

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cluain Arann Welfare Home & Community Nursing Unit
Centre ID:	OSV-0000674
Centre address:	Avondale Crescent, Tipperary Town, Tipperary.
Telephone number:	062 52186
Email address:	denise.flynn@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Bridget Farrell
Lead inspector:	Gemma O'Flynn
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	5

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
31 August 2016 09:30	31 August 2016 17:30
01 September 2016 08:00	01 September 2016 13:00

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 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of a two day, 10 outcome inspection to monitor ongoing compliance with the Regulations. Cluain Arann has the capacity to support 20 long stay, low dependency residents in the 'welfare home' of the centre and has the capacity to care for 10 people in the 'nursing unit' which has five beds dedicated to convalescent stays, three beds for respite and two beds dedicated to palliative care. The majority of the residents in the 'nursing unit' stay for on average seven to ten days.

Over the course of the inspection, the inspector met with residents, relatives, the person in charge, the provider nominee and staff members. The views of residents were heard and practices and documentation were reviewed. Overall, the inspector found that care was delivered to a high standard. Residents stated that they were happy and felt safe in the centre. Interactions between staff and residents were observed to be kind, caring, respectful and dignified. Care was delivered in a homely

atmosphere and it was evident that staff knew the residents well, including those who were return residents for respite stay in the 'nursing unit' of the centre.

Non compliances were identified in 7 out of the 11 outcomes inspected against and these are identified in the above table and discussed in further detail within the body 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):

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

Findings:

There were sufficient resources to ensure the effective delivery of care, as described in the statement of purpose, with the exception of staffing which is discussed and actioned in outcome 18. There was a clearly defined management structure that identified who was in charge, accountable and what the reporting structure was.

Staff who spoke with the inspector were able to explain the management structure and said that management was approachable if there were any concerns and also receptive to new ideas to improve the quality of life for residents in the centre. For example, one staff member spoke of how they approached the person in charge with the idea of putting a 'memory lane' in one of the corridors to serve as a talking point and memory jogger for residents, this was seen to have been implemented and included framed memories of key Irish historical events such as the Pope's visit to Ireland and John F. Kennedy's also.

There were management systems in place to ensure that the service provided was safe and effectively monitored. Minutes of the Quality Assessment and Improvements Committee meetings were reviewed for the months July, May, April, March and January 2016. The agenda for these meetings included topics such as Health & Safety, Training, Risk Matrix, Policies and Audit updates. The meetings included people participating in management in the organisation's sister centres in the region and there was evidence of sharing ideas and good practices with each other.

There was an annual review completed for the centre as required by the Regulations and this had been submitted to the Authority prior to the inspection as it had been an area of non compliance in the centre's previous inspection. Residents and staff spoke of improvements that had taken place in the centre such as recent decorative upgrade throughout the centre and the completion of a family room for those who had a loved

one receiving palliative care in the nursing unit.

There was evidence that audits were undertaken in the areas of hygiene and nursing documentation. Medication audits had been undertaken but these had not identified issues that were identified by the inspector and did therefore not contribute to ongoing improvements in this area. Where issues had been identified, such as rusty, flaking paint on pipework in a toilet area it was not evident that a clear, time measured plan was put in place and allocated to a responsible person to implement. The inspector found that there was scope to increase the areas of care that were subject to audits in the centre and thus improve care. For example, audits had not been undertaken in the areas of complaints or the use of restraint; both of which were identified on inspection as requiring improvement.

There was evidence of consultation with residents via a 'Focus Group' meeting. Residents who spoke with the inspector were aware of these meetings and confirmed they took place. However, the last meeting was February 2016 despite meeting minutes indicating that a meeting would be scheduled for May 2016. Residents told the inspector that they would have no hesitation in bringing any concerns to the person in charge and that it was always made clear at resident meetings that her door was always open should there be any issues. A meal survey had been completed in July 2015 with 10 randomly selected residents in the 'welfare home' and the feedback indicated that the food was either excellent, very good and good.

It was not evident that those who stayed in the nursing unit for short stays were consulted. Although the person in charge stated that she met with these persons on a daily basis, there was no system in place to elicit views on how the service quality could be improved upon. For example, via discussion with one person staying for respite, the inspector was told that it would be lovely if a hairdresser could visit the centre during the week. Another resident expressed dissatisfaction with an element of their stay that interfered with their ability to exercise personal choice in regards to the location where they undertook an activity they enjoyed. There was no system in place to ensure this type of feedback was heard.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge of the centre was a suitably qualified and experienced manager

and was a qualified nurse. She had the required experience as required by the Regulations. She demonstrated good clinical knowledge of the residents needs and it was evident that she was involved in the governance of the centre on a regular and consistent basis.

Staff and residents could identify her and were supportive of her as an approachable manager.

The person in charge told the inspector that she kept up to date via guest speakers at the regular Quality and Improvement meetings she attended. She said that she had attended information sessions delivered by the Authority in 2016 and was planning undertaking a module in dementia care in 2016.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There had been no occasions whereby the person in charge was absent from the centre for more than 28 days. The person in charge was aware of the reporting requirements should her absence so occur. The clinical nurse manager 2 was the person identified to deputise for the person in charge if so required. She was a nurse with many years experience of nursing the older adult. She demonstrated an awareness of the Regulations and said that she would have the support of senior management if she was required to deputise.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

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

Findings:

There was a policy in place for the prevention, detection and response to abuse in the centre. Staff were trained on the policy and were all able to demonstrate clear knowledge on what they should do if they had any concerns regarding the abuse of residents in the centre. Staff were able to identify the different types of abuse and were aware of who to report any concerns to. The person in charge and the clinical nurse manager told the inspector that staff were supervised on a daily basis and all concerns regarding residents were reported to a nursing staff member if they so arose. Residents who spoke with the inspector confirmed that they felt safe there.

There were systems in place to safeguard residents' money. Records were available for review and these were transparent and easy to follow. Following an action in the previous inspection report, two staff signatures were recorded for all transactions involving residents cash.

There was a policy in place for working with residents who had behaviour that is challenging. All staff were able to identify a resident who required support in this regard and were able to discuss the ways in which they would provide the necessary care and support. However, these interventions were not guided by a robust care plan. For example, triggers for such behaviour were not identified and further elaboration regarding the safe management of any incident was required. (Issues relating to gaps in documentation of care planning are discussed further and actioned under outcome 11).

There was a policy in place for the management of restraint. Bed rails were in use in the centre and the process for the implementation of these required review. For example, where a resident requested the use of bedside rails, although a risk assessment was undertaken prior to the use of bed rails, it was not comprehensive and did not consider all aspects of bed rail use to ensure they were safe and appropriate. Staff told the inspector that bed rails would be implemented at the request of family and therefore was not always a clinical decision and again a comprehensive risk assessment was not completed. If alternatives had been considered they was not documented.

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:

The centre had policies relating to health and safety. There was a plan in place for dealing with major incidents and a senior nurse who spoke with the inspector was familiar with what to do in the event of an emergency evacuation, what alternative accommodation was available and what transport was available for residents.

Staff had been trained in infection control and those who spoke with the inspector and were responsible for the cleaning of the centre were able to clearly explain the systems in place to prevent the spread of infection. The laundry room area had been reorganised since the previous inspection to ensure that dirty and clean laundry were segregated. It was observed that infection control procedures were not always implemented as dirty laundry was seen to be carried to the laundry room in person instead of utilising the laundry carrying equipment. This is a potential infection control issue.

There were robust arrangements in place for investigating and learning from adverse events. Clear records were maintained and these were discussed at the Quality Improvement meetings. Numbers of falls were analysed and discussed at these meetings also. Hazard identification processes required review to ensure all hazards had been identified, risk assessed and controls fully implemented. For example, throughout the course of the inspection a fire door was propped open by a door wedge or a footstool instead of a suitable device, thus preventing the door from working as it should. Another example included a shower facility with a high step into it had not been identified as a potential hazard and therefore a risk assessment was not available for same.

Staff were trained in safer moving and handling.

Suitable fire equipment was provided and service records were available and up to date at the time of the inspection. Fire exits were unobstructed and a weekly fire safety check was completed by a staff member. Fire evacuation notices were clearly displayed throughout the centre. Staff and residents who spoke with the inspector were able to clearly state what they would do in the event of the fire alarm sounding. However, fire drills were not taking place at suitable intervals as required by the Regulations. The last drill had taken place in January 2016 and included only 4 staff. The previous drill had taken place in January 2015 and October 2014. These drills took place between the hours of 10am-12pm and thus did not test staff response at times where the staffing compliment was less and meant learning opportunities were limited. The documentation for the drills that had taken place included some good information such as the evacuation times; roll call time and space for any remedial actions to be recorded. It was signed off by the person in charge.

There were a small number of residents who smoked in the centre but a smoking risk assessment had not been completed for all despite the inspector being told that special precautions were required for one individual due to an existing health issue. It was not evident that all staff were aware that smoking risk assessments needed to be

completed.

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:

The centre had operational policies relating to medication management. The processes for handling medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. A random check of controlled drugs tallied with daily records.

A number of residents had been assessed as being competent to self administer their own medication. Risk assessments were on file, however, documentation was not always fully completed to clearly show what level of staff intervention was required if any. Further clarity was not available in a relevant care plan as the information directing medication care differed from what was observed in practice.

The inspector observed two medication rounds and practices involving pre-dispensed medication systems were not safe or in line with current guidance for nurses. For example, medications were not checked against the current prescription to ensure they were correct. Medications were not signed for individually but instead the nurse recorded 'as per cassette'. It was explained to the inspector that this practice had evolved as the pre-dispensed medication systems were checked by a night nurse once they arrived at the centre to ensure they were correct. It was then determined that no further checks were required. The inspector found that this practice was unsafe and not in line with current guidance for nurses. It was also observed that the nurse did not ensure that tablets had been taken before signing the administration record.

Staff meeting minutes for February 2016 evidenced that the pharmacist was facilitated to meet with resident to discuss medication concerns or queries. For example, medications were not checked against the current prescription to ensure they were correct. Medications were not signed for individually but instead the nurse recorded 'as per cassette'. It was explained to the inspector that this practice had evolved as the pre-dispensed medication systems were checked by a night nurse once they arrived at the centre to ensure they were correct. It was then determined that no further checks were required. The inspector found that this practice was unsafe and not in line with current guidance for nurses. It was also observed that the nurse did not ensure that tablets had

been taken before signing the administration record.

Staff meeting minutes for February 2016 evidenced that the pharmacist was facilitated to meet with resident to discuss medication concerns or queries.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained. Notifications to the Authority were submitted as required including three day and quarterly notification requirements.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector was satisfied that the residents' health and social care needs were met to a high standard. However, gaps in documentation were identified. The person in charge demonstrated that she was aware of these documentation issues and had plans in place for a new care planning process.

It was evident that residents' health care needs were met through timely access to medical treatment. A medical officer visited the centre twice daily and doctors' notes were maintained in residents' medical files. Allied health services were also available and advice from speech & language therapist, dieticians and physiotherapists were also maintained in residents' files. There was a dedicated physiotherapy treatment room and a physiotherapist visited the centre twice weekly.

General observations were recorded including blood pressure, temperature and pulse, however, in some resident files, the date on the record was absent or illegible.

Assessments were carried out on admission and on a three monthly basis. These were seen to be up to date and included assessments of dependency level, pressure sore risk, falls risk and nutritional status. However, in a number of instances only step one of the nutritional assessment tool had been completed.

Care plans were up to date but there were gaps in documentation. Some care plans needed further elaboration to fully direct care, for example, a care plan for a resident with non insulin dependent diabetes stated 'record blood sugar level' but did not give guidance as to time or frequency the blood glucose level should be monitored. This resident's summary notes and clinical observation record indicated that the resident self managed his diabetes care, therefore the care plan was not reflective of current practices. Residents who spoke with the inspector confirmed that they were involved in the implementation and review of their care plans and some resident had signed their care plan to that effect.

End of life wishes were not documented for any resident, the person in charge stated she was aware of this and was planning a total overhaul of care plans. A resident who was receiving palliative care did not have an end of life care plan in place, however, it was evident that staff were aware of this person's wishes and that family were consulted and involved in the care planning process.

Discharge planning was well managed and the inspector observed that updates were communicated at the nurses' morning handover.

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:

Overall, the inspector was satisfied that residents were facilitated to bring complaints to the attention of management and that complaints were listened and responded to.

There were policies and procedures for the management of complaints. The complaints process was accessible and displayed in a prominent location. A record was maintained of all complaints, however, the documentation of such required improvement. For example, there was no signature of the person who was recording the complaint. On occasions the detail about the complaint was sparse and did not clearly set out what the issue was. Although it is required by the Regulations, whether or not the complainant was satisfied with the complaint was not always documented.

There was a nominated persons as required by the Regulations appointed to deal with complaints. There were no processes in place for learning from complaints. For example, as discussed in outcome two, complaints weren't subject to audit in an effort to identify any trends or causes and thus bring about improvements in the service.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector was satisfied that residents' rights, dignity and consultation was maintained. Residents had access to advocacy services and details of the advocate assigned to the centre were clearly displayed. Documentation provided to the inspector evidenced that the advocate had been involved in bringing the request of a resident to the person in charge.

Residents attended focus group meetings and feedback about the running of the centre was obtained. As discussed in outcome two however, this did not include the feedback of short stay residents.

The centre was managed in such a way that maximised residents' capacity to exercise personal freedom and choice and residents who spoke with the inspector confirmed this. Residents were offered choice and this was evident at mealtimes and residents told the inspector how they could have a lie in if they wished. Residents spoke of how they could go to into the local town or out for a stroll whenever they wished. A member of staff was seen to introduce two residents who knew each other outside of the centre which led to good social interactions for the two residents. Resident bedrooms in the 'welfare home' were seen to be personalised with their own belongings.

Residents religious needs were met via the on site oratory, evening rosary and monthly mass. There were adequate facilities for recreation with a newly decorated library room which was well stocked with books and provided a quiet space if it was so required. An activities room was also available. Bingo and music were held in the centre and residents who spoke with the inspector said they were satisfied with the level of activities in the centre and that they enjoyed what was on offer.

There were no restrictions on visiting and visitors were seen to come and go throughout the course of the inspection.

The inspector observed residents receiving care in a dignified way that respected the resident at all times. Interactions appeared genuine and the residents were at ease with staff in the centre. Staff appeared to know the residents well and this extended to those who were return residents to the 'nursing unit' for respite care. Residents told the inspector that the staff were excellent and they couldn't do any more for them.

There was access to local newspaper, radios and television and residents who spoke with the inspector were aware of local and national topical events.

Judgment:

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:

Overall, the inspector found that there were insufficient staff on duty to meet the

assessed needs of the residents

The person in charge told the inspector that staffing levels in the centre were impacted by a shortage of kitchen staff, particularly at the weekends, which meant that a care attendant was allocated kitchen duties instead of care duties. When this occurred, it was then required that staff allocated to the 'nursing unit' where residents with higher needs were present, were required to assist with duties in the 'welfare home', for example bed making, staff who spoke with the inspector confirmed that this. This meant that the numbers of staff deemed required in the centre were not available in the capacity for which they were intended at all times. It had also been deemed necessary that a nurse was required for the 'welfare home' for 16 hours per week. The inspector was informed that this nursing care was not always available due to staff shortages. The person in charge confirmed that a newly recruited nurse was in place and was planned to commence work at the end of September 2016. The provider nominee was present at the close of the inspection and she undertook to put arrangements in place to ensure that sufficient kitchen staff would be in place going forward.

There was a roster available for review.

Mandatory training was up to date. Staff were aware of policies and procedures and the inspector was told that when a change occurred in a policy the person in charge delivered an information session for staff about the change. An ongoing training programme was in place and included topics such as falls prevention, food and nutrition and person centred care.

Not all staff had received training in Behaviour that Challenges even though staff were required to provide behavioural support to residents. Staff had not had training to support them to provide End of Life care despite the fact that the centre had two dedicated palliative care beds. However, in relation to end of life care, a number of different staff told the inspector of a specific new end of life care programme that was due to be implemented in October 2016. A committee had been set up for this and involved input from a local hospice service. Two staff members were involved in this committee.

There were recruitment procedures in place, however, not all documents required under Schedule 2 of the Regulations were on file. For example, one staff file reviewed did not have the relevant documentation from the Garda Vetting Bureau despite having the appropriate form completed. Another file was missing evidence of qualifications as required by the Regulations. All nursing staff members had up to date registration with their relevant professional body on file.

There were written agreements in place for volunteers setting out their roles and responsibilities.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Gemma O'Flynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Cluain Arann Welfare Home & Community Nursing Unit
Centre ID:	OSV-0000674
Date of inspection:	31/08/2016
Date of response:	13/09/2016

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:

Audits required review to ensure they were comprehensive and identified areas for improvement. For example, medication management, complaints and the use of restraint.

Where issues had been identified, it was not evident that a clear, time measured plan

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

was put in place and allocated to a responsible person to implement.

There was no system in place to elicit feedback in regards to quality and safety of care for those who stayed on a short term basis in the 'nursing unit'.

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:

Medication management Audit will take place on 10/10/2016, Complaints Audit will take place on September 29/09/2016, Restraint Policy and documentation will be reviewed firstly then audit will take place October 17/10/2016. These audits will be clear with a specific action plan within allocated time scale with responsible person to implement. A survey in relation to the satisfaction of care will be carried out to capture the views of those who stay in the Nursing Unit as a means to improve the service provided. The focus group meeting for the Residents in the Welfare Home will be held on Monday 12/09/2016

Proposed Timescale: 30/11/2016

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:

A comprehensive risk assessment was not completed prior to the use of bed rails to ensure they were a safe and appropriate intervention.

It was not evident that alternatives were considered before bed rails were used.

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:

Review of Restraint Policy and documentation in relation to risk assessment, care planning and alternatives to bed rail use is to take place to ensure compliance with National Policy.

Proposed Timescale: 21/09/2016

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:

Hazard identification procedures were not comprehensive as not all hazards had been identified such as a fire door being propped open by unsuitable means and a shower with a high step into it had not been risk assessed.

3. 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:

Fire Door prop removed immediately. All staff will be reminded of same at future Staff meetings.

A Risk assessment was completed immediately on shower with high Step.

The development of a Hazard Identification Sheet will occur to reflect the assessment of risks throughout the building.

Health and Safety /Fire Safety personnel will be consulted to ensure compliance.

Proposed Timescale: 12/09/2016

Theme:

Safe care and support

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

Laundry was not transported to the laundry room using equipment provided but was instead carried in person thus creating an infection control risk.

4. 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:

Education sessions in relation to infection control to be carried out and completed for all relevant staff by designated Staff Nurse.

Proposed Timescale: 28/10/2016

Theme:

Safe care and support

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

Fire drills were not taking place at suitable intervals.

5. Action Required:

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

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

Fire Drills to be carried out quarterly and at different times reflecting evening and night time.

Proposed Timescale: 13/09/2016

Theme:

Safe care and support

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

A smoking risk assessment had not been completed for all residents who smoked.

6. 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:

Smoking assessment completed with immediate effect on residents who had not had one completed previously.

Proposed Timescale: 02/09/2016

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:

The inspector observed two medication rounds and practices involving pre-dispensed medication systems were not safe or in line with current guidance for nurses.

It was also observed that the nurse did not ensure that tablets had been taken before signing the administration record.

7. 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:

A Review of Current practice and Guidelines in relation to Medication Management will occur with immediate effect. Residents are now coming into Nursing Unit for safe administration of medications thereby ensuring there is adequate observation time given to the resident to take his/her medication. On administering of these medications to the residents the nurse signs each medication individually on medication kardex sheet.

Proposed Timescale: 08/09/2016

Outcome 11: Health and Social Care Needs**Theme:**

Effective care and support

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

Some nursing assessments were not fully completed.

Care plans lacked sufficient detail to fully direct the care required.

Some care plans were not in place for all identified problems.

8. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Currently a new Care Plan is being introduced for patients and residents. Training on its introduction will take place post staff meeting which has been arranged for Monday the 12/09/2016

Proposed Timescale: 11/11/2016

Outcome 13: Complaints procedures**Theme:**

Person-centred care and support

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

Information regarding complaints was not always detailed.

Whether or not the complainant was satisfied was not always recorded.

9. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Compliant log to be reviewed with complaints detailed as being resolved and signed off once actions completed.

Proposed Timescale: 08/09/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The staffing skill mix did not always meet the the number required to meet the assessed needs of the residents. For example, 16 hours nursing care was not always provided and due to a shortage of kitchen staff, staff allocated to the 'welfare home' were moved to fulfil kitchen duties.

Relevant training such as End of Life Care and Behaviour that Challenges had not been delivered to all staff.

10. Action Required:

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

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

Education days to be organised for End of Life Care and Behaviour that Challenges for staff who have not yet received this training.

The Rostered requirements will be reviewed on an ongoing basis to ensure that safe staffing arrangements are in place that meets the needs of the Residents and the Patients.

With regard to the 16hrs Nursing Requirement for the Welfare Unit : 1 WTE RGN is commencing duty on the 3/10/2016. This will allow for gaps in the Roster including the 16hrs assigned to the Welfare Home to be filled.

With regard to the Care Assistant staff being reassigned to Kitchen Duties: Agency

staffing are utilised to fill gaps in the Kitchen Roster and thus avoid the reassignment of staff from the Welfare Home to Kitchen duties'

Proposed Timescale: 31/10/2016