Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Greenhill Nursing Home
Centre ID:	OSV-0004584
Centre address:	Waterford Road, Carrick-on-Suir, Tipperary.
Telephone number:	051 642 700
Email address:	greenhillshome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Saivikasdal Ltd
Provider Nominee:	Vasudha Dilip Jondhale
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced
Number of residents on the date of inspection:	53
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
12 May 2016 09:15	12 May 2016 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was completed to monitor ongoing compliance with the regulations and to follow-up on progress with completion of the action plan from the last inspection in November 2014. There were two actions required in the last inspection action plan, one was satisfactorily completed and one was partially completed. The provider, person in charge and staff all interacted with residents in a respectful, warm and friendly manner and demonstrated a thorough knowledge of residents' needs, likes, dislikes and preferences.

On the day of this inspection, inspectors spoke with residents, relatives of residents and staff members. They reviewed documentation including residents' care plans, medication records, policies, risk management and staff training records. The collective feedback from residents and relatives spoken with complimentary and evidenced satisfaction with care and the service provided.

Overall the inspectors found that the providers and person in charge continued to ensure that a high level of evidence-based nursing care was being promoted.Nursing care was person-centred and tailored to meet the individual needs of residents.

Although some areas of improvement were found to be required, in general there was a satisfactory level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. Compliance with the requirements of the regulations was found in seven out of ten Outcomes assessed. Improvement was required in three outcomes, two of which were found to be in moderate non-compliance. Areas requiring improvement included documentation of fire evacuation drills, medication prescribing records, risk identification and implementation of controls and cleaning procedures for cleaning equipment.

The inspector found that the centre was cleaned, decorated and maintained to a high standard. The layout and variety of internal and external areas was found to provide a comfortable, pleasant and interesting environment for residents. Bedrooms were bright and met the needs of residents.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of 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.

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

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
The provider forwarded a revised statement of purpose dated 01 February 2016. The document consisted of the aims, objectives and ethos of the centre. Inspectors observed that the statement of purpose was reflected in practice and accurately described the facilities and services provided for residents.

The written statement of purpose described a service that provided "person centred care" in "a clean, safe and homely environment". The inspector observed that the ethos as described in the centre's statement of purpose was actively promoted by staff.

All items as required by Schedule 1 of the regulations were detailed in the statement of purpose document including the management structure and arrangements in place for any absence by the person in charge.

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):

No actions were required from the previous inspection.

Findings:
Inspectors found that measures were in place to safeguard residents and protect them from being harmed or abused.

There was a policy document available and all staff had completed training in the prevention, detection and management of incidents or allegations of abuse to residents. Staff members spoken with by inspectors were knowledgeable about how to identify, respond to and report suspicions or allegations of abuse. Inspectors observed residents being cared for and spoken to respectfully by staff, and noted interactions between residents and staff as being supportive and kind. Residents told inspectors that they felt safe in the centre.

There was a policy in place to advise staff on the use of restraint in the centre. While a high number of bed rails were in use in the centre, inspectors viewed evidence of comprehensive assessments of need and risk in place for all residents using bed rails. Records for monitoring and release of bed rails were maintained, and updated monthly in the restraint risk register. Lap belts were used by a number of residents to protect them in assistive chairs. Inspectors were satisfied that use was restricted to when residents were using a chair.

Inspectors viewed the policy on meeting the needs of residents with behaviour that challenges. There was evidence that all staff had been trained in dementia awareness and behaviour that challenges in the first three months of 2016. Staff spoken with were very familiar with residents' behaviours and could describe their use of positive behaviour management techniques. Behavioural care plan described individual triggers to the behaviours and de-escalation strategies for same if occurred.

There was a policy in place to manage residents' finances and property, which supported practice in the centre. Inspectors viewed records of residents' property and found them to be well maintained. Finances were securely held for three residents within the centre, and inspectors saw that these were managed in a clear and transparent manner. Two signatures were recorded for each transaction and receipts of all transactions were kept. Balances checked for two residents were correct. Residents had access to their money as they wished

Judgment:
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):

No actions were required from the previous inspection.

Findings:
The inspectors found that there were procedures in place to protect and promote the health and safety of residents, staff and visitors. However, improvement was identified in documentation of fire evacuation drills and procedures for ensuring cleaning equipment was maintained in a clean state.

There was a health and safety statement in place which was last reviewed in October 2015. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy which outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. However, risk of scald from very hot water found by inspectors at the point of contact for some residents was not identified in the risk documentation with stated concomitant control measures. In addition, some controls specified were not implemented on the day of inspection. For example, the door to the cleaner's room, which contained a potentially toxic liquid if ingested, was not adequately secured and risk of cross infection from soiled cleaning trolleys.

A record was maintained of residents' accidents and incidents including details of investigation and actions implemented to mitigate further risk and learning. A record was maintained of residents at high risk of falls in the centre's risk register.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. All fire exits were clear of obstruction. The procedures for safe evacuation of residents and staff in event of fire were displayed in a number of areas and the fire evacuation plan had been updated on 09 May 2016. Fire safety management records were maintained. The training matrix confirmed that all staff had attended annual fire safety training. Staff spoken with by inspectors were aware of the procedures to follow in the event of a fire in the centre. A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents. The PEEP took into account the number of staff required to safely evacuate each resident, means and route of evacuation and the location of the resident in the centre. While the person in charge confirmed that simulated evacuation drills were completed to test staffing resources, knowledge and procedures in place at various times, this was not documented in sufficient detail to confirm their adequacy.

A designated smoking room was provided for residents and each resident who smoked was individually assessed with specified controls to mitigate any risk to them including need for observation or supervision.

Infection control practices were guided by an up to date, centre-specific policy. Hand washing and sanitising facilities were readily accessible to staff and visitors. While there were arrangements in place to control access to the sluice area, the self closure unit on one sluice door was not functioning and the door remained ajar. The provider told inspectors that this finding would be addressed as a priority. The inspector spoke with a member of housekeeping staff. There was evidence of a regular cleaning of the centre.

As stated previously, improvement was required to ensure that cleaning equipment was appropriately cleaned.

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

Findings:
There were systems in place to ensure residents were protected by safe medication management practices and procedures. A centre specific policy on medication management was available to inform practice. An inspector observed medication administration practice and found this to be line with professional guidelines.

Medications for residents were supplied by a local community pharmacy. Records maintained confirmed that the pharmacist was facilitated to meet their obligations in relation to dispensing medications for residents. Medication reviews completed by the pharmacist were done in conjunction with nursing staff and medial officers.

An action required from the last inspection on 21 November 2014 regarding storage of specified medications under refrigerated conditions was found to be satisfactorily completed. The temperature of the medication refrigerator was noted to be within the recommended range and was monitored and recorded daily.

The person in charge monitored a number of key performance indicators, including the use of antibiotics and psychotropic medications, on a monthly basis. Any deviations from recommended practice were appropriately addressed and learning implemented to mitigate any risk of reoccurrence.

A sample of medication prescription and administration records was reviewed. An action from the last inspection required improvement in documenting times of administration of short-term medications. On review of medication records, an inspector also observed that some medication prescriptions were not individually signed by the prescriber. This finding was not in line with prescribing legislative requirements.

The staff training matrix made available to the inspector confirmed that all nursing staff had completed medication management training.

Judgment:

Non Compliant - Moderate

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

Theme:
Effective care and support

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

Findings:
Inspectors found that the health and social care needs of residents were met to a high standard on this inspection. Policy documentation was available to inform various aspects of evidence based resident care.

There were 53 residents in the centre on the day of this inspection. 20 residents had assessed maximum dependency needs, 10 residents had high dependency needs, 15 had medium and eight residents had low dependency needs. Inspectors found that all residents had good access to a general practitioner (GP) of their choice and received timely health care services as necessary. The records confirmed that residents were assisted to achieve and maintain optimal health through regular blood profiling, vital sign observation, medication reviews and administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of exchange of comprehensive information on transfer and readmission to the centre from hospital. Residents had good access to allied health professional services including speech and language, dietician, chiropody, dental and optical services. Specialist medical professional including psychiatry of older age and palliative care also supported residents' needs in the centre.

Inspectors reviewed a sample of residents' care plans and found that the information therein comprehensively informed staff on the care interventions that must be completed to meet assessed needs. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, pain management, mobility needs and skin integrity among others. The inspectors discussed some improvements to ensure clarity in the details of plans of care with the person in charge. There was clear evidence that care plans were reviewed regularly and in response to any changes in resident needs in consultation with residents or their representatives. Recommendations made following review by medical and allied health professionals was transferred into residents' care plan to ensure they were implemented by staff.

Inspectors noted that no incidents of pressure related skin breakdown occurred in the

centre over the past 12 months. There was a wound management procedure in place. Wound management charts were used to track progress of wound healing and direct treatment procedures.

The centre notified HIQA of five resident falls resulting in fractures since 01 May 2015. However, prevention of resident falls was given high priority whilst making all efforts to promote independence with mobilisation where possible. A validated risk of fall assessment tool was used to assess residents' risk of falls. Residents had good access to physiotherapy services who also contributed to falls prevention in the centre. Strategies to minimise the risk of injury from falls were in place, including foam floor mats, low-low beds, hip protectors and alarm sensors.

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

Findings:
The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises also conformed to the matters set out in Schedule 6 of the Regulations.

The centre is a purpose built, single storey building, located on a spacious site in a residential area. The provider was improving the security with the erection of a wall along one side of the site. The inspectors observed that this work was in progress on the day of inspection. The external grounds were well maintained and residents had access to a safe garden with a secure perimeter. Internally, the inspector found the premises to be visibly clean, well maintained, adequately heated, lighted and ventilated and in a good state of repair.

Private accommodation for residents was provided in three main areas spanning out from the reception area and a large dining room. Residents' bedroom accommodation consisted of 53 single and one twin bedroom. Bedroom accommodation met the needs of residents. Most of the bedrooms had en suite facilities. There were adequate toilet and bathing facilities including two toilets in the main reception area in close proximity

to the main dining area.

Residents had access to two communal areas; these provided adequate space, were comfortable and homely. A quiet room or oratory was provided which the inspectors observed was used by residents. The main dining room was located off the main reception area and overlooked and had access to a secure landscaped garden. More dependent residents had the option to dine comfortably in the communal area of the C wing.

Circulation areas, toilet facilities and shower/bathrooms were fitted with hand-rails and grab rails. Emergency call facilities were in place that were accessible by each resident's bed and in each room used by residents.

A separate kitchen was provided and was located off the main dining room. The inspector observed the kitchen to be visibly clean and well-organised. There was suitable and sufficient cooking facilities, kitchen equipment and tableware.

The provider and person in charge discussed the improvements they had made to the internal premises with inspectors, to make it more accessible and familiar for residents with dementia including signage and decorating the centre with pieces of traditional memorabilia. The inspectors also discussed areas with the provider and person in charge, where additional measures could be taken to further improve accessibility, for example, painting handrails on the corridors and doors to toilets in a contrasting colour to the walls.

Judgment:
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:
A policy for the management of complaints was in place in the centre and reflected practice. The complaints procedure was displayed prominently in the reception of the centre, and identified the person nominated to investigate complaints as well as the appeals process.

A complaints' log was viewed by inspectors and findings referenced details of complaints made, the outcome of complaints and whether the complainants were satisfied with the outcomes. The dates of closure of complaints were not consistently recorded.

Inspectors spoke with staff regarding the complaints procedure and found that they were aware of the process and what action to take should they receive a complaint. Residents and relatives spoken with were aware of the process for making a complaint and identified the person to whom they would direct a complaint to if necessary.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
A policy document was in place to inform care 'end of life' care of residents.

Quality review of end of life care in the centre was done in February 2014 by the person in charge. Findings of this review supported provision of a satisfactory service in this area by the staff in the centre. Most residents had made their end of life wishes known to staff and this information was documented in their care plans. The remaining residents had not made decisions regarding their end of life plans however; there were systems in place for recording same when they became available.

Community palliative care services attended the centre to support residents with pain and symptom management on referral by staff. A staff member with an interest in 'end of life' care was facilitated to undertake postgraduate training in palliative care commencing the next academic term. There was one resident with 'end of life' care needs on the day of inspection. Inspectors found that their symptoms were well managed by staff, the resident's GP and the palliative care services.

Families were facilitated to stay overnight in the centre with residents in receipt of end of life care. Residents had access to religious clergy to meet their faith needs.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a

discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
The inspectors found that residents were provided with a nutritious and varied diet to meet their nutritional needs in two spacious and bright dining rooms. The centre has policies in place to inform management of the nutritional and hydration needs of residents. A validated nutritional risk assessment tool was used to assess residents' needs. Residents' weights were closely monitored, assessed, and documented with corrective actions implemented where risk was identified. Staff had attended training on food hygiene and nutrition. Residents had good access to the services of a dietician.

Residents with swallowing difficulties were appropriately referred and assessed by the speech and language therapy (SALT) service.
There was evidence that the dietician and SALT recommendations were implemented and were copied to the kitchen for reference by the chef and into residents' care plans. Following a review of residents' meals and mealtimes, residents with swallowing difficulties who could eat independently were seated together with their consent and joined by a staff member to supervise their dining needs and positioning to mitigate risk of choking. Residents with swallowing difficulties who required assistance were assisted discretely and sensitively on a one to one basis by staff who maintained eye contact on the resident to ensure their safety with eating.

Inspectors observed that residents using clothes protectors were also provided with paper napkins. Most residents had their meals in the dining rooms including breakfast. Many residents enjoyed a boiled egg and also could have a fried breakfast if they wished.

Each table in the dining room was dressed with a tablecloth. A selection of condiments was available for use by residents to suit their tastes. The inspector saw that there was a choice of three hot meal options offered on a daily basis to residents for their lunchtime meal. Residents with dementia were facilitated to see the cooked food to assist them with making informed choices on what they would like to eat. An inspector observed where one resident choose to have a potion of each of the dishes available. The inspectors also observed that residents were provided with a choice of dessert. The menu was displayed as photographs of each dish on a magnetic board in the dining rooms. Residents spoken with by the inspector expressed their satisfaction with and enjoyment of the food provided. The chef was observed to mingle among residents during mealtimes and residents confirmed that if they were not enjoying their meal or did not like the food on offer, the chef would always prepare an alternative for them. Residents had a choice of fluids to drink with their meals, jugs of fresh water in their bedrooms and were offered hot and cold beverages and snacks throughout the day.

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:
Inspectors found that the levels and skill mix of staff on the day of the inspection were sufficient to meet the assessed needs of residents, which was confirmed by a planned staff roster. However, inspectors did not view documentation to confirm that there was adequate night staff to effectively evacuate residents from the centre in the event of a fire. This is discussed further in Outcome 8 - Health and Safety and Risk Management.

Inspectors viewed training records which indicated that there is a comprehensive training program in place for staff, including first aid, dementia awareness and infection control. All staff had received mandatory training in fire safety, the prevention, detection and management of abuse and moving and handling practices. Staff spoken with on the day of the inspection were knowledgeable in fire safety and evacuation procedures.

The centre had a policy in place for staff recruitment, selection and appointment. A sample of staff files were examined by inspectors and these were found to contain all the documents required by Schedule 2 of the Regulations. An Bord Altranais professional identification numbers (PIN) for registered nursing staff were also in place. The person in charge confirmed that they were currently carrying out staff appraisals. Records for staff meetings indicated that staff met several times in 2015 and 2016, with the most recent meeting taking place in the week prior to the inspection.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	Greenhill Nursing Home
Centre ID:	OSV-0004584
Date of inspection:	12/05/2016
Date of response:	02/06/2016

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 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:
Risk from very hot water at the point of contact as observed on inspection was not identified in the centres risk documentation.

Some controls specified to mitigate identified risks were not implemented on the day of inspection.

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

1. Action Required:
Under Regulation 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:
1. Water temperatures have been reduced to 40 degree Celsius, and a record of same has been kept for two weeks with a recorded average reading of 38C. The water temperature will be checked now at random to always ensure that this temperature is maintained.

2. New cleaning trolleys have been purchased with a locking system; therefore, toxic liquids will always be locked away.

3. Risk assessment for 3 floor ramped floor surfaces has been updated, the hand rails on these ramps will be painted a distinctive colour to assist residents to be more aware of the ramps.

Proposed Timescale: Action 1 and 2 completed. Action 3 completion date in relation to painting the handrails 30/09/16

Proposed Timescale: 30/09/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement was required to ensure that cleaning equipment was appropriately cleaned.

2. 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:
All Cleaning equipment has been updated with two new cleaning trollies purchased.
A record of the cleaning of the cleaning trollies is been maintained and is available for inspection.

Proposed Timescale: 02/06/2016

Theme:
Safe care and support

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

While the person in charge confirmed that simulated evacuation drills were completed to test staffing resources, knowledge and procedures in place at various times, this was not documented in sufficient detail to confirm their adequacy.

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

Please state the actions you have taken or are planning to take:
Fire drills will be recompleted to record the fire scenario simulated, the length of time taken for evacuation of residents as well as problems or deficiencies identified during the drill. These drills will also be conducted at night to ensure night time staffing is sufficient for evacuation purposes.

Proposed Timescale: 30/09/2016

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:
Times for administration of short-term medications were not consistently documented on residents' prescriptions.

Some medication prescriptions were not individually signed by the prescriber.

4. 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:
Short term medication Kardex`s reviewed with pre-printed times for short term medication now included.
GP in question spoken to and continues to refuse to sign individual prescriptions; however another GP in the practice is signing each medication individually. Future Kardex will be signed by the second GP in the practice. The resident's choice of GP will be maintained.

Proposed Timescale: 02/06/2016

Outcome 11: Health and Social Care Needs
Theme: Effective care and support **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** Some improvement was required to ensure clarity in the details of residents' plans of care. **5. Action Required:** Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre. **Please state the actions you have taken or are planning to take:** Main plan of care will be reviewed yearly with a documented residents input 3 monthly assessments will be continued
Proposed Timescale: 30/09/2016