Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Good Counsel Nursing Home
Centre ID:	OSV-0000416
Centre address:	Kilmallock Road, Limerick.
Telephone number:	061 416288
Email address:	emmetbeston@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Good Counsel Nursing Home Limited
Provider Nominee:	Eileen Beston
Lead inspector:	Louisa Power
Support inspector(s):	Julie Hennessy
Type of inspection	Unannounced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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:	To:
30 September 2015 09:15	30 September 2015 17:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Non Compliant - Major
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Major
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspection was an unannounced inspection to follow up on the actions of the previous inspection and was triggered by a pattern of concerns received by the Authority. Following a concern in March 2015 in relation to inadequate personal and health care, an investigation was undertaken by the provider in relation to these concerns at the request of the Authority. A subsequent concern was received by the Authority in September 2015 in relation to unsafe smoking practices. These concerns were looked into throughout the inspection and the inspector's findings are outlined in the body of the report.

A number of improvements had been made since the last inspection in February including development of an annual review of the quality and safety of care, review of the emergency plan and complaints procedure, decorative upgrading and facilitation of a regular monthly residents' meeting.

Inspectors identified that a number of actions had not been satisfactorily completed in relation to ongoing review of the quality and safety of care, healthcare, smoking

arrangements, and restrictive practices. A major non-compliance was identified in Outcome 12: Health and Safety that resulted in an immediate action being issued on the day of inspection in relation to inadequate fire safety training arrangements. Unsafe medicines management practices were noted which led to additional actions in Outcome 9: Medication Management. There were inadequate arrangements in place to manage nutritional and swallow risk.

These non-compliances are discussed in the body of the report and the action plan at the end of the report.

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

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
At the previous inspection, it was not clear how audits carried out were meaningful or contributed to the improvement or quality of care. This action had been partially addressed. The audit schedule outlined quarterly audits in a number of areas relating to resident care including infection control, waste management, handling of sharps, documentation, medicines management, restraint, finance, call bell response, falls, use of bed rails, psychotropic medicines and urinary catherisation. The audits viewed demonstrated benchmarking with evidence based national and international best practice in a number of areas. Action plans demonstrated that measures had been put in place to address deficiencies identified. However, it was noted that action plans were not always developed even though pertinent deficiencies had been identified. For example, an audit in physical restraint in July 2015 identified that training was required for staff and care plans were not developed where appropriate. Therefore, it was not clear if improvements were brought about as a result of learning from the monitoring review.

At the previous inspection in February 2015, audits scheduled for December 2014 had not been complete. Inspectors saw that this action had not been adequately addressed. Reports for number of audits due to have been completed in July 2015 were not available on the day of inspection.

At the previous inspection in February 2015, it was identified that there were no plans for the undertaking of the annual review of the quality and safety of care delivered to residents. The action required had been satisfactorily implemented and an annual review of the period from March 2014 to February 2015 was made available to inspectors.

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

Findings:
At the previous inspection inspectors found that it was identified that restraint practices were not in line with national policy. At this inspection, it was again found that the use of bedrails was not in line with national policy. An assessment of the risk of using a bedrail versus the benefits was not completed for residents listed as having bedrails in situ at the time of inspection. Where a resident was unable to express his/her views in relation to restraint, it was not clear that a multi-disciplinary assessment had been completed and a decision had been made in the best interests of the resident. The restraint policy made available to inspectors did not reflect national policy.

At the previous inspection, inspectors found that clear strategies for the management of behaviours that challenge were not reflected in the residents' care plans to ensure a consistent approach by all staff. An inspector reviewed a sample of care plans for a resident with behaviour that challenges. The person in charge was able to clearly articulate antecedents to certain behaviours, how behaviours presented and strategies to reduce such episodes. While relevant information was contained within the care plan, the guidance in place was not sufficient to direct the care to be given to support a resident with behaviour that challenges in a consistent way. In addition, behaviour support plans were not in place for residents with behaviours that challenge.

While training had taken place in the management of behaviours that challenge, four new staff required such training.

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

Findings:
At the previous inspection it was identified that fire drills did not take place at regular intervals. In addition, documentation completed following fire drills was insufficient as it did not adequately reflect the practice that had taken place nor it did identify actions. At this inspection, the documentation of fire drills had improved and now included any actions identified during the course of the fire drill.

At the previous inspection it was identified that internal fire doors were propped open with chairs, therefore preventing them from containing a fire should it so occur. At this inspection, inspectors walked through the building in the morning time and found that all bedroom doors were closed, as required to contain a fire in the event of an emergency.

Since the previous inspection, a concern had been received by the Authority in relation to residents' smoking. This had been raised with the provider during previous inspections. There was a smoking policy in place that identified the dedicated smoking room as the only place where smoking was permitted. Inspectors observed the smoking room, which had fire-retardant ashtrays and bins. A fire extinguisher had been relocated closer to the smoking room following a recent fire risk assessment of the centre. There was an extractor fan in the smoking room but its effectiveness was not demonstrated. The providers explained that they actively discouraged smoking outside of the dedicated smoking area but this was not always successful and some residents were resistant to such suggestions. Inspectors reviewed risk assessments relating to smoking. Risk assessments however did not address the risk of residents who smoked in their bedrooms. Inspectors entered bedrooms on permission of residents and observed burn-marks on one set of bed-sheets.

A major non-compliance was identified in relation to fire safety. Practice fire drill records and fire training records indicated that four staff had neither participated in a fire drill nor received fire safety training. This training gap was confirmed by the provider and person in charge. Inspectors reviewed the staff roster and found that untrained staff had been rostered on night-duty. According to the roster, there was one trained and one untrained staff member on night-duty each night for the remainder of the week. This arrangement was not adequate to ensure the safe evacuation of all residents in the event of a fire from the designated centre. This oversight, in conjunction with the risk associated with residents smoking in their bedrooms, led the inspectors to instruct the provider nominee to take immediate steps to mitigate the risk identified. In addition, the fire safety training programme did not include the need to ensure that staff knew what to do should the clothes of a resident catch fire.

At the previous inspection, it was identified that the emergency plan did not identify alternative accommodation or the details of transport services should they be required in

the event of an evacuation of the centre. At this inspection, an inspector reviewed the emergency plan and found it now contained details of alternative accommodation and transport services available in the event of an evacuation of the centre.

At the previous inspection, inspectors observed that people moving and handling practices were outdated. Since the previous inspection a staff meeting on best practices in people moving and handling had taken place. Training in the use of a hoist had also been held. Audits of people and moving handling practices had commenced and inspectors reviewed such audits. No unsafe practices were observed at this inspection.

At the previous inspection, improvement was required in relation to the identification of hazards and assessment of risk. At this inspection, it was demonstrated that audits had commenced in relation to key health and safety areas, such as fire safety and infection control. A fire safety risk assessment had been completed by an external person with experience in fire safety and all inspectors found that any required actions or control measures had been implemented. Infection control audits had also commenced and a number had been completed since the previous inspection. These included regular hand hygiene audits and environmental audits. Learning from audits was evidenced as actions had been generated and completed. The inspectors observed that the centre was visibly clean. A cleaner worked in the centre and was able to demonstrate the system in place for cleaning. Staff had received training in hand hygiene since the previous inspection and the person in charge said that training dates had been identified for any new staff who required this training.

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:
While the actions required from the previous inspection were satisfactorily implemented, inspectors observed unsafe medicines management practices during the course of the inspection that required action to mitigate the risk posed to residents.

At the previous inspection, it was observed that the keys to the medicines trolley were not stored securely at all times. This action had been addressed and inspectors saw that the keys to the medicines trolley were kept with the nurse on duty at all times. However, inspectors observed that the refrigerator used to store medicines remained unlocked within an area where non-nursing staff may have unsupervised access.

At the previous inspection, it was noted that medicines were signed as administered prior to administration and medicines were dispensed directly onto the nurse's hands. An inspector observed medicines administration practices and noted that the staff nurse on duty signed the medication administration record immediately after administration and dispensed medicines into a suitable receptacle.

A sample of medication administration records were reviewed and there was evidence that a number of medicines were not administered as prescribed:
• medicines were not administered at the times prescribed
• medicines were not administered at the frequency prescribed
• medicines prescribed on an 'as required' basis were administered routinely
• gaps were observed where medicines were due to be administered and no reason was recorded as to whether medicine was refused or with-held
• a photocopy of a transcribed prescription from another centre was used to administer medicines on the day of inspection
• oxygen was administered but not prescribed.

Storage of controlled drugs was safe and in accordance with current guidelines and legislation. The balance of controlled drugs was checked at the handover of shift at 08:00 and 20:00. However, the balance was not checked, as appropriate, at the handover of the afternoon shift to maintain a robust chain of custody.

The date of opening was not recorded on medicines with a reduced shelf-life when opened. Therefore, staff could not identify when these medicines expired.

Judgment:
Non Compliant - Major

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
At the previous inspection, it was identified that quarterly returns to the Chief Inspector did not include instances of the use of restrictive practices. The most recent quarterly report received by the Authority stated that there were six residents with bedrails in use. Based on a review of the restraint register, ten residents required bedrails during this period and the residents could not safely release themselves from the bed rails of their own volition in order to get in or out of bed.

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
At the previous inspection, it was identified that assessments were outside their review dates, assessments were not comprehensive, assessments did not clearly inform the development of residents' care plans and care plans were not in place or insufficient to meet residents' needs. During the course of the inspection, it was identified that a resident was assessed as requiring fluids of a modified consistency by the speech and language therapist in April 2015. However, on the day of inspection, the resident received fluids of a normal consistency. The person in charge confirmed that advice had not been sought from the speech and language therapist or other relevant professional in relation to discontinuing fluids of a modified consistency even though this placed the resident at risk of developing complications such as choking or infection.

A sample of residents' care plans was reviewed and assessments had been completed within the stated review dates. However, a number of deficiencies were noted in relation to assessments. The assessment scores were not always accurately calculated. For example, a resident with a Body Mass Index (BMI) of 19 and a weight loss of 6.5% was calculated as having a Malnutrition Universal Screening Tool (MUST) score of 0 in August 2015. An inspector calculated the MUST score, based on the figures from August, to be 2 on the day of inspection. The resident had last been reviewed by the dietician in March 2015 and there was no evidence of a recent referral. The resident was weighed on the day of inspection, at the request of an inspector, and this demonstrated additional weight loss since August 2015. A care plan had not been developed for this resident in relation to weight loss and the dietician's recommendations.

Information pertaining to end of life wishes was evident and care plans were in place for residents who were unwell to guide staff in relation to the resident's needs and wishes. However, a 'Do Not Attempt to Resuscitate' (DNAR) decision was made by one nurse in consultation with the resident's family. This was not in line with Part 4 of the National

Consent Policy which states that, where a DNAR decision is to be made, 'this duty rests with the most senior healthcare professional with responsibility for an individual's treatment and care, which would be a consultant or registrar in the hospital setting or the individual's GP in other healthcare settings. He/she should usually consult with other healthcare professionals who may have helpful insights into the individual's condition'.

Inspectors noted that there were two different tools in use to identify resident's risk of falling; the risk for some residents was calculated using one tool and the risk for other residents was calculated using another tool. The scores calculated using the tools were conflicting. The rationale for using different tools was not clear to effectively guide staff in the assessment of residents and implementation of adequate resident-specific measures to prevent falls.

Further development was required in relation to care plans. Care plans were not always developed in line with residents' assessed and stated needs. For example, care plans were not developed, as appropriate, in relation to the use of bedrails, dementia, impaired mobility and mental health.

Judgment:
Non Compliant - Major

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
It was identified in the previous inspection that some areas were in need of decorative upgrade, the centre lacked an overall homely feel and the external grounds were not adequately maintained. This had been partially addressed and there was evidence of redecoration including painting works. Domestic furniture and some homely touches were evident at the main entrance area. The centre was generally well-maintained and clean internally and externally. However, some parts of the centre still required attention:
• torn floor covering in a bedroom and bathroom
• gaps in floor covering in a bathroom
• rust on a bath.

Staff outlined and the provider nominee confirmed that the bedpan washer was broken on the day of inspection.

A smell of smoke continued to permeate the centre throughout the day. Other aspects in relation to smoking are outlined in Outcome 8: Health and Safety.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
It was identified on the previous inspection that the centre had not identified a person, other than the person nominated to deal with complaints, to ensure that all complaints are recorded and appropriately responded to. Inspectors saw that the policy had been updated and a person, independent to the complaints officer, had been nominated to oversee the complaints process.

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

Findings:

It had been identified in the previous inspection that residents' meetings were not held as planned and it was not evident that feedback in a questionnaire survey had been addressed in all instances. Inspectors saw evidence of regular monthly residents' meetings taking place as planned and the minutes reflected that the meeting provided a forum for residents to be consulted about how the centre is run. The person in charge stated that she reviewed all the feedback in questionnaire surveys and gave examples of changes made as a result including the development of memory and life-story boxes.

It was noted on a previous inspection that personal care and nutritional interventions were not delivered in a way that ensured privacy and dignity. Overall, inspectors noted improvements in relation to this and staff endeavoured to ensure residents' privacy and dignity was maintained. However, inspectors observed one incident where staff did not intervene to ensure a resident's privacy.

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

Findings:
It was identified on the pervious inspection that the person in charge had not taken any additional training to ensure up to date, evidence based practice. Inspectors saw evidence that the person in charge had completed a number of e-learning courses in relevant areas such as palliative care, advocacy, clinical assessment, clinical audit and medicines management.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Good Counsel Nursing Home
Centre ID:	OSV-0000416
Date of inspection:	30/09/2015
Date of response:	03/12/2015

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:
Action plans were not always developed even though pertinent deficiencies had been identified. Therefore, it was not clear if improvements were brought about as a result of learning from the monitoring review.

Reports for number of audits due to have been completed in July 2015 were not available on the day of inspection.

[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 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:
16 separate audit topics were carried out in July 2015. One of the audits was not carried out as we had no resident with that specific issue in July 2015. Included in the 16 audits were two audits topics in addition to the planned auditing programme of March 2015. The remaining audits will be carried out as part of the October auditing process.

15 of the 16 audits had contained summary feedback reports / action plans with resulting measures being put in place to address any areas for improvement being identified by the audit as detailed within the report.

The restraint audit action plan appears to have been an oversight. A second person will now sign off on all audits to ensure no such oversights can occur.

Proposed Timescale: 31/10/2015

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policies and procedures in relation to restraint were not in line with national policy.

2. 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:
Our restraint policies and procedures will be revised with the assistance of an external consultant.

Proposed Timescale: 18/12/2015

Theme:
Safe care and support

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

The person in charge was able to clearly articulate antecedents to certain behaviours, how behaviours presented and strategies to reduce such episodes. While relevant information was contained within the care plan, the guidance in place was not sufficient to direct the care to be given to support a resident with behaviour that challenges in a consistent way. In addition, behaviour support plans were not in place for residents with behaviours that challenge.

3. 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:
All Residents who can have episodes of behaviour that may challenge will have their care plans re-written by the Person in Charge to detail clearly antecedents to certain behaviours, how behaviours presented and strategies to reduce such episodes. The care plans will include behaviour support plans.

Proposed Timescale: 28/11/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
New staff required training in relation to the management of behaviour that may challenge.

4. 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:
1. Staff training will be provided to new staff in managing behaviour that may challenge 21/11/2015.

2. We are also planning on sending a member of management staff on "train the trainer" courses in order to allow any new staff instant access to relevant training. 28/02/2016

Proposed Timescale: 1. 21/11/2015, 2. 28/02/2016

Proposed Timescale: 28/02/2016

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:
Smoking risk assessments did not consider the risk of residents smoking in bed. Suitable bedding was not available where residents had been identified as being at risk of smoking in bed.

5. 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:
Our smoking risk assessments will be revised to consider risks of residents smoking in bed. A part of this risk assessment will include requirements for suitable fire retardant materials as discussed in our Fire Warden training programme of 14th October 2015.

Proposed Timescale: 31/10/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate arrangements were not in place for staff to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

6. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
Fire training to be completed on Wednesday 14th October.

Only staff members who have completed fire training are now on night duty.

Proposed Timescale: 14/10/2015

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:
Medicines requiring refrigeration were not stored securely at all times.

The balance of controlled drugs was not checked, as appropriate, at the handover of the afternoon shift to maintain a robust chain of custody.

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

Please state the actions you have taken or are planning to take:
The balance of controlled drugs is now recorded at all shift changes.

The medicines refrigeration unit is locked at all times and this will become part of the auditing process.

Proposed Timescale: 31/10/2015

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
• Medicines were not administered at the times prescribed
• medicines were not administered at the frequency prescribed
• medicines prescribed on an 'as required' basis were administered routinely
• gaps were observed where medicines were due to be administered and no reason was recorded as to whether medicine was refused or with-held
• a photocopied prescription from July 2015 was being used to administer medicines on the day of inspection
• a photocopy of a transcribed prescription from another centre was used to administer medicines on the day of inspection
• oxygen was administered but not prescribed.

8. 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:
Oxygen will only be administered if prescribed.

If medicine is refused or withheld same will be detailed on the administration record.

All medication is now being administered at the time and frequency prescribed.

The regular prescription form from the other centre has been replaced by our regular prescription form . In future prescription forms from an outside centre will not be accepted for use.

Proposed Timescale: 31/10/2015

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The date of opening was not recorded on medicines with a reduced expiry when opened.

9. Action Required:
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:
The opening date of relevant medicinal products is now recorded and will become part of the auditing process.

Proposed Timescale: 31/10/2015

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The quarterly returns to the Chief Inspector did not include all instances of the use of restrictive practices.

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

Please state the actions you have taken or are planning to take:
Resident who request the use of bedrails as enablers will be included in quarterly returns.

Proposed Timescale: 31/10/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessments were not accurately calculated.
Two different assessment tools were in place to assess falls risk.
Assessments did not inform resident care, e.g. referral to healthcare professionals.
Care plans were not developed in line with residents' assessed needs.

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

Please state the actions you have taken or are planning to take:
One assessment tool is now in place for Falls Risk. (19/10/2015)

All assessments and care plans are currently being reviewed by the Person In Charge and Senior Staff Nurse to ensure compliance.

Proposed Timescale: 27/11/2015

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The specialist advice of a speech and language therapist was not followed.

12. Action Required:
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
Any request by a resident for change of fluid or food consistency will be discussed with the speech and language therapist whilst also recognising and respecting the residents

right to autonomy.

Proposed Timescale: 13/11/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A 'Do Not Attempt to Resuscitate' (DNAR) decision was not made in line with Part 4 of the National Consent Policy.

13. 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:
Any future DNAR decisions will be made by the Residents General Practitioner in discussion with the relevant parties. This policy change was immediately implemented and has been discussed in a staff meeting.

All nursing home SOP's were due for revision in February 2016 however we commenced a complete review of all policies and procedure with a view to a revised set of policies and procedures being implemented by 18/01/2016.

Proposed Timescale: 21/10/2015 and 18/01/2016

Proposed Timescale: 18/01/2016

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some parts of the certain still required attention:
• torn floor covering in a bedroom and bathroom
• gaps in floor covering in a bathroom
• rust on a bath.

A smell of smoke continued to permeate the centre throughout the day.

The bedpan washer was broken on the day of inspection.

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

Please state the actions you have taken or are planning to take:
As detailed in the report audits had previously identified floor coverings etc that required to be replaced and had duly been rectified. The issues in question are currently being remedied 21/11/2015.

The bed pan washer has been serviced and is now operating effectively.

We will continue to seek improvements in relation to smoking in the centre as discussed at length with the inspectors on the day of the inspection.

We have also held a further meeting with the planning authorities since the inspection in order to allow us build a suitable smoking room that is not directly adjacent to communal areas of the building.

Proposed Timescale: 21/11/2015

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:
Inspectors observed one incident where staff did not intervene to ensure a resident's privacy.

15. 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:
As discussed with the inspectors, on the day of the inspection, the resident in question is completely independent in movement and is mentally coherent. The resident is continent and independent in relation to using the toilet. The resident chose to enter a bathroom independently and leave the door open. A staff member closed the door as she walked past the toilet and saw the resident.

Proposed Timescale: