

**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: | A designated centre for people with disabilities operated by Catholic Institute for Deaf People |
| Centre ID: | OSV-0002090 |
| Centre county: | Co. Dublin |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Catholic Institute for Deaf People |
| Provider Nominee: | Bernard McGlade |
| Lead inspector: | Linda Moore |
| Support inspector(s): | Deirdre Byrne; |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 33 |
| Number of vacancies on the date of inspection: | 5 |

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
- 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 well-being 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 2 day(s).

The inspection took place over the following dates and times

| | |
|----------------------|----------------------|
| From: | To: |
| 26 August 2014 08:30 | 26 August 2014 17:00 |
| 27 August 2014 07:10 | 27 August 2014 16:00 |

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

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|---|
| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection

Inspectors followed up on the action from the immediate actions identified at the inspection of 5 and 6 August 2014.

Inspectors noted that there were 25 residents in the centre, as two were in hospital and six residents were on holiday accompanied by staff.

Inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Following the previous inspection an immediate action plan was issued to the provider on 07 August 2014. These actions included healthcare, staffing, clinical governance and medication management. Responses to the immediate action plan was submitted on 21 and 25 August 2013 which was satisfactory.

Because of the significant number of non compliances identified at inspection the provider was required to attend a meeting with the Authority on 21 August 2014 to discuss the findings.

Inspectors met the person in charge and Chief Executive Officer during this inspection as the provider was on leave. The provider had invested significant resources into the care practices since the previous inspection. Overall, inspectors found improvements across all areas during the inspection. Additional care staff and

24 hour nursing care was in place since the previous inspection. Residents had access to general practitioner (GP) services and to a range of other health services.

The dining experience for residents had significantly improved. The risks associated with smoking, residents at risk of going missing and choking were addressed. Areas identified for improvement included:

- care planning
- medication management
- risk management

These items are discussed in the body of the report and are included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

As described under Outcome 11 residents did not have care plans to guide the delivery of care.

Judgment:

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

Inspectors found that some improvement was noted in this action. The providers response to the immediate action plan was comprehensive and the actions agreed were implemented within the time frame. Further action was been taken to address this action fully.

While there was a system in place for the identification, assessment, recording and investigation of clinical and non clinical risk, this was reactive in nature. The provider had put appropriate systems in place to respond to actions identified on inspection. The current risk register was in the process of being revised and this was due for completion on 05 September 2014. The chief executive officer had undertaken a walkthrough of the building and risks identified were addressed. External assessors were appointed and were due to complete a full assessment of all risks in the centre. The first clinical governance meeting took place on the 27 August and there were plans to address the clinical risks identified. There was still no policy in place to guide the new and proposed practices.

Residents at risk of going missing

All residents at risk of going missing had been identified, a concerned absence profile and management plan was in place. Appropriate supervision of these residents was now in place. Additional care staff were in place to supervise these residents. Inspectors found that the premises had been secured with a new alarm system implemented on the days of the inspection to alert staff should a resident leave the premises. There were further plans to secure all areas by the 05 September 2014.

Smoking risks

All residents who smoked were identified, the provider had completed a risk assessment of the smoking room and additional control measures were in place. Staff told inspectors of the control measures in place to mitigate any risk to residents. All residents except one were supervised when smoking and smoking aprons were provided. While residents at risk had a smoking risk assessment in place, there were not resident specific and there were no care plans for these residents to guide practice.

Residents at risk of choking

Inspectors found that there were improvements in this area since the inspection. However, it was too soon to determine if these improvements could be sustained in order to mitigate any risk to residents. Inspectors observed that a resident who had a choking incident since the inspection was reviewed by the speech and language therapist. However, the resident was not provided with the altered consistency diet as required on the first day of the inspection, this was addressed on day two. An up to date list of all residents nutritional needs was provided to the chef and the staff. The clinical nurse manager supervised the dining experience and responded to issues as they arose. There were plans to train all care and kitchen staff in Dysphagia on the 18 September 2014. There were no care plans to guide the care to these residents.

Judgment:

Non Compliant - Minor

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

Inspectors found that while there had been improvements in healthcare provision since the previous inspection. There were still some aspects of healthcare that required improvement in order to ensure evidenced based nursing care could be delivered. There were still no care plans for residents to guide the care delivered. The systems to respond to falls required improvement and nutrition still required improvement. The CEO provided assurances that these issues would be addressed.

Falls prevention and management

Inspectors found that there were system in place to assess and manage falls. Inspectors were satisfied with the progress that was being made to address the immediate risk to residents identified on the previous inspection. However they required improvement required to mitigate future falls. Records showed that some residents had repeated unwitnessed falls in 2014. Neurological observations were now being completed following these falls. However, there were gaps of four hours between the completion of the observations. Resident's records demonstrated the care provided to residents following a fall and there was evidence that the GP had been notified or reviewed each resident following a fall. There were still no measures in place to minimise the risk of future falls, such as the use of hip protectors or the use of equipment or increased supervision. However a falls prevention team was being established to include the physiotherapist and occupational therapist. There were plans for the first meeting to take place on 29 August 2014.

Wound care

Inspectors were satisfied that the immediate risk to residents in terms of wound care was addressed in line with the action plan. Inspectors found that wound assessments and plans were in place for residents. There was evidence that wound care was provided in line with plans. Tissue viability had been included and was directing the care provision. There was evidence that the recommendations prescribed by the specialist in wound care had been followed. All wound care was provided by nurses with expertise in this area. Staff were not knowledgeable on the use of pressure relieving equipment. However, training was planned in wound care to be completed by 30 September 2014.

Epilepsy management

Inspectors were satisfied that the immediate risk to residents in terms of epilepsy management was addressed in line with the action plan. However improvements were required. There was still no policy or procedure to guide staff in the management of

epilepsy. However a epilepsy management plan was in place and had been signed by the GP. While some of the staff could detail the care to be provided, there was still no care plan or guidance for staff. Training had been provided by a specialist service to six staff on epilepsy management and the administration of medication required. Further training was planned for 18 September 2014.

Diabetes management

Inspectors were satisfied that the immediate risk to residents in terms of diabetes management was addressed in line with the action plan and further action was planned by the provider to fully address this action. Staff could describe the care for residents with diabetes. One residents prescription still could not be fully understood by all staff. However there was a management plan which had been developed since the inspection with the assistance of the GP and the diabetic specialist service. Training was planned for all staff in this area before 30 September 2014.

Dysphagia (swallowing difficulties)

Inspectors were satisfied that the immediate risk to residents in terms of Dysphagia was addressed in line with the action plan. Inspectors noted that there had been improvements in this area as detailed under outcome seven.

Nutrition management

Inspectors noted that there was a system in place to monitor residents' nutritional needs and weight. While the immediate risk to residents in this area was mitigated, further action was required. Residents' weights had been consistently recorded but there were still no care plans in place to address identified weight loss. Records showed that some residents had varying levels of weight loss. The dietician was in the centre on the day of the inspection and had provided up to date guidance for staff. There were food intake charts now in place for three residents. However, the malnutrition assessment screening tools had been incorrectly completed or not completed for some residents. The dietician was due to visit the centre on 11 September 2014 to provide education to the nurses and chef and to review the menus.

Catheter care

Inspectors found that the immediate risk in this area was addressed as action has been taken by the nursing staff to monitor the care of these residents. There was still no care plans to guide care. There was no information available on the type of catheter used and when this was due to be changed. Staff had not received training in this area. One resident had been referred to the urology team since the previous inspection. Training was planned for staff in catheter care on 29 August 2014.

Behaviour that is challenging

Inspectors found that the immediate risks to residents were addressed in line with the action plan. All staff were aware of the needs of these residents and were able to describe the care provided in line with their needs. Additional expertise in this area was sought. However, due to the number of residents in the centre with behaviour that challenges and the fact that staff had not been provided with training. This was planned for 2,9 and 16 October 2014.

There was still a lack of a system to follow through and monitor care issues.

Inspectors found that the immediate risk to residents was addressed and were satisfied with the progress made. However there were areas for improvement. While two residents had received blood transfusions since the previous inspection, there were no repeat bloods taken to ascertain if the intervention was effective. A date for this intervention was agreed with the GP during the inspection. A tracking sheet and protocol had been developed to improve this practice going forward.

Inspectors found that the immediate risk in this area was addressed in that all bruises were now reported to the nurse manager and discussed at the weekly clinical governance committee. However there were still areas for improvement. While it was still noted in the personal care book that some resident had bruises, there was no evidence of any analysis or follow through of the cause of the bruise.

Inspectors did not observe any poor manual handling practices during the inspection. All manual handling assessments were up to date. Ten staff had been trained since the inspection and further training was planned.

Judgment:
Non Compliant - Major

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
Improvements were noted in the administered of medication.

Medications that required strict control measures (MDAs) were now managed in line with professional guidelines. The stock balance was not checked and signed at the change of each shift.

Medications were administered by nurses who were knowledgeable in the types of medications and the contraindications. Refresher medication training was provided to a number of staff on 14 August and further training was planned.

However inspectors observed poor practice in the administration of medication twice during the inspection. There was still no system in place for the management of errors or stock control in the centre. This was being addressed through the clinical governance meetings.

Judgment:
Non Compliant - Minor

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

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

Findings:

There was an improvement in the clinical governance arrangements since the previous inspection. The nurse manager now reported to the person in charge. A clinical governance meeting took place on the 27 August and minutes showed that all clinical issues identified at the previous inspection were being discussed with a plan in place to address these issues. There were plans to develop a multi disciplinary team meeting monthly to discuss residents needs. A senior nurse was in post for an additional three weeks to support the clinical nurse manager to identify and respond to clinical issues.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. 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.

Theme:
Responsive Workforce

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

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

Findings:

Inspectors found that the immediate risks to residents were satisfactorily addressed in line with the providers response to the action plan. However further action was required to recruit permanent nurses and in the provision of training to staff.

Inspectors found at the previous inspection that there was an insufficient number of nurses on duty at all times to meets residents assessed needs. Inspectors noted for a review of the planned and actual rotas that 24 hour nursing care had been provided since the 22 August 2014 and this had improved the nursing care delivered to residents. There was an additional care assistant rostered to night duty to support the agency staff and additional care assistants during the day and at the weekend to meet residents needs. Inspectors found that there were 11 residents with low dependency needs, 16 high and 06 maximum dependency needs.

The person in charge stated that a recruitment drive for permanent nurses to report to the clinical nurse manager was in process. The nurse manager had completed induction on 22 August 2014 and was knowledgeable of residents needs.

A comprehensive hand over sheet was developed to assist agency staff and the CEO was developing an induction template. The service level agreement with the two agencies was not available for review.

Inspectors found that despite the increased number of staff on duty, the organisation, allocation and supervision of work required improvement. Inspectors found that despite the increased number of staff in the centre, one resident's continence needs were not met on the day of the inspection.

Inspectors noted from a review of training records and speaking to staff that additional training was provided to staff since the inspection as discussed throughout the report. However staff were not knowledgeable in the areas of risk management or dementia care to meet the assessed needs of residents.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Linda Moore
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

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Catholic Institute for Deaf People |
| Centre ID: | OSV-0002090 |
| Date of Inspection: | 26 August 2014 |
| Date of response: | 24 September 2014 |

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 05: Social Care Needs

Theme: Effective Services

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

there were no care plans in place for residents.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

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

St Joseph's has established:

1. A Clinical Care Plan setting out clinical health needs and risks for each resident
2. 'My Information Book' which contains the Care Plan setting out how a resident is to be cared for and have their needs met and the Personal Plan setting out the personal preferences and goals of the resident and how these preferences can best be met to enable their social and personal development

Both documents reside at the Nurses Station.

Clinical Care Plan – actions taken

- All residents have completed a nursing health care check with full review of medical files completed
- Action plan completed post review of medical files to ensure each resident has a complete file with all medical investigations fully followed-up
- 25 residents have completed a full GP health check
- 26 health management plans have been completed for all 'high risk' residents
- Internal audit has been undertaken on one complete file resulting in an action plan to be completed by 30th September 2014

Clinical Care Plans – actions to be taken

- Outstanding GP health checks are scheduled for completion by 30th September 2014
- Remaining health management plans to be completed on all residents by 10th October with full audits completed by 31st October 2014
- Nurse Manager will complete a full action plan to ensure all referrals are sent and followed up by 30th September 2014

'My Information Book' – actions taken

- Internal audit has been undertaken on one complete file resulting in an action plan to be completed by 30th September 2014

'My Information Book' – actions to be taken

- 1 combined Care and Personal plan will be reviewed, revised and put into a new draft format for approval by Wednesday 1st October 2014.
- Subject to approval of new format, all combined Care and Personal plans will be reviewed, revised and put into the new format by 30th November 2014. Maximum high dependency resident files will be completed by 19th October. High dependency resident files will be completed by 17th November. Full completion by 30th November.

Proposed Timescale: 30/11/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The system for the identification, assessment, recording and investigation of clinical and non clinical risk was not fully formalised.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Clinical Governance – actions taken

- New Clinical Governance structure now in operation
- Terms of Reference and Policy for Clinical Governance structure now in place
- Top 10 Clinical risks established and action plan is operational to minimise these risks
- Top 10 clinical risks reviewed at each weekly Clinical Governance meeting
- Internal audit team established
- Audit team conducted a second walk-through audit of the house and action plan prepared

Clinical Governance – actions to be taken

- External Risk Expert has been retained to assist us to develop and implement full risk management policy and procedures, and risk assessments. This process will commence on Thursday September 25th and is expected to be completed by week ending 12th October 2014.
- Training for all staff, as required, will be scheduled as this process unfolds.

Residents at risk of going missing – actions taken

- All external doors, with the exception of main front door, are now alarmed and controlled with a key pad.
- By 7th October, both yard gates will have key pads in place. By 14th October, both gates and front door will be alarmed.
- New electronic 'wandering bracelets' system ordered. Installation dates confirmed for October 14th.
- Perimeter fencing has been extended to ensure further safety
- Consent forms issued to Relatives and meetings confirmed.

Smoking risks – actions taken

- Individualised resident smoking management plans have been completed for all smokers. This includes a risk assessment.
- Ongoing campaign to reduce or give up smoking and has been carried out as part of GP health check for residents who smoke

Smoking risks – actions to be taken

- Complete health management plan for each smoker by 10th October 2014

Residents at risk of choking – actions taken

- 12 staff (care and kitchen) were trained in Dysphagia
- Care plans now in situ for all residents at risk of choking
- All systems that were put in place at time of last inspection remain operational

Residents at risk of choking – actions to be taken

- Remaining staff will be trained in Dysphagia by October 30th

Proposed Timescale: 30/10/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Health care needs of residents were not met in the areas of falls prevention and management, nutrition and the follow through and monitoring of care issues.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Healthcare Needs – actions taken

- All residents have completed a nursing health care check with full review of medical files completed
- 25 residents have completed a full GP health check
- 26 health management plans have been completed for all 'high risk' residents
- MDT meeting operating on a monthly basis

Falls prevention and management – actions taken

- Individualised falls health management plans are in place for all high risk residents
- Falls and falls prevention discussed at weekly falls prevention meeting
- MDT meeting has reviewed 4 residents at risk of recurrent falls at first meeting and reviewed all protocols and falls documentation
- New falls protocols for nurses and care staff now in full circulation
- Falls prevention training completed with all care staff by Nurse Manager
- Identified gaps in falls protocols with agency nurses and handover procedure has been updated to ensure full compliance. Nurse Manager reviews agency staff shift handover documentation and takes immediate action if necessary.
- 6 bed alarms fitted where residents require supervision when mobilising/toileting at night
- Toileting plans being carried out for two residents
- Increased Supervision highlighted at formal handover in the morning with carers and nurses
- 1 resident has been reviewed by the physiotherapist and nurse manager and a new

standing hoist has been deployed

- Hip protectors discussed at Clinical Governance meeting and have been ordered for appropriate residents

Falls prevention and management – actions to be taken

- Ongoing assessment clinics being carried out by Occupational Therapist and Physiotherapist on residents in danger of recurrent falls

Wound Care – actions taken

- Nurse Manager has completed a wound care training programme including the use of pressure relieving equipment and identification of threats to skin integrity to 18 care staff
- All pressure relieving equipment has been labelled as to the correct pressure setting of each mattress

Wound Care – actions to be taken

- TVN will complete training with nursing staff by 30th October

Epilepsy Management – actions taken

- Epilepsy policy has been completed and is available to all staff at draft level
- Care plans of residents identified with epilepsy have been revised and individualised emergency medication protocols are in place

Epilepsy Management – actions to be taken

- Epilepsy policy to be formally released
- Further epilepsy training by specialist service scheduled for 22nd October 2014 for remaining care staff and members of the management team

Diabetes Management – actions taken

- Unclear prescription for one resident with diabetes has now been fully clarified.

Diabetes Management – actions to be taken

- Training by dietician to care staff and residents with diabetes will be carried out during October. This delay is due to dietician wanting to have kitchen fully set up before conducting training.

Dysphagia – actions taken

- 12 staff (care and kitchen) were trained in Dysphagia
- Care plans now in place for all residents at risk of choking
- All systems that were put in place at time of last inspection remain operational

Dysphagia – actions to be taken

- Remaining staff will be trained in Dysphagia by October 30th

Nutrition Management – actions taken

- M.U.S.T assessments completed on all residents
- Dietician has reviewed two high risk residents and a plan is in situ for future reviews – awaiting dates from dietician
- Dietician completed review of menus and provided guidance to the chef over two

evenings on September 8th and 9th with future ongoing support

- Specialist training on nutritional supplements has been completed to 12 staff (care and kitchen)
- Specialist has completed tasting session for nutritional supplements with residents

Nutrition Management – actions to be taken

- Full clinical care plans for all residents will be completed by 10th October 2014

Catheter Care – actions taken

- Training to care staff on the management of urinary catheters has been completed by nurse manager
- Individualised care plans for the two residents at risk have been completed with specific catheter diaries outlining the schedule of changing, flushing and care
- One resident has been reviewed by urology to discuss long-term catheter

Behaviour that is challenging – actions taken

- Meeting held with specialist provider to obtain guidance on behavioural management plans.

Follow through on bloods and other samples

- Care issue about residents having blood transfusion with no follow-up bloods has now been rectified and both residents have completed full health checks with GP with schedule of bloods now in place

Record of unexplained bruises

- A new form has been devised to include a section for care staff to complete on the identification of a bruise and is then handed over to nurse on duty who completes the remainder of the form and completes any relevant actions required
- Protocol is now in place to guide this practice

Manual Handling Practice

- All care staff have now been trained by nurse manager on individualised manual handling practices
- Nurse Manager / manual handling instructor monitors manual handling on an ongoing basis

Proposed Timescale: 30/10/2014

Outcome 12. Medication Management

Theme: Health and Development

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

Poor practice was observed in the administration of medication during the inspection. There was still no system in place for the management of errors or stock control in the centre.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Medication Stock Balance (MDAs)

- The stock balance is checked and signed at the end of each shift by two nurses

Medication Training

- Care staff to be retrained in the administration of medications in the last week of October.

Medication Error Management

- Medication administration and incident reports are now logged separately and discussed at clinical governance meeting
- Nurse Manager now has a separate medication error log which is completed when errors occur
- Nurse Manager monitors medication administration on an ongoing basis to minimise reoccurring errors
- Nurse Manager now manages medication ordering, stock control, audit and medication errors in conjunction with pharmacy

Proposed Timescale: 30/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Inspectors found that the organisation, allocation and supervision of work did not ensure that residents needs could be met.

Action Required:

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

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

Allocation & Supervision of work – actions taken

- The normal routine for the resident in question requires one member of staff to attend. On the day of inspection, two staff members responded to another resident so normal routine was disrupted. This situation was further complicated by the shortage of pagers. The supply of pagers available did not meet the increased staffing levels. Additional pagers have been deployed to resolve this issue.

Allocation & Supervision of work – actions to be taken

- Full review of handover at the beginning and end of each shift is scheduled for completion by October 3rd before new nursing team starts.

Proposed Timescale: 03/10/2014

Theme: Responsive Workforce

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

Staff did not have knowledge in the areas of risk management or dementia care to meet the assessed needs of residents.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Risk Management – actions to be taken

- External Risk Expert has been retained to assist us to develop and implement full risk management policy and procedures, and risk assessments. This process will commence on Thursday September 25th and is expected to be completed by week ending 12th October 2014.
- Training, as required, for care staff will be scheduled as this process unfolds.

Dementia Training – actions to be taken

- Specialist training is being sought for care staff.
- In the meantime, nurse manager will discuss characteristics and care of residents with dementia at care meeting on October 16th.

Nursing – actions taken

- Two full time nurses recruited - start date 6th October
- One part-time nurse recruited – start date 6th October
- Additional full time nurse commencing 16th October.
- Recruitment of remaining nursing requirement on -going

Agency nurses will continue to be used till full nursing compliment recruited.

Senior Nurse / Advisor – actions taken

- Senior nurse / advisor has agreed to remain in situ until the end of October to ensure completion and re-auditing of care plans.

Induction Book – actions taken

- Induction book completed by CEO and now operational

Agency Staff – actions taken

- SLA for the 2 agencies are now available

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