

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	East Ferry House Nursing Home
Centre ID:	OSV-0000226
Centre address:	East Ferry, Midleton, Cork.
Telephone number:	021 465 2538
Email address:	annepatrica_wilson@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Anne Wilson
Provider Nominee:	Anne Wilson
Lead inspector:	Mary O'Mahony
Support inspector(s):	Maria Scally;
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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 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: 17 July 2015 09:00 To: 17 July 2015 19:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

This report sets out the findings of an unannounced monitoring inspection of East Ferry House Nursing Home by the Health Information and Quality Authority (HIQA or the Authority). This was the eight inspection of the centre by the Authority. During the inspection, inspectors met with the person in charge who was also the provider, the nurse in charge, all residents and staff members. Inspectors observed practices and reviewed documentation such as the health and safety statement, care plans, medical records, accident records, policies and procedures and staff files.

The person in charge worked full time in the centre. She was involved in the day-to-day running of the centre and was committed to providing a caring individualised service to residents. The centre catered for low to medium dependency residents and the person in charge outlined her admission assessment protocol to inspectors. Inspectors observed resident focused care being provided by the staff on duty. Examples of this were that one resident had brought her pet dog to live in the centre and another resident utilised his car daily to enable him to access the local shop and visit friends.

Feedback during the inspection was of satisfaction with the service and care provided. Residents and relatives expressed satisfaction with the staff and the homely environment. Family involvement was encouraged and inspectors viewed letters and cards from relatives confirming that birthday parties were organised and celebrated.

Inspectors viewed a number of alterations which had been advised by the fire officer since the previous inspection. These improvements will be discussed throughout the report. However, there were other improvements required to comply 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.

The provider was required to complete an action plan to address these areas which included: the statement of purpose: the requirements for staff files, the provision of mandatory training, risk assessment and management, infection control and access to advocacy.

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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 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The statement of purpose, dated May 2014, was viewed by inspectors. It described the service and facilities provided in the centre. It also outlined the aims, objectives and ethos of the centre.

The statement of purpose had been updated since the last inspection and now contained most of the required information. However, the arrangements for emergency admissions if any were not set out and the size of each room had not been specified as required

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was also the registered provider and she resided adjacent to East Ferry House. She stated to inspectors that she was available in an emergency situation

and was on call to support the night nurse, when required.

She was an experienced nurse manager and was actively involved in the day-to-day organisation and management of the service. Staff and residents identified the person in charge as the person with the overall authority and responsibility for the delivery of care. She was found to be committed to providing person-centred care to residents. She demonstrated good clinical skills and was found to be knowledgeable of residents' needs and of their life stories, throughout the inspection.

She outlined her specific criteria for admission of residents, in relation to the service she provided. She informed inspectors that she met with staff and residents on a daily basis.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

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

Findings:

Not all items were available in staff files, in line with the requirements of Schedule 2 of the Regulations.

Mandatory training had not been provided to staff.

During this inspection, inspectors observed that records were securely stored and the person in charge informed inspectors that residents had access to their care plan, if necessary. Records of inspections by other bodies were maintained. Inspectors viewed a sample of residents' care plans. Each care plan outlined the social and medical needs of the resident and recognised, evidenced based, tools were used to assess the medical, physical and psychological needs of residents. There was evidence of input from, and assessments by, allied health professionals, where required. Inspectors found that the care plans contained information about residents' holistic needs and there was evidence that the plans were individualised.

There were centre specific policies which were updated and reviewed when required and these included the policies specified in Schedule 5 of the Regulations. However, relevant policies were not easily accessible as there were three versions of policies available in different files. In addition, some policies were out of date such as the staff training and development policy which had last been updated in 2011. In addition, the complaints policy required updating in line with the requirements of Regulation 34. Staff demonstrated an understanding of the policies and inspectors viewed a signature sheet for staff to sign when policies were read.

The centre was adequately insured against injury to residents according to the insurance certificate viewed by inspectors. Fire safety records were seen and were found to have met the requirements of Regulations as regards, training, testing and maintenance of the system.

Inspectors viewed a sample of staff files and found that they were maintained in good order. However, a staff nurse did not have her personal identification number (PIN) from An Bord Altranais agus Cnaimhseachais na hEireann, on file. The staff roster was viewed by inspectors who noted that it correlated with the staffing levels which the person in charge had outlined. Documentation was seen by inspectors which indicated that residents' right to refuse treatment was documented where this occurred. There were records available to indicate that discussions were held with residents and their representatives about CPR (Cardio-Pulmonary-Resuscitation). Inspectors were shown the complaints and incident book. There were no complaints documented in the complaints book.

However, training records were not maintained in the centre. Mandatory training had not been provided in the prevention of elder abuse and all appropriate training had not been provided to staff such as training in behaviour that challenges, end of life care training, infection control and food hygiene training. This will be addressed under Outcome 7: Safeguarding and safety and Outcome 18: Staffing:

In addition, the centre did not maintain a record of visitors to the centre as required under Schedule 4 (12) of the Regulations.

Judgment:

Non Compliant - Major

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

Staff in the centre had not been provided with mandatory training in the prevention and recognition of elder abuse.

Staff had not been trained in the management of behaviours that challenged, appropriate to their role.

During this inspection there were no training records available. Staff confirmed with inspectors that they had not received the mandatory training as outlined above. However, the person in charge stated that she had discussed the policy on elder abuse at a staff meeting on 29/04/15. Documentation confirming this was seen by inspectors.

Staff spoken with by inspectors were aware of what to do if an allegation of abuse was made to them. There was a policy in the centre on the protection of vulnerable adults and this had been updated in 2014. The person in charge informed inspectors that the centre did not accept any valuable items or money for safe keeping and none of the residents had requested this service.

Judgment:

Non Compliant - Major

***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:

Not all risks in the centre had been assessed.

During this inspection the fire policies and procedures were seen to be centre-specific. The fire evacuation plan was viewed by inspectors. There were fire safety notices for residents and staff appropriately placed throughout the building. Records and certificates of tests carried out on fire extinguishers and the fire alarm were viewed. The fire officer had carried out a review of fire safety in the centre and a number of major improvements had taken place in the structure and décor of the centre. Wooden ceilings had been painted with fire retardant paint and specific fire doors had been installed. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire and how they would evacuate residents. Fire evacuation drills were

undertaken twice a year in conjunction with yearly fire training. Inspectors viewed certificates for this training.

Inspectors viewed accidents and incidents book and observed that that very few accidents or falls had occurred in the centre. This was confirmed by residents and staff members. Clinical risk assessments were undertaken for residents, including falls risk assessment, assessments for dependency, nutritional status, skin integrity, continence and moving and handling.

A hand sanitizer was present at the entrance to the building. The person in charge informed the inspectors that no outbreaks of infection had taken place. However, as identified on previous inspections there were inadequate hand washing facilities in the kitchen and a report by another agency had outlined some issues to be addressed in this area. In addition, the bedpan washer was positioned in an alcove and inspectors noted that there was no soap or hand towel at the nearby hand washing sink at the time of inspection. This was immediately addressed by the person in charge. Furthermore, inspectors observed that there was no hand washing sink available in the laundry and that the food storage area was only accessible through the laundry room, thereby creating a risk of cross contamination.

The centre-specific safety statement and policy had not been updated since the last inspection. This was dated February 2012 and contained risk assessments for different areas in the home including the bedrooms, kitchen, outdoors and environmental issues. However, there were additional risks highlighted by inspectors during the inspection. Residents were afforded the use of commodes in the upstairs bedroom area. These commodes were stored in the bedrooms. Inspectors formed the view that there were inadequate facilities in the upstairs bathroom areas to clean these commode pans after use. The person in charge stated that these were washed in the toilets before being brought downstairs to the bedpan washer. In addition, inspectors noted that baths and toilets had black water staining on the enamel. The person in charge informed inspectors that this was caused by deposits from the old type of water storage cylinder in use.

Further hazards noted on inspection included:

- no check lists for locking doors at night: controls not in place for : perimeter fence, external gate and side entrance which were not secured:
- infection control issues-treatment room
- exposed hot pipes in hot press.
- risk assessments : no live risk register
- damp patch on ceiling and wall in upstairs room
- room 7 (A) fire exit in corner, no exit door alarm fitted
- fire door to bedpan washer area held open with wooden wedge
- yard outside-multiple trip hazards
- light over bed not working and no call bell attached for one resident
- heavy dust observed on bedrails, high dusting required
- incontinence pads not discreetly stored (privacy and dignity)
- heavy dust on lampshade
- three drug containers on locker top-Artelac Eye drops, Timoptomol (eye drops),

-dip inside door (concrete broken under carpet)
-unrestricted windows
-unused rooms required deep cleaning and window restrictors fitted
-no lock on laundry room door and no hand washing sink in laundry area
-unlocked chemical cupboard in laundry room
-front hall: smoking area, no fire blanket, no ashtray, fire extinguisher access blocked in this area.

There was no lock on the treatment room door. This presented a risk to health and safety due to the amount of equipment and stock which was not securely stored within. The sink in this room was stained and there were no hand towels available. The stainless steel trolley had rusty wheels and was unclean and dusty. Blood sample vials were noted to be out of date and the room was cluttered. Stains were observed on the covering of the treatment couch. Hazard signs for oxygen stored in this area were not in evidence.

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 operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The practice of checking, dispensing and recording of the drugs administered was in line with current legislation. The processes in place for the handling of medicines, including controlled drugs, were safe and in line with best practice guidelines. Photographic identification for residents was present. The person in charge demonstrated a clear understanding of the An Bord Altranais agus Cnaimhseachais na hEireann guidelines on medication management.

The pharmacist provided support and expertise on medication management for nursing staff in the centre and the person in charge said that the pharmacist was responsive and attentive to the needs of the residents in the centre. There was a good general practitioner (GP) service to the centre and the South doc services also attended promptly, when required. Residents' medications were seen to be reviewed on a regular basis and inspectors noted good practice where sedative medication was reduced in response to a change in the resident's responsiveness. The centre had a policy on medication errors and these errors were recorded where necessary. However, inspectors observed that prescribed skin creams were out of date in some cases and these creams,

prescribed for certain residents, were located on the lockers of other residents.

Judgment:
Substantially Compliant

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:
Notifications were, generally, made in line with Regulations.

However, a notification required under Schedule 4 7 (1) (f) where a resident had a pressure sore requiring dressings and medical attention had not been made to the Authority.

The person in charge stated that she did not always have access to a computer and she informed inspectors that she would post notifications to the Authority, in this event.

The notification was sent to the Authority retrospectively.

Judgment:
Non Compliant - Major

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:

Residents were encouraged to maintain as much independence as possible and inspectors observed residents being supported to walk around the centre, using their mobility aids. One resident had his car parked near the door of the centre and he was seen by inspectors coming and going independently. Inspectors observed person centred care being provided which enabled and facilitated residents to maintain their preferred daily routine. For example, one resident was seen to return to bed for a rest after breakfast. She informed inspectors that this was part of her daily routine and she was supported by staff in her wish.

Residents were provided with the services of a local GP who provided a comprehensive service to the residents. Residents received a regular review of their medical care, blood test were carried out at suitable intervals and medication was reviewed on a three-monthly basis, or sooner if required. Documentation was viewed which indicated that "South Doc" was accessed for evening and night time service. Chiropody service was available in-house on a monthly basis. Dietician services were provided by a nutritional company. A physiotherapist could be accessed if required; this was funded privately by residents. Optical and dental assessments were carried out on a yearly basis, or more frequently if necessary. The speech and language therapist (SALT) provided guidance for residents who experienced swallowing difficulties and care plans, related to advice given by this service, were seen by inspectors.

The sample of care plans reviewed by inspectors were comprehensive and detailed. Staff informed the inspectors that the only form of restraint in use in the centre was the use of bedrails. These were used in line with best practice guidelines and appropriate risk assessments and consent forms were seen in residents' care plans. A log of restraints was maintained in line with the requirements of Regulation.

Daily and nightly narrative notes were recorded by nursing staff and residents were seen to have records kept of their vital signs and monthly weights. Daily newspapers were provided in the centre, parties were celebrated and outings were organised. Chair based exercises were seen to be facilitated during the inspection and a favourite DVD was viewed by residents. One resident had her dog with her and the centre had a pet cat also. Residents spoke with inspectors about their satisfaction with life in the centre. They praised the staff, the homely atmosphere, the person in charge and the food quality.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted about how the centre was run. as the person in charge explained that she met with all residents and any visitors present on a daily basis and responded to their wishes. There was a policy on communication for residents in the centre. The centre was located near the seaside and residents were supported to go on outings with family and friends. The person in charge informed inspectors that residents were facilitated to vote, where possible.

However, residents' meetings were not held in the centre. In addition, there was no information available on an advocacy service. Residents did not have access to an independent advocate, if required. This was a regulatory requirement. The person in charge undertook to arrange a meeting with an advocacy service following the inspection. Inspectors noticed that staff engaged with residents and relatives in a dignified and approachable manner throughout the inspection. Residents informed inspectors that their likes and wishes were respected.

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):

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

Findings:

On previous inspections there were issues of non compliance in the area of staff files and the provision of training.

During this inspection, residents spoke positively about staff and indicated that staff

were caring, responsive to their needs, and treated them with respect and dignity. Staff retention levels were high and therefore promoted continuity of care for residents. Staff who spoke with inspectors said that they had worked at the centre for many years. They informed inspectors that they enjoyed their work and felt well supported in their roles.

On the registration inspection in 2013 inspectors identified that recruitment and selection procedures were not sufficiently robust. On this unannounced inspection, inspectors viewed a sample of personnel files and found that each file contained the information as per Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, there was no PIN number available for one member of the nursing staff. This was addressed under Outcome 5: Documentation.

The deputy person in charge had undertaken training in risk assessment and medication management since the previous inspection. As the residents had been assessed as of low to medium dependency levels. Inspectors formed the view that there was sufficient staff and skill mix on duty during the day to meet their needs following discussion with the person in charge. However, there was only one member of staff, a registered nurse, on duty by night from 21:00hrs to 07:00hrs. The person in charge informed inspectors that only one resident required the assistance of two people at night. The person in charge stated that she was on call to provide support to the night nurse from her adjoining apartment and that if she was absent a member of staff would be rostered to work late, to assist the night nurse. Inspectors informed the person in charge that the staffing levels at night were required to be kept under constant review in relation to the changing needs of residents and to minimise risks to both staff and residents. This required risk assessment. A copy of the risk assessment was requested from the person in charge.

Training had not been provided for staff in mandatory fields, for example, prevention of elder abuse and updated knowledge of behaviours that challenge and de escalation techniques. These were addressed under Outcome 7: Safeguarding and Safety. Other appropriate training relevant to the roles of staff in the centre had not been provided, for example, end of life care training, food hygiene training and infection control training. A schedule of planned training was submitted to the Authority following the inspection.

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:

Mary O'Mahony
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:	East Ferry House Nursing Home
Centre ID:	OSV-0000226
Date of inspection:	17/07/2015
Date of response:	13/09/2015

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not contain all the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Examples of this were:

- arrangements for emergency admissions if any
- the size of each room in narrative or floor plan format

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

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

Prepare a new statement of purpose with the emergency admissions and room sizes in same.

Proposed Timescale: 27/09/2015

Outcome 05: Documentation to be kept at a designated centre**Theme:**

Governance, Leadership and Management

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

Not all policies, required under Schedule 5 of Regulations, were available in the centre.

2. Action Required:

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

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

All policies and procedures in Schedule 5 will be adopted and put in place.

Proposed Timescale: 30/11/2015

Theme:

Governance, Leadership and Management

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

All policies in the centre had not been reviewed at intervals not exceeding 3 years, as required under Regulation.

3. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

All policies in the centre will be updated in accordance with best practice as stated.

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:

All records required under Schedule 2, 3, and 4 were not maintained in the centre.

For example:

- there was no record of visitors maintained
- training records were not available
- relevant current registration status of a member of the nursing staff was not available.

4. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Visitors book has been put in place.

Training records checked, training schedules being organised and staff will attend as soon as scheduled.

Current registration details for staff member in question now available on personnel file.

Proposed Timescale: 31/03/2016

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:

Staff in the centre had not been afforded training in up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that was challenging.

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:

Training for challenging behaviour will be arranged for all staff.

Proposed Timescale: 31/03/2016

Theme:

Safe care and support

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

Staff in the centre had not been trained in the detection and prevention of and responses to abuse.

6. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Training for staff in the detection and responses to abuse will be arranged for all staff members

Proposed Timescale: 31/03/2016

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:

The risk management policy set out in Schedule 5, did not include hazard identification and assessment of all risks throughout the designated centre.

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:

Health and safety inspection has taken place waiting for the written statement.

Proposed Timescale: 13/09/2015

Theme:

Safe care and support

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

The risk management policy set out in Schedule 5 did not include the measures and actions in place to control abuse.

8. Action Required:

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

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

A risk management policy will be put in place in accordance with schedule 5.

Proposed Timescale: 30/11/2015

Theme:

Safe care and support

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

The risk management policy set out in Schedule 5 did not include the measures and actions in place to control the unexplained absence of any resident.

9. Action Required:

Under Regulation 26(1)(c)(ii) 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 unexplained absence of any resident.

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

This policy will be updated

Proposed Timescale: 30/11/2015

Theme:

Safe care and support

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

The risk management policy set out in Schedule 5 did not include the measures and actions in place to control accidental injury to residents, visitors or staff.

10. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

I will ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Proposed Timescale: 30/11/2015

Theme:

Safe care and support

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

The risk management policy set out in Schedule 5 did not include the measures and actions in place to control aggression and violence.

11. Action Required:

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

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

I will ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

Proposed Timescale: 30/11/2015**Theme:**

Safe care and support

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

The risk management policy set out in Schedule 5 did not include the measures and actions in place to control self-harm.

12. Action Required:

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

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

I will ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

Proposed Timescale: 30/11/2015**Theme:**

Safe care and support

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

Procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were not implemented in the centre:

For example:

-sluicing facilities were inadequate

-facilities to wash commode pans were inadequate
-there was no hand washing sink in the laundry
-food storage area was accessed through the laundry
-there was no soap next to the sink by the bedpan washer
-sinks, baths and toilets were stained
-hand washing facilities were inadequate in the kitchen area
-dust was noted on bedrails around the beds, on lampshades and on a trolley in the treatment room.

13. 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:

Handwash now provided, soap now provided and electric hand dryer near bed pan washing area.

Handwashing sink in kitchen. The rest of the items listed above have been addressed. Food storage issues and stain issues are being addressed currently.

Proposed Timescale: 30/11/2015

Theme:

Safe care and support

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

There were inadequate precautions against the risk of fire:

For example:

- the fire door in one area was wedged open with a wooden floor wedge
- the smoking area was not suitably equipped
- one fire extinguisher was occluded
- oxygen was stored without adequate warning signs.

14. 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:

fire doors are not wedged open

- the smoking area is now suitably equipped
- fire extinguishers are visible and accessible
- oxygen is stored with adequate warning signs.

Proposed Timescale: 13/09/2015

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:

Skin creams were out of date and labelled prescribed creams were on the lockers of the wrong residents.

Eye drops were stored in containers on the top of a resident's locker.

15. 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:

I have ensured 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.

Proposed Timescale: 13/09/2015

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:

Notification of a pressure sore, involving an area of broken skin and requiring dressings and medical attention, had not been made to the Authority.

16. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

Notifications in paragraphs 7(1)(a) to (j) of Schedule 4 will from now on take place within 3 working days of the occurrence.

Proposed Timescale: 13/09/2015

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:

Each resident did not have access to independent advocacy services.

17. Action Required:

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

I will ensure that each resident has access to independent advocacy services. I will attend a seminar in Youghal on the 15th September and make arrangements following this.

Proposed Timescale: 30/11/2015

Theme:

Person-centred care and support

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

The centre did not have a system set up to ensure that each resident was consulted about and participated in the organisation of the designated centre concerned. There were no minutes of residents' meetings available.

18. 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:

I have now consulted each resident about issues and they participate in the organisation of the centre. I will continue to discuss issues with residents and families and take notes of these meetings, to be acted on.

Proposed Timescale: 13/09/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The provider was required to risk assess the number and skill mix of staff according to

the needs of the resident. This was required to be assessed in accordance with Regulation 5 and the size and layout of the designated centre.

19. 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:

I will 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. I will monitor the skill mix personally.

Proposed Timescale: 13/09/2015

Theme:

Workforce

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

Staff did not have access to appropriate training.

20. 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 relevant courses become available I will display the advertised courses and ensure staff have access to them and time to attend.

Proposed Timescale: 31/03/2016