

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Caritas Convalescent Centre
Centre ID:	OSV-0000020
Centre address:	Merrion Road, Dublin 4.
Telephone number:	01 260 0609
Email address:	yvonne@caritas.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Caritas Convalescent Centre Limited
Provider Nominee:	Michael Lyons
Lead inspector:	Linda Moore
Support inspector(s):	Valerie McLoughlin
Type of inspection	Announced
Number of residents on the date of inspection:	47
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 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 December 2014 09:30	02 December 2014 17:30
03 December 2014 09:20	03 December 2014 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The provider had applied for registration for 52 places. This report sets out the findings of the inspection.

As part of the inspection, inspectors met with residents, relatives and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Inspectors received questionnaires from residents which were complimentary of the service being provided at the centre.

People attending this service were referred to as patients by staff and in all of the

documentation in the centre, but they are referred to as residents in the report.

Inspectors found that there was a significant number of areas of non-compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

In particular the provider and person in charge were required to take immediate action to address the medication risks to residents.

Caritas Convalescent Centre is a purpose built two storey building which has 52 places. The service provides short term convalescent and respite service with an average length of stay of 11 days. The main aim of the care provided is to focus on the recovery of residents post surgery and maximise their potential in order for them to return home.

A monitoring inspection was carried out in August 2013 to determine the provider's 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. Subsequent to the inspection, and following a submission to the Health Information and Quality Authority (the Authority) Regulation Directorate, it was determined that this centre was not a designated centre due to its exclusive provision of short term care. However, following further clarification on the definition of a designated centre, Caritas Convalescent Care Centre applied to register with the Authority in November 2014.

Caritas Convalescent Centre Ltd is the provider for this voluntary centre, its chairperson Michael Lyons is the person nominated to act on behalf of the company. The centre is run by a board of directors who meet approximately four times per year.

Sr. Daly is the person in charge and is also the director of operations with responsibility for the overall daily operation of the centre including the coordination and administration of over 1400 admissions per year. Inspectors found that the person in charge had an excellent knowledge of each resident and had very hands on approach to care.

Inspectors met with the person in charge during the inspection as the named provider was on leave and found that she was willing and committed to meeting with the requirements in the Regulations and Standards. However Inspectors found that there was a lack of clinical governance in the centre which resulted in poor outcomes for residents. The management systems in place did not ensure that services provided are safe, appropriate to residents needs, consistent and effectively monitored.

Inspectors found that the provider and the person in charge had addressed seven of the 41 actions that had been identified on the previous inspection. Areas for improvement included:

- Assessment and care planning
- medication management
- statement of purpose and Residents' Guide
- risk management and fire safety measures
- staff training in fire safety
- developing and updating policies and procedures
- developing a contract of care for each resident
- developing a system for reviewing the quality and safety of care
- complaints management
- facilitating visiting.

These actions are detailed in the report and included in the Action Plan at the end of the report.

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 2013 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):

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

Findings:

Inspectors found that the statement of purpose did not contain all of the information as required by the Regulations. The provider had not made a copy available to residents.

This did not include the specific care needs that the centre intended to meet and the facilities provided to meet the care needs. The age- range and sex of the resident was also not included. The complaints policy was not included. The fire precautions and emergency procedures were also not included.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that there was a lack of clinical governance in the centre which could result in poor outcomes for residents. Inspectors identified non compliances in the areas of clinical leadership as outlined in Outcome 11, healthcare, risk management and

insufficient staffing arrangements as outlined in Outcome 18.

Inspectors found that the management systems in place did not ensure that services provided are safe, appropriate to residents' needs, consistent and effectively monitored. There were no clinical nurse meetings to review residents needs and plan the service. The roles of nurse managers and care staff were clearly set out in the job descriptions, however they were not being implemented in practice. For example, the job description of the manger stated that they would supervise care, however they explained that due to the number of admissions per day and their case load, they are not carrying out their job description.

There were no clear lines of accountability for decision making and responsibility for the delivery of services to residents. The care assistants completed admission assessments and were not supervised or supported at all times due to the availability of nurses to meet residents' needs.

Inspectors found that the provider had failed to ensure the arrangements provided sufficient oversight of key areas such as medication management, risk management and healthcare issues as discussed throughout this report. There was no system in place to review the safety and quality of care provided.

Judgment:

Non Compliant - Major

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

Inspectors noted that the Residents' Guide had been made available to residents and was on display in the centre. however, this guide did not include the complaints procedure for example.

Residents did not have a contract of care. The person in charge showed inspectors a draft contract of care which was a work in progress. This document did not adequately meet the requirements of the Regulations as it did not fully include adequate details of the services to be provided and the fees to be charged.

Judgment:

Non Compliant - Major

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:

Inspectors found that while there was a person in charge of the centre the governance arrangements were not satisfactory.

The person in charge was a registered nurse and met the criteria set out in the Regulations. The person in charge demonstrated a commitment to delivering good quality care to residents and was aware of residents' needs. Residents spoke highly of the person in charge. All documentation requested by inspectors was readily available.

However, she was not been supported to carry out her role as per the requirements of the Regulations. While she worked full-time in the centre she was not full-time in the post of person in charge as she also provided front line nursing duties at times. As a result inspectors were concerned that she had not managed the service effectively. Inspectors identified non compliances in the areas of clinical leadership as outlined in Outcome 11 and insufficient staffing arrangements as outlined in Outcome 18.

The arrangements for cover in the absence of the person in charge were not sufficient. While there was a clinical nurse manager (CNM) appointed to deputise in the absence of the person in charge she was involved in delivering care to residents and did not have a role in managing the centre in the absence of the person in charge. Inspectors found that the provider had failed to ensure the arrangements provided sufficient oversight of key areas such as medication management.

The person in charge had not kept herself up to date or ensured a high standard of nursing practice as outlined in Outcome 11 and medication management.

Judgment:

Non Compliant - Moderate

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors.

The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

An up to date insurance policy was in place for the centre which included cover for resident's personal property.

Records were stored securely at all times during the inspection.

Inspectors were not satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre did not have all of the written operational policies as required by Schedule 5 of the Regulations. The staff had access to best practice guidelines but did not have policies to guide practice, such as the policy on the protection of vulnerable adults, wound care and nutrition. Staff were not fully aware of the content of the guidelines available as they had not received training in these areas.

The directory of residents did not include all aspects of the Regulations. This did not include if a resident was transferred to another hospital, the date on which the resident was transferred and the name of the organisation.

Inspectors found that residents records were not completed in line with schedule 3 of the Regulations. Daily records completed by nursing staff did not outline the full range of care treatment provided to residents and often included words such as "slept well".

Judgment:

Non Compliant - Major

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 was an awareness of the responsibility to notify the Chief Inspector of the absence of 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):

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

Findings:

Inspectors found that measures were not fully in place to protect residents from being harmed or abused. All staff had not received training on identifying and responding to allegations of elder abuse. There was no policy available to give guidance to staff on the assessment, reporting and investigation of any allegation of abuse.

The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. However not all senior staff were knowledgeable on the process for investigating an allegation.

Residents spoken to and those who had completed the Authority's questionnaire commented that they felt safe and secure in the centre.

They attributed this to the fact "they could talk to any of the staff if they had an issue". A review of incidents showed that there were no allegations of abuse in the centre.

There were no restrictive practices or residents who displayed behaviours in the centre during the centre. However inspectors noted that sufficient policies were not available to guide staff should the need arise. Staff had not received training on restrictive practices and were not knowledgeable in this area.

There were appropriate systems in place to manage residents' finances.

Judgment:

Non Compliant - Major

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:

Inspectors generally found that the provider had put some risk management measures in place however they needed to be significantly improved. Inspectors identified a number of risks in the centre in relation to medication management which may have placed residents at risk. The provider was required to take immediate action to address these issues. The risks associated with smoking and healthcare as per Outcome 11 and staff nurse levels as per Outcome 18 also required significant improvement.

The systems for the identification, assessment, management, recording and investigation of risk required improvement.

Staff filled mop buckets from the sink in the laundry which may result in cross infection.

Inspectors spoke to domestic staff who were knowledgeable on cleaning processes in place, however the storage of cleaning equipment outdoors required review.

Inspectors read the Health and Safety Statement for 2014. This was centre specific but was not being implemented in practice. The person in charge said this was provided to the centre but she was not aware of the content.

A health and safety committee was in place but it did not include a review of any clinical risks in the centre.

The staff told inspectors they were not sufficiently trained in risk assessment. This was concurred from a review of training records.

The risk management policy did not meet any of the requirements of the Regulations. It did not include the actual practice for the identification and management of risk and the measures to control the risks.

Inspectors found that there were a number of residents who smoked in the centre. There were no risk assessments or care plans in place to prevent an accident to these residents.

Records showed that not all staff had received manual handling training, Manual handling assessments were in place, but they were not completed by staff that were competent in this area and were not sufficiently detailed to guide staff.

A number of accident and incidents for 2014 were being recorded, however they were

not being reviewed by the person in charge. Preventative measures were also not recorded. There was not always evidence of the actions taken, for example, timely access to the general practitioner (GP) or contacting the next of kin. There was limited information in residents notes of the care provided to residents following an incident. One resident's records showed that a resident had not been seen by a GP for five days following a fall which resulted in a head injury. Falls management is discussed further in outcome 11.

There were no management meetings where clinical risk could be discussed, while the nurse manager was recently collecting information on the number of falls per month, there was no formal system to review or analyse incidents with a view to learning from them and reducing the risk of recurrence.

Overall fire safety was well managed. There were areas for improvement; all staff on duty had not been provided with fire training. The person in charge said this would be addressed. There were no records of any fire drills carried out by staff at suitable intervals as defined by the Regulations. Personal evacuation plans had not been developed for residents, there were no risk assessments undertaken for the evacuation of residents who had reduced mobility and those who required a wheelchair to ensure their safety.

There was an emergency plan which identified what to do in the event of emergencies such as lost of power and heat. The plan included contingency arrangements for the evacuation of residents from the building in the event of an emergency.

Inspectors viewed the fire training records and found that not all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. There was conflicting reports from staff as what to do in the event of a fire. The fire procedures did not guide practice staff, residents or relatives to the nearest exit.

Inspectors viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. Inspectors found that all internal fire exits were clear and unobstructed during the inspection. There was a robust system whereby staff checked fire exits daily and this was documented.

Written confirmation from a competent person that all requirements of the statutory fire authority, was submitted to the Authority prior to the inspection.

Inspectors found that there were measures in place to control and prevent infection. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available discretely throughout the centre.

Judgment:

Non Compliant - Major

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

As there was such a high rate of admissions from the acute hospitals, the procedures for medication management were complex. The person in charge and nurses told inspectors that a significant amount of time was spent clarifying prescriptions with the referring hospitals. At the previous inspection, inspectors found that a complete review of the entire medication management system was required in order to meet the best practice guidelines .

Inspectors identified a number of immediate risks in this area and the provider was required to address these as a priority.

Medications were observed on resident's lockers and unsecured in open wardrobes. Medication was administered without it being prescribed for the individual resident.

Eye drops were administered by untrained staff.

Inspectors observed poor practice in the administration of medication, the nurse did not review the resident prescription prior to the administration of some medications.

There were insufficient records that staff had received updates in medication management and this was confirmed by staff. This included the person in charge and nurse managers.

Telephone orders and the process of transcribing were not in accordance with professional guidelines and evidence based practice.

Other areas included:

Aspects of medication management including the safe administration of medication, and the competency of staff administering medication was not in accordance with professional guidelines and evidence based practice .

A policy on the management of medication was reviewed by inspectors. This policy did not guide practice, in administration, transcribing medication, telephone orders, medication errors and withholding medication. The policy referred to the role of the nurse and did not reflect the practice on the centre of care assistants administering eye drops. Inspectors were informed that this policy was being reviewed.

There was no policy on the use of PRN (as required medication), insulin or medication used for the management of status epilepticus.

There was no structured system to the ongoing checking of the resuscitation trolley and associated equipment. Out of date medication was observed on the resuscitation

trolley. The records showed that the oxygen was last checked in July 2014. The staff nurses told inspectors they would check the equipment when they had the time, but due to the work load, this was not consistently being carried out.

There were inadequate procedures in place for residents who self medicated. While they signed a consent form, there was no risk assessment completed to determine their safety and no monitoring checks in place to ensure ongoing compliance.

The temperature of the fridge which was used to store medication was last checked in September 2014. This contained medication for a number of residents who were no longer in the centre. Inspectors observed that the date was not entered when these medications were opened.

The process for the receipt and disposal of medication was not sufficient. Residents medication was not checked when received in the centre and there was not always a signature of the nurse and the pharmacy when medications are returned.

There was no system in place to review and monitor the medication management practices.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked a sample of balances and found them to be correct.

Judgment:

Non Compliant - Major

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Overall practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:

Compliant

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

Theme:
Effective care and support

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

Findings:
While residents' healthcare needs appeared to be met in some areas, this was not consistent. Significant improvements were required in assessment and care planning and the associated policies to guide practice. Staff explained how they would respond to significant changes in residents' needs and would transfer them back to the acute hospital. The person in charge maintained good links with the acute hospital services. While staff described the care they delivered, this was not documented.

Inspectors reviewed the records for residents and found that they had access to a general practitioner three days per week. Staff said the GP would provide a prescription for a resident over the weekend.

Residents accessed other health professionals such as the chiropodist. Inspectors met the physiotherapist and found that their role was rehabilitative and included teaching residents to use the assistive equipment. The person in charge said that referrals to other services were made through the referring hospital.

Inspectors reviewed a sample of residents' files and noted that a brief assessment of residents' needs was completed by the care staff and counter signed by the nursing staff, this was not comprehensive. While clinical risk assessments such as falls, MUST and pressure sore were completed, staff had not had any training in these assessments and they were not being used to inform the care delivered.

While some residents had care plans, they were generic and did not guide care. Other residents did not have care plans to guide their care. There were no discharge plans developed. There was no evidence of residents involvement in the development of the care plans.

Falls prevention and management:
While there was a system in place to assess falls, the management of falls required improvement . Records showed that some residents had unwitnessed falls in 2014. There was insufficient evidence that neurological observations were completed following

these falls. All nurses did not have access to the appropriate equipment to carry out these assessments..

Resident's records did not demonstrate the care provided to residents following a fall. There was evidence the GP had not been notified or reviewed each resident following a fall until the next visit to the centre. There were no measures in place to minimise the risk of future falls, such as the use of hip protectors or increased supervision. While there were post falls assessments, these were not routinely completed and were not comprehensive. There was no falls diary or any indication how many falls a resident had sustained, which would be useful information in planning the service for the residents. The care plans did not guide care.

Wound care:

Several of the residents had recent orthopaedic or cardiac surgery, therefore wound management was a key element of the care. Respite was also provided to residents who had reduced mobility and may have been at risk of developing a pressure sore. Wound charts had not been fully completed for residents with wounds.

There were gaps in residents' documentation and staff could not explain this to inspectors. Therefore it could not be ascertained if appropriate wound care was being delivered. Inspectors also noted that the wound dressing was changed frequently, while nurses said they decided the dressing required based on their judgement, there was no documentation to support the rationale for the change.

There were no care plans to guide care, such as the frequency of the change of dressing or the type of dressing required. Staff had not been provided with any training wound care and they provided care which conflicted with evidenced based practice. Care staff described the care they delivered which was not overseen by a nurse. One resident's records showed that evidenced based nursing care had not been provided in the delivery of wound care, which may have placed this resident at risk.

Inspectors noted that while there were no grade two pressure sores in the centre, staff did not respond appropriately when residents developed a grade one pressure sore. Staff were not knowledgeable on the classification of pressure sores and the use of pressure relieving equipment and this was not available for all residents at risk.

Nutrition:

Inspectors noted that residents were weighed on admission and a computerised malnutrition assessment screening tool was completed, however staff were not trained in these assessments and were not taking appropriate action should the need arise. There were no care plans to guide the care for these residents. In discussion with the staff they were unable to outline the care that was to be delivered to these residents.

Judgment:

Non Compliant - Major

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets

residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Overall the physical environment in the centre met the requirements of the Regulations and the needs of all residents.

There were three four bedded rooms, which were suitable for the short term convalescent resident. Inspectors observed that screening was appropriate in these bedrooms.

The centre was clean, comfortable, welcoming and well maintained both internally and externally. Inspectors found that the communal spaces and bedrooms were homely in design, decor and furnishings and this was also frequently mentioned by residents and their relatives.

The laundry complied with the requirements in the Authority's Standards.

The provider furnished the Authority with a certificate of compliance with planning orders and building regulations.

There were handrails and safe floor covering throughout the centre. Inspectors viewed the servicing and maintenance records for equipment such as hoists and found they were up to date.

Inspectors visited some residents' bedrooms and found that despite the centre being for short stay residents, they could personalise their room with their possessions.

Inspectors found that the communal spaces and bedrooms were homely in design, decor and furnishings and this was also frequently mentioned by residents and their relatives.

The kitchen was found to be well equipped. The inspector observed a plentiful supply of fresh food. Inspectors read the two recent environmental health officer reports and found that the actions identified were addressed.

Residents had access to garden areas with seating area and planting which they said they enjoyed. The external grounds were well maintained.

There were sluice rooms with mechanical sluicing facilities available throughout the

centre to ensure that best practice in infection control could be adhered to if there was an outbreak of infectious disease.

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):

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

Findings:

Complaints were well managed but there were areas for improvement. While there were three complaints procedures on display throughout the centre they were conflicting in nature. The complaint's policy did not fully meet the requirements of the Regulations. It did not include the complaints officer and the nominated person as per Regulation 34.

Relatives and residents who spoke with inspectors knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge. A complaints log was maintained and inspectors found that it contained details of the complaints and the action taken to respond to the complaint. The satisfaction with the complaint was recorded.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The person in charge informed inspectors that they do not routinely provide care for residents at their end of life. However the need may arise. There were no residents at this stage of life during the inspection.

There was a policy on end-of-life care which was centre specific but did not provide detailed guidance to staff and staff were not familiar with it.

Due to the deficits in care plans, there was no system in place to capture resident's wishes, this was discussed in Outcome 11

Inspectors noted that residents would receive support from the local palliative care team when required.

Staff had not received training in end-of-life care.

Judgment:

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(s):

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

Findings:

Residents received a varied and nutritious diet that overall was tailored to meet individual preferences and requirements. Meal times were supervised by staff and the housekeeping supervisor.

Inspectors saw that residents staying in the centre on private basis had a wider selection of choices available and had a separate bowls of vegetable provided with their meals. Many residents expressed satisfaction with their meals. However, others said the tea and toast was often cold in the morning.

Inspectors saw residents being offered a variety of drinks throughout the day. Inspectors met with the chef who demonstrated knowledge of residents dietary needs, likes and dislikes and this was documented. There were areas for improvement identified in the management of nutrition. See outcome 11.

Judgment:

Non Compliant - Moderate

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

Findings:
The privacy of residents was maintained. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. Inspectors observed staff interacting with residents in a friendly and courteous manner.

Due to the short term nature of the service, there was no residents committee established. Members of the pastoral care team visited daily and provided support to residents.

Residents religious needs were met, mass was celebrated weekly and prayers were held daily. There was access to other denominations as required.

The person in charge explained the rationale for restricting visiting rights to residents, however this was a breach of the Regulations.

While activities such as board and card games, and the occasional pianist were provided. Many residents said they found the day long and they were not aware of what activities were available to them in the centre. They stated the only activity available to them was the physiotherapy programme.

Judgment:
Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Residents could have their laundry attended to within the centre. Inspectors spoke with the staff member working there and found that she was knowledgeable about the different processes for different categories of laundry.</p> <p>Residents had access to a locked space in their bedroom if they wished to store their belongings.</p> <p>There were residents' property lists maintained.</p>
<p>Judgment: Compliant</p>

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

<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Inspectors found that there was a very committed staff team with low turnover. Staff told inspectors they felt well supported by the person in charge.</p> <p>Inspectors found that the staff number and skill mix was not sufficient to meet the needs of residents. Residents and staff stated that at times, there were inadequate levels of staff on duty and residents said they were often waiting for a long time for assistance.</p> <p>Inspectors noted that there were increased nursing levels on duty on the days of the inspection. Inspectors observed that due to the high rate of admissions and discharges each day resulted in nursing staff spending significant time on medications and had little time for assessments and care planning, risk management, training and the</p>
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management of staff, residents or the care of other residents in the centre.

A sample of staff files were examined and inspectors noted that all relevant documents were present.

Inspectors reviewed all files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014.

There were volunteers in the centre, inspectors noted that they were appropriately vetted.

Inspectors read the individual performance reviews of staff and while they appeared comprehensive, they did not identify the training needs of staff.

Care staff performed roles outside their scope of practice with out sufficient training which conflicted with their job descriptions.

Staff were not aware of the Act and any regulations made under it.

Training records outlined the training for all staff. Records showed that mandatory training was not provided to all staff. There was no system to identify those who had received any training and any deficit. Staff did not have access to appropriate training including refresher training in order to meet the assessed need of residents. Staff had not received training in wound care, falls management, nutrition, dysphagia and epilepsy training to provide care to residents. The person in charge told inspectors that she had endeavoured to send some staff on inservice training as it arose, and evidence of this was noted in the area of parkinsons disease management, however she informed inspectors that there was no training budget allocated to plan and meet training needs.

Judgment:

Non Compliant - Major

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:

Linda Moore
Inspector of Social Services

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Caritas Convalescent Centre
Centre ID:	OSV-0000020
Date of inspection:	02/12/2014
Date of response:	16/01/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not contain all of the information as required by the Regulations.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of purpose will be updated to include the specific care needs that the centre aims to meet along with the facilities provided. The updated statement will also include the Age range, Sex of patient, Complaints Policy, along with the Fire Precautions and Procedures.

The updated Statement of Purpose will be made available to all on request from the 31.01.2015

Proposed Timescale: 31/01/2015

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:

The designated centre did not have all of the written operational policies as required by Schedule 5 of the Regulations.

Action Required:

Under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 you are required to: Provide all documentation prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009

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

Priority will be given to review and development of policies on Trust in Care, the Protection of Older People, Medication Management, Wound Care.

60% of staff will be trained in Wound Care by the end of 31/03/ with all relevant remaining staff being trained by the end of 30/06/ 2015 (B).

The HSE's Dedicated Officer for the Protection of Older People (POP) in Dublin/Mid Leinster will carry out a train the trainer session with five key staff in March 2015. Roll out of TIC and POP training will then be completed with all staff (C).

All relevant staff will have completed training on Medication Management via the HSE's training platform HSE Land (D).

The Nutrition Policy will be launched by the 31.01.2015 and all relevant staff will be trained on the Nutrition Policy (E).

All other Schedule 5 policies will be reviewed and issued. Training will also be provided to all relevant staff on these policies (F).

Staff will also be required to attend training on an overview of Risk Assessments and clinical incidents which will be carried out by the end of 31/03/ 2015 (G).
An expert assessment of risk strategy is to be carried out on 23.01.2015 and a programme of risk education and policy will be completed (H).

Proposed Timescale:

- (A) –31/03/ 2015
- (B) - 30/06/ 2015
- (C) - 30/06/ 2015
- (D) - 30/06/ 2015
- (E) - 31/03/ 2015
- (F) – 30/06/ 2015.
- (G) - 31/03/ 2015
- (H) - 30/06/ 2015

Proposed Timescale: 30/06/2015

Theme:

Governance, Leadership and Management

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

Inspectors found that the management systems in place did not ensure that services provided are safe, appropriate to residents needs, consistent and effectively monitored.

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:

A review of the organisational structure will clarify the management system in place ensuring services provided are safe and appropriate to resident's needs and how they are consistently and effectively monitored (A).

The operational Nurse lead deputises for the person in charge (PIC) (B). The statement of purpose will be updated to reflect these arrangements for the management of the centre when the PIC is absent. A roster will also be developed to record the person on call when the PIC is not on site and how staff may contact them (C).

Proposed Timescale:

- (A) - 31/03/ 2015.
- (B) - 01/1/2015
- (C) - 31.01.2015

Proposed Timescale: 31/03/2015

Theme:

Governance, Leadership and Management

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

There were no clear lines of accountability for decision making and responsibility for the delivery of services to residents.

Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The organisational structure will be reviewed (A) and the job descriptions of nursing staff and care assistants will be updated, clarifying the lines of authority and accountability (B).

Client care and safety is discussed at daily handovers and any issues identified are referred to the appropriate clinical professional (C). Clinical meetings will take place monthly between the PIC and the Clinical Nurse Managers, records of which will be minuted (D).

Staff will be educated on the revised organisational structure, clarifying lines of authority and responsibility in their 6 weekly meetings with the PIC and the operational nursing lead/CNM2 (E).

Proposed Timescale:

(A) - 31/03/ 2015.

(B) - 31/03/ 2015

(C) – on going

(D) - Commencing on the 16th January 2015.

(E) - 30/06/2015

Proposed Timescale: 30/06/2015

Outcome 03: Information for residents**Theme:**

Governance, Leadership and Management

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

The residents guide did not include the procedure respecting complaints.

Action Required:

Under Regulation 20(2)(c) you are required to: Prepare a guide in respect of the designated centre which includes the procedure respecting complaints.

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

Patient Information Booklet will be updated to include Complaints Procedure.

Proposed Timescale: 01/01/2015

Theme:

Governance, Leadership and Management

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

Residents did not have a contract of care.

Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

Contract of Care is under review and the updated version will be available to sign with patients once finalised.

Proposed Timescale: 31/01/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The directory of residents did not include all aspects of the Regulations.

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

This has been amended to include details of absence from Centre if transferred to hospital.

Proposed Timescale: 31/01/2015

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Residents records were not completed in line with schedule 3 of the Regulations.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Patient's records will be updated in line with Schedule 3 of the Regulations (A).

60% of staff will be trained in Wound Care by the end of 31/03/ with all relevant remaining staff being trained by the end of 30/06/ 2015 (B).

All staff will be trained on the Trust in Care (TIC) Policy.

The HSE's Dedicated Officer for the Protection of Older People (POP) in Dublin/Mid Leinster will carry out a train the trainer session with five key staff in March 2015. Roll out of TIC and POP training will then be completed with all staff (C).

All relevant staff will have completed training on Medication Management via the HSE's training platform HSE Land (D).

The Nutrition Policy will be launched by the 31.01.2015 and all relevant staff will be trained on the Nutrition Policy (E).

All other Schedule 5 policies will be reviewed and issued. Training will also be provided to all relevant staff on these policies (F).

Staff will also be required to attend training on an overview of Risk Assessments and clinical incidents which will be carried out by the end of 31/03/ 2015 (G).

An expert assessment of risk strategy is to be carried out on 23.01.2015 and a programme of risk education and policy will be completed (H).

Revised care plans will be implemented (I).

Proposed Timescale:

(A) – 31/03/ 2015

(B) – 30/06/ 2015

(C) - 30/06/ 2015

(D) - 30/06/ 2015

(E) - 31/03/ 2015

(F) – 30/06/ 2015

(G) - 31/03/ 2015

(H) - 31/03/ 2015

(I) - 30/06/ 2015

Proposed Timescale: 30/06/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

All staff had not received training on identifying and responding to allegations of elder abuse.

Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Policies will be issued on the Protection of Older people and on Trust in Care (A).

Training will be provided on the Trust in Care policy and the Protection of Older People every three years and records of same will be retained by the PIC (B). New staff will receive training on these areas at induction.

A policy on Restraint will be issued (C).

Proposed Timescale:

(A) – 31/03/ 2015

(B) - 30/06/ 2015

(C) - 31/03/ 2015

Proposed Timescale: 30/06/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk management policy did not meet any of the requirements of Regulation 26.

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 training will be completed with all staff by the end of 31/03/ in 2015 Staff will be educated on risk assessments and clinical incidents in 31/03/ 2015 (A).

Manual handling training will be completed with all available staff by the end of 31/03/ 2015 (B).

An expert assessment of risk strategy will be carried out on 23.01.2015 (C).

A programme of risk education and policy will be completed by the end of 30/06/ 2015 (D).

Smoking risk assessment will be carried out on all patients who wish to smoke and care plan devised if risk has been identified and a smoking policy will be put in place (E).

The revised Health and Safety Policy will now include a clinical element to review any potential risks in the Centre (F).

Renewed terms of reference will be reviewed and agreed by the Health & Safety committee by the end of 30/06/ 2015, incorporating risk review at committee meetings (G).

Proposed Timescale:

(A)– 31/03/ 2015

(B)– 31/03/ 2015

(C) - 23/01/2015

(D) - 30/06/ 2015

(E) - 30/06/ 2015

(F) - 30/06/ 2015

(G) - 30/06/ 2015

Proposed Timescale: 30/06/2015

Theme:

Safe care and support

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

All staff on duty had not been provided with fire training.

Action Required:

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

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

Fire Training has been completed with 84% of staff and Fire training has been arranged

for 03.02.2015 for remaining staff (A).

In addition three members of staff will receive further training to facilitate new staff on induction, to oversee fire drills and they will act as Fire Marshals (B).

All staff training records are now kept in a central register held by Administration (C)

Proposed Timescale:

(A) – 03.02.2015

(B) - 31/03/ 2015

(C) - 12/1/2015

Proposed Timescale: 31/03/2015

Theme:

Safe care and support

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

There were no records of fire drills.

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 will be held regularly and records will be kept in a central register held by Administration.

Proposed Timescale: 31/03/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

Medications were observed on resident's lockers and unsecured in open wardrobes.

Action Required:

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

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

This was an isolated incident and staff have been advised to ensure that this does not

recur.

Proposed Timescale: 04/12/2014

Theme:

Safe care and support

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

Medication was administered without it being prescribed for the individual resident.

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:

All medication including creams will be prescribed and a record kept on patients Kardex.

Complete review undertaken – new medication policy has been drawn up and staff education and dissemination will take place during January 15.

We will ensure that all staff have completed their Medication Management on Line through HSELand learning and ensure certificate are kept in each staff members personnel file and are updated on a yearly basis.

The external Pharmacist has agreed to give education sessions on a needs basis

Proposed Timescale: 31/01/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

A comprehensive assessment of residents health, personal and social care needs was not completed on admission.

Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

Care plans: Revised care plans are being devised based on our nursing model, using a person centred approach (A). This will require staff education (B) on assessment and documentation, to include risk assessment, such as falls, MUST scoring.

Pressure Area Care Policy and Wound Care Policy also being revised and will be reflected in Care Plans (C).

Care plans based on admission assessments will be prepared no later than 48 hours after the resident's admission to the designated centre by the end of 30/06/. Patients will be involved in new Care Plan and will asked to sign same to acknowledge that it has been discussed with them. Discharge plan will also be included in care planning (D).

Proposed Timescale:

(A) –30/06/ 2015

(B) –30/06/ 2015

(C) –30/06/ 2015

(D) –30/06/ 2015

Proposed Timescale: 30/06/2015

Theme:

Effective care and support

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

Care plans were not based on an assessment as referred to in the Regulations. Many residents did not have care plans to meet their needs.

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:

Revised Care plans based on admission assessments will be prepared no later than 48 hours after the resident's admission to the designated centre.

Proposed Timescale: 30/06/2015

Theme:

Effective care and support

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

A high standard of evidenced based nursing care was not delivered in the areas of falls, wound care and nutrition.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Policies on wound care and nutrition will be implemented by the end of 31/03/ 2015 (A) and staff will be educated on the policies by the end of 30/06/ 2015(B).

Policy on falls prevention will be issued by the 31.01.2015 (C).

Staff will attend Education session on the Falls prevention policy (D).

Dietician will be sourced to give education sessions on MUST screening and other nutritional requirements for patients (E).

Proposed Timescale:

(A) –31/03/ 2015.

(B) -30/06/ 2015

(C) - 31.01.2015

(D) - 30/06/ 2015

(E) - 30/06/ 2015

Proposed Timescale: 30/06/2015

Theme:

Effective care and support

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

Inspectors observed poor practice in the administration of medications.

Eye drops were administered by untrained staff.

There were insufficient records that staff had received updates in medication management and this was confirmed by staff.

Out of date medication was observed on the resuscitation trolley.

Telephone orders and the process of transcribing were not in accordance with professional guidelines and evidence based practice.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident,

including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

An external pharmacist has been engaged to review the administration of medication at the centre. The pharmacist will audit current practice on Medication Management (A) and follow up on the outcome of this review.

Eye drops now only administrated by RGNs (B).

Resuscitation trolley to be checked monthly to ensure all medication is in date (C).

Telephone orders in revised Medication policy is in line with An Bord Altranais policy on medication management (D).

Proposed Timescale:

(A) – 31.01.2015

(B) – 04/12/2014

(C) – 02/01/2015

(D) – 04/12/2014

Proposed Timescale: 31/01/2015

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 complaint's policy did not fully meet the requirements of the Regulations. It did not include the complaints officer and the nominated person as per regulation 34.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

Policy will be amended to include the Named Persons and made available in prominent position at Reception.

Proposed Timescale: 02/01/2015

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:

Residents were not provided with equal choice at meal times.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

Equal choice will be provided to all patients.

Proposed Timescale: 31/01/2015

Outcome 16: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

Not all residents were provided with opportunities to participate in activities in accordance with their interests and capacities.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Due to the short nature of our service i.e 11 days on average, patients interest and capacities are catered for as much as possible by facilitating them with a library for reading, two large screen tv's for viewing in comfortably day room and a piano for any patient who cares to play same.

We also encourage patients to join in festive celebrations.

Residents are now updated on the activities provided to patients in accordance with their interests and capabilities. This is addressed on an information notice outside the dining room and has been included in the patient information booklet.

Proposed Timescale: 01/01/2015

Theme:

Person-centred care and support

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

There were restrictions placed on visiting times.

Action Required:

Under Regulation 11(2)(a) you are required to: Ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident, or the resident concerned has requested the restriction of visits.

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

The PIC deems it necessary to restrict visiting hours to allow patients to gain rest and recuperation. However the PIC acknowledges every patient has different needs and these may be discussed and arrangements made for visiting at any time

Proposed Timescale: On-going

Proposed Timescale:

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The staffing levels and skill mix did not meet the assessed needs of residents, the complexity of the service and the layout.

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:

A review of the organisational structure, staffing numbers and skill mix is being carried out and will be completed by the end of 31/03/ 2015. Based on the outcome of this review action will be taken.

Proposed Timescale: 31/03/2015

Theme:

Workforce

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

Staff did not have access to appropriate training including refresher training in order to

meet the assessed need of residents.

Care staff performed roles outside their scope of practice with out sufficient training.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Eye drops are no longer instilled by Health Care Assistants (A).

All training needs are being reviewed (B).

Performance reviews take place annually. The template will be amended to establish training needs of staff during this annual review.

Proposed Timescale:

(A) – 04/12/2014

(B) - 31/03/ 2015

(C) - 30/06/ 2015

Proposed Timescale: 30/06/2015

Theme:

Workforce

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

Staff were not aware of the Act and any regulations made under it.

Action Required:

Under Regulation 16(1)(c) you are required to: Ensure that staff are informed of the Act and any regulations made under it.

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

A copy of the Act was brought to the attention of staff.

Proposed Timescale: 04/12/2014

