

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Flannery's Nursing Home
Centre ID:	OSV-0000341
Centre address:	Chapel Road, Abbeyknockmoy, Tuam, Galway.
Telephone number:	093 43 130
Email address:	mary@flannerynursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Flannery's Nursing Home Limited
Provider Nominee:	Kathleen Flannery
Lead inspector:	Geraldine Jolley
Support inspector(s):	Shane Grogan
Type of inspection	Unannounced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	23

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: 03 August 2016 10:00 To: 03 August 2016 18:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
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 - Moderate
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection and took place over one day. It was undertaken to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspectors observed the delivery of care including social care and reviewed documentation such as care plans, accident/incident reports and policies and procedures. The inspectors talked with residents, visitors, staff and the nurse in charge throughout the inspection. The layout, condition and health and safety of the premises were also inspected.

Flannery's Nursing Home is a purpose designed single storey building set in extensive mature grounds in a rural location in Abbeyknockmoy. It can accommodate 61 residents. The centre provided a bright modern environment for residents. There were a variety of communal sitting areas around the centre. There was a large dining room that enabled residents to sit together and share mealtimes. The centre was found to be in very good decorative condition and was well maintained. All areas were clean and no premises hazards were observed when the inspectors viewed the building. There were assisted toilets adjacent to the communal rooms. The centre

has 33 single bedrooms and 14 double rooms. These measure 18 square metres and 21.5 square metres respectively. Residents told inspectors that they were pleased with the standard of accommodation and several said they liked spending time in their rooms as they had "plenty of space to move around, a pleasant view of the countryside and their own ensuite facilities".

The inspectors spoke with two groups of residents during the morning and afternoon. Other residents were spoken to individually. All residents described the service in positive terms. Staff were described as "good to us and kind in their approach", "helpful when we are ill and need more care" and one resident said "staff have helped me become more independent". They said that food was "good and varied" and said that "choices are available including items not on the menu if we don't like what there is on a day". Residents also said they enjoyed life and the activities available which they felt met their needs. Two residents said they particularly liked the cake baking which was on the afternoon of the inspection and the visits from the therapy dog both of which were regular features of the activity programme. Residents said the baking reminded them of household tasks and hobbies that they had enjoyed and gave them an opportunity to have "old fashioned" type cakes and scones. Residents said they felt safe and secure and contributed this to the layout of the building and the input from staff.

Care, nursing staff and ancillary staff were well informed and conveyed a good understanding of individual residents' needs, wishes and preferences. They described how independence and well being was promoted by supporting residents to continue to do as much as possible for themselves by encouraging residents to actively participate with their treatment programmes and daily activities. Residents had access to doctors and to the services of allied health professionals. Care plans outlined health and social care needs and were based on a range of evidence based assessments. The inspectors found that while the standard of some care plans were appropriate and residents needs and staff interventions were outlined clearly some care plans were generic in nature and did not give a good overview of care requirements or planned interventions. For example, some care plans referred to establishing residents preferences for activity but no further information was available in relation to this and residents had been in the centre several months. Residents who had dementia were noted to be well supported by staff who were familiar with their abilities as well as their needs for support however the impact of dementia on day to day life was not clear from care records. There was little information that informed staff about what residents could still do, who they recognised or what their communication ability was and if it varied from time to time.

Systems were in place to ensure the environment was safe for residents, staff and visitors. There were policies and procedures that described the health and safety arrangements. The inspectors found that improvements were required to the way potential risks were assessed and managed to ensure risk was minimised. Additional directional signage was required to effectively guide people if the centre had to be evacuated for example. Staff were familiar with the fire safety arrangements and how to evacuate residents but readily accessible information that outlined each residents evacuation needs was not available with the fire register and procedures. Staff were familiar with the location of fire fighting equipment and the actions they

were required to take should the fire alarm be activated. Accident reports were noted to require improvement as some did not indicate follow up care provided and some were not dated.

The nurse in charge during the inspection had taken up post as deputy to the person in charge three weeks previously. She demonstrated good knowledge of the legislation and standards throughout the inspection. She was aware of the legislative responsibilities of the person in charge and what was required from her role in the absence of the person in charge including the notifications that had to be made to the Authority. The inspectors found that there was a strong commitment from staff to ensure compliance with legislation and to ensure residents had a good quality of life that met their needs.

The responses to the action plans from the last report were reviewed. Four actions related to health care and care planning. Three actions had been addressed however as described above some improvements to the details on residents' needs and the interventions required from staff were needed to effectively guide staff. Two action plans related to end of life care and these were partially complete. The inspectors found that relevant information on residents' wishes were recorded but not all care plans were comprehensive enough to ensure that residents' wishes could be fully addressed.

Inspection findings including non-compliances are discussed in the body of the report and are the areas that require attention are outlined in the action plan at the end of the report.

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

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There is a clearly defined management structure that identifies the lines of authority and accountability for the service. The person in charge is supported by a director of nursing. The post holder had taken up this role a few weeks ago and she was familiar with residents, their care needs and the layout of the premises. The inspectors found that she had relevant experience in senior roles in similar establishments. She was familiar with the regulations and standards including the notifications that had to be made to the Authority.

The inspectors found sufficient resources were in place to ensure that the delivery of care and the business of the centre met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed regularly and residents said they discussed their life in the centre during meetings. The inspectors were told that there was active participation from residents and a residents committee was in place. Changes to the service were made as a result of residents' comments and requests. For example new activities were made available and changes to the menu made following comments from residents.

Judgment:

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 person in charge, who is also the provider, was off duty when this inspection was undertaken. She is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and she works full time in the centre. She assumed this role at the end of 2015 when the previous post holder left to pursue further study. Residents confirmed to the inspectors that they knew the person in charge and that she was available to talk to if they had problems or queries.

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):

This was the centre's first inspection by the Authority.

Findings:

There were procedures in place to protect residents from abuse including training for all staff. Discussions with members of staff confirmed that they had received training and information on the protection of residents' from abuse. Staff were able to tell inspectors about how to identify types of abuse, how to keep residents safe and how to report any concerns or allegations of abuse. Their descriptions of the procedures they were expected to follow reflected the centre's procedures, national guidance and good practice.

No allegations of abuse had been notified to HIQA. Residents told the inspectors that they felt safe and said that they were well cared for by staff who gave them their "undivided attention". An example of this was given by a resident who described how they had been looked after at a recent outing to the Galway races. Staff said that they ensured that residents were treated with respect and dignity. This was demonstrated in the way staff were observed to talk and engage with residents during the day.

There was a visitors' record that enabled staff to monitor the movement of persons in

and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors entering and leaving the building. Residents the inspectors spoke to said that they felt safe in the centre.

The inspectors were told that staff did not manage money or the finances of residents.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

There were systems in place to promote and protect the safety of residents, staff and visitors to the centre. The centre had an up to date Health and Safety Statement and there were risk management arrangements in place that were overseen by the person in charge.

There were systems in place to ensure good infection control management; however, an unattended sharps tray was noted on a sideboard in the dining area. This contained used blood sugar testing equipment in an open container and was a potential source of infection if left unsecured. There were hand sanitising solutions and hand gels available throughout the centre. Hand washing and hand drying facilities were located in toilet and sluice areas.

There were measures were in place to prevent accidents in the centre and grounds. The building was generally clutter free and there were grab rails in hallways and in bathrooms and toilets. Inspectors noted that cleaning and linen trolleys did not obstruct hallways or communal areas when in use. There was a record maintained of all accident and incidents. The inspectors saw that where residents had falls that were unwitnessed the follow up care included a record of neurological observations in accordance with good practice guidance to prevent further injury. The reports of falls were noted to require improvement as some did not have dates and times when the incident took place, some did not indicate what follow up care had been put in place or if next of kin had been informed of the event. There was good emphasis on supporting residents to remain mobile and active while preventing falls. The inspectors saw staff encouraging residents to walk short distances so that they could maintain as much independence as possible. Falls prevention plans were in place and the inspectors saw that furniture had been rearranged to eliminate obstacles and reduce hazards.

There were care plans in place where residents had fluctuating behaviours or altered behaviour patterns due to stress. These were noted to have had good outcomes for residents with staff interventions noted to be sensitive and effective. The strategies in place were noted to have been discussed with family members.

The fire safety arrangements were noted to be generally satisfactory, however clear floor plans of the building that identified all fire exit routes were not on display in communal areas of the centre such as hallways and dining areas. A fire register was in place and this described the regular checks of fire fighting and fire alert equipment as well as fire drills and unplanned activations of the fire alarm. There was a daily check of fire exits and the fire alarm and monthly checks of the automatic door closures and other equipment. Equipment such as fire extinguishers, emergency lights and the fire alarm were serviced on a contract basis according to records viewed. It was noted that documentation in relation to fire drills had improved and that these records indicated that fire drills were occurring on a weekly basis. Staff described aspects of their fire training and evacuation procedures in the event of a fire to inspectors. Staff were able to describe how they were taught to move residents and to proceed with progressive horizontal evacuation through each set of fire doors. While there was information on residents' moving and handling needs in care records a summary of this information in the form of for example a personal emergency evacuation plan stored with the fire register and list of residents should be available and readily accessible to guide staff.

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:

The inspector found that staff had procedures to guide their practice in relation to medication management. However, some aspects of the medication arrangements required improvement. Medication that was transcribed was not always signed by two nurses and some medications regimes that included several items had only one signature.

The nurse on duty was well informed about the procedures for medication management and specific resident's medication discussed with her. The medication administration records were typed, provided clarity for nurses and had the required information including a photograph of the resident. Medication that was no longer required or was discontinued was signed off to indicate the regime was complete. The inspector found

that resident's medication was reviewed by doctors however in some instances as described above each individual medication was not signed in accordance with good practice guidance. A blister pack dispensing system was in use. Safe storage arrangements were in place and medication trolleys were locked and stored securely.

Medications that required special control measures were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

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 38 residents accommodated on the day of inspection. There were 11 residents assessed as having maximum or high level care needs, 17 had medium level needs and 10 were assessed as low dependency. Approximately a third of residents had problems associated with confusion or dementia. There were three residents under the age of 65 some of whom had problems related to intellectual disability and mental health problems. The inspectors saw that residents' received prompt attention when they requested help or activated their call bells and staff were observed to undertake care activities in a manner that was sensitive and protected dignity. For example, a resident who was restless and unsettled was comforted by staff who explained patiently where he was and what was being done to help his situation.

The arrangements to meet residents' assessed needs were set out in individual care plans with recognised assessment tools used to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements. Four resident's care plans and certain aspects of other care plans related to the management of nutrition, complex care and dementia were reviewed. The care plans for residents assessed as at risk of falls were also examined. The last inspection report outlined four action plans in

relation to care planning. Two of these had been addressed. The inspectors found that care plans were in place to guide staff where residents' were at risk of developing pressure area problems and measures to address identified needs for speech and language therapy services were in place.

The inspectors found that while good standards of personal and nursing care were in place care plans did not convey in an informative way how particular conditions such as dementia or deficits in communication capacity impacted on residents' day to day lives. For example, where a resident was described as having dementia there was no information on the extent of this, what capacity the resident retained or who he recognised on a day to day basis. The care plan for communication for this resident referenced the action to take to address hearing impairment but did not mention dementia as a factor to be considered.

The inspectors noted that there was appropriate detail recorded about mobility needs and requirements in relation to assistance with movement and transfers. There were care plans in place that described residents' night time routines and these were found to guide staff effectively in the way care was addressed during the evenings and at night. For example the information recorded described residents' preferences to watch television before they went to sleep, their preferences for night time drinks and the times they liked to have these as well as choices in relation to lights left on or off during the night.

Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. The inspectors saw evidence that the ethos of person centred care was promoted each day. Residents could for example get up at times of their choice and could remain in bedroom areas or go to the communal areas to meet others or take part in activity. The sitting areas were well supervised and the inspectors observed that staff greeted residents and engaged them in conversation when they entered areas where residents were present. However while care plans were noted to describe the need to establish residents' preferences and their choices of activity there were some that had no specific detail on what activity residents did regularly or how they participated and contributed while the activity was underway.

Care plans were noted to have been reviewed at the required intervals however there was inadequate information recorded on how the resident had been from one review to another. In some cases a date indicated that a review had been completed but there was no evaluation of the progress or change in residents' conditions from the previous review.

Residents had access to GP services and records showed that GP's visited the centre to review medications and to respond to changes in health care. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists was available.

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 providers and services. However some specific situations related to the care of residents who had intellectual disabilities who developed age related problems required review. The service in the community

from which residents were admitted were no longer responsible for their mental health assessments or care however where residents were under 65 the services of old age psychiatry did not consider them as appropriate to include in their service. The inspectors formed the view that this situation required review by the provider to ensure that appropriate care and treatment could be made available to meet residents' need.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. There was a varied and interesting social programme and some activities were undertaken by external facilitators for example the regular therapy dog visits. Residents were positive in their comments about the opportunities they had to enjoy activities such as singing, music and baking. There was also an emphasis on spontaneous activity initiated by care staff who encouraged residents to sing, talk and chat together.

Judgment:

Non Compliant - Moderate

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 inspectors found that the complaints policy had been updated with the details of the ombudsman's office. It now complied with the requirements of regulation; however, the updated policy was not yet on display in public areas. Relatives and residents were aware that a complaints procedure was in place and told the inspectors they would approach the person in charge or any member of staff should they have concerns.

The inspectors saw from the records maintained that a range of matters had been addressed. These matters had been investigated and the outcomes of investigations were recorded, but, in all cases there was not a conclusion indicating if the complainant was satisfied. There was one active complaint at the time of the inspection.

Judgment:

Non Compliant - Moderate

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 inspectors found that residents had access to a range of social opportunities that were suitable to their needs, were age appropriate and reflected their interests. Residents told inspectors that they enjoyed the activities particularly the visits of the therapy dog and the baking session that was scheduled for that day. Two residents said that they had been able to bake cakes recently and had reflected that this was something that they had not been able to do for several years. The inspector noted that residents who were unable to take part in the main activity were engaged in a more passive way through talking about the activity and being enabled to look at the baking mixtures. The inspectors observed that staff engaged with residents throughout the day and ensured that residents were actively involved in conversations if they did not wish to take part in the activity underway. Contacts were noted to be frequent, cheerful, pleasant and respectful with plenty of general conversation in evidence.

Residents confirmed that they could follow their religious beliefs and there was evidence of regular religious activities occurring in the centre. Visitors were welcomed throughout the day and there were no restrictions on visits. The inspectors saw that visitors came in at varied times during the morning and afternoon. Residents had access to televisions, radio and to daily and local newspapers.

Residents meetings took place regularly and a residents' committee had been formed. The records of meetings conveyed that issues concerning resident welfare were discussed. It was noted that issues raised at these meetings resulted in response from the management and staff, for example a request for more external trips to be organised resulted in trips to Knock and the Galway races. It was also noted that the head chief attends the meetings regularly and discusses the menu and makes alterations according to residents' requests. This forum was noted to have a meaningful advocacy role for residents as records indicated that their views were listened to and changes made to address their requests.

Residents could have meals in their rooms if they preferred, could exercise choice about where they spent their time during the day and could choose to take part in activity. Inspectors noted, however, that the daily food menu was not available in large font or pictorial form to facilitate those residents who may have cognitive or visual impairments.

Residents spoke warmly of recent trips to Knock and the Galway races and praised the staff for the organisation and assistance provided.

Judgment:
Compliant

Outcome 18: Suitable Staffing

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

Theme:
Workforce

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

Findings:

The inspectors found that staff numbers and skill mix as described on the rotas provided and available on the day of inspection could adequately meet the needs of residents. The staff complement had been strengthened by the recent appointment of a director of nursing to support the person in charge. There were two nurses including the nurse in charge on duty with four carers to deliver direct care to residents. Catering, cleaning and laundry staff were also available during the day. At night there was one nurse and two carers on duty. The inspectors were told that additional nurses had been recruited to expand the staff team. Some were nurses from abroad and were completing the required adaptations courses. In view of the identified shortfalls in how care plans were completed for example the inspectors formed the view that the staffing levels particularly the availability of nurses as evidenced on the day of inspection should be maintained during the day.

Residents were found not to have to wait for attention and all communal areas were noted to be supervised when occupied by residents. Staff were available to attend to residents who needed extra care due to changing behaviours and were observed to address residents' needs in a timely way. They also spent time reassuring residents and helped them deal with their stresses until they became comfortable.

The provider was requested by Hiqa in September 2015 to respond to information provided that indicated that inadequate staff were available to meet the needs of residents, that inadequate moving and handling equipment was available and that staff did not have appropriate induction when they commenced work in the centre. The provider sent in a detailed response that conveyed that staff training in moving and handling was scheduled for October 2015 which according to the information provided indicated that mandatory training requirements were met. The range of moving and

handling equipment in the form of hoists was outlined and met the needs of residents assessed as needing hoist transfers. A formal induction outline was provided with a survey of staff that had completed the induction programme. The information indicated that staff were satisfied with their introduction to the setting and the information provided to them. During this inspection the inspectors found that staff were familiar with residents needs and undertook moving and handling and other care activities in a safe and informed manner.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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:	Flannery's Nursing Home
Centre ID:	OSV-0000341
Date of inspection:	03/08/2016
Date of response:	01/11/2016

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 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:

Some accident reports did not convey the follow up care that had been put in place and some did not have essential information such as the date of the event.

1. 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

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

accidental injury to residents, visitors or staff.

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

We have updated our Policy on Risk Management in line with Regulation 26(1)(c)(iii). The Accident and Incident book have been reviewed, updated and reprinted to include all the essential information required.

Proposed Timescale: 01/12/2016

Theme:

Safe care and support

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

An open sharps container was left in the ding room and presented both an infection control and general risk hazard.

2. 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:

Staff have been reminded of the policy regarding prevention and control of healthcare associated infection and the risks associated with leaving an open sharps container in the dining room.

Our policy on Management of Sharps and Needle stick injury is also updated. The container is locked away when not in use.

Proposed Timescale: 01/12/2016

Theme:

Safe care and support

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

There was a lack of floor plans with fire/evacuation instructions on display throughout the centre. A summary of residents mobility and support needs in the event of evacuation was not readily accessible to staff.

3. 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:

Floor plans with fire/evacuation instructions are now on display throughout the centre.

Resident mobility and support needs in the event of a fire and evacuation are available in the fire register.

Proposed Timescale: 01/12/2016

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:

Medication that was transcribed was not always signed by two nurses and some medications regimes that included several items had only one signature.

4. 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:

New Prescription and Drug record charts are currently with the printers. They have been developed to include two signatures for transcribing.

All nursing staff have been educated on the Medication Management Policy and in particular on our local policy on Transcribing Medication.

The decision to transcribe is only made in the best interest of the resident and only in an emergency situation. A copy of the original prescription is attached to the MARS sheet for clarification purposes.

Flannery`s nursing home recognise that it is a high risk activity.

Proposed Timescale: 01/12/2016

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:

Care plans did not convey in an informative way how particular conditions such as dementia or deficits in communication capacity impacted on residents' day to day lives.

For example, where a resident was described as having dementia there was no information on the extent of this, what capacity the resident retained or who he

recognised on a day to day basis.

5. 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:

Care plans are reviewed, revised and updated on an ongoing basis as the care needs of the resident changes.

We will continue to formally review all care plans at intervals not exceeding 4 months after consultation with the resident concerned and where appropriate that Residents family.

Proposed Timescale: 01/12/2016

Theme:

Effective care and support

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

There was a review undertaken of care plans however these reviews were not detailed and in some cases the only indication that a review was undertaken was a date. There was no evaluation of residents' care, progress or change outlined from the previous review.

6. Action Required:

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

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

We have developed a new Audit system for review of Care Plans. This is to include evaluation of care needs, the progress and any changes made.

Proposed Timescale: 01/12/2016

Theme:

Effective care and support

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

Residents with intellectual disabilities, mental health conditions or dementia did not have appropriate access to mental health services that they required to ensure their optimum health and well being.

7. 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:

The resident in question did not have access to mental health services as he was under the age of 65yrs. He has since transferred to a unit which can better provide for his needs in the private nursing home sector.

The intellectual disability services who have looked after him for a number of years have discharged him from their services and refuse to provide for his care needs.

Proposed Timescale: 01/12/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complaints procedure was not on display in the centre.

8. Action Required:

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The new Complaints procedure was on display in the main reception area.

Copies are now on display in prominent places and on notice boards around the house to replace the older one.

Proposed Timescale: 01/12/2016

Theme:

Person-centred care and support

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

The record of complaints did not always indicate if the complainant was satisfied that the matter subject of the complaint had been satisfactorily addressed.

9. 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:

All records of complaints include details of any investigation, the outcome of the complaint and whether or not the resident is satisfied.

Proposed Timescale: 01/12/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

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

In view of the deficits outlined in the care planning system, staff should be available on day duty to ensure regulatory requirements are met to a satisfactory standard.

10. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Two new Registered Nurses have been appointed and have commenced duties.

Two more nurses are awaiting their registration with the Nursing and Midwifery Board.

Proposed Timescale: 01/12/2016