

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maypark House Nursing Home
Centre ID:	OSV-0000249
Centre address:	Maypark House, Maypark Lane, Waterford.
Telephone number:	051 301 848
Email address:	info@mayparkhouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maypark Lane Limited
Provider Nominee:	Michael Dwyer Snr.
Lead inspector:	Noelene Dowling
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:	6

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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 August 2015 09:00 To: 20 August 2015 20:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 04: Suitable Person in Charge	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Major
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

The purpose of this unannounced inspection was to monitor ongoing regulatory compliance. The inspection was also informed by information received by the Authority in relation to staffing levels in the centre and following a review of notifiable events forwarded to the Authority. The centre had been granted registration in 2014 following an application to renew.

This inspection also reviewed the two actions required following the inspection of 2014 and found that both actions had been satisfactorily resolved. As part of this inspection inspectors reviewed policy documents, residents medical records and care plans, staff training and recruitment records, rosters, accident and incident reports. Inspectors' spoke with residents, relatives, staff and observed practices. Eight of the eighteen outcomes were inspected against in full or in part for this inspection.

The commentary from residents who spoke with the inspectors was positive about the care and support they received. Comments from relatives were also positive in regard to the staff but also state that they were not always consulted regarding the care provided and on occasions found that their relatives clothing and personal care needs were not satisfactorily addressed in terms of hygiene and infection control

practices. Staff were observed to be respectful to the residents and communicated easily with the residents.

However, the findings of this report indicate that the level of regulatory compliance has decreased since the previous inspection.

There were improvements required in the following areas:

- staffing levels and skill mix
- resourcing of the service
- governance and management systems
- care planning delivery of care to residents based on their assessed needs
- restraint practices
- preservation of residents dignity
- implementation of risk management systems and maintenance of fire safety equipment
- compilation of an annual report

Arrangements for the person in charge to adequately manage and oversee the delivery of care to two designated centres were not adequate. This is demonstrated in the findings and impacted on the outcome of this inspection.

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):

No actions were required from the previous inspection.

Findings:

Inspectors were not satisfied that the governance systems in place were sufficient to ensure the safe and continuous delivery of care. The roles of the provider and the person in charge were clearly defined and there were support systems including human resources and administrative systems in place. A formal reporting structure was in place and records of meeting reviewed by inspectors indicated that these covered the substantial issues.

However, the findings in relation to the lack of sufficient nursing staff, the management of the care delivered to residents satisfactory care plans and staff training requirements indicate that improvements were required in the oversight of care and resourcing of the service.

A number of systems were used including audits and staff meetings to monitor practice although review of these did not demonstrate that they consistently promoted learning and change. While the audits of the use of restraints indicated a significant reduction in the use of bedrails in 2014 the audit of psychotropic medication did not demonstrate that they informed learning and change. These are further detailed under outcome 8 Health and Safety and Risk Management. The person in charge concurred with this finding.

There was an annual survey of the views of the residents undertaken. These were primarily positive regarding the care provided. No annual report had been prepared by the provider.

Judgment:

Non Compliant - Major

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was suitably qualified and experienced. She was a qualified general nurse with sufficient experience in the care of older persons to undertake the role and duties required. She had satisfactory knowledge of the regulations and legal requirements. The person in charge was also responsible for another centre belonging to the company and stated that she divides her time between each centre with working two to three days in each centre. Inspectors found that she was familiar with the residents care needs.

The person in charge informed inspectors that during the past year there had been changes to the senior nursing positions which provided support for her to carry out manage both centres. The findings in relation to staffing and oversight of the delivery of care indicate that this arrangement has not been satisfactory.

Inspectors were also concerned that on the day of the inspection was no clarity as to who was actually the nurse in charge of the centre. There was an effective on-call system.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the policy and procedures on the prevention, detection and reporting of abuse and found that it was satisfactory. Records demonstrated that all staff had received updated training in the protection of vulnerable adults. The person in charge stated that it was their intention to revise the policy to ensure it is in line with the HSE revised policy.

Staff spoken with demonstrated an understanding of their own responsibilities in relation to the protection of residents and signs and symptoms of abuse which would indicate concern. They expressed their confidence in the provider and the person in charge to act on any concerns which may arise. Residents informed inspectors that they felt safe and well cared for in the centre. The person in charge informed inspectors that no allegations of this nature had been made since the previous inspection.

The provider was acting as agent for a number of residents at the time of this inspection. The person in charge outlined the process for the management of these residents' funds and this appeared to be in order. A sample of review of monies held on resident's behalf indicated that the processes were transparent. Relatives also confirmed that they were satisfied with how fee payments and additional charges were managed.

According to the person in charge a number of the residents had a diagnosis of dementia, cognitive impairment with some enduring mental health issues and some presented with challenging behaviours. There was a policy on the management of challenging behaviours. However, there were no guidelines or care plans available for the support of these residents to either prevent episodes or identify triggers. Records reviewed by inspectors indicated that only two staff had received training in dementia care in 2015.

Records demonstrated very limited access to psychiatric services for assessment guidance or review of the psychotropic medication used regularly. It was apparent however that Pro-re-nata (as required) medication was not used to manage behaviour.

Inspectors reviewed the restraint register and assessment process in regard to the use of bedrails. In some instances where risks were identified the bedrails were not used and low bed and crash mats were made available and inspectors observed these being used. However, the assessment tool and how it was used by staff did not clearly demonstrate the rationale for the use of the bedrail, the alternative tried, the outcome of this or the safety of the use of the bedrail themselves. There were systems in place to check resident who were using bedrails at night.

Of particular concern to inspectors was the fact that a resident who was deemed at risk of falling had the walking frame removed and placed at a distance to discourage attempts at walking. This was not understood by staff to be a method of restraint.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were policies and procedures in place to promote the safety of residents but the systems were not implemented effectively and monitored and reviewed for learning.

A risk management policy was available and this was compliant with the regulations. An emergency plan outlining the procedures in the event of loss of heat, fire, flood or power was available. There was a current and signed health and safety statement available.

Infection control practices were satisfactory in general and additional precautions had been taken when required for specific infection risks. Staff had access to supplies of protective equipment and were seen using these. Hand gels were available throughout the centre and appropriate management of linens was evident. Clinical waste was managed and stored safely.

However, information from relatives and a review of the complaint log demonstrated that the management of residents soiled clothing and on occasion their person was not satisfactory. Soiled and other clothing was not segregated which posed a significant infection control risk.

A risk register was available which detailed environmental and clinical risks. Systems for learning and review from accidents and untoward events required improvement however. A number of auditing systems had been implemented including audits of falls, psychotropic medication, use of methods of restraint and infection control. For These did not clearly demonstrate that changes were brought about as a result of the analysis of these audits.

The person in charge stated that they were revising the roster to take account of the number of falls which had taken place in the evening time but this had not yet been implemented. While an audit had identified that hoist slings were shared between a number of resident and this should cease inspectors could not ascertain if this had been done. The issue of un-segregated clothing had been identified a number of times and had not resulted in the practise being discontinued.

A number of risk were identified on the day of inspection which had not been noted or addressed.

These included:

unrestrained windows on the first floor including the toilet. The person in charge was requested to have this remedied on the day and did so.

access to fire fighting equipment was blocked by other equipment.
loose and unsecured medication was left in a residents room
the fire exit from the kitchen was not clear.

All fire exit doors had break box-keys attached. At the previous inspection in 2014 it was clarified via the fire service that the fire authority was satisfied with this so long as staff carried a master key in the event that the keys were inadvertently mislaid or taken. This had not been actioned. The smoking room did have a fire extinguisher and blanket but also contained combustible materials.

While all staff had up-to-date fire training according to the training matrix fire equipment including the extinguishers and fire alarm were out of date for servicing in 2015 by one month.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Current policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for controlled drugs were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication. There was evidence on records that medication was reviewed three monthly or more often for individual residents where this was deemed necessary.

Records demonstrated that staff observed residents response to medication and reported to the resident's general practitioner (GP) or relevant clinician and amendments made where these were necessary. However, it was apparent that staff did not have sufficient knowledge of the seriousness of some of the medication used or the reason for its use despite training in medication. This is actioned under outcome 18 Suitable Staffing.

An audit of medication administration and identification of psychotropic medication had been undertaken.

At the time of this inspection a resident was self medicating. While there had been an assessment of the resident's capacity to do so this had not been reviewed in over two

years. In fact, the resident was not self medicating and staff held the medication and left it in the resident's room for administration purposes. There was no system for reconciliation of the medication or ensuring that other residents did not inadvertently have access to this unsecured medication. This is actioned under outcome 8 Health and Safety and Risk Management.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

From a review of six resident's records, discussion with staff and residents and relatives and from observation inspectors formed the view that improvements were required in the management and delivery of residents medical and social care needs. An assessment of resident's health needs was undertaken following admission using evidence based assessment tools. The assessments were reviewed frequently to reflect any changes noted in residents health care. Inspectors also found that residents had regular access to general practitioner (GP) services and to allied services including speech and language, physiotherapy, which was provided in house, occupational therapy dental and ophthalmic services. However, access to psychiatry of old age was not evident despite the number of residents who had cognitive impairment or dementia.

The recommendations made by allied specialists were available. Staff were found to support residents with the interventions outlined by the speech and language therapist as part of a rehabilitation programme. Resident's weights, food and fluids were monitored regularly and the appropriate advice was sought in a timely fashion.

However, the care plans did not reflect the resident assessed needs or actual health status. The care plans seen by inspectors in relation to nutrition, prevention of pressure areas, cognitive impairment and falls were not accurate or in line with the residents assessment. For example, a resident had specific dietary requirements which were detailed in the catering department. The care plans made no references to these requirements and to other residents deemed at high risk of developing pressure areas or of falling.

Information in the daily nursing records was limited. It cannot be demonstrated therefore that the care required including evidenced based nursing care following assessment was actually delivered. The outcome of the care plans could not be accurately reviewed. The care plans were-pro-forma templates and staff were not amending them to ensure they were person-centred and accurate to the individual residents. Inspectors were also concerned that in some instances staff were not familiar with the resident health, for example, if a resident with pressure areas had been reviewed by dietician or tissue viability specialist.

There was no satisfactory pre-admission assessment undertaken and the information available in the admission summary was scant. It contained no biographical information or social preferences for the resident. The procedure for pre-admission assessment was informal as described by the person in charge. In one instance this had resulted in a residents admission without due information and planning. This resulted in a discharge and a significant injury to another resident.

Practice following falls had not been satisfactory. A review by inspectors of a serious fall and the outcome showed that at that time there was no protocol in place for head injury observation or when to call the doctor in such an instance. Nursing records did not demonstrate that adequate supervision of the resident had been undertaken overnight. Protocol has since been implemented by the person in charge.

Judgment:

Non Compliant - Major

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:

While this outcome was not covered in full detail some aspects of the practice seen required improvement. Residents who could communicate with the inspectors were able to articulate their medical and care needs and indicated that they were consulted in regard to their care and personal preferences. However a number of relatives stated that the level of consultation was poor and staff confirmed that care plans had not as yet been discussed with the relatives or residents.

Inspectors observed that on the morning of the inspection almost all of the resident's bedroom doors were wide open while residents were getting up or being helped to get up. One resident was seated in her room only partially clothed having her breakfast in full view of any person who passed the room. The resident requested the inspector to seek staff assistance as she was cold. This impacted significantly on resident's privacy and dignity.

A number of residents had cognitive impairment and other conditions which impacted on their ability to communicate. There were no care plans or systems in place to support these residents to communicate with the exception of one resident who was on a specific rehabilitative programme. There were no dementia specific aids or support evident either in the care plans, practice or the premises as observed by inspectors. Care plans for residents social care needs were not devised.

There was a dedicated activities coordinator available and a number of activities were scheduled each day. These included bingo, films, art, nail care, spelling bee and music. The coordinator had compiled a summary of resident's preferences with which to guide the activities.

However Sonas (a therapeutic programme) or reminiscence therapy did not take place for residents with dementia or cognitive impairment. As observed by inspectors very few residents were actually watching the film shown on the day of inspection. Some resident's chairs were placed at an angle so they could not view this. Inspectors were informed that it was very difficult to ensure that those residents who could not participate with the activities programme were supported.

There were considerable periods of time where no interaction or stimulation was evident. Staff and relatives confirmed this finding. The television in the main day room was turned to the menu channel for a considerable time and the television in the hallway was too blurry to be visible.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the actual and planned staff roster and from observation was not satisfied that there was a sufficient number and suitable skill mix of staff on duty at all times to meet the needs of residents. In total, there were two fulltime nursing staff available during the day until 17:30hrs and one available from then until 7:45hrs the following morning. On Sundays there was only one nurse available all day and since 27 June 2015 only one nurse had been available on Saturdays also.

Given the size and lay out of these premises which is over two floors and the number and dependency levels of the residents this is not satisfactory. The dependency levels provided to the inspectors on the day of inspection indicated that there were 19 residents assessed as maximum dependency, 7 as high dependency, 8 as medium dependency and 2 as low dependency.

There was a satisfactory number of health care assistant staff, catering and housekeeping staff available. However, there were no contingency measures available in the event of emergency staff shortages. On the day of inspection one care assistant post was not filled. The person in charge stated that she was in the process of recruiting two additional nursing staff.

The findings of this inspection in relation to the devising and implementation of care plans, post fall care, medication management and care of residents with cognitive impairment indicates that the training and supervision needs of staff require review. As stated in Outcome 8 fire safety training and manual handling and training in elder abuse were up to date for all staff. A sample of staff files reviewed by Inspectors were not fully in accordance with all the requirements outlined in Schedule 5 of the Regulations as police clearance from other jurisdictions had not been procured.

An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff were in place. A number of health care assistants had Further Education and Training Awards Council Training (FETAC) level 5, training.

There was an annual appraisal system in place. There was a first day induction programme documented which included fire safety, safeguarding residents and supernumery time.

Judgment:

Non Compliant - Major

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:

Noelene Dowling
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:	Maypark House Nursing Home
Centre ID:	OSV-0000249
Date of inspection:	20/08/2015
Date of response:	16/09/2015

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:

There were insufficient nursing staff and contingency staff arrangements to ensure the effective delivery of care.

1. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of

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

purpose.

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

As stated at the inspection we are currently working with nursing agencies to recruit nurses for the home (nursing shortages are a National issue not only ours) to ensure there will be 2 nurses from 7.45am until 12 midnight, introducing a twilight shift, 7 days a week. To address this we are:

- Changing our rotas to ensure nurse cover is appropriate for the requirements of our home (as above).
- We have so far been able to recruit a part time nurse to help support the changes.
- Nurse hours have been increased to ensure weekends are covered.
- We have advertised locally and nationally.
- We have gone to 9 nursing agencies to assist us with recruitment, unfortunately only 3 would consider recruiting for us as they have no nurses or foresee any nurses being available in the near future for nursing homes.
- We have a care assistant (a registered nurse in his own country) who is waiting to get his registration PIN from the NMBI currently there is a 90 day wait, but we are in regular contact to monitor progress.
- We have an agency going to Romania to source nurses for us.
- Finally we have closed to admissions until we have all the nurses in post – currently we have 34 residents.

Proposed Timescale: 09/10/2015

Theme:

Governance, Leadership and Management

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

Arrangements for the person in charge to effectively manage two centres were not satisfactory.

2. Action Required:

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

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

The permanent senior nurse has just returned from maternity leave. Our part time second senior nurse had unfortunately been sick for 2 months. This all caused a management issue which we tried to manage as far as possible. It was unfortunate that this happened at the same time. Recruitment to short term post is impossible even though we offered management training whilst in post. The senior nurse we were able to recruit did not have the management experience we would have liked, but was a competent registered nurse. We are now back to full senior cover. Our action will be:

- The PIC is putting in place a training programme for junior staff to improve their management skills, if this situation was to happen again they will be able to act into the position of senior nurse in a place they know well.

Proposed Timescale: 31/12/2015

Theme:

Governance, Leadership and Management

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

There was no annual review of the quality and safety of care.

3. 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 report will be draft for 2015 by the PIC and Proprietor and this will be carried on yearly

Proposed Timescale: 30/10/2015

Outcome 04: Suitable Person in Charge

Theme:

Governance, Leadership and Management

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

Arrangements for the person in charge to manage two centres were not satisfactory to ensure she is involved fully in the operational management and clinical governance of the centre.

4. Action Required:

Under Regulation 14(4) you are required to: If the person in charge is in charge of more than one designated centre provide evidence to the chief inspector that the person in charge is engaged in the effective governance, operational management and administration of the designated centres concerned.

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

This has been covered in Outcome 2. With all the other actions in this report covered, it will provide you with evidence that this is not the case.

Proposed Timescale: 16/09/2015

Outcome 07: 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:

Care plans did not demonstrate that staff had sufficient knowledge to manage behaviour that was challenging or residents with cognitive impairment.

5. 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:

Actions to be taken to improve staff knowledge in Challenging Behaviour will be as follows:

- Training is to be provided in house for all staff in the areas of challenging behaviour by the CPN managing the area
- Staff will be trained Dementia care, both in house and externally to ensure a wide range of training.
- Psychotropic medications training has been confirmed for the Staff Nurses. This will cover medications used in dementia and this will be done by the Pharmacist covering the home.
- All care plans are currently being reviewed under the supervision and guidance of the Senior Nurse Managers. In house education is to be provided for all nurses to be completed by 31st October 2015.
- Review is also taking place of Protection of Vulnerable adults policy in line with HSE guidelines, this is for discussion 5th October 2015 management meeting.

Proposed Timescale: 01/11/2015

Theme:

Safe care and support

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

Restraint assessments did not clearly demonstrate the rationale for the use of restraint. Some restraint practices used were not in accordance with national policy.

6. 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:

The actions we will be taking to improve our rationale for the use of restraints will be:

- An update and improved restraint training for all staff.

- Restraint assessments and care plans are being revised in line with the DoH policy.

Proposed Timescale: 31/10/2015

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:

Procedures or the identification of risks and hazards were not satisfactory.

7. 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:

Actions to be taken are as follows:

- Risk assessments have been completed for the staircase and windows.
- Windows will be added to the weekly maintenance check list ensuring they are restricted.
- The Health and safety audit procedure is under review and findings will be discussed in the monthly management meetings.

Proposed Timescale: 05/11/2015

Theme:

Safe care and support

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

Systems for reviewing and learning from serious incidents and adverse events were not robust.

8. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

Actions to ensure we are learning from serious incidents are as follows:

- We already revise the rota following review of our falls audit to ensure we have adequate staff on duty when falls occur. This already has shown a reduction in falls as you have stated.
- The risk register, audit results and audit tools will be reviewed at the monthly

management meetings. Staff will be informed of decisions and outcomes in writing.

Proposed Timescale: 27/09/2015

Theme:

Safe care and support

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

Systems for prevention of infection including the management of soiled linens were not implemented.

9. 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:

Actions to ensure the correct management of soiled linen are as follows:

- Staff have been informed of the correct procedure for dealing with residents soiled clothes.
- A draft operation policy for dealing with this matter is ready for discussion with the management team.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

Fire fighting and alerting systems were not serviced annually and quarterly as required.

10. 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:

The fire extinguishers and fire alarms had been serviced, and are serviced quarterly. The next service was due on 25th August. The report can be sent to you, if required.

Proposed Timescale: 16/09/2015

Theme:

Safe care and support

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

There were combustible materials in the smoking room.

11. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

Combustible materials have been removed from the smoking room. All staff have received recent Fire training and have been made aware of the importance of fire safety.

Proposed Timescale: 16/09/2015

Theme:

Safe care and support

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

Fire fighting equipment was not easily accessible as hoists were stored in front of them which blocked easy access.

12. 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:

Access to firefighting equipment has been corrected. Appropriate signage has been put in place.

Proposed Timescale: 16/09/2015

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:

Care plans did not reflect the assessed needs of the residents in terms of nutrition ,pressure care,cognitive impairment, mobility, falls risk or social and personal care needs.

13. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

As previously stated an in house education programme on care planning/systematic approach to nursing care will be undertaken. All care plans are currently under review.

When required access to psychiatry of old age is provided and community mental health nurses visit regularly. While these visits are documented in the mental health records we will now request that all visiting and outcomes of visits be recorded in the residents nursing home notes. The Director of Nursing will request this by letter.

Proposed Timescale: 31/12/2015

Theme:

Effective care and support

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

There is inconsistent evidence that care plans and residents needs were discussed with the residents or their representatives.

14. Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

Actions we are undertaking to ensure resident/family involvement with care planning are:

- Currently family meetings take place to discuss end of life care
- We are now extending these meetings to discuss care planning, overall satisfaction of care and any other concerns/complaints. The first such meeting will take place within the first week of admission to the home and then as care needs change. A letter of invitation will be issued to all such meetings.
- For existing residents family meetings will commence in October of 2015. First completed cycle of meetings will be completed by February 2016. Named Nurses will attend these meetings. This will be included in our admissions policy
- A form has been developed to document discussions with families and residents regarding their care plans. This will be used during the family meetings.

Proposed Timescale: 29/02/2016

Theme:

Effective care and support

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

A high standard of evidenced based nursing care was not consistently evident.

15. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

We will be reviewing our training plan for the year to ensure our nurses are receiving the training which will assist them in ensuring their evidence based knowledge is at a level which ensures a high level of evidence based practice.

Proposed Timescale: 01/11/2015

Theme:

Effective care and support

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

Admission processes were not sufficiently robust to ensure care could be provided to residents within the centre.

16. Action Required:

Under Regulation 25(2) you are required to: On the return of a resident from another designated centre, hospital or place, take all reasonable measures to obtain all relevant information about the resident from the other designated centre, hospital or place.

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

A pre admission assessment and checklist is currently being developed for implementation at the end of September. This will ensure that a comprehensive assessment of each resident is completed prior to admission into the home.

Proposed Timescale: 30/09/2015

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 were not afforded sufficient privacy or dignity.

17. 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:

The issue of resident's bedroom doors being left open has been addressed to all nursing/care/ kitchen and housekeeping staff. They understand the consequences of not providing privacy and dignity to all our residents.

Proposed Timescale: 16/09/2015

Theme:

Person-centred care and support

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

There were insufficient activities suitable for residents who could not participate in the normal day-to-day programmes.

18. Action Required:

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

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

Actions to improve our activities for all are as follows:

- Activity planning is currently being reviewed by the Activities Co-ordinator and the PIC to ensure all residents have the choice and are involved in activities in the home.
- Our activities co-ordinator will attend further appropriate training
- Life books are presently being completed to help address residents likes and dislikes when it comes to activities.
- The activities room has been reorganised to ensure that all residents can participate in the activities programme.
- All care staff have been made aware of their role in providing activities to the residents and ensuring that there is regular interaction with the residents.
- The maintenance department has been asked to address the blurred television in the veranda.

Proposed Timescale: 30/11/2015

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

There were no care plans to guide staff to support residents with communication difficulties.

19. Action Required:

Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident's care plan prepared under Regulation 5.

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

Care plans are currently being reviewed under the supervision of the Senior Nurse Managers. Communication aids are available for all residents that require them, these will now be kept in common areas, in the resident's rooms and with the resident if they wish.

Proposed Timescale: 30/09/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There were insufficient nursing staff available from 17:30 each evening and all day on Saturdays and Sunday to ensure the safe and effective delivery of care.

20. Action Required:

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

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

This has been covered in a previous action

- We are working on our rotas to ensure nurse cover is appropriate for the requirements of our home.. This will be 2 nurses from 7.45am until 12 midnight, introducing a twilight shift – 7 days per week.

Proposed Timescale: 09/10/2015

Theme:

Workforce

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

Staff were not supervised to ensure they delivered care in accordance with the residents assessed needs, implemented satisfactory care plans and maintained effective

infection control procedures.

21. Action Required:

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

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

This will be addressed with the increase in nursing staff and now that we are back to our senior nurse compliment

Proposed Timescale: 09/10/2015

Theme:

Workforce

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

Staff did not demonstrate that they had sufficient training to undertake the delivery of care with particular reference to medication , care planning, management of falls and residents with cognitive impairment or dementia.

22. 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:

As previously stated nurses are receiving training for medication in residents with dementia from our pharmacist.

We will be reviewing the training of each nurse and address their training needs accordingly.

Proposed Timescale: 30/11/2015