

**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: | Dealgan House Nursing Home |
| Centre ID: | OSV-0000130 |
| Centre address: | Bellewsbridge Road, Toberona, Dundalk, Louth. |
| Telephone number: | 042 935 5016 |
| Email address: | info@dealganhouse.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Dealgan House Nursing Home Limited |
| Provider Nominee: | Thomas Fintan Farrelly |
| Lead inspector: | Una Fitzgerald |
| Support inspector(s): | Sonia McCague |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 81 |
| 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 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 1 day(s).

The inspection took place over the following dates and times

From: 30 May 2017 09:00 To: 30 May 2017 20:00

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 05: Documentation to be kept at a designated centre | Compliant |
| Outcome 07: Safeguarding and Safety | Non Compliant - Moderate |
| Outcome 08: Health and Safety and Risk Management | Compliant |
| Outcome 09: Medication Management | Compliant |
| Outcome 10: Notification of Incidents | Compliant |
| Outcome 11: Health and Social Care Needs | Substantially Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Compliant |
| Outcome 18: Suitable Staffing | Substantially Compliant |

Summary of findings from this inspection

This report sets out the findings of a one day, announced inspection, the purpose of which was to inform a decision for the renewal of the centre's registration.

During the course of the inspection, the inspectors met with residents, relatives, staff and the management team in the centre. The inspectors spoke with the person in charge, the provider nominee and the management team at the start of the inspection. The views of all were listened to, staff practices were observed and documentation maintained was reviewed. Surveys completed by residents and their relatives were also reviewed.

Overall, the inspectors found that the care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way. The premises were homely, safe, suitably designed and laid out to meet the needs of the residents.

The management and staff of the centre were striving to improve residents' outcomes. A person-centered approach to care was noted. Residents were well cared for, had good access to health and social care services and expressed satisfaction with the assistance and support they received in the centre. In the main relatives and residents spoke positively about the staff.

Management systems are in place within the centre that define the lines of responsibility and accountability. The provider nominee and the person in charge, along with their management team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements. HIQA had received unsolicited information pertaining to resident access and follow up from the multidisciplinary team. Communication and engagement between teams required review. This was followed up during the day of inspection. The management team gave reassurances to the inspectors that as a result of the issues raised engagement with all stakeholders will take place and all appropriate steps will be followed up on and actioned.

Actions required following the last inspection had been satisfactorily addressed, and compliance with the regulations was found in most outcomes inspected. Of the 10 outcomes inspected nine were found to be compliant or substantially compliant.

The findings are discussed throughout the report and areas for improvement are outlined in the action plan the end of the report. The provider confirmed that all staff and volunteers have completed Garda Siochana (police) vetting.

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 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:

There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consists of a statement of the aims, objectives and ethos of the designate centre. The management have kept the statement of purpose under review and revised the content at intervals of not less than one year.

As per the regulations, the statement of purpose had detailed the organizational structure of the designated centre. However, some minor changes to clarify job titles and the number of whole time equivalent staffing compliment are required.

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:

There was a clearly defined management structure that identified who was in charge and what the reporting structure was. Staff and relatives spoken to were knowledgeable on the management team. There was an annual review of the quality and safety of care delivered to residents. However, the review was specific to the clinical quality measurement and was not comprehensive. There was insufficient evidence that the report was utilised to inform future practice or identify priorities.

Management systems are in place to monitor the provision of care. The centre has computerized system in place since 2015 for the recording, monitoring and documentation of resident clinical files. However, the management team did not display detailed knowledge on how to navigate the system and on how to retrieve the information requested.

There are policies and procedures for the management of complaints. Inspectors were satisfied that residents are made aware of the complaints process as soon as practicable following admission. The complaints process is user friendly and accessible to all residents. There is an appeals process in place.

Judgment:

Substantially Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 (as amended) were available and a sample of records was reviewed by the inspector. These included records relating to operational matters, notifications, maintenance, staff recruitment, residents' care, fire safety and servicing contracts.

A sample of staff and volunteer files was also reviewed and found to be compliant with the regulations.

A record of visitors and the directory of residents were available and maintained in the centre, as required.

The centre's insurance cover was current, and a certificate of insurance was available.

Operational policies and procedures for the centre were available as required by Schedule 5 of the regulations, including those on the health and safety of residents, staff and visitors; risk management; medication management; end-of-life care; management of complaints; and the prevention, detection and response to abuse. All policies listed in Schedule 5 had been reviewed within the last three years and approved to be implemented in practice.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The centre had policies in place to protect residents from abuse and to respond to allegations, disclosures and suspicions of abuse. Staff had received training on identifying and responding to elder abuse. Staff spoken to were able to explain the different categories of abuse and had knowledge of what their responsibility is should they suspect abuse. In addition, staff spoken to were clear about who they would report any concerns too. The centre has access to an independent person who works as an advocate for residents who require assistance. Residents informed the inspector that they feel safe.

The centre has a policy on and procedures in place to support staff with working with residents who have responsive behaviours. Staff spoken with adopted a positive, person-centred approach towards the management of responsive behaviours that challenge. The person in charge informed inspectors that, among the current residents only one resident currently has responsive behaviours (how people with dementia or other conditions may communicate or express their discomfort with their social or physical environment). The care plan clearly identified the resident's triggers and guided the clinical team on how best to manage any incidents. However some gaps were

evident on the documentation and recording of incidents. During the inspection, it was observed that staff approached this resident in a sensitive and appropriate manner and the resident responded positively to staff.

Restraint management within the centre requires further development to ensure that a restraint free environment is promoted. From review of the restraint register, 34 of the 81 residents used bedrails. The inspector reviewed the files of some residents that have bedrails in use and saw the care plans did guide practice. All residents had a restraint care plan and also had a falls risk assessment. All residents had been reviewed by the general practitioner and there was a consent form signed on each file. Safety checks were routinely carried out. Inspectors noted that 24 of the files had documented that no alternative options to bedrails are available. However the inspectors saw clear evidence that less restrictive equipment such as low beds and sensor alarms to reduce the use of restraint was readily available.

The inspectors spoke with staff on how residents' funds were managed. As per the regulations, there were systems in place to safeguard residents' money. The centre was a pension agent for one resident. There were clear procedures and practices in place to keep the residents' money safe.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The centre had policies and procedures relating to health and safety that included a health and safety statement that was under review and risk management policy to include items set out in Regulation 26(1).

There were policies and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Arrangements were in place for investigating and learning from audits, serious incidents and adverse events involving residents. The management and staff team were involved in the review of incidents and accidents involving residents to identify the key cause or likely factors in order to inform control measures. An audit of falls had been carried out and control measures were developed and being implemented to promote resident safety. However, as discussed in outcome 2, some improvement was required in relation

to management staff's ability to generate and analyse reports available to inform learning and identify trends.

Reasonable measures were in place to prevent accidents to persons in the centre and in the grounds. Environmental risk assessments of specific areas such as the main kitchen, laundry, main dining room and suites were carried out.

Satisfactory arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to personal protective equipment such as aprons and gloves, hand washing facilities and hand sanitisers on corridors. Staff were seen using these facilities between resident contact. Signs were on display to encourage visitors to use the hand sanitisers on arrival. The standard of cleanliness throughout was excellent.

Suitable arrangements were in place in relation to promoting fire safety. The fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis.

Fire safety and response equipment was provided. Fire exits were identifiable by obvious signage and were unobstructed to enable escape in the event of a fire. Fire evacuation procedures were prominently displayed throughout the building. Staff were trained in fire safety, and those who spoke with the inspector confirmed this. A personal emergency evacuation plan for each resident that identified the resident's mobility levels and requirements for assistance in the event of an emergency evacuation was available. Staff had completed simulated fire drills in the centre. A record of the successes or failures identified during the drill, the scenario simulated, the persons involved, the time taken for and extent of the evacuation were detailed. Further fire safety training dates were planned.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
There are written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Staff were observed to adhere to appropriate medicine management practices. A system was in place for reviewing and monitoring safe medicine management practices. The person in charge carries out monthly

medicine management audits, and any areas for improvement identified are communicated to staff. The medicine incident log was reviewed for 2017, which indicated that there has been no incidents.

Inspectors reviewed a number of medicine administration records. All residents that required their medicine to be crushed had the order signed by a medical doctor. Of the files reviewed, medicines had the maximum dose to be administered within a 24 hour period clearly prescribed. All residents currently use the service provided by the centre, but an alternative pharmacist choice would be accommodated if requested.

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:

A record of all incidents occurring in the designated centre is maintained. Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date, all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Residents' health care needs were met through timely access to medical services and appropriate treatment and therapies. Arrangements were in place to meet the health and nursing needs of residents. Access to a general practitioner (GP) and allied healthcare professionals, including physiotherapy, dietetic, speech and language, dental, ophthalmology and podiatry services, were made available when required.

Residents had good access to allied health care services. The care and services delivered encouraged health promotion and early detection of ill health, which facilitated residents to make healthy living choices. There was evidence within the files that advice from allied healthcare professionals was acted on. Care plans were updated to reflect any changes as a result of reviews.

Residents' files held a copy of their Common Summary Assessments (CSARS), which details assessments undertaken by professionals such as a geriatrician and members of the multidisciplinary team. Pre-admission assessments were carried out and recorded. 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 maintained and shared between providers and services.

In the main, assessments and clinical care accorded with evidence-based practice. Residents had been assessed to identify their individual needs and choices. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Each resident had a care plan in place. From a sample of resident files reviewed, there was evidence of a comprehensive assessment of needs carried out within 48 hours of admission. However, in the files reviewed, gaps were identified between when the assessment was completed and the development of a care plan to address the identified need. Once developed, each care plan was reviewed and evaluated at intervals not exceeding four months as per the regulations. There was good evidence that the resident and families were consulted with and in agreement with the plan of care.

Judgment:

Substantially 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:

There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre. A residents' committee and relatives forum was facilitated on a regular basis, and family or representative involvement was central to the on-going care and services provided.

Information in relation to the services of an independent advocate was available to residents. Residents' independence and autonomy was promoted. For example, the inspectors saw residents being able to access all parts of the centre and activities independently or with staff support at a time of their choosing. Outings, links and access to the local town were also facilitated to enhance engagement in the wider community.

Residents who spoke with inspectors and those who completed questionnaires said they were able to make decisions about their care and had choices about how they spent their day, when and where they ate meals, and when they rise from and return to bed. Residents' bedrooms were personalised with family photographs, memorabilia and items brought in from home, such as a rocking chair, rug, radio and plants. Residents had options to meet visitors in a private or communal area based on their assessed needs.

The inspectors established from speaking with residents, relatives, visitors and staff that opportunities to maintain personal relationships with family and friends in the wider community was encouraged and facilitated. Visitors were unrestricted except in circumstances such as an outbreak of infection. A record of visitors was maintained. Arrangements were provided for residents to attend external appointments or family occasions and maintain links with the wider community. Transport and escort arrangements were facilitated for residents to access events and the wider community. Overall, the arrangements in place promoted social inclusion, engagement and access to external facilities.

There was a policy on residents' access to visitors and communication. Communication aids, telephones and newspapers were available to residents. The accessibility of computers or tablet devices was to be explored to advance residents' communication and networking.

The inspectors saw that residents' privacy and dignity was respected and personal care was provided appropriately.

Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents who spoke with the inspectors and those who completed questionnaires said they were respected, consulted with and well cared for by courteous, pleasant and kind staff. Relatives who spoke with inspectors were also very complimentary of the staff and care provision.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Staffing levels and the skill mix on the day of inspection were sufficient to meet the social and healthcare needs of the residents.

Staff confirmed that they had sufficient time to carry out their duties and responsibilities, and the management team explained the systems in place to supervise and appraise staff. Staff were seen to be supportive of residents and responsive to their needs. Requests and residents' alarm bells were promptly responded to by staff during the inspection. Residents chose the time that they wished to get up, eat and seek assistance with personal care and dressing, and this was facilitated by the staff team.

In preparation for the inspection, relatives and some residents had completed five questionnaires regarding the centre. In these questionnaires, respondents were complimentary regarding the management and staff team. The inspectors also spoke with a number of residents, visitors and relatives, who were all complimentary of the staff and of the care that was provided. In discussions with the inspectors, residents confirmed that staff were supportive and helpful.

The inspectors reviewed the actual and planned roster for staff and found that management, nursing, care and support staff during the day were adequate. However, the provision of two nurses rostered for night duty was considered to be inadequate for a dementia specific suite and up to 84 residents. The management team told inspectors they were reviewing the night staff and skill mix and had rostered a third nurse for night duty later in the week.

Recruitment procedures were in place, and samples of staff files were reviewed against the requirements of schedule 2 records and found to be compliant.

There was a suitable recruitment policy in the centre, and the inspectors were satisfied with the arrangements for Garda vetting and supervision of staff, which included induction and appraisal.

Evidence of professional registration for all rostered nurses was available and current.

A mandatory and relevant staff training programme was in place and a record of training for all staff was available. Mandatory training such as moving and handling, fire training and the prevention, detection and management of abuse had been provided. Manual handling practices observed were safe and appropriate, with assistive equipment available for use. However, an improvement was required in relation to training gaps found for a small number of staff in manual handling, cardio pulmonary resuscitation (CPR) and prevention, detection and management of abuse.

Staff were seen to be kind and friendly towards all residents and respectful towards their privacy and dignity, for example, knocking on residents' bedroom doors and waiting for permission to enter, introducing themselves and explaining procedures in advance.

There were a number of volunteers in the centre that provided entertainment and activities. The files of two were examined and found to contain evidence of Garda vetting and a description of agreed roles and responsibilities.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Una Fitzgerald
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: | Dealgan House Nursing Home |
| Centre ID: | OSV-0000130 |
| Date of inspection: | 30/05/2017 |
| Date of response: | 19/06/2017 |

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 provider nominee is required to clarify job titles and the number of whole time equivalent staffing compliment currently working within the centre.

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 statement of purpose has been revised to reflect the number of whole time equivalent staffing compliment currently working within the centre and job titles have been clarified.

Proposed Timescale: Completed

Proposed Timescale: 19/06/2017

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The centre has computerized system in place for the recording, monitoring and documentation of resident clinical files. However the management team did not display detailed knowledge on how to navigate the system and on how to retrieve the information requested.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Further updated training is to be provided to nurses and management on the use of the computer systems to help aid efficient navigation.

Proposed Timescale: 30/08/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Restraint management within the centre requires further development to ensure that a restraint free environment is promoted.

3. 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:

Alternatives to bed rails will again be discussed with residents currently using them and with their families. Other options will be tried and the results documented.

Proposed Timescale: 30/06/2017

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:

Resident files held evidence that a comprehensive assessment of needs was carried out within 48 hours of admission. However the time between when the assessment was carried out and the development of a care plan requires review.

4. Action Required:

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

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

Residents on admission will have care plans developed within 48 hours.

Proposed Timescale: Immediate

Proposed Timescale: 19/06/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The provision of two nurses rostered for night duty was considered to be inadequate for a dementia specific suite and up to 84 residents.

5. Action Required:

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

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

3 night nurses was being trialled during the inspection visit and the result has been positive. We are happy to accept the inspectors' recommendation. With the staff resources currently available, it will be partially implemented with immediate effect, i.e. we have the resources to roster 3 night nurses on 2 or 3 nights per week. Full implementation will require the recruitment of additional 1.5 nurse FTE's. We will do our utmost to recruit locally but if foreign recruitment proves necessary, this can take up to 6 months due to the recruitment process, applications for visas, work permits, etc. competency tests, orientation and garda clearance. The search for the required additional nurses has already begun.

Proposed Timescale: Partial implementation immediately and full implementation by 30/11/2017

Proposed Timescale: 30/11/2017

Theme:
Workforce

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

An improvement was required in relation to training gaps found for a small number of staff in manual handling, cardio pulmonary resuscitation (CPR) and prevention, detection and management of abuse.

6. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All staff will have mandatory courses completed by the middle of September at the latest.

Proposed Timescale: 15/09/2017