'; 'very good'; 'grand'; 'efficient, 'kind and caring', were seen in the feedback. However, the content of the feedback had not been collated and analysed to determine a plan to address the issues, were raised. For example, some residents requested activities such as baking and movie nights and it was not clear that these requests had been addressed.

A residents' meeting had taken place in September 2014 and another had been scheduled for December 2014, however, this had not taken place.

The inspector reviewed the minutes of staff meetings. These meetings were held regularly (i.e. monthly) throughout 2014. The last staff meeting took place in October 2014. Staff described the content of the discussions at the meetings. This was broadly in line with what was contained in the minutes. Topics discussed included relevant regulations and standards which are monitored by the Authority.

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):

No actions were required from the previous inspection.

Findings:

The provider was also the person in charge and she was a nurse with the required experience in the area of nursing of the older person.

She was able to discuss her legislative responsibilities and demonstrated good clinical knowledge of the residents' needs. She told the inspector she was counted as part of the nursing staff at least three days per week and on the day of the inspection, she was rostered on duty from 8am to 8pm. It was not clear how much time was dedicated to the person in charge in regards to the operational management and administration of the centre. This was discussed at length with the person in charge on the day of inspection.

The person in charge told the inspector that she kept up to date by familiarising herself with publications from the Authority but in the last couple of years, had not undertaken any study days/courses to, other than mandatory courses, to keep herself up to date with current, evidence based practice. This is discussed and actioned under outcome 18.

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:

There was a policy in place for the prevention, detection and response to abuse. Staff were able to discuss their responsibilities in this regard.

The centre had a policy on the management of residents' finances and their belongings. This policy was followed in practice. Staff told the inspector that some residents paid for their accommodation at the centre while others paid via electronic transfer. In both cases, receipts were provided to the resident or their next of kin. In cases where a resident paid in cash at the centre the receipt was signed by the resident and a staff member.

Staff at the centre regularly made trips to a local shop to obtain items for residents e.g. cigarettes, confectionery. The centre paid for these items out of their own funds and subsequently invoiced the resident. Receipts for all purchases were retained in a log book. The inspector was satisfied that this practice was transparent and ensured the protection of both the residents and staff.

There was a policy in place for managing behaviour that is challenging and for the use of restraint. Whilst the policy in place for the use of restraint promoted a restraint free environment, the practice in the centre was not in line with nation policy. For example, the person in charge discussed times at which bed rails were instigated at the request of family members and in the absence of a clinical decision. The decision to use bed rails for any resident was done so by one nurse and without consultation with the general practitioner (GP). The practice in the centre was to carry out two hourly checks for residents who had bedside rails in place; however, records of checks for all residents with bedside rails were not completed. There were residents in the centre who exhibited behaviours that challenge but there was no care plan in place for these residents. For example, one resident had a history of self-harm and throwing objects, but there was no guidance on the management of this behaviour. Whilst the person in charge was able to discuss clear strategies, these were not reflected in resident documentation.

Records showed that some staff had received training in non-violent crisis interventions. This is discussed further under outcome 18.

Judgment:

***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):

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

Findings:

There was a risk management policy in place that met the requirements of the Regulations. An emergency plan was in place, however, the proposed alternative accommodation and transport required should a mass evacuation be necessary was not outlined in the emergency plan.

There was guidance in regards to infection control. However, the centre's policy was not been implemented. There was one housekeeping staff on duty on the day of inspection, this was a new member of staff who had not yet received training. The centre had a colour code cleaning system in place but this was not being implemented on the day of inspection. For example, there was just two blue cloths on the cleaning trolley, the inspector was advised that one was for the general areas and one for the bathroom areas. This practice was not in line with robust infection control procedures or the centre's own policy. In the cleaner's store there was a roll of red cloths; however, the staff member was not able to explain their use to the inspector. It was also noted that soiled incontinence wear was put on the floor by a staff member. This is a potential infection hazard. Commodes that were in poor repair on the previous inspection had been removed and commodes seen on this inspection were in good repair.

The centre's hazard inspection procedures were insufficient as they occurred just once per year in conjunction with an external consultant. Therefore there were no processes for ensuring controls already in place to mitigate risks were being implemented or for identifying new or arising hazards. For example, on the day of inspection, the trolley for store of cleaning products was left unsupervised with cleaning products on display, this practice had not been risk assessed. The issue of inadequate hazard identification processes had been discussed and actioned in the previous inspection report.

Outdated and unsafe people moving and handling techniques were seen to be used in the centre.

Suitable fire equipment was in place and servicing records were up-to-date. On the morning of inspection, a fire exit was seen to be obstructed by three wheelchairs. As also noted on the previous inspections, a significant number of internal fire doors were propped open by chairs which would prevent the doors containing a fire, should one so

occur. Fire drill records showed that announced drills had taken place in conjunction with an external service provider. However, the centre was not carrying out fire drills at regular intervals. The last announced drill was held eight months after the previous drill. There was no documentation in place to support and enhance learnings following drills, so as to assist in improving staff response to same should a real fire occur.

Judgment:

Non Compliant - Major

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):

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

Findings:

There were written policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The medication trolley was stored securely and chained to a wall as per the centre's policy. However, the keys to the medicine trolley were not stored on the person of the designated nurse at all times and it was observed by the inspector that a non nursing member of staff had unsupervised access to the keys and to the area in which the medicine trolley was stored.

A medication round was observed and medication management did not always adhere to professional guidelines for nurses. For example, medication was dispensed directly into the nurse's hand as opposed to a suitable vessel. Medication was signed as administered prior to administration of medicine to a resident.

MDA medicines (medication that requires special controls under law) were seen to be signed out by one nurse as opposed to two as per professional guidelines. Twice daily checks were seen to be carried out on MDA medicines; however there were occasions whereby the number of medicines in stock was not recorded.

The senior nurse discussed how monthly medication deliveries were checked against the residents' prescriptions; however, there was no documentation of these checks. There were appropriate procedures in place for the handing and return of unused or out of date medications and the pharmacist signature/stamp was seen for each return.

The centre used the services of two pharmacists and the senior nurse told the inspector that they pharmacist visited the centre and would speak with any resident if they so desired.

Judgment:

Non Compliant - Major

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a record of all incidents and accidents that occurred in the centre. Relevant notifications were received within the required timeline and appropriate action had been taken.

The most recent quarterly report received by the Authority stated that there were no restrictive practices in place in the centre. However, staff informed inspectors that bed rails were in use for a large number of residents. It is a regulatory requirement that the use of bed rails are reported to the Authority.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Residents had access to timely medical treatment and residents' files showed correspondence between the GP and other specialists and the centre. There was

evidence that residents had access to speech and language therapy and occupational therapy.

Since the previous inspection, the centre had adapted their care plan forms and on this inspection it was clear what the identified problem was, what the goal was and what the nursing intervention was. Some additional development was required to ensure that care plans fully guided care and demonstrated that care plans were clearly informed by the residents' assessments.

Some assessments were seen to be outside their review date, for example an assessment for identifying a resident's risk of developing pressure sores had not been updated since June 2014. Other assessments due for review in January 2015 had not been completed. Nutritional risk assessments were not completed for any residents. One resident who had been identified as having significant weight loss in a short period of time had been referred to and seen by their GP; however, the nursing plan for the resident was unclear. For example, a nutritional risk assessment had not been undertaken. A referral to a dietician had not taken place. A nutritional care plan was not in place and it had been over a month since the resident had last been weighed. The resident was weighed prior to the close of inspection and in fact had gained weight in the last month. The person in charge was able to demonstrate a clear knowledge of the resident's status, however, documentation did not reflect the stated practice. The centre's policy stated that residents identified as being of low weight or at risk from a nutritional perspective would be weighed, weekly, twice monthly or monthly as deemed necessary, however it was not clear what processes were in place to identify the appropriate intervention.

For a resident whom required dressing changes to a wound, the care plan had not been adequately updated. For example, the care plan listed the dressing materials and frequency of dressing changes but there was an additional letter at the front of the file from a professional who had reviewed the resident and listed different dressing materials. A note in the resident's file stated that the GP had reviewed the resident and the dressings should now occur on alternate days. This was not included in the resident's care plan, therefore, information was disjointed and difficult to retrieve. Daily progress notes evidenced that dressing changes had taken place.

Information pertaining to the end of life care wishes for residents was insufficient and end of life care plans were absent for residents who were unwell, therefore there was a lack of guidance to staff in regards to the resident's needs. There was evidence of links with palliative care services.

Judgment:

Non Compliant - Major

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):

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

Findings:

The design and layout of the centre was in line with the statement of purpose. Overall the premises were well maintained, however, there was a lack of homely touches throughout the centre that resulted in a sparse environment. The person in charge stated that personal touches had been removed due to the specific needs of a resident in the centre.

As per the previous report, a strong smell of cigarette smoke continue to permeate the centre throughout the day. There was a large smoking room adjacent to the main lobby area which was frequented by a number of residents. The door was seen to be propped open with a chair which allowed smoke to filter out to the circulation areas. A used ashtray was seen by a chair in the lobby area, indicating that this area was also used for smoking. This was not witnessed by the inspector over the course of the inspection. However, a questionnaire completed by a relative in November 2014 did state that residents sometimes smoked in the main sitting room. This was discussed with the person in charge who advised that the issue was under constant supervision and had improved to the point of very rarely occurring in the centre, if ever.

Some areas were in need of decorative upgrade. For example, some doors were scuffed from equipment being pushed through and the wall in the main sitting room was also marked. There was a large crack on a wall in the main corridor that required attention and in one bathroom in particular, tiles on the wall appeared to be loose. The person in charge stated that they were behind in their maintenance plan for this year and that the centre was in need of painting.

Residents had access to safe external grounds, however, there was litter seen in the enclosed garden at the rear of the centre.

A call bell system was in place in the centre.

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):

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

Findings:

The centre had a policy on complaints and had a notice at the main entrance advising how a complaint could be made. A new complaints log had been introduced as a result of a previous inspection. There were no complaints recorded in this log on the date of inspection. The inspector was satisfied that the log had all of the required fields to allow for the recording of the details any investigation into a complaint, the resolution of the complaint and the views of the complainant on the outcome.

The centre's complaints procedure stated that the person in charge was to manage all complaints. In the event that a resident wished to appeal a complaint this would be directed to the centre's solicitor. However, the procedure did not nominate a person, other than the person nominated to deal with complaints, to ensure that all complaints properly recorded and appropriately responded to.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Aspects of this outcome were examined on this inspection.

On the morning of the inspection, a staff member was observed delivering personal care to a resident whilst resident's bedroom door was open. The inspector found that this impinged on the privacy and dignity of the resident. A meal time was also observed and a staff member was seen to assist a resident with eating their main meal by standing over them at the dining table. The inspector found this to be indiscreet and impinged on the dignity of the resident. Positive verbal interaction from the staff member was observed.

As discussed in outcome two, there was evidence of consultation with residents and relatives via a questionnaire survey. There was a good response to this survey and some positive feedback was seen for the staff in the centre. Descriptions such as 'caring'; 'very good'; 'grand'; 'efficient, 'kind and caring', were seen in the feedback. However, the content of the feedback had not been collated and analysed to determine a plan to address the issues that had been raised. For example, some residents requested activities such as baking and movie nights and it was not clear that these requests had been addressed.

A residents' meeting had taken place in September 2014 and another had been scheduled for December 2014, however, this had not taken place.

On the day of inspection, there was no activities co-ordinator on duty. However, in the morning, staff were seen to interact with residents and games of skittles were played or residents engaged in occupational therapy. A range of activities supplies were seen to be available in the sitting room and the senior nurse and person in charge told the inspector of the life story work the centre had undertaken and of how they had implemented sensory/rummage boxes in the centre.

Judgment:

Non Compliant - Major

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:

Records examined demonstrated that there was a nurse on duty at all times in the centre. Records for mandatory training indicated that all were up to date. Records showed that some staff were scheduled to receive refresher training in non violence crisis intervention training and responding to elder abuse in March 2015.

Training records showed that staff had access to mandatory training only, and whilst education topics were discussed at staff meetings, there was no formal continuing professional development programme for staff. For example, training records did not demonstrate that training had been facilitated in nutrition or end of life care. The person in charge stated that a dietician had given some in house training over one year ago in the use of nutritional supplements. This training was not recorded on the training matrix supplied to the inspector.

A number of nurses had undertaken medication training with a previous employer in 2013 and the person in charge and the senior staff nurse had not undertaken medication management training since November 2011.

The person in charge told the inspector that she kept up to date by familiarising herself with publications from the Authority but in the last couple of years, had not undertaken any study days/courses, other than mandatory courses, to keep herself up to date with current, evidence based practice.

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:

Gemma O'Flynn
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:	Good Counsel Nursing Home
Centre ID:	OSV-0000416
Date of inspection:	10/02/2015
Date of response:	24/03/2015

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:

It was not clear how the audits carried out in the centre were meaningful or contributed to the improvement or quality of care.

Audits scheduled for December had not been completed.

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

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

monitored.

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

We intend to delegate the auditing system to two members of staff (Director of the Company and a Staff Nurse) to ensure continuity of auditors and subsequent appraisal / follow up. Both members are scheduled to complete an external auditing training on the 2nd of April 2015. They will be given the authority to implement changes as identified through the auditing process however should any difficulties occur they will be instructed to inform the Person in Charge immediately. Our Person in Charge has confirmed her commitment to support and implement any corrective actions necessary.

Proposed Timescale: 16/04/2015

Theme:

Governance, Leadership and Management

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

There were no plans in place for the undertaking of the annual review as required by the Regulations.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

An annual review for the period 1st March 2014 to 1st March 2015 will be completed and available by the 1st April 2015.

Proposed Timescale: 01/04/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Restraint practices were not in line with national policy.

Action Required:

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

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

We are currently revising our restraint policies and documentation in line with Department of Health national policy.

Proposed Timescale: 10/04/2015

Theme:

Safe care and support

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

Clear strategies for the management of behaviours of challenge were not reflected in the residents' care plans to ensure a consistent approach by all staff.

Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Further staff training in the management of behaviours of challenge is scheduled for April 2015. All care plans will be reviewed to ensure a clear plan is in place and a consistent approach is implemented by staff.

Proposed Timescale: 17/04/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Whilst there was a plan in place for responding to emergencies, it did not identify alternative accommodation or the details of transport services should they be required.

Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

Our emergency plan has been updated and now includes details of alternative accommodation and transport services available should they be required.

Proposed Timescale: 04/03/2015

Theme:

Safe care and support

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

People moving and handling practices were outdated.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

We have completed a staff meeting on best practices in people moving and handling. Hoist training has also been reviewed with all staff.

Our Director of Nursing and Staff Nurses are carrying out daily supervision of People Moving and Handling practices and the use of appropriate aids.

The staff nurse who is undertaking the auditing course will carry out maximum monthly unannounced audits on people moving and handling and implement an action plan based on any concerns. This action plan will be reviewed within the timeframes set to ensure it has been completed in full.

Proposed Timescale: 13/03/2015

Theme:

Safe care and support

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

Hazard identification processes were inadequate as they occurred on an annual basis only.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Our Hazard identification inspections will be carried on a three monthly basis. In addition as part of our updated auditing system we will identify any areas that may be of hazard and a corrective action plan will be implemented.

Proposed Timescale: 30/04/2015

Theme:

Safe care and support

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

Infection control practices were not in line with the centre's policy nor were they consistent with the Authority's standards.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

We are currently recruiting new cleaning staff who have completed the relevant infection control and cleaning courses. The Director of the company who is undertaking the auditing course on the 2nd of April 2015 will supervise and audit (monthly) our Care Assistants and Cleaning Staff in relation to infection prevention control to ensure they are both in line with in house policies and the Authority's standards. He will implement an action plan based on any concerns. This action plan will be reviewed within the timeframes set to ensure it has been completed in full.

Proposed Timescale: 06/04/2015

Theme:

Safe care and support

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

Fire drills did not take place at regular intervals.

Documentation post fire drills was insufficient as it did not adequately reflect the practice that had taken place nor it did identify learnings.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Future fire drills will be carried out on a maximum six monthly basis. We have also prepared a new fire drill record sheet to accurately reflect the fire drill that occurred and clearly identify the learning outcomes.

Proposed Timescale: 11/03/2015

Theme:

Safe care and support

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

Internal fire doors were propped open with chairs, therefore preventing them from containing a fire should it so occur.

Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

We have sourced an automatic door release that will release doors on the sounding of the fire alarm. Prior to these being installed all doors are remaining in the closed position.

Proposed Timescale: 12/05/2015

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:

Keys to the medicine trolley were not stored securely at all times.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

We have held a staff meeting on this issue. All staff nurses will have completed medication management training by the 14th April 2015. Our Director of Nursing will carry out one monthly unannounced inspections in relation to medication management including the safe storage of keys.

Proposed Timescale: 14/04/2015

Theme:

Safe care and support

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

Medications were signed as administered prior to administration.
Medications were dispensed directly into the nurse's hands.

Action Required:

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

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

All staff nurses will have completed medication management training by the 14th April 2015. We have held a staff meeting on ABA Best Practice in Medication Administration. The staff nurse who will be completing the auditing course will carry out weekly audits of a medication round and implement any necessary action plan.

Proposed Timescale: 14/04/2015

Outcome 10: Notification of Incidents**Theme:**

Safe care and support

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

The quarterly returns to the Chief Inspector did not include instances of the use of restrictive practices.

Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

All restraint (including the use of bed rails) will be notified to Chief Inspector in our three monthly returns. We have also purchased "safety mats" to reduce the occurrence of bed rail use.

Proposed Timescale: 30/04/2015

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:

Assessments were outside their review date.

Assessments were not comprehensive, for example, they did not include nutritional risk assessments.

It was not clear that assessments informed the development of resident care plans.

Care plans were not in place or were insufficient for residents who required interventions in areas such as: nutrition, end of life and wound care.

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:

Four staff members have undertaken "MUST" Nutritional training 04/03/2015. Nutritional Assessments (MUST) have been completed on all residents 11/03/2015. Wound Care Management assessments are now in place 12/03/2015. All residents' assessments and care plans are currently being reviewed to ensure a coherent system is in place.

Proposed Timescale: 31/03/2015

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:

Some areas were in need of decorative upgrade and the centre lacked an overall homely feel.

A strong smell of smoke permeated the centre at all times throughout the day. Litter was seen in parts of the external grounds.

Action Required:

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

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

Redecoration of the centre has commenced and due for completion on 17th April 2015. We have engaged an architect with the view of adding a smoking room to the building that will be separate from the general communal areas. We continuously endeavour to ensure our residents smoke in the designated smoking room. Our grounds are regularly swept and we will endeavour to keep them litter free.

Proposed Timescale: 17/04/2015

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:

The centre had not identified a person, other than the person nominated to deal with complaints, to ensure that all complaints were recorded and appropriately responded to.

Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

Our complaints policy has been revised to detail the above.

Proposed Timescale: 26/02/2015

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:

Residents meetings were not held as planned.
It was not evident that feedback in a questionnaire survey had been addressed in all instances.

Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

We have completed a residents meeting on 2nd March 2015. Residents meetings will be held on the first Monday of every month.
Residents Questionnaire survey will now detail follow up actions taken as a result of feedback received from residents and or their representatives.

Proposed Timescale: 02/03/2015

Theme:

Person-centred care and support

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

Personal care and nutritional interventions were delivered in a way that did not ensure privacy or dignity.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

We have spoken to the staff member involved in this issue. We have also completed a staff meeting detailing the importance of maintain dignity and respect during all resident interactions.

Our Director of Nursing and Staff Nurses have given a commitment to carry out continuous supervision in relation to residents privacy and dignity. Any issues of concern are to be documented and raised with our Director of Nursing immediately. Follow up actions will also be recorded.

Proposed Timescale: 16/02/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The person in charge had not undertaken any additional training to ensure up to date, evidence based practice.

Medication management training was insufficient.

Action Required:

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

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

All staff nurses will have completed medication management training by the 14th April 2015. Our Person in Charge will also undertake a further minimum of 18 hours CPD training prior to 1st July 2015.

Proposed Timescale: 01/07/2015

