

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kiltormer Nursing Home
Centre ID:	OSV-0000352
Centre address:	Kiltormer, Ballinasloe, Galway.
Telephone number:	090 962 7313
Email address:	info@kiltormernursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	D & G Nursing Home Limited
Provider Nominee:	Derek Glynn
Lead inspector:	PJ Wynne
Support inspector(s):	Geraldine Jolley
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 26 February 2016 09:30 To: 26 February 2016 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Major
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection. This inspection took place over one day. The centre was previously inspected on the 1st February 2016. The inspection at that time evidenced significant failings to adequately meet the requirements of the regulations. A total of 14 Outcomes were inspected. Seven Outcomes were judged as major non-compliant.

In line with HIQA's procedures to manage risk and ensure safe quality care this second unannounced inspection was undertaken within a short time frame after the previous inspection. The purpose of this inspection was to monitor progress and assess the action undertaken by the provider.

There were 28 residents in the centre during this inspection and one in hospital. Two residents were admitted for short term care for a period of respite or convalescence. Three residents were discharged since the last inspection. Two returned home and one transferred to another centre. There is a very advanced age profile amongst the residents accommodated. The majority of the residents accommodated were over 85 years of age.

This inspection evidenced some improvement in the management systems. The management team demonstrated a clearer understanding of their responsibilities to

the inspectors.

Since this inspection the provider has informed the HIQA agency nursing staff have been employed for 18 hours per week. This has increased the time available to the person in charge to engage in the operational management of the centre.

There was an improvement in staff resources. The number of care assistant hours worked has been increased. The arrangements to manage risk situations are improving. The majority of the fire safety precautions have been reviewed.

A total of seven Outcomes were inspected on this visit. The inspector judged two Outcomes as major non-compliant namely, Health and Social Care Needs and Safe and Suitable Premises. Four Outcomes were judged as moderate non-compliant with the regulations and one Outcome as being substantially in compliance.

This inspection evidenced continued work remains to be undertaken to ensure the service provided is safe and effectively monitored to deliver a good quality of care. Well planned responsive healthcare remains to be implemented. This is required to ensure timely access to medical care and allied health professionals reviews. Improvements are required to nursing risk assessments and care planning to ensure residents nursing care needs are well met.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

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

Findings:

A revised Statement of Purpose was submitted to HIQA which set out the services and facilities provided in the designated centre.

The Statement of Purpose was updated to detail the date of expiry of current registration period. However, the conditions of registration and registration number were not detailed on the copy submitted.

Judgment:

Substantially Compliant

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):

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

Findings:

This inspection evidenced an improvement in the management systems. The

management team demonstrated a clearer understanding of their responsibilities to the inspectors. Some action had been undertaken to address areas of non-compliance since the last inspection. Plans of action were in place to address remaining unresolved issues which did not meet the requirements of the regulations.

There were was an improvement in staff resources. The number of care assistant hours worked have been increased. However, there remains inadequate nursing staff resources. The deficit is covered by the person in charge in addition to covering nursing staff shifts for holiday leave and unplanned absences. This limited the time available to the person in charge to oversee the operational management of the centre.

The management team confirmed they are actively trying to recruit more nursing staff. Since this inspection the provider has informed HIQA, agency nursing staff have been employed for 18 hours per week.

This has increased the time available to the person in charge to engage in the governance and operational management of the centre.

Statutory notifications of incidents occurring within the centre have been reported to the Authority since the previous inspection. Notifications required to be submitted at quarterly intervals to the Authority were provided for intervals during 2015.

The governance arrangements to manage risk situations are improving. The majority of the fire safety precautions have been reviewed. Contracts were agreed with external professionals to service equipment to ensure it was functioning safely.

However, significant work remains to be undertaken to ensure the service provided is safe, appropriate, consistent and effectively monitored to deliver a good quality of care. For example, it was identified in one file reviewed that the registered provider did not ensure appropriate and timely access to medical and healthcare in accordance with regulation 6.

There was a failure by the management team to ensure responsive medical assessment and regular clinical reviews. The development of systems to ensure a high standard of evidence-based nursing care and proactive, well planned responsive healthcare remain to be implemented. In addition procedures are required to ensure the service is governed well to deliver person-centred, safe care in line with the centre's ethos described in the Statement of Purpose.

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):

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

Findings:

The systems in place to ensure the health and safety of residents, staff and visitors in the centre have been reviewed. Work was undertaken since the previous inspection to address the majority of the fire safety precautions.

The fire alarm and emergency lighting was serviced. A new contract was agreed to service the fire detection system at quarterly intervals throughout the year by a competent person.

The needs of the residents had been assessed to outline their evacuation requirements in the event of a fire occurring. Personal emergency evacuation plans were developed for residents. However, these require review to identify both day and night time evacuation needs and the fire compartments residents are accommodated in while in their bedrooms.

All staff had refresher fire safety training. This was confirmed in conversation with staff. Staff were better able to describe how they would respond to the fire alarm and move residents to safety on this inspection.

The procedures to follow in the event of a fire were not displayed to include the action to take on hearing the alarm or discovering a fire around the building.

A new recording template was devised to document fire drills. A fire drill was completed as part of the refresher fire safety training. The provider indicated routine drills would be undertaken and fire drills would be undertaken to simulate different scenarios to include a night time situation when staffing levels are reduced. The new template did not have the facility to document the learning from fire drills completed to help staff understand what worked well, identify any improvements required and share learning.

There were two hoists provided to assist staff safely transfer residents unable to support their own weight or with maximum dependency care requirements. The hoists were serviced to ensure they were functioning safely. A new contract was agreed with an external company to service all equipment used by residents. The inspectors viewed the contract. A schedule of work was being progressed to review all equipment to ensure it was safe for use.

Some operational practices and storage procedures were identified as posing a hazard of cross infection on the previous inspection. A new bed pan washer has been provided. However, further monitoring is required to minimise the risk of infection. As previously identified slings to assist residents with hoist transfers and a trolley containing clean continence wear were stored in the sluice room again on this visit. There were two residents being barrier nursed due to infection.

The accident report forms had not been revised. It was identified on the previous visit the forms did not have the facility to detail all relevant information when an adverse

event occurred. Incidents were not well described. The circumstances of each event and any contributing factors were not recorded. There was no procedure implemented to ensure a post incident review was completed to allow for learning from adverse events and minimise the risk of repeat similar accidents.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

The arrangements for the management of medication while improved since the last inspection, did not fully ensure safe practice. The following areas were noted to require attention;

While photographic identification was available on all the blister packs there were some medication administration records that did not have an up to date photograph to reduce the possibility of error when medication was administered.

The system in place to check the medications delivered by pharmacy reconciled with the prescribed medication required further improvement. The checks conducted when medication is delivered currently indicates the medication was received and does not include a check to ensure that the contents of the blister packs corresponds with the prescriptions for each resident.

While a copy of the prescription is now available with the blister pack, the copy in some cases was noted not to be clearly legible and presented a hazard as medication could not be identified clearly.

The storage arrangements for drugs that require special control measures required review to meet the requirements of the regulations. This medication was not secured in a double locked cupboard. There were two cupboards to store medication each with a single lock only. The person in charge said the arrangements would be reviewed without delay.

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:

There were 28 residents in the centre and one in hospital at the time of this inspection. Two residents were being accommodated for short-term care for a period of respite or convalescence. The remaining residents were accommodated for long-term care.

There were seven residents with maximum care needs. Eight residents were assessed as highly dependent and 11 had medium dependency care needs. Three residents were considered as low dependency. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition.

There were four wound care problems in receipt of attention, one of which was a pressure wound. Since the last inspection support from an external health professional had been sought. Wound care is now supported by advice from a clinical nurse specialist in wound management. The person in charge said he was negotiating a more consistent service for all residents.

Professional expertise provided was being followed according to wound assessment charts and dressing records. The inspectors saw that care plans, wound dressing records and comments on progress were available. All wounds were indicating signs of improvement or had healed. Nutritional supplements to aid healing were included in resident's diets.

While it was noted that improvements had been made in the overall assessment and management of wound care problems, the inspectors noted that where pain was assessed as part of the wound care plan there was no information on pain relief administered prior to dressings being renewed or the impact it had. Assessments that provide information on vulnerability to wound care problems were not updated to reflect changes in health status. Where a resident had pressure wounds to both heels the risk assessment had not been revised. The last two assessments were dated 24 July and 29 October 2015 and indicated no pressure area risk.

As identified on the last visit and further evidenced on this inspection each resident did

not timely access to medical care as residents' needs indicate by their nominated medical team. In accordance with regulation 6 (1), Healthcare, the registered provider did not ensure appropriate medical and healthcare, including a high standard of evidence-based nursing care. In accordance with regulation 6 (2), the person in charge did not make available a medical practitioner chosen or acceptable to a resident in a responsive time-frame. There was a failure by the management team to ensure timely medical assessment and regular clinical reviews.

There was evidence of a reliance on faxed advice or prescriptions by the person in charge. During May 2015, a resident's nursing notes described complaints of pain, a wound care problem on the heel and decreased mobility. Pain relief was advised through a faxed prescription to the centre without any medical review. The ongoing assessment of pain completed by nurses demonstrated that while a clinical judgement of the resident's condition was being made this was not supported by medical assessment. In another care file a resident sustained a fall and had a medical review at the time of the incident. A possible fracture was queried and pain relief prescribed. The resident continued to incur pain and mobility deteriorated. It was two weeks later before another medical review was requested by the centre's nurse management team. After which, the resident was transferred to hospital and a fracture was confirmed.

The inspector observed meals. It was noted residents were served a variety of wholesome food. There was a choice of options and portions were of a good size. There was a sufficient number of staff to assist those residents unable to eat independently. However, the inspectors found that more diligent assessment and proactive management of weight loss was required on this visit. While weights were recorded monthly, there was a protracted time period between a noticeable weight loss and the time when specialist advice was sought. For example, in one instance a resident lost weight between August and November. However, a dietician review was not undertaken until December 2015. Supplements were added to the diet and nursing reports indicated that the residents overall health had improved.

In another care file reviewed a resident was progressively losing weight. The nutritional risk assessment was reviewed and the score identified a risk of malnutrition. No action was taken following the risk assessment review. While the resident was being weighed monthly, the weight records were not audited to identify the downward trend. This was discussed with the person in charge during the inspection.

On this visit it was established all residents had a comprehensive assessment completed with care plans developed. However, a resident admitted since the last inspection did not have a range of risk assessments with plans of care developed until two weeks after admission. A range of recognised assessment tools were used to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and continence needs.

However, in the sample of care plans reviewed it was evidenced there was weak linkage between the risk assessments, the care plans and reviews. In one case when a resident returned from hospital post falling with decreased mobility, the care plan was not updated to identify the new care needs. As previously described, when an issue was identified on reviewing a nutritional risk assessment a plan of care was not initiated to

respond to the problem. Assessments that provide information on vulnerability to wound care problems were not updated to reflect changes in health status. Residents admitted for short term care did not have a discharge care plan completed to guide staff in their rehabilitative goals and ensure a safe discharge.

Further work and monitoring is required to ensure proactive, well planned responsive healthcare. The provider had arranged dates to obtain reviews and specialist advice from an occupational therapist and speech and language therapist for residents with swallowing difficulties. Timely access to a dietetic service was identified on this visit as required for residents losing weight.

Judgment:
Non Compliant - Major

Outcome 12: Safe and Suitable Premises

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

Theme:
Effective care and support

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

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

Findings:

The centre is registered to accommodate 36 residents. As outlined in the Statement of Purpose there are 13 single and one twin bedroom. There are seven bedrooms where it was agreed the occupancy level would be reduced. At the time of this inspection three of these bedrooms were configured to accommodate three residents each.

Plans were in place to address aspects of decorative maintenance in communal areas to ensure they can be easily cleaned. Some assistive frames in toilets were corroded and radiators in bathrooms were noted in a similar condition. The provider told the inspectors painters were due to start work in the centre the week after this inspection.

The organisation of the main communal sitting, dining area required review to ensure that all residents could sit in comfort and access appropriate dining space to enable them to eat their meals in comfort. The present arrangement where each resident has an arm chair or specialist chair and a side table in front of them where meals are served should be reviewed. The position of tables in front of chairs is a restrictive practice as it prohibits many residents with mobility or dexterity problems moving from their chairs freely.

The layout also impinges on privacy and on access to the television. Some chairs were located in the centre of the room which meant that other residents were looking at the backs of chairs and could not see the television with ease.

There was no dedicated dining area in use. Residents were served meals on the tables in front of their chairs and did not have the opportunity to eat together and this meant that meal times were not social, interactive occasions. The conservatory had a large table and chairs. However this was not in regular use and on the day of inspection was cold. Twenty residents had their dinner at small tables alongside their chair in the sitting room.

The organisation of communal space requires review. During the day residents did not move around the centre. The majority of residents were in the day sitting room for breakfast and remained in the sitting room throughout the day on this inspection as previously identified on the last visit. In accordance with regulation 17(1), the provider is required to ensure that the premises of a designated centre is appropriate to the needs of the residents of that centre and in accordance with the statement of purpose prepared under regulation 3.

There are two bedrooms to the left of the main entrance that are internal rooms as they can only be accessed through a sitting room. They cannot be accessed from a circulation space such as a corridor. This arrangement requires review to ensure the requirements of fire legislation and fire safety standards can be met.

Judgment:
Non Compliant - Major

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

Findings:
The staffing levels have been reviewed since the last inspection. A new work shift has

been added to the roster from 4:00pm till 10:00pm. In total the level of care assistant work hours have been increased by an extra eight hours each day of the week.

There was an adequate complement of nursing and care staff to meet the assessed needs of residents at the time of this inspection on each work shift taking account of the purpose and size of the designated centre. However, as described in Outcome 2, Governance and Management there are inadequate nursing staff resources. The deficit is covered by the person in charge in addition to covering nursing staff shifts for holiday leave and unplanned absences. This limited the time available to the person in charge to oversee the operational management of the centre.

Mandatory training required by the regulations in fire safety was completed by staff. Arrangements had been made for staff to undertake refresher training in adult protection and behaviours that challenge. A date was scheduled and the provider agreed to submit evidence to the Authority when training was completed by staff.

The previous inspection evidenced there was limited ongoing professional development for nursing staff in the areas of medication management and cardio pulmonary resuscitation training. The majority of the residents were for resuscitation in the event of cardiac arrest. An action plan was agreed with the provider to address these matters. The time-scale to complete this work had not lapsed on the date of this inspection.

Judgment:
Non Compliant - Moderate

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:

PJ Wynne
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:	Kiltormer Nursing Home
Centre ID:	OSV-0000352
Date of inspection:	26/02/2016
Date of response:	15/04/2016

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The conditions of registration and registration number were not detailed on the copy submitted.

1. Action Required:

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

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

Residents in Designated Centres for Older People) Regulations 2013.

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

- Statement of purpose updated to include conditions of registration & registration number

Proposed Timescale: 05/04/2016

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:

Significant work remains to be undertaken in the area of governance to ensure the service provided is safe, appropriate, consistent and effectively monitored to deliver a good quality of care.

The development of systems to ensure well planned, responsive healthcare remain to be implemented.

Procedures are required to ensure the service is governed well to deliver person-centred safe care in line with the centre's ethos described in the Statement of Purpose.

2. 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:

- I am currently updating and developing my audit system which will involve more comprehensive safe and well planned care.
- I am acquiring assistance to develop same. This is ongoing and plan to have it developed and implemented in the next few weeks
- We have recruited agency nurses to allow the Person in charge to oversee the operational management of the centre.
- Agency nurses in place until we can arrange a more permanent solution to the nursing availability.

Proposed Timescale: 13/05/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The accident report forms have not been revised.
The forms did not have the facility to detail all relevant information when an adverse event occurred.
The circumstances of each event and any contributing factors were not recorded.
There was no procedure implemented to ensure a post incident review was completed to minimise the risk of repeat similar accidents.

3. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

- We have commenced a new more detailed accident form which incorporates contributing factors, post incident review & systems put in place to minimise risk of reoccurrence.

Proposed Timescale: 06/04/2016

Theme:

Safe care and support

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

Further monitoring is required to minimise the risk of infection. As previously identified slings to assist residents with hoist transfers and a trolley containing clean continence wear were stored in the sluice room again on this visit.

4. 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:

- Individual slings have been purchased for each resident requiring same as assessed by the Physiotherapist. Slings and incontinence wear are stored in the storage room while not in use.

Proposed Timescale: 06/04/2016

Theme:

Safe care and support

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

Personal emergency evacuation plans require review to identify both day and night time evacuation needs and the fire compartments residents are accommodated in while in

their bedrooms.

5. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

- Peep Sheets for all residents have been developed for both day & Night evacuation in the event of a fire.

Proposed Timescale: 06/04/2016

Theme:

Safe care and support

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

The procedures to follow in the event of a fire were not displayed to include the action to take on hearing the alarm or discovering a fire around the building.

6. Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

- Procedures are displayed throughout the building in relation fire evacuation procedure.

Proposed Timescale: 06/04/2016

Theme:

Safe care and support

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

The fire drill record template did not have the facility to document the learning from fire drills completed to help staff understand what worked well, identify any improvements required and share learning.

7. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

- Fire drill template now has the facility to document the learning from fire drills.

- All equipment is serviced and is safe to use.

Proposed Timescale: 06/04/2016

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:

A copy of the prescription available with the blister pack in some cases was noted not to be clearly legible.

The checks conducted when medication is delivered currently indicates the medication was received and does not include a check to ensure that the contents of the blister packs corresponds with the prescriptions for each resident.

There were some medication administration records that did not have an up to date photograph.

8. 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:

- I have spoken to the pharmacy and they are now providing more legible copies of scripts ,prescriptions are now delivered by the pharmacy monthly or when other medicines are prescribed or altered during the cycle.
- Each medicine is checked on delivery to ensure prescription corresponds with blister.
- All medication administration records have an up to date photograph now.

Proposed Timescale: 06/04/2016

Theme:

Safe care and support

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

Drugs that require special control measures were not secured in a double locked cupboard.

9. Action Required:

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

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

- All drugs that require special control measures are secured in a double locked cupboard.

Proposed Timescale: 06/04/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

A resident admitted since the last inspection did not have a range of risk assessments with plans of care developed until two weeks after admission.

Residents admitted for short term care did not have a discharge care plan completed to guide staff in their rehabilitive goals and ensure a safe discharge

10. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

- All residents admitted to the centre will have their care plan completed within 48 hours.
- This comprehensive assessment has been set up on epiccare and will ensure that the assessment & care plan be completed.
- We have also set up a respite assessment/care plan which incorporates rehabilitive goals and ensure a safe discharge.

Proposed Timescale: 06/04/2016

Theme:

Effective care and support

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

There was weak linkage between the risk assessments, the care plans and reviews. When a resident returned from hospital with decreased mobility the care plan was not updated to identify the new care needs.

When an issue was identified on reviewing a nutritional risk assessment a plan of care was not initiated to respond to the problem. Assessments that provide information on vulnerability to wound care problems were not updated to reflect changes in health status.

11. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

- Any resident that returns from hospital will be re-assessed and their care plan will be adjusted accordingly.
- Any change in a residents health status is re-assessed and their care plan is changed to reflect different interventions or care required to address the problem

Proposed Timescale: 15/04/2016

Theme:

Effective care and support

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

It was evidenced that where pain was assessed as part of the wound care plan there was no information on pain relief administered prior to dressings being renewed or the impact it had.

12. 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:

- Pain relief is offered to any resident who requires same for dressings.
- This is documented in the nursing notes whether pain relief has been administered prior to dressings being renewed.
- It is also recorded in the MARS sheet.

Proposed Timescale: 15/04/2016

Theme:

Effective care and support

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

Each resident did not have timely access to medical care as residents' needs indicate by their nominated medical team. There was evidence of a reliance on faxed advice or prescriptions to resolve issues identified.

13. Action Required:

Under Regulation 06(2)(a) you are required to: Make available to a resident a medical

practitioner chosen by or acceptable to that resident.

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

- DNR status' are reviewed every 6 months and are all up to date.
- One of our GP's visits weekly and reviews all of his residents. He will also call when required if an acute issue may arise.
- Our other 2 GP's call 4 – 6 weekly and also call if required in the case of an acute issue.
- These visits are recorded in the nurses' station.

Proposed Timescale: 15/04/2016

Theme:

Effective care and support

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

Timely access to a dietetic service was identified on this visit as required for residents losing weight. Records evidenced a more diligent assessment and proactive management of weight loss is required. There was a protracted time period between a noticeable weight loss and the time when specialist advice was sought.

14. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

- Access to a dietician for residents has been obtained and specialist advice followed. Weights are reviewed monthly and also when the dietician visits to ensure any changes are observed.

Proposed Timescale: 06/04/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The organisation of the main communal sitting/dining area required review to ensure that all residents could sit in comfort. The layout impinges on privacy and on access to the television. Some chairs were located in the centre of the room which meant that other residents were looking at the backs of chairs and could not see the television with ease.

There was no dedicated dining area in use. Residents were served meals on the tables in front of their chairs and did not have the opportunity to eat together and this meant that meal times were not social interactive occasions.

There are two bedrooms to the left of the main entrance that are internal rooms as they can only be accessed through a sitting room. They cannot be accessed from a circulation space such as a corridor. This arrangement requires review to ensure the requirements of fire legislation and fire safety standards can be met.

15. 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 will encourage new residents from now on to dine at the dining table so as to create a positive dining experience and to encourage social interaction between residents.
- At present some residents will dine at the dining table on certain days but may choose not to on other days.
- We will continue to encourage this, thus giving the resident their choice at the same time.
- Chairs are not located in the middle of the dayroom now.
- The 2 bedrooms to the front of the building also have a second exit route as per the fire officer.

Proposed Timescale: 06/04/2016

Theme:

Effective care and support

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

During the day residents did not move around the centre. The majority of residents were in the day sitting room for breakfast and remained in the sitting room throughout the day on this inspection as previously identified on the last visit.

The arrangement where each resident has an arm chair or specialist chair and a side table in front of them where meals are served requires review as it is a restrictive practice as it prohibits many residents with mobility or dexterity problems moving from their chairs freely.

16. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

- We encourage residents to mobilise throughout the day and assist where necessary,

we also have daily activities to promote mobility.

- Tables in front of residents are not being used as a restrictive measure, residents like to leave their belongings on their table so to have easy access to them. Some residents use their tables for meals but we now move tables to the side of their chairs after meals.
- Residents use their tables for drinks which encourage increase fluid intake

Proposed Timescale: 06/04/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff require training in adult protection, behaviours that challenge. An adequate number of staff were not trained in cardio pulmonary resuscitation.

Training for nursing staff in the areas of medication management is required.

17. 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:

- Staff training have been provided in the adult protection & behaviours that challenge, also a second date of training is booked for May 27th for staff who could not attend this training.
- Medication management is also booked for May 27th 2016.
- I am awaiting a date for CPR training and hope to have it arranged next week.

Proposed Timescale: 27/05/2016