

**Health Information and Quality Authority
Regulation Directorate**

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



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

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 June 2016 10:30 To: 30 June 2016 20:45

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection to monitor compliance with the Regulations set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland. The purpose of the inspection was to monitor compliance with the regulations and to follow up on the actions planned from the previous inspection findings. The centre had previously been inspected on 30 September 2015 and a copy of that report can be found at www.hiqa.ie.

On the day of inspection there were 28 residents in the centre with no vacancy. The provider nominee also fulfilled the role of person in charge and was in attendance throughout the inspection. This inspection identified that work had been progressed to address a number of the issues identified during the previous inspection and that immediate actions had been undertaken on fire training and medications

management. Smoking related risks previously identified at the centre had been assessed and management had plans in train to construct a new building extension to include accommodation of a designated smoking area. An annual review of the quality and safety of care had been completed and residents' care plans had been reviewed to ensure relevant assessments were up-to-date and that related interventions were set out providing appropriate directions to staff in their delivery of care. Issues around documentation had been addressed with a review of all policies and procedures effective since January 2016. On the day of inspection refurbishment/maintenance works were seen to be in progress throughout the centre. The person in charge explained that these works had been planned and areas that were addressed included some of the issues identified in the course of this inspection and which are outlined further in the body of the report. Areas for improvement identified on this inspection included the further development of policies and procedures in relation to safeguarding, infection control and the management of risks such as smoking. Also training issues, the recording of information and notification returns around restraint.

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):

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

Findings:

The designated centre was a privately owned and family run service in operation for over twenty years. Care was directed through the person in charge who was also the provider. Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency, these included regular staff and management meetings and handover processes. Issues in relation to carrying out audits as identified on previous inspection had been addressed and the audit programme was being implemented on schedule. Assessment systems in relation to the investigation of risk were in place and improvements required in this area are recorded at Outcome 8 on Health and Safety. Effective systems of communication and accountability operated with members of management in regular contact and consultation with each other. Evidence of consultation with residents was available including questionnaires on quality of care and minutes of regular resident meetings were documented. An annual review of the quality and safety of care had been completed and was available for reference in keeping with statutory requirements.

Management articulated an understanding of the value of, and the processes involved in, reviewing and monitoring the quality and safety of the care provided. A comprehensive schedule of audits was in place to analyse data in relation to the quality of care, for example falls, infection controls, medication management and the use of psychotropic medicines. However, audit data gathering and analysis required review to ensure learning was meaningful and that the service provided was consistently monitored; for example the call bell audit had not identified the absence of a call bell in the smoking room. Also, audits of residents on psychotropic medication were inconsistent with one resident having been audited twice in the year where no record of audit was in place for another resident on similar medication.

Judgment:

Substantially 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):
No actions were required from the previous inspection.

Findings:
Findings as identified in Outcomes 7, 11 and 18 are recorded here for action. Only documentation relevant to the Outcomes of this report were examined in the course of this inspection.

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

Findings:
Action identified on previous inspection had been completed with a revised restraint policy in place dated January 2016 that appropriately referenced national policy in this area. Policy and procedures were in place for the prevention, detection and response to abuse; these provided direction to staff on recognising different types of abuse and the reporting process in relation to allegations including those made against agents other

than staff members, such as other residents or visitors for example. However, this policy required review to include reference and guidance around the current national policy - 'Safeguarding Vulnerable Persons at risk of Abuse (Dec 2014)'. Action in this regard is recorded against Outcome 5 on Documentation. A review of the training matrix indicated that a regular programme of training on safeguarding and safety was delivered by the centre with training delivered within the last 12 months. However, refresher training on this issue was overdue for several members of staff. Residents spoken with by the inspectors reported positively of their experience of care and stated that they felt safe and well minded in the centre. These residents were clear on who was in charge and who they could go to should they have any concerns they wished to raise.

An inspector spoke to a member of management who confirmed that, where possible, residents managed their own finances either independently or with the support of their family. The centre did not administrate accounts for any individual at the time of inspection. A policy and procedure was in place around safeguarding residents' finances that set out requirements for the maintenance of records or receipts and signatures to confirm supervision of transactions. A facility for the secure storage of valuables was available in each room.

A policy and procedure was in place in relation to managing challenging behaviour and training in this area had been delivered to almost all staff in April 2016. Through observation and a review of care plans inspectors were satisfied that staff were able to demonstrate a good understanding of individual residents' needs and were able to utilise strategies to alleviate anxieties. Daily nursing and care notes were maintained that were relevant to the resident and a review of a sample of these entries indicated that staff were monitoring residents in keeping with care plan guidance.

Where restraints such as bed-rails were in use appropriate assessments had been undertaken and nursing notes reflected regular monitoring of their use. Audits on the use of restraint were also in place.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
A number of findings from the previous inspection in this area had been addressed including the repair of floor surfaces and the replacement of a bedpan washer.

Documentation and policies had been reviewed including a revised safety statement dated January 2016. Policies and procedures relating to health and safety were site-specific and up-to-date. Improvements had been made in relation to infection control procedures and staff were noted to observe appropriate cleaning protocols and hand hygiene, using personal protective equipment appropriately in the conduct of their duties. A schedule of training for infection control had been implemented. The centre's training matrix indicated that the majority of staff had been trained on infection control with those still outstanding scheduled for 29 July 2016. Appropriate audits had been undertaken around areas such as hand hygiene, waste disposal and the environment in April 2016. However, where residents were taking oxygen and using masks with nasal prongs, the storage of this equipment required review in order to ensure appropriate infection control protection when not in use.

A risk management policy was in place dated May 2016; however, inspectors found that it did not reference the measures and actions in place to control the risks of abuse, the unexplained absence of any resident, accidental injury to residents visitors or staff, aggression and violence and self harm as required by the regulations.

Training issues identified on the previous inspection had been addressed and the person in charge confirmed that comprehensive fire training had been completed in October 2015 for all staff, including night staff. A review of the training matrix indicated that all staff had up-to-date fire training and that all were also trained in moving and handling practices. There was suitable fire equipment provided in the centre. Records were available to inspectors that showed the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced annually in keeping with statutory requirements. The fire register was maintained and showed a member of staff was nominated to complete daily checks of the fire exits and regular checks of fire safety equipment. Fire drills were completed regularly and documented appropriately for review and learning purposes.

An effective risk register was in place and maintained. However, this required review to ensure the identification and effective assessment of potential risks throughout the centre; including for example unrestricted windows, oxygen storage in residents' bedrooms and unrestricted access to high risk areas such as the laundry/sluice room. Individual assessments were also required around the risk posed by the busy road for residents who chose to go for a walk to the nearby shop. A system was in place to record accidents and incidents and the person in charge explained that any learning review around issues identified usually took place through both staff meetings and handovers. The records indicated there had been no incidents since the previous inspection. The centre had arrangements in place to monitor visitors attending and a visitors' signing register was in place.

At the time of inspection there were seven residents who smoked and the person in charge demonstrated that relevant risk assessments had been carried out and care plans were in place for these residents that provided directions around safeguarding measures such as the use of protective aprons and monitoring of smoking materials for example. A designated smoking room was provided with fire-retardant furnishings, ashtrays and a fire blanket. However, additional safeguards such as a call bell and fire extinguisher were not available and both these items were put in place by management on the day of inspection. Although the smoking room was ventilated this was not fully

effective and the odour of smoke developed in adjacent areas of the centre through the course of the day. The provider confirmed that plans to construct an extension to facilitate smoking were in train subject to planning authorisation. However, in light of the ongoing risk presented by smoking activity at the centre, the inspectors requested an overall review and report of the smoking activity on-site by an appropriately qualified and competent authority in relation to fire safety. This report should assess in particular the risk management measures in place around smoking and also review effective monitoring and any requirement for additional precautionary measures such as a viewing panel, for example.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

Issues identified on the previous inspection had been addressed appropriately. Only original prescription forms were in use with no prescriptions photocopied or transcribed. A centre-specific medicines management policy was in place dated January 2016. This policy provided appropriate directions to staff in relation to procedures around the ordering, prescribing, storing and administration of medicines to residents. This included guidance on the handling and disposal of out-of-date medicine. The handling of controlled drugs was safe with systems for monitoring and recording administration and stock control in keeping with current guidelines and legislation. Scheduled medication management reviews were in place; the person in charge confirmed that the pharmacist reviewed medication related interventions for each resident and documentation confirmed that the last such review took place in January 2016. The person in charge confirmed a further training programme was in place for delivery by the pharmacist around prescribing practice scheduled for 8 July 2016. Regular medication management audits were in place as was a process for recording medication errors.

Issues around the practice of medicine administration had been identified on previous inspection where the time and frequency of administration was not always in keeping with the prescription. Observation of a medication round during this inspection found that the administration of medication was now in keeping with guidelines and reflected the time and frequency of the prescription. PRN (as required) medicines were seen to be considered in relation to the residents' presentation and were not being routinely administered. Appropriate prescriptions were in place for residents using oxygen. Administration sheets indicated that where a resident refused a medicine there was a

recorded entry for reference as appropriate on review. Where medication prescription sheets were maintained they were current and contained the necessary biographical information of the resident. Medication administration sheets contained the signature of the nurse administering the medication and identified the medications on the prescription sheet. A resident photograph was in place for reference. The medication trolley was appropriately stored and secured.

Judgment:
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):

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

Findings:

Quarterly returns now included information on the use of physical restraints as required by the regulations. However, where medication was being prescribed on a 'pro re nata' (as required) basis to manage behaviour that might challenge, information on this use of chemical restraint was not being included in the quarterly notification as per statutory requirements. Those notifications reviewed were otherwise being recorded and submitted in keeping with regulatory requirements.

Judgment:
Substantially Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

Findings:

Inspectors reviewed a number of care plans and were satisfied that actions as identified on previous inspection had been appropriately addressed - for example a single falls assessment tool was now in use and assessment scores across needs in relation to nutrition and skin integrity for example were regularly reviewed and re-calculated as appropriate. Where assessments had indicated an area of concern for a resident written plans were in place to provide directions to staff around the delivery of care to the resident in respect of this need. Where the advice of allied health care professionals were required referral was timely and the plans of care reflected the advice provided as appropriate. Processes around end-of-life care had been reviewed and documentation to record appropriate input by a healthcare professional in relation to instructions on resuscitation were now in place.

The inspectors saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure-related skin injury among others. Each resident had a care plan developed based on their assessed needs. The inspectors found that the care plans were person-centred and individualised. Residents' additional healthcare needs were met. Physiotherapy services were available from a physiotherapist who visited the centre regularly. Residents also had access to a chiropodist as required. Dietician and speech and language services were provided by professionals from a nutritional company who visited the centre regularly. All residents who required it had regular nutritional screening and regular weight monitoring on at least a monthly basis. Optical services were accessed as required. Mental health services were provided for some residents by community psychiatric services and regular reviews by a doctor and community mental health nurse took place. There were a number of different general practitioners (GP) providing a service to the residents and residents' health status was reviewed regularly by the doctor including their medication.

There was evidence that non-verbal residents had comprehensive person-centred communication care plans in place. Generally, there were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. However, in some instances where residents had been identified as presenting with behaviours that might challenge, a relevant behavioural care plan to consider possible antecedents and response strategies was not in place. Guidance on practice in this regard was set out in the centre's own policy on restraint. Action on this finding is recorded against Outcome 5 on Documentation.

Judgment:

Compliant

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):

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

Findings:

Actions identified on previous inspection had been addressed including the repair of floor surfaces, the removal of a bath and the repair of a bedpan washer. The person in charge explained that the bedpan washer had since failed again and services were attending the centre on the day of the inspection to replace the facility with a new unit.

The centre was a single storey, purpose built unit on the outskirts of Limerick city set slightly back from a main road. Ample parking facilities were available to the front and side of the premises. There was evidence that an ongoing maintenance programme was in place with work in progress during the inspection. The accommodation was laid out to include 20 single bedrooms and four twins, all with wash-hand basins and adequate access to toilet and showering facilities. All bedrooms provided sufficient space for the delivery of care and adequate storage facilities including a chair and a secure unit for valuables. The statement of purpose encouraged the personalisation of private space and, while several rooms were personalised with photographs and belongings, many were not. Appropriate assistive equipment was available and a programme of maintenance was in place. The design and layout of the premises was in keeping with the statement of purpose. The centre was comfortable with appropriate heating and lighting throughout. A broken corridor light was replaced at the time of inspection. Residents had access to a secure outdoor area where there was seating and a water feature. There were two communal sitting areas where residents could congregate and also a dining area that was attractively set for meals. Staff facilities were available for changing and storage.

Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was suitable in design to meet its purpose with sufficient space and facilities to manage laundering processes.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

There was a complaints policy in place and the complaints procedure was displayed prominently at the entrance to the centre. In keeping with statutory requirements the procedure for making a complaint identified the complaints' officer and also outlined the internal appeals process and the nominated individual with oversight of the complaints process. The complaints procedure was also referenced in the residents' guide.

A system was in place for recording complaints that included entries for the complaint and complainant, details of any investigation into the complaint and the outcome. A system of consultation with residents was also in place where monthly meetings took place and the person in charge explained that any items that might be raised by residents at these meetings were usually addressed informally as they arose. Those residents spoken with understood who was in charge and who they could take an issue to should they wish to make a complaint. A review of the complaints log indicated there had been no concerns raised since the last inspection and the person in charge confirmed that no complaints had been received in that period.

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:

The statement of purpose promoted the independence of residents and management expressed a commitment to encouraging autonomy and an independent lifestyle for residents where possible. Residents could exercise choice around where they spent their time with adequate communal space for residents to engage in activities, listen to music or watch TV and a separate area also for residents to receive visitors in private if required. Residents were supported in developing their own individual interests where possible with some travelling independently to the nearby town for shopping and recreation. Social outings were also promoted at the centre and management facilitated arrangements for one resident to partake on an annual pilgrimage trip to Lourdes.

The centre was well laid out with secure access to outside space. The centre provided access to a range of activities supervised by staff and the weekly programme included music, games such as skittles and movie nights for example. The centre participated in a national fitness programme and certificates for residents who partook in this were seen. A hairdressing service was accessible and available on request. The inspector confirmed with management that arrangements were in place to facilitate residents to vote, either by proxy or at local polling stations as requested. Management indicated a commitment to acknowledging religious diversity and providing access to pastoral care for individual residents according to their needs and preferences. The person in charge confirmed that appropriate support was afforded to residents in the exercise of their individual rights and residents could access the resource of an independent advocate if necessary.

Staff spoken with were aware of individual residents' communication needs and those residents' files reviewed had relevant communication assessments and related plans of care in place. Inspectors observed staff interactions with residents that were appropriate and respectful in manner. Where twin rooms were in use adequate screening was in place to protect privacy and dignity. However, in one shared bathroom with dual access there was no mechanism within to restrict entry from one of the access doors in order to protect privacy when in use.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Management explained that a programme was in place to cover the mandatory training areas of fire safety, manual handling and safeguarding that was in keeping with the statement of purpose and resident profile and included training on infection control and cardio-pulmonary resuscitation. However, this programme required further development to fully reflect the profile of residents' needs and to support professional development and clinical good practice; for example in areas such as dementia related care, nutrition and end-of-life care. Where gaps were identified in safeguarding training action is

recorded against the related Outcome 7.

Based on a review of the staff roster, observation of practice and discussions with staff and management, inspectors were satisfied that there was an adequate number of staff and skill mix to meet the needs of residents. Staffing levels were further supported by the on-call availability of the person in charge. The system of supervision was directed through the person in charge who explained that staff competencies and understanding were assessed and reviewed at monthly staff meetings; records of these meetings in January, March and April confirmed the review of training on topics such as dysphagia, restraint and fire precautions accordingly. The person in charge also confirmed staff appraisals were undertaken on a one-to-one basis though evidence of this process was not documented. Staff spoken with were aware of their statutory duties in relation to the general welfare and protection of residents. Appropriate supervision was in place on a daily basis with a qualified nurse on duty at all times. Supervision was also implemented through monitoring and control protocols around areas such as medications and controlled drugs. Copies of the standards and regulations were readily available and accessible by staff.

Evidence of current registration was available for nursing staff. A review of personnel records indicated that most of the requirements of Schedule 2 were met, however, a full employment history together with a satisfactory history of any gaps in employment was not available for two members of staff. Action in this regard is recorded at Outcome 5 on Documentation. There were no volunteers currently working in the centre.

Judgment:
Substantially 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:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Good Counsel Nursing Home
Centre ID:	OSV-0000416
Date of inspection:	30/06/2016
Date of response:	28/07/2016

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:

Audit data gathering required review to ensure learning was meaningful and that the service provided was consistently monitored.

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

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

monitored.

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

Audit data gathering will be reviewed to ensure learning is meaningful and audits are carried out in a structured manner.

Proposed Timescale: 30/07/2016

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:

The policy and procedure on abuse required review to include reference and guidance around the current national policy - 'Safeguarding Vulnerable Persons at risk of Abuse (Dec 2014)'.

2. 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:

The policy and procedure on abuse will be reviewed to include reference and guidance around the current nation policy 'Safeguarding Vulnerable Persons at risk of Abuse.

Proposed Timescale: 19/08/2016

Theme:

Governance, Leadership and Management

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

A review of personnel records indicated that most of the requirements of Schedule 2 were met, however, a full employment history together with a satisfactory history of any gaps in employment was not available for two members of staff.

3. 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:

The two staff members in question have satisfactorily reviewed their Curriculum Vitae to

detail any gaps in employment.

Proposed Timescale: 22/07/2016

Theme:

Governance, Leadership and Management

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

Where a resident had been identified as presenting with behaviours that might challenge, a relevant behavioural care plan to consider possible antecedents and response strategies was not in place.

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:

A behavioural care plan has been developed for this resident.

Proposed Timescale: 21/07/2016

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:

Four members of staff were overdue refresher training in safeguarding and safety.

5. 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:

The training is booked for 29/07/2016 and said staff have given a commitment to attend.

Proposed Timescale: 29/07/2016

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 register required review to ensure the identification and assessment of potential risks throughout the centre, including:-

- unrestricted windows,
- oxygen storage in residents' bedrooms,
- unrestricted access to high risk areas such as the laundry/slucice room,
- the risk posed by the busy road for residents who walked to the nearby shop.

6. 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:

The risk register will be reviewed to ensure all risks including those mentioned above are assessed.

Proposed Timescale: 02/09/2016

Theme:

Safe care and support

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

The risk management policy did not reference the measures and actions in place to control the risks of abuse, the unexplained absence of any resident, accidental injury to residents visitors or staff, aggression and violence and self harm as required by Regulation 26 (1)(c)(i)-(v).

7. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

The risk management policy will be reviewed to ensure it details thoroughly all necessary measures and actions.

Proposed Timescale: 02/09/2016

Theme:

Safe care and support

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

The storage of oxygen masks and nasal prongs required review in order to ensure

appropriate infection control protection when not in use.

8. 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:

The storage of oxygen masks and nasal prongs has been reviewed to ensure appropriated infection control when not in use.

Proposed Timescale: 18/07/2016

Theme:

Safe care and support

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

On-site smoking activity and related safety measures required assessment by an appropriately qualified and competent authority in relation to fire safety.

9. 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:

A fire safety expert has been contracted to carry out an assessment of smoking related activity. This assessment and report is planned to be issued by 12/08/2016. The nursing home will then implement any actions deemed necessary in a timely manner (exact timeframe TBC on receipt of report) and will have the completed works reviewed by the expert and signed off upon.

Proposed Timescale: 12/08/2016

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:

Instances of chemical restraint were not notified on quarterly returns.

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:

Instances of chemical restraint have been included in our report for the period April, May, June 2016 inclusive and will be detailed in future reports.

Proposed Timescale: 30/07/2016

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:

On the day of inspection a bed-pan washer was not in working order.

11. 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:

The installation of the new bed pan washer was completed on the 01/07/2016.

Proposed Timescale: 01/07/2016

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:

A shared bathroom with dual access had no mechanism within to restrict entry from one of the access doors in order to protect privacy when in use.

12. 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:

A bolt lock was installed on said door.

Proposed Timescale: 04/07/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

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

Training to support professional development, clinical good practice and to fully reflect the needs profile of residents required review to include areas such as dementia related care, nutrition or end-of-life care, for example.

13. 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:

Our training matrix will be reviewed to ensure all necessary training is carried out.

Proposed Timescale: 30/09/2016