

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Elizabeth's Nursing Home
Centre ID:	ORG-0000167
Centre address:	Kells Road, Athboy, Meath.
Telephone number:	046 943 2457
Email address:	stelizabethsathboy@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Gortana Limited
Provider Nominee:	Thierry Grillet
Person in charge:	Brenda Keyes
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	

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 judgements 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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:
18 June 2014 08:10	18 June 2014 18:00

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

Outcome 03: Suitable Person in Charge
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation

Summary of findings from this inspection

The inspection was unannounced and was carried out over one day. This was the sixth inspection carried out by the Authority in this centre. The centre accommodated 36 residents with varying dependency levels. There were no vacancies.

The inspector found that for the most part the service provided to residents was satisfactory and residents told the inspector they were happy in their 'home', felt safe and were well cared for. Inspectors saw staff interacting with residents respectfully, knocking on doors and waiting for a response before entering. There was a full complement of staff on duty on the day of inspection. Two nurses in addition to healthcare assistants, one domestic assistant, an administrator and a cook and kitchen aid and an activities coordinator were all on duty. The provider and key senior manager were also present throughout the day. The person in charge and the newly appointed person in charge were present and facilitated the inspection well. A physiotherapist was also at the centre. She worked with individual residents and held a group exercise activity in the afternoon.

The care plans reviewed by the inspector were for the most part well maintained. In particular the clinical documentation for wound care was satisfactory and

demonstrated good health promotion. Improvements were required with regards to the timely review of care plans.

Risk management in the centre was adequate but the documentation required improvement as too the review of high risk activity such as falls. End of life care and practices such as the use of clothes protectors and serving special diets required review. The inspector observed staff assisting residents at breakfast and lunch, the experience for residents appeared to be pleasant and jovial.

The premises was homely and for the most part suitably decorated, improvements were identified as outlined in the Action Plan and in the body of the report to comply with the Regulations.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre has a defined management structure in place. The person in charge has the knowledge, experience and qualifications to hold the post of person in charge. She is supported in her role by the provider, general manager and the deputy person in charge as persons participating in management. The deputy person in charge is the named key senior manager in the absence of the person in charge. The person in charge was on duty during this inspection, residents and relatives interacted well with her.

Staff and residents told the inspector's who the person in charge was and staff said they felt supported by the person in charge and attended regular staff meetings. The person in charge had systems in place to monitor falls, weight, pressure sores in addition to other high clinical risks.

Judgement:

Compliant

Outcome 05: 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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The Provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The Provider had identified a deputy person in charge who was aware of their responsibilities

as acting up in the absence of the person in charge.

The deputy in charge, recently appointed in May 2014, underwent a fit person's assessment on the day of inspection. The inspector found her to be knowledgeable of the Standards and was familiarising herself with the Regulations subsequent to her new appointment. She has worked in the centre for the past four years and is a qualified general nurse in addition to having a gerontology qualification.

Judgement:
Compliant

Outcome 06: 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.

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that measures had been taken to safeguard residents from being harmed and suffering abuse. Residents spoken with reported they felt safe in the centre. The inspector noted that the front door was kept securely shut at all times. Entry to the building was determined by staff. Residents had access to a safe, secure courtyard garden which they could access from the dining room. Staff were observed knocking on residents' doors and waiting before entering.

Staff were observed caring for residents, ensuring their environment was safe with access to their call bell when being left unsupervised. Staff told inspectors they would speak to the nurse on duty, provider or person in charge if they witnessed abuse or received an allegation of abuse. The person in charge was the designated officer which this was evident in signage erected in the centre however further clarity of designated officers role was required in the policy. The policy clearly identified the external agency and their contact details to refer to should it be necessary.

The inspector reviewed the Elder Abuse policy and identified areas for improvement. The policy did not adequately define the different types of abuse. Further improvements were required regarding guidance for staff as the policy failed to comprehensively outline the actions for staff on what to do in the event of a disclosure about actual, alleged, or suspected abuse.

The management of resident's finances was not reviewed on inspection.

Judgement:
Non Compliant – Minor

Outcome 07: 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:

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

Findings:

The findings of the inspection were that the health and safety of residents, visitors and staff were being promoted. However, the ongoing risk management and health and safety measures in place required some improvement to fully protect and ensure the safety of residents, staff and visitors.

An emergency plan was in place to outline clear procedures to follow in the event of loss of electric power, flood, gas leak or security concerns. The Provider had arrangements made locally with a school in the event that there was a full evacuation required. They also had access to the keys for this arrangement should it be necessary. The emergency plan detailed the procedures for staff to follow in the event of an absconsion were also clearly outlined in addition to having three missing persons profiles for those residents that were deemed high risk. However, not all residents had a missing persons profile nor were there risk assessments completed for the three residents who were deemed high risk of eloping.

The staff on duty satisfactorily explained to the inspector how they would implement the fire evacuation procedures and emergency plan. A recent fire drill had taken place and staff had been updated on evacuation. Staff had also received recent training, May 2014, where a night time drill was simulated. Kitchen staff were aware of the location of the shut off system for the gas and power and showed the inspector where it was and what to do. Their practice coincided with the guidelines stipulated in the emergency plan. The evacuation plan was clearly displayed throughout the premises and each bedroom had an individual plan identifying their route for evacuation in the event of a fire. The centre had an appropriate number of ski evacuation mattresses to cater for the needs of the residents. However, each resident did not have a personal evacuation egress plan. The person in charge stated this would be rectified in addition to developing a missing persons profile for all residents.

The fire alarm, fire equipment and emergency lighting were also checked on a regular basis by external maintenance providers. The records of these routine fire service checks were available for review. The fire equipment was maintained, the next equipment service was due December 2014. In addition, records of daily means of escape checks were available. A maintenance issue record was used by staff to log maintenance needs throughout the house. These were then prioritised by the maintenance person who visited weekly. If maintenance was required urgently this was addressed.

The inspector reviewed the Safety Statement and risk management policy, both were centre specific. The risk management failed to reflect the necessity to review the risk register. The risk register required an update, it was last updated October 2012 and therefore not all risks within the centre were identified.

There was systems in place to manage clinical risk such as audits of weight loss/gain, pressures sores and falls, however further development was required to ensure that a robust clinical risk register implemented. The person in charge spoke to the inspector about the clinical risk in the centre but it was not formally documented.

A policy was in place to guide staff in the event of any incident of violence, aggression, self harm and assault. A health and safety team was in place who attended the health and safety committee meetings. The inspector reviewed the minutes of the health and safety meetings and reviewed how issues were resolved and risks mitigated. The most recent health and safety meeting was September 2013 and the person in charge stated one would be arranged in the coming weeks. However, the inspector saw that health and safety was on the agenda and discussed weekly at the management meeting.

The inspector reviewed the incident and accident log and noted all staff where not completing neurological observations for all falls, in particular those that were un-witnessed. Improvements were required with regard to documentation and completion of accident and incident reports and the audit process used to evaluate quality of care. Falls was a high risk for the centre; there were 24 falls in 2014, three of which led to serious injuries. The control measures put in place to mitigate and minimise risk of falls were not adequate and therefore a further detailed analysis of the falls was required. The control measures that were being used in the centre included sensor mats and sensor clips.

Centre-specific infection prevention and procedures were found to be in place but improvements were observed regarding infection control. Hand-washing and drying facilities and hand disinfectant gels were available at the reception and throughout the centre. The signage to remind staff, residents and visitors of hand hygiene was satisfactorily displayed in washroom facilities. There was adequate personal protective equipment such as aprons and gloves throughout the centre and the inspector seen that the kitchen staff wore hair nets and adequate protective clothing. Laundry, for the most part, was completed by a care staff. One care staff was assigned the daily duty of completing the laundry while the staff on night duty assisted with the ironing. There was satisfactory segregation of clean and dirty laundry and the areas for each were clearly defined.

The inspector saw a number of bathrooms with toiletries in them and a prescription spray for one resident. This increased the risk of infection through communal use but also ingestion.

A capped catheter night bag was inappropriately wrapped around a grab rail in the one resident's en suite bathroom. This practice required review. In another en suite bathroom, belonging to a resident, the resident had placed clothes they washed in their shower to dry.

Judgement:
Non Compliant - Moderate

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed medication management practices in the centre, some improvements were necessary. Nursing staff were knowledgeable about medication and administration practices. The inspector reviewed the medication management policy and noted that it included the procedure for prescribing, administering, recording, transcribing and disposal of unused or out of date medications.

A small number of residents at the centre were receiving anticoagulation medication. The practice for nursing staff receiving the current INR result for this medication had recently been changed. The new procedure, adopted by the centre, was not wholly robust and required amending. In addition, the staff nurses were transcribing the anticoagulation medication, which was later signed by the general practitioner however, the nurses failed to sign the transcription as per the centres policy. The person in charge stated that both these issues would be addressed. In addition, as a result of the recently updated practice, aforementioned, the policy required updating to reflect same.

The inspector reviewed the medication administration records and the prescription sheet, improvements were necessary. The prescription sheet did not specify the maximum dose of as required medication (PRN) nor did it effectively prescribe those medications which were prescribed for crushing.

Post inspection, the inspector received the updated medication management policy.

Judgement:
Non Compliant - Moderate

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:
Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector noted that the quality of care and residents' experience was monitored on an ongoing basis. Audits took place to cover aspects of the clinical care but also the satisfaction of the service delivered. The inspector also noted that audit findings were reviewed at regular management meetings that took place weekly.

The person in charge had implemented a system to collect and audit information on a range of clinical matters including wound care, weight loss/gain, and incidents of falls. Although the person in charge had collated data for the aforementioned, a report as stipulated in the Regulations and as outlined in the previous action plan a report had not been developed to qualify the quantitative data.

The inspector reviewed satisfaction surveys completed by both residents and their families. These findings were summarised and actions were outlined for any shortcomings. The overall response was one of satisfaction with the service residents received. The inspector also saw a suggestion box visibly located in the centre.

Judgement:

Non Compliant - Minor

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Findings:

Overall the health care needs of the residents were met and residents had access to medical and allied health care services when required. There were also opportunities for residents to participate in meaningful activities. The inspector found a good standard of evidence-based nursing care and appropriate medical care was provided to residents. However, improvements were necessary to comply with the Regulations.

On the day of inspection a physiotherapist was in the centre liaising with residents individually and also provided an exercise class. Residents took part in activities in the centre. The inspector saw an activities coordinator host a Sonas session for residents

and also saw an activity programme on the notice board. A writers club had been established and residents told the inspectors of the enjoyment it brought them and reminded them of time past. A therapy dog visited the centre frequently and music sessions took place. Residents also attended table quizzes and had plans to host a fashion show and there were also plans to visit the zoo and the beach. The activity co-ordinators met regularly to discuss resident's preferences, the most recent meeting was 10 June 2014. For some residents their social and activity preferences required to be update in their care plan. Residents were supported to receive visits from family and friends, however improvements were identified in relation to assisting residents maintain social roles.

Residents had access to allied health services including dieticians, speech and language therapy (SALT), chiropody, optical and dental care when required. The inspector reviewed care plans for three residents, their assessments and referral records were well maintained as too were the daily progress notes. The inspector saw a number of residents had bed rails that had a signed consent form in their file however not all were signed by the general practitioner as outlined on the form.

There was evidence to show that some care plans were updated regularly but a number of care plans were due a review and updating.

The inspector noted that a good standard of care was provided in pressure ulcer prevention and wound care management. A number of notifications had been received from the person in charge for residents admitted from the acute services and hospitals, who had been identified with loss of skin integrity. A review of documentation including wound assessments, care plans and progress notes were completed and showed the progression of the wound and management was found to be evidence based. The clinical documentation was well maintained for the resident and the improvement of the wound was clear. The person in charge had utilised tissue viability services when required and there was evidence that assistive devices were used to promote pressure relief such as pressure relieving mattresses.

The deputy person in charge and person in charge had recently implemented a continence promotion programme which was proving to be effective. The inspector reviewed the policy and the continence care plan. The nurse completed three day assessments with the resident prior to developing their individual care plan. The staff were assisting residents to maintain their continence status and the nurse provided education to both staff and residents on the importance of continence promotion.

Control measures were implemented for residents assessed at high risk of falling. For example, staff would attend to a resident in the morning to prevent them from leaving their bed independently without calling for staff assistance. However, as outlined in Outcome 7 improvements around documentation and any subsequent medical review of un-witnessed falls, including but not limited to neurological observations, was required. The effectiveness of the control measures in place also required review.

Judgement:
Non Compliant - Minor

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Findings:

The centre for the most part was suitably decorated, well maintained and fit for purpose, however some improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The centre was laid out over two floors; residents accessed the first floor via a lift. The centre had a large dining room that was bright and nicely decorated and led onto a newly refurbished decking area complete with adequate garden furniture for the residents to enjoy the outdoors. This space was enclosed and secure for residents to enjoy. There were adequate sitting rooms for residents to rest and watch television in addition to a sitting room that was allocated to residents who smoked. This room required upgrading and redecorating, the provider had plans to develop this by July 2014. The remaining sitting room downstairs had adequate seating, there was a large television mounted to the wall but there was also a smaller television that was placed unsecured on a table and posed a risk.

Car parking was adequate and the external front grounds had recently been resurfaced. There was sufficient space for emergency vehicles should it be necessary. The external grounds were well maintained.

The kitchen was well equipped with ample storage for refrigerated and dry goods. There were 29 bedrooms, 16 of which were ensuite with the remainder (13) sharing bathroom facilities. There were washroom facilities to meet the needs of the residents. The centre had two baths, both of which were unused but had items stored in them. Basins were stored in one while a wet floor sign was placed in another. There were emergency pull chords in all bathrooms, one of which was not fit for purpose as it were tied up and not long enough. In addition the flooring in the visitor's bathroom was stained. The sluicing facilities were adequate and well maintained on the day of inspection.

Resident's bedrooms were nicely decorated and maintained and there was adequate storage for resident's belongings. Residents had access to their televisions and radios and there were photographs and paintings throughout the bedrooms. The inspector observed that a bedroom and bathroom had a strong odour and required attention.

The inspector observed stools, chairs and walkers inappropriately stored and saw a transfer board and a fold up table at the end of a stairwell. By the end of inspection the items at the end of the stairwell had been removed. Wet floor signs were stored throughout the building and needed to be stored in one safe location where they were

not potential risks.

Some of the architrave and walls required freshening. The manager told the inspector they would contact their painter. The centre had a significant amount of signage that took away from the homely environment. The inspector observed that one of the signs was dated 2012.

The centre had a spacious hairdressing salon which was used weekly and there was also a prayer room.

Judgement:

Non Compliant - Minor

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:

No actions were required from the previous inspection.

Findings:

A complaints policy and procedure was in place and displayed, as required. The inspector saw the complaints log and a number of complaints to date had been recorded, investigated and addressed. The person in charge had given feedback to the complainant and noted their satisfaction. The inspectors were satisfied that overall the provider managed complaints satisfactorily. All complaints reviewed were resolved with the exception of one which was ongoing. The centre had followed their complaints policy and procedure and the inspector was satisfied with the status of the complaint.

The policy was reviewed by the inspector, the complaints officer was not named in the policy and an update was required in the policy to reflect the independent appeals process.

Judgement:

Non Compliant - Minor

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:

No actions were required from the previous inspection.

Findings:

This outcome was not inspected in full at the time of inspection however improvements were noted. The person in charge had identified improvements that were required in relation to end of life care. Work had commenced to ensure that each resident had their wishes documented. A small number of residents had do not resuscitate directives in situ; the general practitioner had not signed these at the time of inspection.

The accommodation for the care and management of end of life care, as discussed with the Provider at feedback, required review to ensure that dignity and privacy was maintained.

Judgement:

Non Compliant - Moderate

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:

No actions were required from the previous inspection.

Findings:

Although this outcome was not inspected against in full on the day of inspection improvements were required to comply with the Regulations.

The inspector observed residents being assisted with lunch. A resident who required a soft diet was served lunch mixed together in a bowl. This practice was inappropriate and required review.

Judgement:

Non Compliant - Minor

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the residents and or their representatives were consulted with and participated in the organisation of the centre. Residents' privacy and dignity was respected including the provision of adequate space to receive visitors in private. The inspector saw examples where residents' choice and their independence were promoted.

Residents meetings were held regularly and the minutes for these were reviewed. Residents were informed of the staff coming on duty; it was displayed on a communal notice board accessible by all residents.

The cook told the inspector that she met with residents on admission to find out their food preferences and the information was retained for the kitchen staff to refer to. The inspector reviewed this information.

The centre had CCTV in a number of communal areas throughout the centre; this needed to be reviewed to ensure that the privacy and dignity of residents was maintained. Residents had access to telephones, the inspector saw a staff bring a phone to a resident to receive a telephone call.

Inspectors saw staff engaging with residents in a respectful manner at the time of inspection but noted that some of the language used was not always appropriate, the inspector observed a staff member using the phrase 'love' while engaging with a resident. The inspector saw clothes protectors in the dining room which some residents used at meal times. The use of the clothes protectors was viewed as an institutional practice, as confirmed by the person in charge. The person in charge was reviewing the practice.

Judgement:

Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Ciara McShane
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:	St. Elizabeth's Nursing Home
Centre ID:	ORG-0000167
Date of inspection:	18/06/2014
Date of response:	07/07/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 06: Safeguarding and Safety

Theme:

Safe Care and Support

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

The policy failed to comprehensively outline the actions or staff on what to do in the event of a disclosure about actual, alleged, or suspected abuse. The designated officer details were not clearly outlined in the policy.

Action Required:

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

The Person in Charge has reviewed the Protection of Residents from Abuse policy and has included more detailed definitions of types of abuse and has outlined more comprehensively the actions for staff on what to do in the event of a disclosure about

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

actual, alleged, or suspected about. The policy now clearly names the Person in Charge as the Designated Officer for Abuse.

Proposed Timescale: 18/07/2014

Outcome 07: 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 had not been reviewed since October 2012 and all risk had not been identified.

Three residents had been identified as high risk of eloping but no risk assessments were completed.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

The Person in Charge and the Registered Provider will review the risk register and all risks will be included in same. All residents will have a risk assessment for eloping.

Proposed Timescale: 31/08/2014

Theme:

Safe Care and Support

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

Each resident required a missing persons profile to be completed.

Each resident required a personal evacuation egress plan in the event of an emergency evacuation.

Action Required:

Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

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

The Person in Charge will ensure that each resident has a missing person profile and a Personal Emergency Evacuation Plan.

Proposed Timescale: 31/08/2014

Theme:

Safe Care and Support

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

A comprehensive analysis of clinical risk activity had not been routinely completed to ensure learning was identified for example an analysis of the trends in falls.

Action Required:

Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

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

The Person in Charge will complete a more comprehensive analysis of the clinical risk activity to ensure learning is identified for example recording if falls have been witnessed / unwitnessed, if neurological observations have been recorded by the Staff Nurse.

Proposed Timescale: 31/07/2014

Theme:

Safe Care and Support

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

Although there was a risk management policy in the centre it was not implemented throughout; all clinical risks were not comprehensively documented similar to that of the non clinical risk register.

There was a risk of infection transmission as infection control procedures were not always adhered to:

- a) Basins and signage were stored in baths
- b) A capped catheter night bag was inappropriately wrapped around a grab rail in the one resident's en suite bathroom
- c) A sponge was in a communal bathroom
- d) A resident had clothes drying in their en suite
- e) There was a strong odour in two rooms in the centre
- f) Toiletries and prescribed products were observed in communal bathrooms

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

The Person in Charge has documented all clinical risks more comprehensively in line with the risk management policy.

The Person in Charge has developed a checklist for staff to document that she / he has performed a visual and odour check of St Elizabeth's Nursing Home twice daily. All staff are reminded of infection control precautions at each handover. Further training on Infection Control is planned for staff in the autumn training programme.

The Person in Charge has discussed with the resident about drying her clothes in her en suite. The resident has been offered the alternative of drying her clothes separately in the laundry or on the clothes line.

Proposed Timescale: 30/09/2014

Outcome 08: Medication Management**Theme:**

Safe Care and Support

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

Practices regarding the transcribing and receipt of the prescription for anticoagulation drugs required review.

The prescription sheet failed to identify the maximum dose for PRN medication (medication as required).

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

The practice for transcribing and receiving the prescription for anticoagulation drugs has been changed in line with hospital laboratory instructions and implemented.

Residents' medication kardex now identifies the maximum dose for all PRN medications. Medications to be crushed are individually identified on the medication kardex.

Proposed Timescale: 18/07/2014

Outcome 10: Reviewing and improving the quality and safety of care

Theme:

Effective Care and Support

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

A report had not been developed in respect of the quality and safety of care and quality of life.

Action Required:

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

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

The Person in Charge will compile a report of the qualitative analysis of quantitative data collected during clinical audits.

Proposed Timescale: 31/07/2014

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:

Neurological observations were not completed for all falls including those that were unwitnessed.

Action Required:

Under Regulation 6 (2) (b) part 2 you are required to: Take appropriate action where a resident is harmed or suffers abuse.

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

The Person in Charge has reminded all Staff Nurses of the necessity of recording neurological observations for all falls including those that are unwitnessed in line with the Falls Policy. The Person in Charge will include this recording of this practice in the Falls audit.

Proposed Timescale: 31/07/2014

Theme:

Effective Care and Support

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

The effectiveness of the control measures in place to maintain resident's welfare, in particular those at high risk of falls, required review.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

The Person in Charge will further analyse control measures that are in place to reduce the risk of accidents and incidents involving residents.

Proposed Timescale: 31/07/2014

Theme:

Effective Care and Support

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

Although some aspect of care plans were updated regularly a number were overdue a review and required updating.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

The Person in Charge has advised Primary Nurses about updating residents' care plans in a more timely manner as was indicated by a care plan audit in June 2014.

Proposed Timescale: 18/07/2014

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:

Cosmetic work was required in areas throughout the premises:

- a) Paintwork in a number of bedrooms, corridors and architrave required replenishing
- b) The lounge room which the smokers availed off required to be redecorated
- c) Flooring in one of the toilets was heavily stained
- d) There was excessive signage in the centre

Action Required:

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

- a) The Provider has liaised with the painter regarding paintwork in bedrooms corridor and architrave.
- b) A date has been set for the redecorating of the lounge room for smokers.
- c) Flooring on bathroom floor will be replaced.
- d) Signage throughout St Elizabeths Nursing Home has been minimised.

Proposed Timescale: 31/08/2014

Theme:

Effective Care and Support

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

The emergency call bell in an en suite was not fit for purpose.

Action Required:

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

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

The emergency bell in the en suite will be altered and will be fit for purpose.

Proposed Timescale: 31/07/2014

Theme:

Effective Care and Support

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

Walking aids, stools and chairs were inappropriately stored throughout the centre.

Action Required:

Under Regulation 19 (3) (m) you are required to: Provide suitable storage facilities for the use of each resident.

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

The Person in Charge has developed a checklist for staff so that staff can monitor the storage of walking aid, stools and chair that are stored inappropriately. The monitoring is carried out daily and nightly.

Proposed Timescale: 18/07/2014

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:

The complaints officer was not named in the policy and an update was required in the policy to reflect the independent appeals person.

Action Required:

Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

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

The Person in Charge has reviewed the Complaints Policy which now names the Person in Charge as the Complaints Officer, and more clearly defines the Independent Appeals Person.

Proposed Timescale: 18/07/2014

Outcome 14: End of Life Care**Theme:**

Person-centred care and support

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

The accommodation for the care and management of end of life care, as discussed with the person in charge during the inspection and the Provider at feedback, required review to ensure that dignity and privacy was maintained.

Action Required:

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

The Management Team have discussed the accommodation and management of end of life care in shared bedrooms. The conclusion is that the issue will be discussed with future residents who are taking a shared bedroom at the time of their admission. The Residents' Guide will be amended to include a discussion on the management of end of life care when sharing a bedroom. The issue will be reflected in the contract of care and the end of life assessment and care plan.

Proposed Timescale: 30/09/2014

Outcome 15: Food and Nutrition**Theme:**

Person-centred care and support

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

The presentation and serving of soft diets was not appropriate and required review.

Action Required:

Under Regulation 20 (2) part 3 you are required to: Provide each resident with food which is properly prepared, cooked and served.

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

The Person in Charge has discussed the presentation and serving of soft diets with all staff particularly catering staff.

Proposed Timescale: 18/07/2014

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:

Residents privacy and dignity was not always maintained;

- a) CCTV needed to be reviewed to ensure that the privacy and dignity of residents was maintained
- b) The practice of clothes protectors required a full review
- c) The language used by staff, such as 'love', to address residents was not always appropriate.

Action Required:

Under Regulation 10 (f) you are required to: Put in place arrangements to facilitate residents in the exercise of their civil, political and religious rights.

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

- a) The Management Team have reviewed the use of CCTV in communal areas of St Elizabeths Nursing Home for health and safety reasons, and concluded that it is necessary to seek further advice from the Data Protection Commissioner on this matter.
- b) The use of clothes protectors at mealtimes has been reviewed, and practice will be stopped in agreement with residents when alternative linen napkins (already ordered) are delivered.
- c) All staff are continually reminded at handovers, and in the communication diary, about addressing residents. This is will be further emphasised during continuous professional development training as part of the autumn staff training programme.

Proposed Timescale: 30/09/2014