

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Milford Nursing Home
Centre ID:	OSV-0000418
Centre address:	Plassey Park Road, Castletroy, Limerick.
Telephone number:	061 485 800
Email address:	info@milfordcarecentre.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Milford Care Centre
Provider Nominee:	Pat Quinlan
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	6

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 26 January 2016 09:00 To: 26 January 2016 17:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of a monitoring inspection, which took place to monitor ongoing regulatory compliance. This inspection was unannounced and took place on one day. As part of the inspection the inspector met with residents, the person in charge, staff and provider nominee. The inspector observed practices and reviewed documentation such as care plans, medical records, health and safety records, incident logs, policies and procedures and staff files.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood, however, the inspector noted that there was poor oversight of nursing documentation. The inspector found that residents' had access to appropriate medical and allied health-care services, however, many inconsistencies were noted in the nursing documentation and documentation was not always up to date. This is discussed further under Outcomes 2, 7 and 11.

The inspector observed sufficient staffing and skill mix on duty during the day time but had some concerns regarding the staffing levels in the early night time. This is discussed further under Outcome 18 Staffing.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

The collective feedback from residents was one of satisfaction with the service and care provided.

The centre was purpose built, well maintained and nicely decorated. The building was warm, clean and comfortable throughout, infection control practices were robust.

The inspector noted that other improvements were required to meet the Regulations in terms of reviewing the quality and safety of care, implementation of policies, medication management, notification of incidents and staff training,

There were 12 non compliances to be addressed including 10 moderate non compliances, these areas for improvement are contained in the Action Plan at the end of this report.

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

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood, however, the inspector noted that there was poor oversight of nursing documentation by nursing management, there was no evidence that nursing documentation including assessments and care plans were kept under formal review and many inconsistencies were noted in the documentation.

There was a full time person in charge with the appropriate experience and qualifications for the role. Suitable governance arrangements were in place in the absence of the person in charge. The deputy director of nursing deputised in the absence of the person in charge. There was always a clinical nurse manager on duty to supervise the delivery of care. There was an on call out of hours system in place. Supports were in place to assist the person in charge, these included a deputy director of nursing, risk management and safety officer and a clinical nurse specialist in infection control. The management team were in regular contact.

Systems were in place to monitor the quality of care and experience of the residents. The inspector reviewed a sample of recent audits including medication management, hand hygiene and the evaluation of staff dementia education on patient care. While there was a planned schedule of audits, some audits had not recently taken place such as the review of incidents and falls.

The system of review included consultation with and seeking feedback from residents and their representatives. A "comment card" was prominently available in the main reception area and regular resident committee meetings were held. The inspector reviewed the minutes of recent meetings, the person in charge confirmed that issues raised by residents such as banging doors had been addressed.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She was employed in the centre since 2003.

The person in charge was actively engaged in the governance of the service and accepted responsibility and accountability for its governance, operational management and administration. Suitable governance arrangements were in place in the absence of the person in charge.

The person in charge continued to update and maintain her clinical knowledge and had recently completed education on the management and treatment of Parkinson's disease. She had attended the HIQA information day on thematic inspections and the All Ireland Gerontological Nursing Association conference.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The policy on behaviours that challenged outlined guidance and directions to staff on assessment, monitoring, care planning and strategies for dealing with behaviours that challenged. The inspector reviewed the file of a resident who presented with behaviours that challenged and noted that there was no evidence that this policy was implemented in practice. This is discussed further under Outcome 7 Safeguarding and safety.

There was no centre specific procedure for prescribing, administration and review of PRN (as required) medication.

The practice of transcription was not in line with the centres own specific policy and guidance issued by An Bord Altranais agus Cnáimhseachais for all prescriptions seen. This is discussed further under Outcome 9 Medication management.

Judgment:

Non Compliant - Moderate

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused, however, improvements were required to the documentation to support the management of behaviours that challenged and restraint.

There were policies on identifying and responding to allegations or suspicions of abuse. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area. Training records reviewed indicated that most staff had received training. Training for staff who had not yet received training was scheduled for 17 February 2016.

The inspector reviewed the policies on the management of challenging behaviour and working towards a restraint free environment. The policy on behaviours that challenged outlined guidance and directions to staff on assessment, monitoring, care planning and

strategies for dealing with behaviours that challenged. The inspector reviewed the file of a resident who presented with behaviours that challenged and noted that this policy was not implemented in practice. There was no documented assessment, no documented log of episodes and no documented care plan outlining strategies and guidance for staff. While staff spoken with were knowledgeable regarding this residents likes/dislikes and could outline strategies that helped calm a situation, these were not reflected in the nursing documentation.

Nursing staff spoken with were unclear regarding the definition of restraint as outlined in the national policy 'Towards a restraint free environment'. They were unclear as to the exact number of residents using bedrails at the time of inspection. They stated that most residents using bedrails were using them as enablers and some residents had requested them. The inspector reviewed the files of some residents using bedrails and noted that risk assessments in use were not in line with national policy. There was no evidence that alternatives had been tried or considered or of the risks involved in using the restraint. There was no evidence of multidisciplinary input into the decision to use the restraint measure and there was no clear rationale documented for its use. There were no care plans in place to guide staff on the use of bedrails.

Staff spoken with and training records reviewed indicated that all staff had received training on dementia care during 2015.

Judgment:

Non Compliant - Moderate

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

Theme:

Safe care and support

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

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

Findings:

The provider had systems in place to protect the health and safety of residents, visitors and staff.

There was a health and safety statement dated January 2016. The inspector reviewed the risk register and found that it had been regularly reviewed and updated following the last inspection. All risks specifically mentioned in the Regulations were included.

The inspectors noted that the emergency plan had been updated following the last inspection to include guidance in the event of evacuation of the centre.

Training records reviewed indicated that most staff members had received up-to-date training in moving and handling. Further training was scheduled for 27 January and 9 February 2016. The person in charge told the inspector that recently recruited staff were scheduled to attend.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in June 2015 and the fire alarm was serviced on a quarterly basis. The last fire alarm service took place on 8 December 2015. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. Staff spoken with stated that they had received fire safety training and were confident in knowing what to do in the event of fire. Training records reviewed indicated that training was out of date for some staff. The person in charge advised that training was scheduled for those staff on 17 February 2016. Records reviewed indicated that fire drills took place regularly, the last drill took place in November 2015.

The inspector noted that infection control practices were robust. There were comprehensive infection control policies in place guiding practice in infection prevention and control. Hand sanitising dispensing units were located at the front entrance and throughout the building. All staff had received training in infection control and hand washing techniques. Recent audits reviewed by the inspector indicated good compliance.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
The inspector noted that while policies and procedures for medication management were generally in place, some improvements were required particularly in relation to updating policies, transcribing, administration and training.

The inspector reviewed some medication management policies which were found to be comprehensive, and gave detailed, clear guidance on areas such as administration, prescribing, storage, disposal, crushing, transcribing, medications requiring strict controls and medication errors. However, there was no centre specific procedure for prescribing, administration and review of PRN (as required) medication.

The inspector spoke with nurses on duty regarding medication management issues. The nurses demonstrated their competence and knowledge when outlining procedures and practices on medication management.

The inspector reviewed a sample of medication prescribing and administration sheets. The practice of transcription was not in line with the centre-specific policy and guidance issued by An Bord Altranais agus Cnáimhseachais. Transcribed prescriptions were not always signed by a second nurse who independently checked the prescriptions.

It was not always clear that medicines were administered as prescribed in accordance with the prescription. For example, the maximum dose for some 'as required' medicines was not specified by the prescriber and there was no record that this had been clarified with the prescriber by nursing staff prior to administration.

Medication administration sheets identified the medicines on the prescription sheet and allowed space to record comments on withholding or refusing medications. Gaps were noted in the medication administration records where the record was left blank with no reason documented. Nursing staff were unable to clarify if these medications had been administered or not.

Nursing staff confirmed that residents medications were regularly reviewed by their general practitioner (GP), however, systems were not in place to ensure that evidence of review was always recorded.

Medications requiring strict controls were appropriately stored and managed. The inspector saw that these were stored in a locked cupboard in the clinical room. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for recording of medication errors and the ordering, receipt and return of medications to the pharmacy, nursing staff were familiar with them.

Regular medication management audits were carried out in house. The most recent audit was completed in November 2015 which indicated 91.4% compliance. The issue of nursing staff not signing some medication administration charts had been highlighted. Nursing staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice.

Nursing staff told the inspector that they had good links with the local pharmacist. The pharmacist visited the centre weekly and was available to speak with residents and staff. The pharmacist also attended the six weekly medication management meetings held in the centre. The pharmacist provided training and information to nursing staff, recent information sessions included crushed medications, anti depressant medication updates, Parkinsons disease and dementia medications.

Nursing staff spoken with advised the inspector that they had not completed any recent formal medication management training updates.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that records of all incidents occurring in the centre were maintained, however, some incidents as required were not notified to the Chief Inspector.

The inspector reviewed some of the incident report forms and noted that detailed records were maintained. Recent incidents involving residents absconding from the centre had not been notified to the chief Inspector.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

The inspector found that residents' had access to appropriate medical and allied health-care services, however, many inconsistencies were noted in the nursing documentation and documentation was not always up to date.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GP s reviewed residents on a regular basis.

A full range of other services were available. Physiotherapy and occupational therapy (OT) were available in house. Speech and language therapy (SALT), dietetic services and psychiatry of later life were also available. Chiropody, dental and optical services were provided. The centre had links with the palliative care team, tissue viability nurse, Parkinson's and Stoma care nurses who were available for advice and support. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents who were at high risk of falls, some of whom had recently fallen, presenting with challenging behaviour, advanced dementia, bedrails in place and with swallowing difficulties. Nursing staff told the inspector that there were no residents with wounds at the time of inspection. See Outcome 7 in relation to restraint and management of challenging behaviour.

While nursing staff spoken with were able to describe residents current needs and the care delivered, nursing documentation was not always up to date and did not always provide evidence to reflect the current needs and the care described. The inspector noted many inconsistencies in the nursing documentation.

- Nursing assessments were not all up to date.
- Risk assessments were not always up to date.
- Some risk assessments were not dated.
- Care plans not always reviewed and updated in accordance with residents changing needs.
- Care plans were not in place for some identified issues such as challenging behaviour and bedrails.
- Falls risk assessments and care plans were not updated post falls.
- Individual falls record logs were not updated following recent falls.
- Risk assessments and care plans had not been updated following recent resident absconsions.

The inspector was satisfied that weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool, assessments were found to be up to date. All residents were weighed monthly. However, a resident with dysphasia had not been recently assessed by the SALT the last review recorded was in 2013. The care plan relating to this issue had not been recently reviewed or updated.

The inspector reviewed the file of a resident with dementia and noted that risk assessments and care plans in place were generally up to date. The care plans which included guidance on communication, maintaining a safe environment, nutrition and recreation/ social interaction were informative and person centered. The resident had recently been reviewed by the dietician and recommendations were reflected in the care

plans. However, the care plan relating to maintaining a safe environment was not updated following the residents recent absconson.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was purpose built, well maintained and nicely decorated. The building was warm, clean and comfortable throughout.

The design of the building was suitable for its purpose. The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs.

There was a variety of communal day spaces including day room, conservatory, dining room, smoking room and chapel. The communal areas had a variety of comfortable furnishings and were domestic in nature. Residents had further access to a smaller communal room, a spacious foyer with seating, a coffee dock and they could also access and utilise the public canteen if they so wished.

Bedroom accommodation met residents' needs for comfort and privacy. Bedroom accommodation for residents was provided in 25 single rooms, three twin-bedded rooms and four four-bedded rooms, all with assisted shower, toilet and wash-hand basin en suite facilities. Bedrooms were laid out in two wings and an additional bathroom with toilet, wash-hand basin and assisted Jacuzzi bath was provided on each wing; an assisted toilet was accessed directly from the main communal room. There was a nurse call-bell system in place.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Some residents spoken to stated that they liked their bedrooms.

Adequate provision was made for administration/office facilities that facilitated management and staff in the performance of their duties.

Designated overnight facilities including sleeping, sanitary and catering facilities were available for families.

The centre is located on a large private site with well maintained external grounds, walkways, seating and ample car-parking. Residents also had access to a landscaped, spacious, secure enclosed courtyard that was directly accessed from the building including ramped access with hand rails from the main communal areas.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, there was an adequate ratio of staff to residents on duty during the daytime, however, the inspector had some concerns regarding staffing levels in the early night time. On the day of inspection there were four nurses and ten care assistants on duty during the morning time; four nurses and four care assistants on duty in the afternoon and evening time from 14.00 to 20.00 and two nurses and two care assistants on duty at night time 20.00 to 08.00. There was always an additional CNM on duty and the person in charge was also on duty during the day time. Staff rotas reviewed by the inspectors indicated that these were the usual arrangements.

There were 26 residents assessed as being of maximum and 12 residents assessed as high dependency at the time of inspection. The inspector had some concerns regarding staffing levels in the early night time given that two night duty nurses were involved in administering the medication rounds. At this time there were two care assistants on duty to assist residents who may wish to go to bed, some who required the assistance of two staff while other residents required supervision in the day areas during this time period.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy based on the requirements of the Regulations. The inspector reviewed a sample of staff files and found that they were compliant with the requirements of the Regulations. Since the last inspection, certified photographic identification was now being maintained on staff files for all recently recruited employees as well as electronic photographs that were held previously.

The management team were committed to providing ongoing training to staff. Training records indicated that staff had attended recent training in dementia care, infection control, incontinence products, ethics in palliative care, use and care of hearing aids, nutritional assessment and thickening of fluids.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary Costelloe
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:	Milford Nursing Home
Centre ID:	OSV-0000418
Date of inspection:	26/01/2016
Date of response:	08/03/2016

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was poor oversight of nursing documentation by nursing management, there was no evidence that nursing documentation including assessments and care plans were kept under formal review.

Some audits had not recently taken place such as the review of incidents and falls.

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

1. Action Required:

Under Regulation 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) An audit of nursing documentation relating to all resident's charts has been undertaken. This included an audit of initial assessment, completion of risk assessments, care plan development and review. Completed

(b) The learning from this audit will be imparted to and discussed with all staff. Education sessions on care planning and assessment will be provided. Attendance shall be mandatory for all nursing staff. A quality improvement plan shall be developed for areas for improvement identified. By the 31st October 2016

(c) A feasibility study with regard to the use of a patient documentation system will be conducted. By the 30th April 2016

(d) A falls and learning from incidents audit will be conducted. Findings will be disseminated to staff and a quality improvement plan shall be developed for identified areas for improvement. By the 30th June 2016

Proposed Timescale: 31/10/2016

Outcome 05: Documentation to be kept at a designated centre**Theme:**

Governance, Leadership and Management

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

The policy on behaviours that challenged was not implemented in practice.

2. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

- A review of the development and review of Care Plans with regard to behaviours that challenge is included in the Audit Referenced in Outcome 02.

- Findings will be disseminated to staff and a quality improvement plan shall be developed for areas for improvement identified.

Proposed Timescale: 31/03/2016

Theme:

Governance, Leadership and Management

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

There was no centre specific procedure for prescribing, administration and review of PRN (as required) medication.

The practice of transcription was not in line with the centres own specific policy.

3. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

(a)The medication policy has been reviewed to include and expand the PRN section. Completed on March 1st 2016

(b)Refresher training with regard to medication administration and documentation including required transcription practices will be scheduled for all staff. By the 30th September 2016

(c)The drug kardex has been amended to facilitate increased notations regarding PRN medication. By the 30th April 2016

Proposed Timescale: 30/09/2016

Outcome 07: Safeguarding and Safety**Theme:**

Safe care and support

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

Nursing staff spoken with were unclear regarding the definition of restraint as outlined in the national policy 'towards a restraint free environment'. They were unclear as to the exact number of residents using bedrails at the time of inspection. They stated that most residents using bedrails were using them as enablers and some residents had requested them. The inspector reviewed the files of some residents using bedrails and noted that risk assessments in use were not in line with national policy. There was no evidence that alternatives had been tried or considered or of the risks involved in using the restraint. There was no evidence of multidisciplinary input into the decision to use the restraint measure and there was no clear rationale documented for its use. There were no care plans in place to guide staff on the use of bedrails.

4. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

- All residents using bed rails will have a revised risk assessment completed.
- Education sessions on the use of bed rails including the required risk assessment forms will be held.
- There will be a revision of all documentation relating to bed rails and restraint
- An audit of restraint and use of bed rails will be conducted. A quality improvement plan shall be developed for areas for improvement identified.
- A bed rail policy will be introduced and staff will be educated on the policy.

Proposed Timescale: 30/04/2016

Theme:

Safe care and support

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

The inspector reviewed the file of a resident who presented with behaviours that challenged. There was no documented assessment, no documented log of episodes and no documented care plan outlining strategies and guidance for staff.

5. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

(a)An audit of all nursing documentation has been undertaken to include an audit of initial assessment, completion of risk assessments, care plan development and review. This audit will include review of assessments, logs and care plans of residents with behaviours that challenge. Completed

(b)The learning from this audit will be imparted to and discussed with all staff. Education sessions on care planning and assessment will be provided. Attendance shall be mandatory for all nursing staff. By the 31st October 2016

Proposed Timescale: 31/10/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

Gaps were noted in the medication administration records where the record was left blank with no reason documented. Nursing staff were unable to clarify if these medications had been administered or not.

6. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

- (a) A further audit of medication administration will be conducted. By 1st April 2016
 (b) Any areas of improvement identified will be actioned through a quality improvement plan and additional training provided as required to all individuals identified through audit as needing same. By the 31st of May 2016

Proposed Timescale: 31/05/2016

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Recent incidents involving residents absconding from the centre had not been notified to the chief Inspector.

7. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

- All incidents involving residents who exit the centre without informing staff will be notified to the Chief Inspector by the person in charge on an ongoing basis

Proposed Timescale: Immediate / Ongoing action

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:

The inspector noted many inconsistencies in the nursing documentation.

- Nursing assessments were not all up to date.
- Risk assessments were not always up to date.
- Some risk assessments were not dated.
- Care plans not always reviewed and updated in accordance with residents changing

needs.

- Falls risk assessments and care plans not updated post falls.
- Individual falls record logs were not updated following recent falls.
- Risk assessments and care plans had not been updated following recent resident absconsions.

8. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

(a)An audit of all nursing documentation has been undertaken to include an audit of initial assessment, completion of risk assessments, care plan development and review.

Completed

(b)The learning from this audit will be imparted to and discussed with all staff. A quality improvement plan shall be developed for areas of improvement identified. Education sessions on care planning and assessment will be provided. Attendance shall be mandatory for all nursing staff. By the 31st October 2016

Proposed Timescale: 31/10/2016

Theme:

Effective care and support

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

A resident with dysphasia had not been recently assessed by the SALT, the last review recorded was in 2013. The care plan relating to this issue had not been recently reviewed or updated.

9. 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:

- The resident with dysphasia has been re-assessed by a speech and language therapist and a dietician and the care plan has been updated.

Proposed Timescale: 08/03/2016

Theme:

Effective care and support

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

Nursing staff confirmed that residents medications were regularly reviewed by their general practitioner (GP), however, systems were not in place to ensure that evidence of review was always recorded.

The practice of transcription was not in line with guidance issued by An Bord Altranais agus Cnáimhseachais for all prescriptions seen. Transcribed prescriptions were not always signed by a second nurse who independently checked the prescriptions.

10. 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:

(a) The existing area in the resident's charts for documentation of medical review by GP's will be highlighted to GP's. Ongoing

(b) Staff identified through audit as requiring additional training/education in respect of the required transcription practices will be supported in same. By the 31st May 2016

(c) All staff will be required to attend further medication management workshops. By the 30th September 2016

Proposed Timescale: 30/09/2016

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

There were 26 residents assessed as being of maximum and 12 residents assessed as high dependency at the time of inspection. The inspector had some concerns regarding staffing levels in the early night time given that two night duty nurses were involved in administering the medication rounds. At this time there were only two care assistants on duty to assist residents who may wish to go to bed, some who required the assistance of two staff while other residents required supervision in the day areas during this time period

11. 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:

- Staffing levels at Care Assistant level are being reviewed in order to address the issue.

Proposed Timescale: 31/08/2016

Theme:

Workforce

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

Nursing staff spoken with advised the inspector that they had not completed any recent formal medication management training updates.

12. 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:

- All relevant staff will be required to attend either an online or classroom based session on medication management.

Proposed Timescale: 31/12/2016