

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Nazareth House |
| Centre ID: | OSV-0000368 |
| Centre address: | Fahan, Lifford, Donegal. |
| Telephone number: | 074 936 0113 |
| Email address: | john.omahoney@nazarethcare.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Sisters of Nazareth |
| Provider Nominee: | John O'Mahoney |
| Lead inspector: | Geraldine Jolley |
| Support inspector(s): | |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 45 |
| Number of vacancies on the date of inspection: | 3 |

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

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| From: | To: |
| 03 October 2016 11:00 | 03 October 2016 20:30 |
| 04 October 2016 08:30 | 04 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 | Substantially Compliant |
| Outcome 02: Governance and Management | Substantially Compliant |
| Outcome 03: Information for residents | Non Compliant - Moderate |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Substantially Compliant |
| Outcome 06: Absence of the Person in charge | Compliant |
| Outcome 07: Safeguarding and Safety | Substantially Compliant |
| Outcome 08: Health and Safety and Risk Management | Substantially Compliant |
| Outcome 09: Medication Management | Compliant |
| Outcome 10: Notification of Incidents | Compliant |
| Outcome 11: Health and Social Care Needs | Substantially Compliant |
| 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 was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (the Authority) to renew registration of this centre. During the inspection the delivery of care and support to residents was observed. Documentation such as care plans, medical records, accident/incident reports, policies and procedures, staff files and the registration application was reviewed. The inspector talked with residents, relatives and varied members of the

staff team during the inspection. The notifications of incidents together with accident and incident reports maintained in the centre, were also reviewed.

Nazareth House is located on the main link road between Letterkenny and Buncrana. The centre is attached to a convent and a church both of which are in use. The centre can accommodate 48 residents and provides long term continuing care including dementia care, short term respite care, palliative and end of life care. Residents were noted to have a range of care needs with over 60% of residents assessed as having maximum or high dependency care needs and dementia was identified as present for over 50% of residents.

Residents and relatives completed questionnaires prior to the inspection and on review these indicated a high level of satisfaction with the service. Ten residents and nine relatives/carers provided feedback. They indicated that they valued the opportunity to provide feedback about the service. The factors that received positive comments included the information provided to them at the time of admission and throughout their relative's stay. The positive attitudes and dedication of the staff team and the efforts made to support residents to maintain their independence were also aspects of the service that were valued.

Residents that the inspector talked to during the inspection said that "the staff were very kind", "were helpful and encouraged us to do as much as we can for ourselves" and they described the food as "very good with plenty of variety". One resident said that he could always talk to the staff and said that they listened "to my worries" and helped "solve some problems". Residents also said they enjoyed a range of activities and valued the efforts of the activity coordinator to vary the programme from day to day to reflect the preferences of residents. No concerns about safety were expressed and residents said they had no concerns about their well being as they regarded the staff team as professional and capable in the way they provided care and attention.

The premises is a large old style building that had been upgraded and modified over the years to take account of residents' needs and abilities as well as health and safety matters. It is located in spacious grounds that are open to the front and side and since the last inspection part of the garden has been made secure and this area is to be used to create a sensory garden. The building was clean, warm and maintained in good decorative condition. A significant upgrade of the interior had been completed since the last inspection. Fire safety arrangements had been strengthened by the installation of new fire doors and improved compartmentalization of the building. New storage and clinical areas had been added and were due to be brought into full use following the inspection. A number of "dementia friendly" design features had been included in the upgrade. Light colours had been used for floor coverings and paintwork and areas such as hallways had features that included bright colours and plants to help residents identify where they were when walking around the building.

There was good emphasis on individualised and person centred care and social care. Staff were knowledgeable about residents preferred daily routines, their likes and dislikes and records confirmed that they adhered to the choices made by residents. For example, residents told the inspector that staff respected their wishes to be

alone at times and said they were able to opt out of communal arrangements and spend time alone when they wished.

The inspector found that residents were provided with a safe and well informed standard of care that met their needs. There was good access to general practitioner (GP) services. Residents were regularly reviewed and doctors made weekly scheduled visits to the centre. Access to allied health professionals such as physiotherapy, speech and language therapy and dietetic services were also readily available. There was evidence of pharmacy input to support good medication management practice. There was adequate staff deployed for duty to meet the individual and collective needs of residents during the day and night.

The last inspection of the centre took place on 20 January 2016. The actions identified for attention at that time included improvements to care plans and the premises. The inspector also required that the planned work to the premises was risk assessed to ensure that residents were not adversely impacted when the works were undertaken. The inspector found that the actions outlined had largely been addressed. Care plans continued to need improvement to accurately reflect residents needs and abilities as some did not convey the range of care provided particularly where substantial one to one care was in place for periods of the day for some residents with fluctuating behaviour patterns. During this inspection areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland included the provision of information on additional charges made to residents that are outside the stated fee, improvements to procedures that relate to self harm and to the use of restraint measures.

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 document was available and had been provided to HIQA as part of the centre's registration documentation. A revised version is required to reflect proposed changes to the management structure specifically changes to the persons nominated to participate in management.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The management arrangements include fortnightly meetings with the provider where administrative, business and clinical issues are discussed. There is an administrative and clinical support structure in place to ensure appropriate governance. Changes to the staff that deputise for the person in charge were underway when this inspection was

conducted. The altered arrangements were due to be notified to Hiqa and included in the statement of purpose when finalised.

The inspector found that there was an audit system in place to ensure aspects of the service and care practice were reviewed and improved where changes were indicated. There was, for example, regular monitoring of falls, incidents and antibiotic use. Areas for improvement were identified. This included where falls prevention measures were put in place when falls risks were identified and where reviews of falls indicated that additional measures may prevent further incidents.

An overall review of the service in the form of an annual report as described in regulation 23 (d) Governance and Management was not yet available but the inspector was informed that the audit results and feedback from questionnaires that had been issued to residents was being compiled for the annual review report.

The last inspection of the centre took place on 20 January 2016. The actions outlined following this inspection had largely been addressed. There is an ongoing programme of maintenance and decoration. A major upgrade of the fire safety system had been completed prior to the inspection and additional storage and clinical room spaces had been added. The floor which had shown signs of wear and tear had been replaced and several areas had been redecorated. The inspector found that the governance and management systems ensured that the centre was safe and provided an appropriate environment to meet residents' needs. Changing health needs were monitored, incidents were reviewed and learning from events ensured that further episodes were prevented. This was illustrated by how restraint was managed and overall improvements in compliance since the previous registration renewal inspection.

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:
A comprehensive resident's guide that described in summary format the services provided was available. All residents had a copy and some residents interviewed said that they had found the information helpful. The information was clear and advised residents about the services provided, the staff complement and the arrangements in place for consultation with them.

All residents had a contract that indicated the fee that was charged and included the residents' contributions but the specific charges that related to any additional services provided was not clearly outlined. There was a standard fee that applied to additional services and the inspector judged that this should be revised and the charges for each specific service should be outlined to ensure transparency and to ensure residents and relatives are clear about what charges apply to their particular circumstance. Services such as chiropody and hair dressing incurred additional charges.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge 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 demonstrated good clinical knowledge and understanding of her legal responsibilities as required by the regulations and standards. She had engaged in continuous professional development and had attended varied courses to keep her knowledge and skills up to date. She had undertaken training in dementia care and had applied her knowledge to good effect when the recent redecoration of the centre was undertaken. Varied "dementia friendly " features had been incorporated into the decoration with good outcomes for residents. For example, the sitting area was now much brighter and hallways had distinguishing features that enabled residents to identify clearly where the hallway ended and how far they had to walk. Her mandatory training in adult protection, manual handling and fire safety were up to date.

The staff team said that they had good support from the person in charge and said that she was approachable and provided good guidance when required. Residents interviewed said that they felt they could approach her freely with queries or concerns.

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):

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

Findings:

The centre had a well established and well organised administration system. The inspector reviewed a range of documents, including residents' care records, the directory of residents, duty rotas, training records and health and safety records. The inspector found that overall records were maintained in a manner so as to ensure completeness and accuracy.

The action outlined in the last inspection report in relation to the content of care records was partially addressed. There was a more person centred focus in the records reviewed and there was information recorded that indicated that staff were familiar with residents' life histories, interests and health care needs. Daily records completed by nurses generally conveyed the range of care provided each day including social care however this was not a consistent finding across all the records reviewed. Some did not reflect the social care input or the one to one interventions undertaken by staff to address behaviour associated with dementia. While changes in patterns of behaviour were outlined the significant input from staff to support residents particularly during the evening period was not described. This is outlined for attention in outcome 11- Healthcare.

All the required policies and procedures were in place. The policy in relation to the management of self harm required review to provide effective guidance for staff. For example, the information available should include guidance on the assessment of factors such as isolation, behaviours that indicate distress, depression, dementia and where life changing injury has occurred which could be relevant to self harm vulnerability and risk.

Judgment:

Substantially Compliant

***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

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| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There have been no time periods since the last registration when the absence of the person in charge required notification. The staff nurses currently provide cover for short term absences of the person in charge. At the time of the inspection, the inspector was told by the provider and person in charge that they hoped to strengthen the management structure and appoint a nurse with specific responsibilities for areas of management to support the role of the person in charge.</p> |
| <p>Judgment: Compliant</p> |

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

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| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Residents interviewed and who submitted questionnaires said that they were well informed about their care and health needs and felt that they were safe, well cared for and well treated. Measures to protect residents being harmed or suffering abuse were in place. There was a procedure to guide staff through the varied aspects of prevention, detection and responses to allegations of abuse. The procedure had been reviewed in September 2016. It included information on protected disclosure and the role of the Health Service Executive caseworker for adult protection. All staff had received training in adult protection to safeguard residents and to protect them from harm and abuse. There is a programme of training undertaken each year. The required vetting procedures had been completed for staff and volunteers employed.</p> <p>Staff could describe what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. They described being observant about changes in residents' behaviours, unexplained injuries or anxiety exhibited by residents. Relatives confirmed to the inspector that staff informed them promptly of any changes in residents health, injuries or relevant matters that arose.</p> |
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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 inspector spoke to said that they felt safe in the centre. They indicated that the availability of staff, being able to talk to staff or to the person in charge if they had a concern and the call bell system contributed to their sense of security.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment and was reviewed weekly. However improvement in the assessment and use of restraint measures such as bedrails was required as many assessments indicated their use was introduced at the request of third parties. The use of any restrictive measure should be based on an informed decision that the measure protects the resident where other less restrictive measures have failed and this is the best option available. The assessment should include a summary of the less restrictive measures trialled that had been unsuccessful and had not provided the appropriate level of safety for residents. The inspector noted that where it was identified that bedrails presented risk when care needs changed they were removed.

There were some residents with fluctuating behaviour patterns associated with dementia. Staff were observed to support residents on a one to one basis where needed and engaged residents in activity and in conversation as ways of effectively managing such behaviour to protect the dignity of the resident.

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 systems in place to promote and protect the safety of residents, staff and visitors to the centre. An up to date health and safety statement was in place. This had been reviewed in September 2016. There was good emphasis on general hazard identification and preventive actions were outlined where risk was identified. For example the works required by the fire safety officer received prompt attention and were addressed by a programme of works completed in 2016.

The fire safety arrangements were satisfactory and staff had received training on how

the fire safety arrangements operated since the installation of the new fire doors and new fire panel. This training had been completed at 14.00 and 19.00 hours to ensure that night staff were familiar with the new arrangements. A total of seven fire drills had been undertaken during 2016. There was a fire safety procedure and floor plans of the building that identified the routes to the fire exits were on display. Additional emergency lights had been installed throughout the building and the fire exit signs were clearly and guided anyone in the building to the nearest exit. 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. All fire exits were checked daily to ensure they were unobstructed and the record was noted to be up to date to the day of inspection.

The scheduled monthly inspections of equipment were up to date and recorded. The emergency lighting, fire door closures and fire alarm were checked weekly to ensure they were operating effectively and the checks were recorded for each week throughout September the inspector noted. An induction booklet is provided to staff and this includes information on fire alert instructions, call points, location of exits and the fire assembly points.

Staff described their training to the inspector. They described how they were taught to use the ski sheets to move residents and to proceed with progressive horizontal evacuation through each set of fire doors. Training included the actions to take should clothing catch fire. Residents who smoke had a designated area to go to and were supervised and had protective clothing where this was required. There was a personal evacuation plan outlined for each resident and these were reviewed by the person in charge and were altered where residents' needs changed.

There were systems in place to ensure appropriate infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in toilet and sluice areas. There were supplies of personal protective equipment readily available. Risk areas such as sluices were clean and well organised. Bed pan washers were in good condition and were serviced in July 2016.

There was an emergency plan in place that described the actions to take should a range of critical situations arise. Staff had equipment such as torches and high visibility clothing readily available.

The health and safety policy included the identification and management of premises, business and clinical risks such as skin fragility, tissue viability, compromised nutrition status and dementia. There was information to guide staff on the assessment and management of a range of risks related to these areas. There were good descriptions of the risks presented and the control measures in place. The assessment of clinical risks for example to prevent skin deterioration included a routine of position changes and indicators for referral to allied health professionals when weight changes or other clinical features presented.

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. There was a system to identify residents most at risk of falls to alert staff to their degree of vulnerability. Manual handling assessments were available, were up to date and reflected resident's dependency and capacity to mobilise. The assessments indicated where hoist transfers were required and the number of staff required to assist with transfers.

Accidents and incidents were recorded and there were good descriptions of the events that happened and the measures taken to prevent recurrences. An analysis of falls was undertaken and this described the number, nature of events and preventative actions taken to prevent future falls. Where residents were at risk equipment such as hip protectors, low low beds and sensor mats were available and in use.

The centre had a missing person procedure and there were safety measures in place to ensure that residents did not leave the building unnoticed. Exit doors were alarmed and staff had good knowledge of residents who had dementia care needs that were at particular risk. Access to the new garden area was controlled but it was noted that if the door closed while people were in the garden it was not possible to get back in. This presented a risk and required review.

There were three actions outlined in relation to health and safety at the last inspection. These had all been addressed. Storage of equipment no longer presented a hazard as new storage areas were available and in use. The works undertaken had been effectively planned and risk assessed according to information provided to the inspector. The person in charge said that the project had gone smoothly and also said that a review was undertaken at the end of each day to ensure that doors were not left open or equipment left accessible to residents which would present a hazard.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The inspector found that there were safe systems in place for the management of medication. There were appropriate security measures in place for medication trolleys and for supplies of medication. The fridge used to store medication was purpose designed, clean and functioning at an appropriate temperature. A new treatment room and storage facility had been created as part of the refurbishment. This will provide a

larger and quieter space for nurses to work away from the business of the nurses' office and this was being prepared for use.

Staff were well informed about the medication regimes of residents. The inspector was told that residents admitted for respite care take in their own supplies of medication for the duration of their stay. The pharmacist who provides the medication supply also undertakes regular audits of the arrangements which supports the regular checks of the system undertaken by nurses. Resident's medication was noted to be reviewed every three months by the GP, nursing staff, specialist services and the pharmacist.

An action plan in the last report required that all relevant details including residents' weights were recorded in the medication administration records. This action was addressed. The inspector saw that relevant details such as weights and instances when residents refused medication were recorded. Medication prescribed on an "as required" basis was appropriately recorded with maximum doses over 24 hours described. All "as required" medications were outlined on a separate sheet for clarity. A new medication administration record was being introduced to further improve record keeping.

Medications that required special control measures were carefully managed and kept in a secure cabinet in accordance 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.

The inspector observed that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Nurses had attended management training to ensure their knowledge was up to date and that they adhered to good practice standards. Further training on the use of psychotropic medication was included in the training schedule.

There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge demonstrated that there were ongoing audits of medication management in the centre. The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication.

Judgment:

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 notifications supplied to Hiqa and the accidents and incidents that had occurred in the designated centre. On review of these incidents and cross referencing with notifications submitted 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):

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

Findings:

There were 45 residents in the centre during the inspection and one resident had been admitted for a period of respite care. There were 26 residents assessed as having maximum or high level care needs and the remaining 18 residents had medium or low level needs. The majority of residents were noted to have a range of complex healthcare issues and were being treated for more than one medical condition. Over 50% of residents had dementia or problems associated with confusion.

The arrangements to meet residents' assessed needs were set out in individual care plans which were maintained on a computer programme. Recognised assessment tools were used to evaluate residents' progress and 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. Three resident's care plans and aspects of other care plans related to the management of nutrition, depression, diabetes and dementia were reviewed. Care plans for residents assessed as high falls risk and who used bedrails were also reviewed.

The inspector found that good standards of personal and nursing care were in place and this was supported by regular medical and allied health professional input when required. The risk assessments completed were suitably linked to care plans where a

need/risk was identified. 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 inspector saw evidence that the ethos of person centred care was promoted. Residents could for example get up at times of their choice and staff were observed to assist residents to get up at varied times throughout the morning. If residents wished to remain in their bedrooms or go to the communal areas to meet others or take part in activity this was facilitated. The sitting areas were supervised and care staff were present to welcome residents and to ensure that they were comfortably seated.

Care plans were identified for attention at the last inspection as some were found to lack essential information on residents' abilities, capacity to communicate, orientation to surroundings or fluctuating behaviour patterns. The inspector found that work to ensure care plans accurately reflected residents care needs and abilities was ongoing and while the standard had improved further work was needed. For example, some residents had altered behaviour patterns during the day that required substantial one to one support from staff but this level of support required was not always evident from the care plan. The inspector saw that staff engaged residents in positive ways by talking and distracting them into another activity and also supervised them closely to ensure their safety. The inspector formed the opinion that appropriate care was delivered to residents and that their welfare was promoted.

On admission, a comprehensive nursing assessment and risk assessments were compiled for all residents. The nursing assessment was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspector noted that the assessments were used to inform care plans and that care was delivered in accordance with established criteria to ensure well being and prevent deterioration. They were updated at the required intervals or in a timely manner in response to a change in a resident's health condition.

Care plans for residents with dementia required more development to ensure they are person-centred, reflect individual needs and how these should be addressed and also reflect residents' residual abilities and what they can still do for themselves. Some care plans had good information on communication ability and sensory problems but this was not a consistent finding across the sample viewed. The inspector noted that there was good detail in some records on who residents still recognised and how they responded during visits from friends and relatives.

Residents had access to GP services each week and there was evidence that regular medical reviews were undertaken. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists and community mental health nurses and palliative care services was available. There was evidence that residents and relatives were involved and consulted about their relatives care in some cases but consultation with relatives was not always evident in care records. There was a record of residents' health condition and treatment given completed by nurses daily and at night. Reviews and evaluations of care were undertaken at the required intervals. 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 shared between the centre, acute hospitals and other services.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. An activity co-ordinator was employed during week days and she was supported by care staff to provide a range of activities that were interesting and varied according to residents needs and preferences. The inspector observed a singing session on day 2 of the inspection. Residents were observed to participate well and to enjoy this activity. There was evidence of people interacting with each other and the session had a positive outcome for all involved with many residents saying that they loved to sing and recall old songs.

There were four wound care problems in receipt of attention. These were noted to have been assessed appropriately and reviewed when dressing changes were undertaken. Referrals for specialist advice from a tissue viability specialist had been made and recommended advice had been incorporated into the care plan. Measurements for each wound were available and medical and nursing staff reviewed progress regularly and varied treatment and medication to promote healing. Advice from dieticians was also sought to ensure that adequate and appropriate nutrition was provided to healing.

Judgment:
Substantially Compliant

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 centre is located in part of a large old building that has been adapted and refurbished over the years to provide an appropriate environment for residents. It is connected to the nearby church and convent. The centre provided a calm, welcoming and home like environment for residents. It was safe and appropriate for residents and met the requirements of legislation. There were several communal areas where residents could sit together and these were noted to be bright and comfortably furnished. One sitting room was designated as a quiet relaxation space and had been

provided with sensory equipment. There was a large open plan dining room that had adequate space for residents to dine together in comfort and that could accommodate the range of mobility equipment that residents used.

A major refurbishment programme had been undertaken since the last inspection in January 2016. Additional storage areas and a clinical room had been added. The lack of storage had been identified for attention in the last inspection report. Several areas had been redecorated and new flooring had been laid in the main hallway. A number of dementia friendly design features such as light colours, contrast between hand rails and walls and bright colours on feature walls and at the end of hallways had been included in the decoration. Residents' room doors had been painted in varied primary colours and communal/ service areas in grey. These features helped residents with dementia or sensory problems to identify their rooms and other areas more easily.

All areas were noted to be visibly clean and equipment was clean and in good condition. There was an ongoing replacement programme for equipment. The building was in good decorative order and there was an ongoing programme for redecoration of areas that had not yet received attention. Residents' rooms had been personalised with ornaments, photographs and pictures. All areas were noted to be comfortably warm.

There was appropriate equipment for use by residents and staff which was maintained and regularly serviced to ensure that it is in good working order. Service records for the past 3 years confirmed this and the inspector noted that electric beds had been serviced in July 2016, hoists were serviced in April and July 2016 and specialist mattresses had been serviced in April 2016. The nurse call system had been upgraded in September 2016. Adequate equipment and appliances such as hoists, wheelchairs and walking aids was available to support and promote the independence of residents. There were handrails in hallways and ramps were in place in some areas to improve accessibility. Sluice areas were well organised, surfaces were easy to clean and appropriate equipment such as bed pan washers were available and in working order.

There was a variety of armchairs and specialist seating available and the inspector noted that the majority of residents used the communal areas during the day. Residents who spent time in their rooms were visited frequently by staff who checked that they were comfortable and provided drinks and snacks.

The centre is located in large grounds but had lacked a safe secure garden space. This had been remedied and a secure outdoor garden area had been created during the recent works. The planned development of this space includes the creation of a dementia friendly sensory garden and several residents said that they were looking forward to this as it would make the garden more interesting for them.

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:

There was a complaints procedure available to residents and residents interviewed were aware that they could make a complaint. They could identify the person in charge as someone they would go to if they had a complaint and several said that they felt they could go to any member of staff if they had a concern.

The complaints procedure was described in the residents guide and in the statement of purpose. There was an appeals procedure described if residents or relatives were not satisfied with the outcome of a complaint investigation. The contact details for the ombudsman's office were available. The inspector found that there was no one nominated in the centre to oversee the management of complaints as required by regulation 34 (3)(a) and (b). There were also two versions of the complaints procedure and the version not use should be removed from the procedure manual to avoid confusion.

The inspector saw from the records maintained that the outcome of investigations was recorded and that there was a conclusion indicating if the complainant was satisfied. There were no active complaints at the time of the inspection.

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:

This outcome was the subject of a thematic inspection conducted on 8 December 2014 and aspects of end of life were examined in detail during that inspection. Good standards of care practice were found to be in place at that time. The inspector found that staff had generally maintained this standard but while some residents had

comprehensive information described in end of life care plans, this information was not available for all residents. The inspector found in the sample of records reviewed that where residents' end-of-life care preferences/wishes had been identified and documented staff had good information that ensured they would be able to follow residents' wishes.

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre and there was evidence that holistic and pastoral care procedures were in place. Residents said that they valued the religious ethos of the centre and that the support provided by staff and the community of sisters were factors that influenced their move to Nazareth House. There were no residents in receipt of end of life care during this inspection. Staff said that relatives could stay overnight with loved ones and refreshments were offered to residents' family members and friends. There was adequate space for a number of people to spend time with residents when end of life care was in progress.

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 found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory. A thematic inspection that focused on end of life care and on food and nutrition was undertaken on 8 December 2014. At that time the standard of catering and variety of food provided were found to meet residents' needs and preferences. The findings of this inspection confirmed that this satisfactory standard was sustained. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified and monitored closely. There was a food and nutrition policy in place that provided detailed guidance to staff and this was supported by a range of procedures that included the management of fluids and hydration, the use of percutaneous endoscopy nutrition systems and the care of residents with specific conditions such as diabetes.

Residents told the inspector that the food was "plentiful and very tasty". Others said "we are always offered a choice". Residents' food likes and dislikes were recorded and

staff could describe to the inspector the varied modifications that were made to ensure their choices were met. Catering staff provided interesting food choices at each main meal time. On the inspection day the choice was roast pork or chicken casserole and a variety of vegetables that included green beans, carrots and creamed potatoes were also served. Hot choices were offered at tea time and the inspector noted that residents were able to have a variety of options according to their preferences.

The inspector observed that meals were well presented, served in individual portions and residents who needed assistance had appropriate support to ensure their meal time was a satisfactory and pleasant occasion. There were two staff dedicated to dining room duties throughout the day. They were responsible for arranging the dining room, assisting with the service of meals and ensuring that residents had adequate supplies of water and juice readily available. Staff were observed to assist residents in a manner that protected their dignity during meal times. There were several staff available in the dining room throughout each meal time and staff sat beside residents who needed prompting or assistance to eat. Staff interviewed could describe the different textures of food that was served and how they adhered to safe swallowing guidelines. Snacks, beverages and cold drinks were available throughout the day. Staff were observed to prompt residents to have drinks where residents could not assist themselves.

Records reviewed showed that residents' nutritional status was assessed using a recognised evidence based tool and reviewed as necessary. Care plans to address specific nutritional needs were in place and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. The monitoring arrangements including monthly weights and more frequent monitoring was in place if fluctuations upwards or downwards were noted. All residents who were vulnerable to weight loss had been assessed and had a nutritional care plan in place. At the time of inspection 15 residents had fortified foods and others had dietary supplements. Residents have access to allied health professionals such as dieticians and speech and language therapists.

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, their rights were promoted and that they were treated with dignity and respect.

The centre had taken positive action to ensure that residents had access to a range of social opportunities that were suitable to their needs, were age appropriate and reflected their interests. One resident told the inspector that "there was great entertainment here". The activity coordinator who was interviewed said that there is an activity schedule for each day but this is frequently altered to meet residents' wishes. The programme was published on a notice board in the hall and regular activities included quizzes, poetry reading, singing and reminiscence activity. Residents with dementia and their families were being encouraged to complete life histories so that staff could use this information to inform the activity programme and one to one work with residents.

Residents were encouraged to be independent and to do their own shopping for example. The centre had access to a wheelchair taxi and some residents used this when going out. Outings to places of interest were arranged and residents confirmed that they had been out to local hotels, gardens and a retreat centre.

There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment. The inspector observed that staff put measures in place to promote dignity for example having a contrasting colour of crockery so that a resident could see the plate and food more easily and so continue to feed himself independently. Staff were observed to engage with residents throughout the day and ensured that residents were included in activities or in conversation when they did not wish to take part in the activity underway. Contacts between staff and residents were noted to be cheerful, pleasant and positive. The activity coordinator said that residents who remained in their rooms were visited every day. Residents who were very frail had one to one time and activity such as hand massage, reading or music was used to enhance these contacts.

Residents who had dementia were noted to be well supported and staff described how they helped residents orientate to their environment and participate in day to day life to their maximum capacity. They described spending time with residents, giving them choices, sufficient time to respond to questions and by providing reminders so that they knew when meal times and activities for example were to take place.

There were arrangements in place for consultation with residents through regular meetings and there was an established network with residents' families. Residents were consulted about changes in the centre and were informed of the works that had to take place earlier in the year. They contributed to decisions about the colour schemes when decorating was underway and on the inspection day were engaged in choosing the material for curtains for the sitting rooms. Feedback to the inspector indicated that personal choices such as times resident wished to get up and go to bed were respected and adhered to by staff. There was no closed circuit television systems in place in residents' areas to impact on privacy.

Residents confirmed that they could follow their religious beliefs and said that they could

attend mass daily or have priests or ministers visit them in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits. The inspector saw that visitors came in at varied times during the day. Residents had access to the television, radio and to daily and local newspapers.

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 were systems in place to safeguard residents' property and money. The inspector reviewed these procedures and found that there were up to date records of personal property and any money held for safe keeping. The administrator could describe how finances were managed and had a clear system in place to account for any money held on behalf of residents. There was an individual record for each resident and all transactions were recorded and could be easily identified.

Residents' areas and rooms were personalised with photographs, pictures and other personal possessions. There was a system in place to reduce the loss of clothing and items were clearly labelled. This was usually completed before admission but staff ensured all clothing was labelled when new items were brought into the centre. Residents said that their clothes were well cared for and returned to them in good condition.

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 reviewed staffing levels and discussed the staff allocation with the person in charge and members of the staff team. They described how they allocated workloads and determined staffing requirements. The person in charge said that the staff to resident ratio of care hours were calculated at 3.5 per resident each day, excluding input from activity staff. There were two nurses allocated for duty each day in addition to the person in charge. Nine carers were on duty during the morning. This included a care staff supervisor who allocated workloads and ensured that carers were supported in their day to day roles. At night there was a nurse and three care staff on duty. Household, laundry, maintenance, catering and administrative staff were also available. The inspector found that the day and night staff allocation was appropriate to meet the needs of residents. Two nurses had been recruited to supplement the staff team. The person in charge was waiting for the vetting procedure to be completed before they commenced duty.

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 and nurses provided good leadership and guidance. Evidence of professional registration for nurses was available.

The inspector noted that staff meetings took place regularly and that catering, care and nursing staff had a meeting schedule. Meetings were used to reflect on practice and changes that were considered necessary were discussed and remedial actions taken. For example oral hygiene for residents was discussed and the significance of good practice in this area. The procedure for missing residents was discussed following an incident when a resident had left the building for a short time. Meetings were noted to have taken place regularly during 2016.

The inspector was provided with details of the training that had been provided to staff during 2015 and 2016. Training had been provided on a range of topics that included: elder abuse and the protection of vulnerable people, fire safety, hand hygiene and infection control, dementia and activity, person centred dementia care, nutrition and moving and handling. All staff had up to date training in moving and handling, fire safety and adult protection. Staff who required updates for moving and handling or fire training were scheduled to do this in November 2016.

There had been an emphasis on dementia care training during 2016 and almost all staff had introductory or more advanced training in this topic. This was ongoing according to the person in charge who said that an information session was being provided for staff, residents and relatives later in the year.

Residents and staff were observed to have good relationships and the inspector saw staff display warmth, kindness and respect to residents. Residents said they valued the way staff remembered their preferences and the ways they liked their daily routines and personal care to be carried out. The inspector observed that call-bells were answered promptly, staff were available to assist and support residents when they were restless or confused and there was appropriate supervision in the dining room and sitting rooms throughout the inspection day.

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: | Nazareth House |
| Centre ID: | OSV-0000368 |
| Date of inspection: | 03/10/2016 |
| Date of response: | 18/11/2016 |

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The new management structure to support the person in charge need to be outlined in the statement of purpose.

1. Action Required:

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

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

Residents in Designated Centres for Older People) Regulations 2013.

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

The new management structure is in place and the updated Statement of Purposes reflects these changes. A copy of the Statement has been given to the Chief Inspector.

Proposed Timescale: 18/11/2016

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was evidence of a range of reviews and audits of the service and there was regular consultation with residents but the findings had not been collated into an annual review as required by regulation 23 (d)

2. Action Required:

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

The Annual Review Report is completed and a copy has been sent to the Inspector with the Action Plan.

Proposed Timescale: 18/11/2016

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:

There was a fee for additional services but the charges for each specific additional service were not specified.

3. Action Required:

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

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

Completed - a schedule of up-to-date additional fees, not included in the Nursing Home Support Scheme or which the resident is not entitled to under any other health entitlement, is included in the Resident's Contract of Care

Proposed Timescale: 01/11/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The policy and procedures to guide staff on how to manage self harm required review to include the assessment and management of relevant risk factors.

4. Action Required:

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

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

A written policy and procedure to guide staff on how to manage self harm, to include the assessment and management of relevant risk factors, has been completed. Policy and procedure discussion sessions will be undertaken with staff to enhance their knowledge base on this subject.

Proposed Timescale: 10/12/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The assessment and use of restraint measures such as bedrails required review to ensure that they were used when other measures had not provided an adequate level of safety and the decision to use bedrails needed to be underpinned by an informed decision making process.

5. 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:

The assessment and use of restraint measures such as bedrails have been reviewed to ensure that they are used only as a last resort when other measures do not provide an adequate level of safety. The decision to use bedrails will be underpinned by an informed decision making process with the multi-disciplinary team. The use of bedrails is reviewed on a weekly basis.

Staff received training on the Use of Physical / chemical restraints in residential care units on 15th November 2016

Proposed Timescale: 18/11/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The door closure on the door to the new garden requires review to ensure that anyone using the garden can open the door from the outside.

6. 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:

A hazard identification and assessment of risks throughout the designated centre has been undertaken – resulting in a change to the closure mechanism (time-lock system) of the door to the enclosed garden so that it can be opened from the outside.

Proposed Timescale: 10/11/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Consultation with relatives on care plans was inconsistent and was not recorded as being undertaken.

7. Action Required:

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

family.

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

A record will be kept of all consultations undertaken with relatives in relation to formal reviews of care plans, at intervals not exceeding 4 months.

Proposed Timescale: 31/01/2017

Theme:

Effective care and support

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

Care plans did not always accurately reflect residents care needs and ability. For example, some residents had altered behaviour patterns during the day that required substantial one to one support from staff but this level of support required was not always evident from the care plan.

8. 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:

Issues in relation to care plans have now been addressed and updated to be more person centred to reflect resident's care needs and ability, to include altered behaviour patterns and the requirement for one to one support recorded in the care plan. These will be formally reviewed, at intervals not exceeding 4 months, and where necessary, revise it.

Proposed Timescale: 31/01/2017

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:

There was no nominated person to oversee that the management of complaints was in accordance with legislation.

There were two versions of the complaints procedure available.

9. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under

Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

A person was nominated to oversee that management of complaints was in accordance with legislation.

The complaints policy is now updated.

Only one version of the complaints procedure is available.

Proposed Timescale: 10/11/2016

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:

Care plans for end of life care, for residents where it is possible to, must be completed.

10. Action Required:

Under Regulation 13(2) you are required to: Following the death of a resident make appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical.

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

Care plans for end of life care, for residents where it is possible to, will be completed in accordance with that resident's wishes in so far as they are known and are reasonably practical. While every effort is made to complete this information, there are exceptions where a resident does not wish to discuss or outline their end of life care and the resident's wishes are respected in these circumstances.

Proposed Timescale: 10/12/2016