

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Mhic Shuibhne
Centre ID:	OSV-0000312
Centre address:	Mullinasole, Laghey, Donegal.
Telephone number:	074 973 4810
Email address:	aras@drumhill.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Drumhill Inn Limited
Provider Nominee:	Edel Clinton
Lead inspector:	Geraldine Jolley
Support inspector(s):	Mary McCann
Type of inspection	Unannounced
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 November 2015 12:30	02 November 2015 19:30
03 November 2015 10:00	03 November 2015 14:00

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

Outcome	Our Judgment
Outcome 04: Records and documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 01: Health and Social Care Needs	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 04: Complaints procedures	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Statement of Purpose	Substantially Compliant
Outcome 10: Suitable Person in Charge	Compliant

Summary of findings from this inspection

This was an unannounced inspection conducted to determine the standard of care and quality of live for people with dementia living in the centre. The inspectors focused on six outcomes that had direct impact on dementia care and followed up on a number of outcomes from the last inspection which took place in October 2014. Prior to the inspection the provider and person in charge had completed a self-assessment document and had submitted this to Hiqa with relevant policies that included those for the admission of residents and for managing challenging behaviour. The inspectors reviewed these documents prior to the inspection.

This centre has a designated dementia care unit that can accommodate fourteen residents. This area had a number of dementia friendly design features that included space for residents to walk around freely, good lighting, interesting features on the corridor that included a mural of the main street in Donegal to provide interest for

residents as they walked by, and “memory boxes” with items relevant to residents on room doors to enable them to find their rooms. The main part of the building also had features that contributed positively to dementia care practice. Hallways were wide and unobstructed, there was good contrast in the colours used for floors, walls and handrails. Communal areas were easy to locate. En-suites in bedrooms were visible from beds to prompt residents to use these facilities.

There were 47 residents in the centre on the day of inspection and there was one vacancy. Thirteen residents were accommodated in the dementia care unit and all residents here had been assessed by their general practitioners or a psychiatrist as having dementia or some level of confusion. In total twenty three residents had a diagnosis of dementia and a further six had been assessed by nursing staff as having some levels of confusion or dementia type symptoms. One resident was under 65. Thirty one residents were assessed as having maximum or high care needs, fifteen were assessed as having medium dependency and two residents had low level needs.

Inspectors found that staff knew residents well, were familiar with their care needs, routines, patterns of behaviour and engaged with them positively and regularly throughout the inspection days. There were procedures in place to assess residents' support needs and vulnerability to risks such as falls, distress caused by disorientation or constant activity. The inspectors used an observational tool to assess the experience of residents during the day. While there were indicators that residents had a person-centred service with positive and regular interactions from staff and their healthcare needs were met, there were a number of areas where improvements to dementia care practice were required. The inspectors found that the provision of interesting and stimulating social care that engaged residents required development. While there was a range of activity and good one to one interaction between staff and residents activities were not scheduled consistently to ensure all residents could be engaged in meaningful stimulating activity appropriate to their wide ranging needs. There was scope for improvement in how the information recorded in “Key to Me” documents that described residents' backgrounds and interests could be used to develop the activity schedule. There was secure garden space outside the dementia unit and while this had some interesting features it could not be accessed independently as the ground was uneven. Efforts to address this in response to action plans outlined in inspection reports had improved the situation, but further development was needed to provide a creative, safe outdoor space that was stimulating for residents. Staff also required training to equip them with the appropriate knowledge to understand the range of dementia characteristics and to enable them to fully engage with residents who had dementia. While some staff had dementia awareness training and applied this well, there were no staff with advanced qualifications in dementia care. The inspectors acknowledge that a member of staff had commenced training on a particular social activity relevant to dementia but her work was at an early stage. Residents had choices in relation to all aspects of their life and their personal choices were respected by all staff. Overall residents with dementia received good physical and emotional care but social care required improvement.

Assessments of residents' ability to make day to day decisions about their care were

evident in some care records and staff were noted to promote independence in areas such as making choices about clothing and meals as well as promoting and prompting walking to maintain levels of mobility. In two instances there was information that residents had been involved in discussions about their end of life care and this was documented.

Staff confirmed that they had completed training in safeguarding and adult protection and they were fully aware of the provider's safeguarding and whistle-blowing policies and procedures. There was evidence within staff files that the provider had checked that nurses employed were appropriately registered; however some of the required Schedule 2 information had not been obtained for staff such as a full employment history and an explanation for gaps in employment.

The areas that were noted to require improvement in addition to those outlined above included more expedient medical assessment following admissions. In one instance a resident had not been assessed for six days following admission. Record keeping required more attention as some deletions were evident in written notes and information in assessments and care plans was not always consistent with the care being delivered. The inspectors saw records that described skin integrity described as "intact" when a pressure area problem was being addressed. These areas are discussed throughout this report and identified for attention in the action plan.

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 04: Records and documentation to be kept at a designated centre
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspectors found that overall there was a good standard of administration. However, some care records had not been updated to convey the changing needs of residents particularly where a pressure area problem was identified, and in one instance, information had been inappropriately deleted.

Judgment:

Non Compliant - Moderate

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that the wellbeing and welfare of residents with a diagnosis of dementia were being met but that improvements were required in the following areas:

- the arrangements surrounding admissions
- social care provision and
- care plan information.

There were 47 residents accommodated when the inspection took place. Twenty residents were assessed as maximum or high dependency, fifteen had medium dependency care needs and two had low level needs. The inspectors noted that the assessment tool focused predominantly on physical care needs and did not provide staff with an informed picture of dependency consequent to dementia. The inspectors found that a dependency assessment tool to help staff determine care needs and dependency in relation to dementia should be in use in addition to the current assessment tool. Residents that the inspectors talked to conveyed that they were satisfied that their care needs were being met and said they enjoyed living in the centre. There was evidence that residents and their families were involved in the compilation of care plans and their contributions were recorded. Residents had access to medical and allied healthcare professionals and to specialists that included consultant psychiatrists, geriatricians and other specialist staff. The inspectors were told that referrals were responded to promptly and saw details of referrals made, assessments completed and recommendations made in residents' files. There was evidence that all residents had their medical needs including their medications, reviewed on a frequent basis.

Residents had comprehensive nursing assessments completed on admission. Each need identified on assessment had a corresponding care plan in place reflecting the care required by the resident in order to meet that need. Assessments and care plans were updated regularly but some information recorded was at variance with the care currently provided. For example, a care record described a resident's skin integrity as intact when a pressure area problem had been identified and was receiving attention. Assessments that described dementia or confusion were noted to provide accurate information that reflected residents' cognitive condition, abilities and care needs. Care plans however did not always describe the care being delivered by staff to address the needs identified. For example, several residents were noted to require one to one care at varied times and staff ensured that they were available to support residents; however, this input and the outcomes for residents were not evident in the care plans examined. The inspectors noted that medical review sometimes did not take place for several days following admission. In some instances residents had not been assessed for six days and it was concluded that staff should review the admission procedures to ensure that they have an accurate up to date medical picture at the time of admission. The emotional distress displayed at times by residents was well understood by staff who said that they talked to residents, provided reassurance and involved them in an activity to alleviate their distress.

Staff provided end of life care to residents with the support of their general practitioner and the palliative care team when required. Some residents who had conveyed their end of life preferences had these recorded and an end of life care plan was in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected resident's wishes and choices for end of life care. Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file, together with nursing and medical transfer letters from the acute hospital back to the centre.

Residents' nutritional needs were met and the menu provided a varied choice of meals for residents. Inspectors saw that residents were given the choice as to where they

wanted to eat their meals, their choice was respected and facilitated by staff. Residents who required support at mealtimes were provided with timely assistance from staff. Inspectors saw this was provided in a calm and sensitive manner. Some residents with dementia had their meals with other residents and this arrangement did not present problems for any residents. Residents had a malnutrition risk screening tool (MUST) completed on admission and this was reviewed at three monthly intervals. They were routinely weighed and had their body mass index calculated on a frequent basis. Those with nutritional care needs had a nutritional care plan in place and those identified as at risk of malnutrition were referred to a dietician when nurses felt this input was required. Inspectors saw that residents' likes, dislikes and special diets were all recorded. These were known to nursing, care and catering staff.

Residents who had wound care problems had assessments in place that described the wound situation and a care plan to support recovery. One resident had a complex wound that had been notified to Hiqa. This was receiving attention from nursing and specialist staff in the acute hospital. Training for staff on the intervention in use was planned and wound care records were up to date. Gradual improvement was recorded.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse in the centre were in place. Residents told inspectors they felt safe and attributed this to staff being around to help them and not having to wait long for attention. There was a policy and procedures in place to guide staff in the prevention, detection and response to abuse. No allegation or incidents of abuse have been reported for this service.

Staff were well informed on adult protection matters and could outline the type of actions and omissions that constituted abuse. Carers and nurses interviewed said that they had completed refresher training on this topic. Administration staff managed monies on behalf of some residents, this process was not reviewed on this inspection as it was found to be in full compliance during the last inspection.

Residents with dementia who displayed responsive behaviours had a care and support plan in place to guide staff when supporting residents. Incidents of responsive behaviours were recorded and the inspectors saw that staff helped residents appropriately and sensitively during periods when they were restless or anxious. Referrals for specialist advice were made to allied health professionals including

members of the team for old age psychiatry when staff required additional advice and support to ensure appropriate care was delivered. Training on dementia care and associated behaviour patterns had been completed by several members of staff.

There was a low level of restraint use and the most used restraint was bedrails which were used for security. There was no restriction on residents' movements around the centre. This outcome was judged to be compliant in the self-assessment, inspectors judged it as compliant.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:

There was a process in place to ensure that residents were consulted regularly and this included consultation with residents who had dementia. The inspectors read records of the proceedings of the monthly residents' meetings for July, August, September and October 2015. It was evident that residents actively participated in the organisation of the centre and were facilitated to contribute their views on a range of topics such as events, activities, nutrition and changes that were considered such as the decoration of particular areas. There was good emphasis on keeping residents informed and consulting with them about the service and the activity choices available.

The care staff organised the activities and facilitated residents to take part. Additional specialist activity suitable for residents with dementia had recently been introduced and was proving to be of positive benefit to residents. The staff member responsible was completing training in this approach and said that she hoped to expand the number of sessions when her training was complete. There was evidence that some external outings were arranged, some residents had been on a trip to Lough Derg and there had also been a celebration of a wedding anniversary.

Residents' privacy and dignity were respected and the inspectors noted that residents could spend time alone in their rooms when they wished. They had choice in relation to how they lived and they had a choice of activities; however, the inspectors noted that within the dementia care unit the provision of activities could be more comprehensive and some communal areas in this unit would benefit from more dementia friendly features to ensure all residents here had high quality, evidence based care. For example, while the dining area was light and spacious there was a lack of features that identified it's purpose which could prompt residents to food and meal times when they entered the area. Residents could receive visitors in private but the area available was also in use as

a quiet space or prayer room, which restricted residents who may feel it is not appropriate to entertain visitors there. There was no restriction on visitors and the inspectors saw visitors coming and going at varied times throughout the days of the inspection.

Residents were treated with dignity and respect. Residents had a positive experience from staff contacts, were not isolated or left alone for long periods without contact. Residents appeared comfortable with staff, engaged with them and looked for them when they needed support. They were calm and relaxed in the presence of staff. The inspectors observed that staff including nurses, care staff, catering and household staff communicated slowly and clearly and treated residents with respect. They took time to communicate with residents and did so in a kind and patient manner. Staff knew residents well and could describe for inspectors their backgrounds and specialist interests. The inspectors spent time during both inspection days observing the delivery of care and the interactions between staff and residents. They found that staff greeted residents when entering communal and private areas, spent time talking to them and were available expediently when residents needed assistance. The inspectors found that there were alternative communication options in use where residents had impaired communication or impaired cognitive ability. A signage book was in use and this was used to help residents make choices about activities and to communicate emotions. It had pictorial representations of varied activities, for example in the garden area, varied exercises, newspapers and emotional expressions.

Staff had good knowledge of the value of emotional support, sensory stimulation, validation of feelings and reminiscence when supporting people with dementia. They were observed to sit at eye level when speaking to people and adjusted their communication and pace of interactions to match residents' capacity and cognitive ability. As well as eye contact the inspectors observed that staff used touch appropriately to remind residents that they were there or to prompt them to continue with an activity. This demonstrated that staff had received training in dementia care however, the inspectors identified a need for more extensive training to ensure that care was as effective as it could be, was evidence based and reflected the specialist nature of the dementia care unit.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as substantially compliant.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The complaints of residents, their family, representatives, or visitors were listened to and addressed.

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the centre and residents said that they knew how to make a complaint. Residents told inspectors that they would complain to the person in charge or any of the staff. A review of complaints recorded to date showed that they were dealt with promptly. The outcome of the complaint and whether or not it was resolved to the satisfaction of the complainant was recorded. The inspectors found that complaints were appropriately responded to and records were kept as required. There were no active complaints at the time of the inspection.

This outcome was judged to be compliant in the self-assessment, inspectors also judged it as compliant.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

There was an appropriate number and skill set of staff to meet the assessed health and social care needs of residents; however there was evidence that education and training on dementia care required expansion to ensure that all staff could meet the diverse social care needs of residents and implement good practice initiatives specifically in the dementia care unit. An action plan in the last report required a review of the allocation of nurses in the late evening to ensure that sufficient qualified staff were on duty to meet the assessed needs of residents. This action was addressed. The person in charge and staff confirmed that residents needs are reviewed daily and a second nurse is made available after 18.00 hrs if required.

Staff throughout the centre were effectively supervised by the person in charge and nursing staff were observed to be available to provide advice and guidance throughout the inspection days. Staff had up-to-date mandatory training in place. They also had access to other education and training opportunities to meet the needs of residents with dementia. This included training on how to manage behaviours that challenge. The majority of staff had some dementia awareness training and further training was

planned; however, the inspectors concluded that in addition to the staff member completing specific activity training for dementia care, some staff should have advanced qualifications in this area to support the aims and objectives outlined in the statement of purpose and the specialist care needs of residents in the dementia unit. As described throughout this report, staff were readily available to residents, responded promptly to requests for assistance and demonstrated good awareness of how to deliver care sensitively. Staff the inspectors talked to were enthusiastic about their work and said they valued the training provided on dementia care over the past two years as it had provided them with better understanding of how to provide care where residents had memory problems or were disorientated.

The recruitment procedures were reviewed and were found to require improvement to meet legislative requirements. The inspectors reviewed three staff files and while the required information was available for two staff, there was information gaps in the employment history in one staff file.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as substantially compliant.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The premises largely took account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There were improvements identified in the dementia care unit and in the outdoor space so that these areas provided a more beneficial environment for residents.

The inspectors reviewed all premises areas as residents with dementia were accommodated in the general area as well as the dementia specific unit. There were a number of dementia-friendly design features throughout that included space for residents to walk around freely, good lighting, contrast in the colours used for floors, walls and handrails and clear signage to help everybody find their way around. Hallways were wide and unobstructed and communal areas were easy to locate. En suites in bedrooms were visible from beds and armchairs to prompt residents to use these facilities.

The dementia care unit had interesting features on the corridor that included a mural of

the main street in Donegal to provide interest for residents as they walked by and "memory boxes" with items relevant to residents on room doors to enable them to find their rooms. The sitting room had a mural of a traditional fire place that was age and culturally appropriate. The television could be viewed easily by residents and there were a number of old films and DVDs available for residents to watch. There were some tactile objects around and there were some areas to display items to stimulate memory. The inspectors noted that while there were features here that prompted memory and orientation the dining area, in particular required review as it lacked focus or features that defined its main purpose which could remind residents that they went there at meal times or prompt them to anticipate meal times.

The centre was clean, tidy, well lit and well heated. There were forty single and four double rooms in the centre. All rooms had en-suite facilities that contained a shower, wash-hand basin and toilet. Residents were encouraged to personalise their bedrooms and inspectors saw that most residents had photographs and personal items on display. The communal areas were decorated in a comfortable home like way where residents could relax. The main dining room had been redecorated and this area was noted to have features such as dressers with crockery on display and residents told inspectors they liked the change as it reminded them of their own homes.

Residents had access to equipment required to meet their needs and inspectors saw that equipment such as pressure-relieving mattresses, high-low beds and hoists had been serviced within the past year. The corridors had handrails in place, bathrooms and toilets had grab rails in place and non slip floor covering was used throughout the centre.

The inspectors found that the outdoor space which was subject to an action plan in the last report had been improved; however, further improvement was required. The provision of safe, accessible outdoor space has been identified in several reports for this centre as an ongoing issue of subsidence has rendered the garden and paths around the centre uneven and unsafe for residents. The garden area outside the dementia unit was noted to have been resurfaced with tarmac; however, the surface in parts remained uneven which prohibited residents from using the area independently. Some features had been added, which were proving of interest to residents and these included a hen coop, raised plant containers and seating. The remaining garden space also required attention as there was no secure safe area for general use and there was an accumulation of rubbish in one area that required removal.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

The inspectors found that the health and safety of staff, residents and visitors was promoted through the procedures in place and regular monitoring of health and safety matters. Some improvements were required to the arrangements in place. An action plan in the last report required that measures to manage the unexplained absence of a resident be improved was addressed. Information on each resident was available and staff had received guidance on how to manage a situation if a resident was missing.

Fire doors that did not close to provide an effective seal in the event of fire were identified for attention at the last inspection. This matter had been addressed and the fire doors examined were noted to close fully.

The inspectors noted the following areas that required attention:

- the wooden shelving in a sluice area compromises good infection control management as it cannot be cleaned effectively
- staff conducting a transfer in a specialist chair did not use the footplates and compromised the safety of the resident

Judgment:

Non Compliant - Moderate

Outcome 09: Statement of Purpose

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose contained all the required information and outlined the specialist nature of the dementia care unit. It stated that staff have specialist training to ensure a high standard of care in this area. The inspectors found that while staff had ongoing training, there was a need for specialist advanced training on this topic to effectively address the specialist health and social care needs of residents admitted to this unit and to ensure the effective delivery of the aims and objectives to this resident group outlined in the statement of purpose.

Judgment:

Substantially Compliant

Outcome 10: Suitable Person in Charge

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 has been in this role five years, works full-time and is fully engaged in the governance and management of the centre. Residents knew the person in charge and identified her and her deputy as persons they would go to for information if they had a query or wanted to make a complaint. She was fully familiar with residents' care needs and had monitoring and audit systems in place to review the quality of care and identify shortfalls. A summary of factors such as the use of night sedation, bedrails, residents with specific vulnerabilities such as pressure area problems, weight management issues or fluctuating behaviours was readily available and was updated regularly. Staff described a good atmosphere in the centre and said that a good team spirit had been cultivated. All staff welcomed training opportunities and said that training had been of benefit to them.
Judgment: Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Geraldine Jolley
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:	Aras Mhic Shuibhne
Centre ID:	OSV-0000312
Date of inspection:	02/11/2015
Date of response:	11/03/2016

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 04: Records and documentation to be kept at a designated centre

Theme:

Leadership, Governance and Management

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

Some records had not been updated to reflect residents' changing needs and in one instance information had been inappropriately deleted.

1. Action Required:

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a

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

manner so to ensure completeness, accuracy and ease of retrieval.

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

It has been reiterated to staff that as per regs Tippex must not be used under any circumstances. All changing needs to be documented as part of the scheduled reviews.

Proposed Timescale: 11/03/2016

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

There was some delay in the care assessments of residents following admission, which meant that staff did not have a complete picture of residents' health, medical and social care needs.

2. 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:

This resident was admitted to the facility on 09.10.15 @ 1600hrs. This was a Friday however as per our Nurses Diary the call was put in to request a visit from the attending GP that day. There is dated documentation to evidence that collateral was gathered in relation to a full medical and social history prior to admission. Inclusive was a detailed letter from her GP pre admission, a comprehensive letter from her previous care co-ordinator and a transfer letter from her former centre and her pre admission application. After the call was put it was prioritised by the surgery based on their workload at that time. As the GP visits every Thurs they scheduled it for the following Thurs 15th Oct hence why it was 6 days post admission. We continue to advise the GP's on the day of admission however it may not always be feasible on the day if they are fit and well and the GP does not deem it as priority.

Proposed Timescale: 11/03/2016

Theme:

Safe care and support

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

Some care plans were found to convey an incomplete view of residents' care needs. For

example, a care record described a resident's skin as intact when a pressure area problem was in receipt of attention.

3. 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:

After discussing with all the nursing staff re this outcome the S/N that had documented Pressure Areas intact was referring to "all other" pressure areas as she felt that all staff were aware of the wound. Staff have been advised to be mindful of this when documenting in future.

Proposed Timescale: 11/03/2016

Theme:

Safe care and support

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

The dependency assessment tool required review to provide staff with appropriate information on the dependency of residents. The current tool focused primarily on physical aspects of care and did not provide information on dependency consequent to confusion or dementia.

4. 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:

We are currently introducing a new assessment tool that will take into account dependency consequent to dementia.

Proposed Timescale: 10/04/2016

Outcome 03: 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:

The range of activities and the dementia-specific features to support the provision of

activities in accordance with evidence based dementia care practice required review and expansion to meet the varied needs of residents accommodated in the dementia care unit.

5. 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:

We are currently in the planning process of redesigning the dining room to allow residents to identify it more clearly as a dining room.

We have recently updated our range of aids for activity provision with more dementia specific aids.

Proposed Timescale: 10/05/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

There was a need for more dementia-specific expertise to be developed among the staff team to meet the specialist service provided in the dementia care unit and to meet the aims and objectives outlined in the statement of purpose.

6. 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:

We are currently working with the local CPN Kevin McLaughlin who is undertaking a masters in communication in dementia. This will involve working closely with the CPN within the theme of "Dementia Speak" in order to heighten the level of effective communication amongst the staff and residents within the dementia specific unit. This will involve a pre training questionnaire to ascertain current techniques and knowledge, a course of numerous evidence based training sessions and followed then by a repeat questionnaire to demonstrate improvements within the areas of communication.

Proposed Timescale: 10/06/2016

Theme:

Workforce

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

A full employment history and an explanation for gaps in employment was not available in one of the sample of files examined.

7. 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:

A full employment history is always noted on the employee's CV.

As regards to gaps in employment this is always ascertained at interview stage however as of now this will also be documented for future employees.

Proposed Timescale: 11/03/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The garden space outside the dementia unit was unsafe for residents to use independently as some of the surface area was uneven.

There was no safe secure garden space around the centre for all residents to use.

8. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

We are currently engaging with residents in order to guide us with the design and features of the garden. The resurfacing works are currently being temporarily repaired until the piling of the outskirts of the building commence over the next 6 months.

Proposed Timescale: 10/09/2016

Theme:

Effective care and support

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

The design and layout of the dining room in the dementia unit required review to provide a more appropriate environment for residents with dementia care needs.

9. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

We are currently in the planning process of redesigning the dining room to allow residents to identify it more clearly as a dining room.

Proposed Timescale: 10/05/2016

Outcome 07: Health and Safety and Risk Management**Theme:**

Safe care and support

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

Staff conducting a transfer in a specialist chair did not use the footplates and compromised the safety of the resident.

10. 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:

This is an area we regard as of extremely high importance to safety and same has been reiterated to all staff.

Proposed Timescale: 11/03/2016

Theme:

Safe care and support

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

The wooden shelving in a sluice area cannot be effectively cleaned and presents an infection control risk.

11. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

A special substance has been applied to ensure the shelving is impermeable and staff

are able to wipe it down.

Proposed Timescale: 11/03/2016