

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lake House Nursing Home
Centre ID:	OSV-0000353
Centre address:	Portnablagh, Dunfanghy, Donegal.
Telephone number:	074 913 6197
Email address:	lakehousenh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sheephaven Properties Limited
Provider Nominee:	Desmond Gray
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	1

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 October 2016 09:30	20 October 2016 19:30
21 October 2016 08:30	21 October 2016 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

Lake House Nursing Home is a purpose built two storey residential care facility that can accommodate 49 residents who need long-term care, or who have respite,

convalescent or end of life care needs. It is situated in Port na Blagh a short distance from the coast and about 10 minutes drive from the town of Dunfanaghy. Accommodation is available in triple, double and single rooms that are located on both floors. There is lift and stairway access to the upper floor. Adequate sitting and dining space is available throughout the centre. A safe enclosed outdoor garden is also available and this is readily accessible to residents.

The inspector observed care practice and reviewed documentation such as care plans, medical records, policies and procedures, staff records and the activity schedule during the inspection. The inspector found that residents' health care needs were appropriately assessed and addressed with good access to general practitioner (GP), allied health professionals and specialist services. A significant number of residents had problems associated with dementia or mental health problems. Their care needs were found to have been comprehensively assessed and nursing and social care was provided to meet their needs. There was adequate staff on duty to care for residents on the day of inspection. The inspector found that a relaxed atmosphere prevailed throughout the centre and residents were the central focus of attention for all staff.

There was a varied and meaningful activity programme provided and most residents were engaged in some activity each day. Residents told the inspector they enjoyed the activities and said that staff varied the programme according to their choice on particular days. There were activities that focused on group and individual participation. Residents with dementia were encouraged to be as active as possible and were stimulated by reminiscence groups that focused on topics such as school days, food, occupation and old time singing. Connections with the local community were promoted and residents were enabled to attend local events throughout the year. Staff were knowledgeable about the care to be provided to residents and conveyed that an individual and person-centred approach was adopted to ensure care was delivered appropriately. All staff conveyed positive and well informed views about the care of older people. Feedback from relatives and residents indicated a high level of satisfaction with the service. Staff were regarded as dedicated and committed to ensuring residents had a good quality of life.

The person in charge and the staff team demonstrated good knowledge of the legislation and standards throughout the inspection. They were aware of the legislative responsibilities of the person in charge and provider, including the notifications that had to be made to HIQA. The provider was present for the inspection. The inspector found that there was a strong commitment to ensure compliance with legislation and to ensure residents had a good quality of life that met their needs.

The last inspection carried out by HIQA was unannounced and undertaken on 20 and 21 October 2015. The areas which required attention following this inspection related to the management of health and safety, staff allocation and maintenance of paintwork. These actions had been addressed.

Areas for review identified during this inspection include improvements to the way the annual report is produced, better attention to risk identification for example, to

ensure that fire drills fully inform staff and more attention to record keeping so that records are meaningful and provide accurate information. Contracts of care for residents require review to ensure they comply with current legislation. These are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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):

No actions were required from the previous inspection.

Findings:

The Statement of Purpose set out the services and facilities provided in the designated centre and contained the requirements of Schedule 1 of the regulations. It was kept up to date and the most recent version was dated October 2016.

The inspector found that the description of the services provided and the aims and objectives of the centre were reflected in the delivery of care to residents and the way the service operated.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The governance arrangements in place were well organised, in accordance with the

Statement of Purpose and ensured the service provided was safe and appropriate to residents needs. The registered provider visits the centre regularly and provides accessible day to day support for the person in charge. The provider when interviewed during the inspection was knowledgeable about the staff arrangements and the care needs of residents.

There are regular management meetings that are attended by the provider, the person in charge and the company accountant. The records of meetings indicated that they were used to discuss the general operation of the centre, staff allocations and training, purchase of equipment and staff issues. The person in charge is supported in her role by a clinical nurse manager, the staff nurse and care team and administration staff. There was sufficient time allocated to oversee the operational management and administration of the centre. The nurse who takes charge in the absence of the person in charge was an experienced nurse who had cared for older people in cardiac care and medical settings before taking on her role in Lake House.

There was evidence of a quality improvement strategy and that regular monitoring of the service was undertaken. An annual report had been completed for 2015 as required by regulation 23(d)-Governance and Management. The format required further development as the current outline provides information on satisfaction or otherwise with the service but does not reflect an adequate overview of the quality and safety of care. The findings from consultation with residents and their families indicated that there was a high level of satisfaction with the service. They were particularly pleased with the care and attention provided by staff, the open visiting arrangements and how administration was managed. There were some areas identified for improvement and these included ensuring that everyone was fully aware of how to make a complaint and aspects of the laundry service. Actions to address these areas had been put in place. As the report contained limited information on the quality and safety of care the format of the report should be reviewed to fully meet the requirement of regulation 23.

There were adequate resources available to meet the needs of residents in relation to facilities, staffing and staff training. There was sufficient assistive equipment available to ensure appropriate safe care was delivered to residents.

Judgment:
Substantially Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:

There was a residents' guide available and this was provided on yellow paper so that it was easily recognisable for residents. The information was easy to access. A copy was made available to the inspector on the day of the inspection. It was found to contain most of the information required by the Regulations except for the contact details, of the Office of the Ombudsman should residents or relatives require access to this office.

A sample of the contracts of care issued to residents was reviewed by the inspector. These had been agreed and signed by residents following admission. The fees to be charged including the resident's contribution and charges for additional services were outlined. However, the format of the contract required review as it did not describe fully all services provided.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was being managed by a suitably qualified and experienced nurse. The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience. She had more than three years experience of nursing older people within the six years prior to her appointment. She had completed a post graduate diploma in gerontology over the past two years. Throughout 2015 and 2016 she completed courses in safeguarding, moving and handling, fire safety, cardio pulmonary resuscitation, dementia and end of life care. She demonstrated that she had good knowledge of the regulations and HIQA's Standards that govern designated centres. She is supported in her role by a clinical nurse manager who takes charge in her absence. The nursing and care team as well as catering, household and activity staff were accountable to the person in charge.

The inspector reviewed the duty rotas and found that two nurses were on duty in addition to the person in charge up to 17:30hrs daily. The person in charge said that she had adequate time for governance, supervision and management duties however there are challenges when nurses leave for other posts due to the general shortage of nurses. She confirmed that the provider was supportive and was available to her when she had queries. Her registration with An Bord Altranais agus Cnáimhseachais Na hÉireann

(Nursing and Midwifery Board of Ireland), was up to date.

She was interviewed during the inspection and various aspects of the service were discussed. The care of residents including the way residents with dementia were cared for, was discussed. She said that social care and personal interaction was particularly important for residents with dementia and the activity schedule was designed to meet the individual and collective needs of residents including residents with dementia.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:

There was a well organised administration system in place to maintain records. The administrative records and other records including care records were maintained in a secure manner and were easily accessible.

The directory of residents was up to date and included the majority of the information required by schedule three of the regulations. There were some instances where the address was not recorded for next of kin and the action plan of this report requires that this information is recorded. There was a record of visitors to the centre as required however this was not up to date or consistently completed to ensure appropriate protection for residents or to inform staff who was in the building in the event of an emergency. The records of nutrition that described food and liquid intake did not provide a full or complete record of the diet a resident consumed. They did not enable anyone reading the records to determine if the diet was adequate.

The complaints procedure was displayed prominently and provided guidance on how to raise an issue of concern.

The required operational policies were in place. Appropriate public and employers liability insurance cover was in place. There was separate insurance cover for the lift and

records confirmed the lift was examined as required at six month intervals.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider and person in charge were aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a continuous period of 28 days.

A deputy is notified to HIQA to deputise in the absence of the person in charge. This nurse was available to meet the inspector on the day of inspection. She was an experienced nurse with specific skills in coronary care and the care of older people. Mandatory training required by the regulations was completed.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were procedures in place that ensured residents were safe and had appropriate care. Residents' and relatives' feedback forms indicated

that they felt the centre provided a home that was safe, secure and protected from harm. One resident commented that her "belongings were very safe" and a relative said that "staff check on residents very regularly". During conversations with the inspector residents said that they felt safe due to the support and care provided by the staff team. Residents spoken to said "the staff are always around and listen to all my worries" and "the staff are very good and provide great care". Another said "there is a calm atmosphere and staff don't forget to do things for us when we ask". Access to the centre was secured with a coded key pad and there was a visitors' record. However this was not consistently signed or kept up to date and is identified for attention in Outcome 5-Documentation.

The financial controls in place to ensure that residents' finances were safeguarded were examined by the inspector. There was a policy on the management of residents' personal property and possessions to guide staff. The administrator had a clear and transparent system in place for all money held on behalf of residents. A record of all transactions was maintained. An invoice was provided for all items that incurred extra charges. There were ward of court arrangements in place for some residents and staff were aware of how to contact the resident's representatives when money was required.

Measures were in place to protect residents from being harmed or suffering abuse and staff were familiar with safeguarding procedures. Training had been provided on the prevention, detection and reporting of allegations or incidents of abuse. All staff who spoke to the inspector were clear about their role and obligation to report any suspicion or incident of concern. The signs and symptoms of abuse could be described.

Staff identified the person in charge or any nurse in charge as the person to whom they would report a suspected concern. Staff were familiar with the role of the Health Service Executive (HSE) adult protection case worker. The inspector viewed training records that confirmed there was an ongoing programme of refresher training on the topic of the protection of vulnerable adults. An adult protection concern notified to HIQA since the last inspection was noted to have been thoroughly investigated by the provider and person in charge and action appropriate to address the concern had been taken.

Policies and procedures were in place to guide staff on how to respond to responsive behaviours. Observation of care practice and a review of care plans conveyed that staff were knowledgeable about residents' needs and patterns of behaviour. They provided support that reflected a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were observed to reassure residents, to divert attention in an appropriate and sensitive manner when residents became anxious and also spend substantial one to one time with some residents when this was required. Staff had received training in the care of people with cognitive impairment and in how to communicate with residents with dementia.

There was emphasis on the promotion of a restraint free environment in accordance with good practice outlined in policy documents on restraint management. At the time of this inspection the majority of bedrails in use were considered to be enablers and had a support function for residents. The inspector was told that there was increased emphasis on the use of alternative safety measures such as sensor alarms, chair alarms and low- low beds to reduce reliance on bedrails. Risk assessments were completed

prior to the use of bedrails and while these was reviewed regularly, the reviews did not convey why bedrails continued to be the most appropriate way to protect residents from falls when profiling beds set at the lowest level had been put in place.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
There were health and safety policies in place to guide staff in a range of situations and the governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. A health and safety statement was available. There were clinical risk assessments undertaken for a range of risk situations that included falls risks, nutritional care, tissue viability and impairment related to dementia.

Staff conveyed good awareness of safe infection control measures, were noted to undertake moving and handling manoeuvres safely, and could describe the actions they would take should the fire alarm was activated.

The inspector identified some hazards that required risk assessment and action to ensure adequate safety arrangements were in place:

- There was a system for checking that all residents were present in the centre at the beginning and end of the day. While staff had good awareness of residents' whereabouts there was no method in place to assess if staff could take appropriate action should a resident leave the centre unnoticed or go missing.
- The record of fire drills conducted needed expansion to ensure that any learning from the exercises conducted was identified and reviewed at subsequent fire drills
- The entry to the centre while controlled by a key pad, did not ensure that all visitors signed in. This created risk in the event of an emergency and did not provide adequate security for staff or residents
- The areas where oxygen is stored required identification as this is a high fire risk .

There were procedures in place for the prevention and control of infection. Hand gels were located at the entrance and along the hallways. These were observed to be used throughout the inspections days when staff moved from one area to another. There was a sufficient number of cleaning staff available each day of the week, including a supervisor to ensure the centre was maintained in a clean condition. Staff interviewed conveyed that they had appropriate knowledge and procedures in place to avoid cross

contamination. They could outline the different cleaning products in use and the purposes for which they were used. They were familiar with the safety measures to be observed when hazardous chemicals were in use and were noted to ensure that cleaning trolleys were not left unattended.

The inspector reviewed the fire safety arrangements. Fire instructions were displayed and emergency lights and fire exits were easy to see from various points in hallways. All staff the inspector spoke to knew what to do if the fire alarm was activated. Fire drills were organised and completed each month according to records provided to the inspector. These were organised for different times of the day and one had been conducted in January 2016 in the early morning at 08:15. Staff told the inspector that different fire scenarios are discussed with night staff to ensure that they are familiar with the procedures to follow when there are the least staff numbers on duty. The record completed following fire drills required improvement as some indicated the type of fire scenario that had been actioned and the problems encountered to inform future drills. However the records completed from July to October 2016 did not have this information to guide and inform staff learning. Records of the scenario or type of simulated practice, including the time taken to respond to the alarm, the time taken for staff to discover the location of a fire and safely respond were not detailed. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

Fire records showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly in January, March and June 2016. The fire extinguishers had been serviced annually as required. Other fire- related equipment such as emergency lighting was also serviced on a contract basis. There was a list of all fire equipment in the building as required by fire safety regulations. There were procedures in place to check that the fire alert and fire safety measures were operating effectively. Regular checks of fire exits, the fire panel and the door closures were undertaken. Each resident's evacuation needs were risk assessed and their mobility needs and requirements for equipment in the event of evacuation were outlined. Staff were aware of how to evacuate the upper floor as outlined by fire officers in a recent visit of the local fire brigade. The inspector found that all fire exits were clear and unobstructed during the inspection. There was confirmation that furniture including specialist chairs used by residents was of fire retardant quality. The inspector viewed the training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff however the format of the training record required review to ensure that new staff were clearly identified on the record as having completed training. The training included information and guidance on the actions to take should a person's clothing catch fire.

Staff were observed to undertake moving and handling manoeuvres safely. This had been identified for attention in the last report. An action plan outlined where risk was evident when wheelchairs were used without footplates. This matter had been addressed and wheelchairs in use had footplates to protect residents' feet becoming entrapped. Training records indicated that staff had up-to-date refresher training in moving and handling. There was sufficient equipment in the form of hoists and slings available to staff to meet residents' needs. Each resident's moving and handling needs were identified. The provider has contracts in place to ensure that all equipment was

appropriately serviced. Equipment such as specialist beds, wheelchairs, hoists and the nurse call system were serviced on a contract arrangement.

There were records maintained of all incidents and accidents. A review of the records indicated that factual and substantiated information in relation to events was recorded. The details of the accident/incident, the date the event occurred, the circumstances of how the residents were found and name and details of any witnesses were outlined. Contacts made with the general practitioner (GP) and next of kin were also described. The person in charge completed a review of all incidents. There was evidence that falls prevention and risk reductions measures were put in place to prevent further falls. All incidents that resulted in injury or that required hospital treatment were notified to HIQA and there was a system to advise the provider of significant events in relation to residents. There had been three notifications of falls during 2016. Two had resulted in injury and preventative measures to prevent further falls had been put in place. The inspector noted that there was an emphasis on supporting residents to maintain their levels of mobility and independence even when some risk presented. This was supported by staff observation of residents when walking around while ensuring that residents had adequate freedom to exercise independence.

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):

No actions were required from the previous inspection.

Findings:

Policies and procedures were in place to guide staff in the management of residents' medication. The systems in place ensured that medicines were stored safely and that residents received their medication in accordance with how it was prescribed. There was a procedure to guide staff on how medication was to be prescribed, administered, recorded, stored or disposed of if unused or out of date.

Nursing staff had completed medication management training. The inspector observed that medication was administered safely in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines.

The prescription sheet included the appropriate information such as the resident's name and address, date of birth, GP and a photo of the resident. There were doctors' signatures present for all medicines prescribed however some medication prescribed on

an "as required" basis did not have the maximum quantity that could be administered in a 24 hour period outlined.

There was evidence of pharmacy input to support medicines management practice and residents were facilitated to meet with the pharmacist if they wished. There were regular reviews and blood screening for residents on particular medicines over prolonged timeframes. Medication was delivered to the centre by the pharmacist. On arrival, the prescription sheets and the supply were checked to ensure all medication orders were correct for each resident.

Photographic identification was available on administration records to ensure staff could check the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible. The medication administration sheets viewed were signed by the nurse following administration of medication. The drugs were administered within the prescribed timeframes. There was space to record when a medicine was refused or not given and the reasons for this was outlined.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift.

Judgment:
Substantially Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The inspector reviewed the record of incidents and accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. The inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

There were 48 residents accommodated at the time of the inspection. Almost 75% of residents were assessed as having maximum or high level care needs. The majority of the remaining residents had medium care needs. Many residents were noted to have a range of healthcare problems and the majority had more than one medical condition. Almost 60% of residents had a diagnosis of dementia, cognitive impairment or Alzheimer's disease. The inspector found that residents were appropriately assessed, monitored and that their health and social care needs were met to a high standard. Residents and relatives confirmed this finding and commented that there was good access to doctors and other professionals and that there was a lively social programme with activities that all residents could take part in available regularly.

There were comprehensive nursing assessments completed when residents were admitted to establish their health and social care needs as well as determine areas of risk. A range of validated assessment tools were used to assess skin condition, risk of falls, risk of developing pressure area problems and risk related to nutrition. An assessment of memory and cognitive ability was also completed.

The range of risk assessments completed were used to develop care plans that were person-centred, individualised and described the care to be delivered. Care plans were maintained on a computer programme and were updated at the required four monthly intervals or when there was a change in a resident's health condition. There was evidence of consultation with residents or their representative in care plans reviewed. Relatives interviewed told the inspector that they were consulted about their relatives care and were given the opportunity to contribute to the care plan. They said this had been very helpful to them, their relative and to staff particularly where residents had dementia as they had been able to tell staff about hobbies, interests and personal preferences that would be of benefit to staff when caring for their relative.

There was a good emphasis on personal care and ensuring the physical care needs of residents were met. Staff were knowledgeable about residents' preferred daily routines, their likes and dislikes. These were noted to be observed during the inspection days with residents supported to get up, rest or return to their rooms when they wished.

Residents had access to GP services. There was good evidence of medical reviews

following admission, to review medication and when residents became unwell. Access to allied health professionals was available and accessible and the inspector saw that contributions from physiotherapists, speech and language therapists, dietitians and chiropodists were recorded in care records and their recommendations were included in care plans.

There were some aspects of care planning and record keeping in relation to wound care that required review to ensure that accurate information on the condition and progress of wounds was available. There were four residents with wounds. Two wounds related to pressure area problems and the others related to a skin tear and to a cyst. All wounds had appropriate assessments and wound dressings in place; however, the records maintained when dressings were changed did not always indicate the grade or condition of the wound. In particular, did not convey if the wound was showing evidence of healing or deterioration. There were preventative measures in place to prevent deterioration and these included position changes at regular intervals. Records viewed indicated that these preventative measures were in place with good outcomes for residents. A range of suitable equipment was provided to ensure adequate pressure relief was provided and included air mattress and pressure relieving cushions.

Residents who had specialist care needs such as mental health problems or dementia were appropriately assessed and there was information in records that indicated where depression or memory problems created risk or required particular attention. Staff had developed a good working relationship with the team for old age psychiatry and residents' medical files confirmed that staff from mental health services contributed to residents' care plans. Medication was reviewed and altered to ensure optimum therapeutic values. Communication capacity was noted to be well described. There was information available on orientation to surroundings, the social care needs of residents and how these were being addressed and what interventions were put in place when residents had fluctuating behaviour patterns.

There was a record of residents' health conditions and treatment given completed by nurses each day and night. However, some daily records required expansion as information on the changing needs of residents that were evident during the day were not reflected in the records viewed. For example, where a residents behaviour changed and additional supervision was required for periods of the day this was not evident in the daily records. An action plan in relation to this is described under Outcome 5- Documentation. Reviews and evaluations of care were completed at the required intervals. Progress and responses to treatment from one review to another was evident together with the impact of the social and psychological support provided to ensure residents wellbeing. For example there were comments on how residents participated in social activities, the groups they particularly enjoyed or if they coped better with individual activity.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and shared between the services. Documentation available confirmed the procedures were effective.

Residents had opportunities to participate in activities that were meaningful and

purposeful to them, and which suited their needs, interests and capacities. Two activity co-ordinators were employed and they had developed an interesting activity schedule that ensured that all residents had access to social care that provided opportunities for entertainment and amusement each day. There was an emphasis on reminiscence activity and varied items of memorabilia were made available to prompt discussions, including old photographs of the area and of old equipment used in farming. Sensory activity had been introduced and cushions with varied textures were also used to prompt discussion and remind resident of varied textures. There was good emphasis on residents contributing in an active way. Sing a long sessions and discussions were part of the activity schedule most days and residents were encouraged to sing songs they knew and could recall.

There was evidence of positive one to one social interactions taking place throughout the day and staff were noted to have very good relationships with residents. There was good coordination and structure to the way social care was provided and there were few days when residents did not have any specific activity planned.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and home like setting. The premises takes account of the residents' needs and abilities, and was maintained in line with Schedule 6 of the regulations.

The building is well maintained, warm, comfortably decorated and visibly clean. There are three sitting areas available for use by residents. The dining room was decorated in traditional style and residents said they enjoyed being able to sit together at meal times. Some residents remained in the sitting areas as this was their preferred location at meal times. Other facilities include a prayer room, laundry and treatment room.

Bedroom accommodation comprises of single, double and triple bedrooms that are

located on the ground and first floor. There are three bedrooms that accommodate three residents. These were adequate for the needs of the present occupants, but ongoing review of the use of these rooms is required if residents needs change. For example if more complex equipment is needed or if behaviour patterns change and there is adverse impact for other residents in the room. There is lift and stair access to the upper floor. There was a call bell system in place which was accessible to residents when in bed. Residents who spoke with the inspector confirmed that they felt comfortable in the centre. Residents' rooms were personalised with photographs, ornaments and cards on display. Memory boxes had been completed for many residents and these contained items that had particular significance for them. They were used by staff to remind residents of aspects of their lives and to prompt their recollections so that their sense of personal identity was preserved.

There were a sufficient number of toilets, baths and showers provided for use by residents. There are toilets located close to the sitting rooms and dining room for residents' convenience.

Staff facilities were provided. Separate toilet facilities were provided for care and kitchen staff in accordance with environmental health legislation and good infection control practice.

Residents had access to a safe enclosed external garden.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The centre had a procedure for the management of complaints. The person in charge explained that issues of concern are addressed immediately at local level. The record of complaints that had been addressed confirmed this happened in practice.

The procedure was displayed and relatives and residents confirmed that they knew how to raise a concern and make a complaint. The person in charge was the nominated person to address complaints. A record that contained information about the complaint, the actions taken to resolve the matter and the outcome was available. The inspector found that the records required review as details such as the full name and contact

details for the person making the complaint were not always recorded. The outcome including if the complainant was satisfied was not always evident. The complaints procedure required more specific detail such as the time scale for the acknowledgment of complaints and the time frames to investigate and inform the complainant of the outcome of the matter they had raised.

The inspector found that a range of matters had been addressed and these included concerns about the supervision of residents, lost items and personal care.

Judgment:
Substantially Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
The inspector found that there were policies and procedures in place to ensure residents would receive a good standard of end-of-life care which was person centred and respected their values and preferences. Care plans were in place that described the views and wishes of residents in relation to their end of life care where it had been possible to discuss this aspect of care.

At the time of the inspection no residents were receiving end- of- life care. Staff told the inspectors that palliative care services were available and accessible when needed and they offered a prompt effective service when used in the past. There was good evidence that frail residents were receiving regular input from staff. Staff, including activity staff spent time with residents who required long periods of rest, and the inspector noted that they were visited at times other than when personal care or meals were provided. Pain relief and other comfort measures were well managed by staff and interventions were outlined in detail in care records.

The policy of the centre is that all residents are for resuscitation unless it is documented otherwise. The inspector found that while some records indicated that a multidisciplinary decision had been made in relation to resuscitation status there were some records where not for resuscitation status was not documented as supported by a multidisciplinary decision.

Residents' cultural and religious needs were identified and addressed. There was space for prayer, Mass and other religious services in the centre. Residents who wished to

receive communion or the Sacrament of the Sick were facilitated to do this regularly. Staff had undertaken training in end of life care over the past three years.

Judgment:

Substantially Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the menu and discussed the options available to residents daily. The inspector spoke to the chef and his assistant. They confirmed that choices of main meals were provided daily and that cooked options were available at all meals. There were nutritious snack options available between meals to ensure adequate calorie intake, particularly for those on fortified diets and who had dementia or were very active.

Nutritional risk assessments were completed. These were used to advise staff of nutrition concerns and to inform care plans. There was access to allied health professionals for residents who were identified as at risk of poor nutrition or where respiratory or choking problems were evident. There was ongoing monitoring of residents nutrition intake and residents were weighed each month. Those at risk of weight loss were weighed weekly to ensure that staff were aware of significant changes. There were records maintained of the food and liquid provided to residents identified as at risk; however, the records required more detail to provide accurate information on quantity of food and liquid consumed. Some records were noted to describe the quantities in general terms however the records did not enable anyone reading them to determine accurately the quantities that had been consumed and if diet and liquid intake was adequate. This is identified for attention in Outcome 5-Documentation.

The instructions for foods and liquids that had to have a particular consistency to address swallowing problems as directed by speech and language therapists were outlined in care plans and were available to catering and care staff. Care staff were observed to check the different textures of food prepared for residents and ensured that each resident had their specific requirements.

Residents told the inspector that they found the food and dishes prepared were of high quality and said they valued the catering staff for the way they remembered their

preferences and choices. Residents said that when they asked for options other than those on the menu staff prepared whatever dish they preferred. Different choices were observed at tea time when a variety of options were prepared. Catering staff were very familiar with each resident's food likes and dislikes. Fruit was readily available and was provided in alternative formats such as smoothies and fruit desserts to encourage residents to have appropriate quantities of fruit.

The inspector observed the food served at lunch and tea time. The choices available were offered to residents and food was noted to be attractively presented. Portions were individually plated and generous in size. Residents were offered the option of more portions at each sitting. There was a sufficient number of staff available to assist those who required help or who had variable problems eating independently.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
The inspector found that residents were respected, that their individual characteristics and choices were known to staff and that they were treated in a respectful and dignified manner by the staff team. There was evidence of a good communication between residents, the staff team and relatives. Visitors confirmed that staff were available to talk to when they visited and updated them at other times in relation to their relatives care. There was a relaxed atmosphere in the centre. Residents said they had a choice about how they spent their day and could choose whether to join in the scheduled activity or spend time in their room or quietly away from the activity.

The centre had a varied range of activities available, Two activity staff were employed to ensure that all residents were supported and enabled to participate in the social opportunities available. The inspector found that staff were well informed on activities that were of interest to all residents and also the options that were suitable for residents with dementia. Regular activities included discussion particularly related to reminiscence, exercise, cards, knitting and singing. Group and individual activities were available and the inspector was told that adjustments were made seasonally so that residents could

celebrate events and attend community activities. This year residents had talked about their recollections of the 1916 Rising and had listened and watched varied programmes on radio and television. The Bealtaine festival was a focal point in May and residents participated in an art group facilitated by a local artist. There was a regular and meaningful connection with the local community. Residents go out to the local community centre, and earlier this year they went there to watch the film-The Lady in the Van. Local school children visit and earlier this year undertook a project with residents that reflected on their varied experiences of their school days. Some residents go out to a local day centre and attend the senior citizens party that is arranged around Christmas. There are regular visits from a therapy dog and residents said this was very popular. Trips out to local hotels, to the local friary, to do shopping and to visit places of interest are also organised for small groups. Residents were also supported to attend a range of family events that included weddings, birthday celebrations and anniversaries.

The inspector talked to both activity staff. They explained the assessments that were undertaken to ensure that a comprehensive social history was obtained. Families were asked to contribute to this and the information provided was used to inform the social care programme particularly where residents had dementia and were unable to provide background information.

Residents told the inspector that they enjoyed chatting, singing with other residents and listening to the local news. The inspectors saw that there was a high level of engagement between staff and residents throughout the day and relatives confirmed that there was always a lively atmosphere in the centre.

Some residents chose to spend time in their rooms reading and watching TV. There was evidence that residents rights, privacy and dignity was respected with personal care delivered in their own bedrooms. However as mentioned under Outcome 12 there are three rooms that accommodate three residents and the changing care needs of residents with dementia will require that staff are vigilant in relation to behaviours related to dementia that may intrude on others.

The inspector found that residents were consulted about the services and facilities provided in the centre. Residents' meetings were held and there was good representation from residents at these meetings. The meetings were used to relay information on topics such as the influenza vaccine and planned activities as well as to elicit views on the service. Where residents raised any issue, there was evidence this was addressed. The person in charge said that a satisfaction survey was completed regularly and residents are informed of the findings.

Residents were facilitated to exercise their civil, political and religious rights. They voted in elections and this was usually facilitated in the centre. Residents had access to television and radio. Visiting times were flexible and visitors were noted to come and go throughout the day.

Judgment:
Compliant

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided the service to launder all residents' clothes, and families had the choice to take home clothes to launder if they wished.

A staff member was assigned to the laundry each day of the week. A property list was completed with an inventory of all residents' possessions on admission. There was a labelling system in place to ensure all clothes were identifiable to each resident.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

The inspector found that the number and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. Copies of staff rotas were provided to the inspector. The planned and actual staff rota conveyed that staff allocations were planned and reviewed in the context of

resident need and unexpected staff short falls. Residents and staff that the inspector spoke with expressed no concerns about staffing levels. There were adequate staff to assist residents throughout the day. Meal times were appropriately supervised and when residents who needed higher levels of care at varied times staff was available to provide the support required. Communal areas had a staff presence throughout the day. There were two nurses on duty in addition to the person in charge. Five carers, two catering staff, four cleaners, an administrator, laundry staff and two activity staff were available during week days to address care needs and the general operation of the service. At night there were three staff on duty – a nurse and two carers with a third carer available on a twilight shift until medication was administered and residents were in bed.

The inspector carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and that senior staff provided good leadership and guidance.

The inspector noted that staff meetings were used to reflect on practice, discuss training requirements, regulation, inspection and the care needs of residents. Minutes of staff meetings were available.

The person in charge provided support to staff and was engaged in day- -to day care practice as well as undertaking her management role. An action plan in the last report required that the person in charge have adequate support to ensure she could undertake her person in charge responsibilities effectively. This had been addressed and an additional carer was added to the rota from 08:00 to 13:30. Care staff were supervised and supported in their role by the nurses. Staff and residents said the provider and the person in charge were approachable and available if required. There were copies of the regulations, standards and guidance documents available in the centre.

A staff training and development policy was in place. All staff had up- -to date mandatory training in fire safety, safeguarding of vulnerable adults and moving and handling. Additional training and education relevant to the needs of the residents had been provided and included training on topics such as infection prevention and control, hand hygiene, person centred dementia care, wound management, resuscitation and nutritional care.

Staff files reviewed contained all the required documents as outlined in Schedule 2, which showed there was a comprehensive recruitment process. There was an induction programme provided for all new staff, and this included an introduction to the philosophy of care, the layout of the building and resident care needs.

There was a record maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses.

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:	Lake House Nursing Home
Centre ID:	OSV-0000353
Date of inspection:	20/10/2016
Date of response:	30/11/2016

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The format of the annual review required revision to describe more fully aspects of the quality and safety of care reviewed and the improvements made as a result of the review.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the

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

quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

An annual report will be completed and will include:

- Feedback from residents and relatives which will be gathered for inclusion as part of the report.
- Events in Lake House will be reviewed and the analysis will be included in the annual report with any improvements and training carried out.

Proposed Timescale: 30/06/2017

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The contact details for the office of the ombudsman had not been included in the residents' guide.

2. Action Required:

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

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

The contact for the ombudsman has been included in the residents guide so this is now complete.

Proposed Timescale: 28/11/2016

Theme:

Governance, Leadership and Management

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

The format of the contract required review as it did not describe fully all services provided.

3. Action Required:

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

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

The contract of care will be revised and new contracts will be issued to existing residents and any new residents in the future.

Proposed Timescale: 30/06/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

All the required information was not recorded in the residents directory. There were some instances where the address was not recorded for next of kin.

4. Action Required:

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

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

All addresses of residents and addresses of their next of kin are to be written in to the residents' directory.

Proposed Timescale: 31/01/2017

Theme:

Governance, Leadership and Management

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

Records maintained of the food and liquid provided to residents identified as at risk however the records required more detail to provide accurate information on quantity of food and liquid consumed. Some records were noted to describe the quantities in general terms however the records did not enable anyone reading them to determine accurately the quantities that had been consumed and if diet and liquid intake was adequate.

The visitors record was not always updated and did not protect residents or inform staff on who was in the building at any time.

5. 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:

1. Staff have all been informed again about the importance of maintaining diet and fluid

charts.

2. The kitchen staff have been advised about measuring amounts of food to allow care staff to be more accurate about quantities. For example the average bowl of porridge that is provided for a resident contains 50grammes of porridge.

3. Staff will update and sign the diet and fluid charts throughout the day .

4. The nurses are supervising this.

5. All dietary sheets and fluid sheets will be audited on a monthly basis to ensure that this task is being fulfilled properly.

6. Training has been provided in the area of nutrition and refresher training will be provided during 2017.

7. Staff are informing residents families of the importance of signing the visitors book and this will be highlighted at the next residents families meeting.

Proposed Timescale: 31/03/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Reviews did not convey why bedrails continued to be the most appropriate way to protect residents from falls when profiling beds set at the lowest level had been put in place.

6. Action Required:

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

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

1. Falls assessments that include information on preventative actions such as beds at lowest levels have been put in place to protect residents from falls.

2. This will be stated in residents care plans and bed rail assessments.

3. A reduction in bedrail use will continue to be promoted and will be outlined in the annual report as an improvement initiative.

Proposed Timescale: 31/03/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk management procedures required improvement in the following areas:

- There was a system for checking that all residents were present in the centre at the beginning and end of the day and staff had good awareness of residents' whereabouts however there was no method in place to assess if staff could take appropriate action should a resident leave the centre unnoticed or go missing.
- The entry to the centre while controlled by a key pad did not ensure that all visitors signed in which created risk in the event of an emergency and did not provide adequate security for staff or residents.

7. 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:

1. Staff are informing residents families of the importance of signing the visitors book.
2. This will be highlighted at the next residents'/ families meeting.
3. The missing persons policy will be revised and a drill will be conducted two monthly to ensure staff are aware of the actions to take in this situation.

Proposed Timescale: 31/03/2017

Theme:

Safe care and support

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

The record of fire drills conducted needed expansion to ensure that any learning from the exercises conducted was identified and reviewed at subsequent fire drills so that staff developed appropriate knowledge of the fire safety procedures.

The areas where oxygen is stored required identification as this is a high risk flammable gas.

8. Action Required:

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

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

1. All fire drills now include learning from the previous exercises conducted to ensure safe procedures for all residents.
2. All areas where oxygen is stored are identified with a red X on the door, this was always done but one of the areas sign was removed for cleaning and not replaced. To avoid this happening again an audit will be completed as part of fire drills to check that all areas where oxygen is stored are identified.

Proposed Timescale: 28/11/2016

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:

Some medication administration records did not describe the maximum amount of "as required" medication to be administered in 24 hours to ensure safe administration for residents and nurses.

9. 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:

1. All medication administration records will describe the maximum amount of "as required" medication to be administered in 24 hours to ensure safe administration for residents and nurses.
2. This will be discussed with the GP.

Proposed Timescale: 31/01/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Wound care plans and records of interventions did not fully describe the condition of the wound. The records maintained when dressings were changed did not always indicate the grade or condition of the wound and in particular did not convey if the wound was showing evidence of healing or deterioration.

10. 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:

1. Wound care plans and records of interventions will be amended to describe the condition of the wound. The records maintained when dressings are changed will

indicate the grade or condition of the wound and will describe evidence of healing or deterioration.

2. Staff nurses will all be informed of this.
3. A refresher training session will be provided for all nurses.

Proposed Timescale: 31/03/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

Records of complaints required review as details such as the full name and contact details for the person making the complaint were not always recorded and the outcome including if the complainant was satisfied was not always evident.

The complaints procedure required more specific detail such as the time scale for the acknowledgment of complaints and the time frames to investigate and inform the complainant of the outcome of the matter they had raised.

11. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

1. The full name and contact details for the person making the complaint will be recorded in the complaints log together with the outcome of the complaint and if the complainant was happy with the outcome and if not why.
2. An audit will be undertaken to ensure all complaints documentation is in accordance with the legislation.

Proposed Timescale: 31/03/2017

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

There were some end of life care records where not for resuscitation status was not documented as supported by a multidisciplinary decision.

12. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to

a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

1. The policy is that resuscitation status is recorded, up to date and based on a multidisciplinary decision.
2. All staff nurses to be made aware of same.

Proposed Timescale: 31/03/2017