

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Retreat Nursing Home
Centre ID:	OSV-0000086
Centre address:	Loughandonning, Bonnavalley, Athlone, Westmeath.
Telephone number:	090 647 2072
Email address:	retreatnursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Whyte/Cooney/Whyte/Whyte Partnership T/A Retreat Nursing Home
Provider Nominee:	Tony Whyte
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 May 2016 12:30	02 May 2016 17:30
03 May 2016 09:00	03 May 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	Non Compliant - Major
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

The purpose of the inspection was to monitor compliance with regulations and standards and follow up on the matters arising from the inspection which took place on the 17 June 2014. These matters related to governance, documentation, risk and medication management, health and social care and the premises.

The inspector reviewed documentation such as care plans, complaints and staff files, met with residents and staff members, observed care practices and interactions between staff and residents.

Some of the matters arising from the previous inspection had been actioned, however those in relation to compiling an annual review, medication and risk management and health and social care planning were still outstanding.

The inspector found that vacant nursing posts had not been filled and the person in

charge was working as a nurse since January 2016 and was not able to fulfil her regulatory obligations as person in charge. Systems for the purpose of monitoring ongoing quality and continuous improvement, for example quality assurance audits had not been undertaken.

The inspector found that measures to protect residents from being harmed or suffering abuse were in place, however, the policy and procedures for managing behaviour that is challenging was not fully implemented.

While measures were put in place to promote residents' health and safety the risk management procedures were not fully implemented.

In general, there was evidence of appropriate nursing, medical and allied health care, however, improvements were required regarding assessments of need and follow-up care. Medicines were not administered in accordance with the centre's policy and procedures.

Overall the design and layout of the centre was suitable for its stated purpose, however, maintenance issues required attention and additional seating was required in some of the twin rooms.

The judgement in respect of outcomes are identified in the above table and areas of non-compliance are detailed in the action plan at the end of this report.

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

Outcome 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):

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

Findings:

Since the last inspection the statement of purpose had been amended to include the administrative manager, however, it did not contain all of the matters identified in schedule 1 of the regulations. For example it did not describe the sanitary facilities and did not clarify what constitutes the ensuite facilities as some ensuites had a wash hand basin and toilet but no shower.

The total staffing complement, in whole time equivalents, did not reflect the current staffing levels in the designated centre.

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):

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

Findings:

The quality of care of the residents had not been monitored and developed on an ongoing basis and effective management systems and sufficient resources were not fully in place to ensure the delivery of safe, quality care services.

During the previous inspection it was found that an annual review of the quality and safety of care delivered to residents had not been compiled in accordance with the regulation. This matter was still outstanding at this inspection. However, the inspector saw that the process of consultation with residents was in place so that their views would be reflected in the annual report.

From discussions with the provider, person in charge the staff on duty and a review of documentation and observation of practices it was found that the designated centre did not have sufficient resources (nursing staff) to ensure the effective delivery of care in accordance with the statement of purpose. Quality assurance audits to ensure continuous improvement were not carried out on an ongoing basis for example an analysis of residents' weights was scheduled to take place on 31 March 2016 but this has not yet occurred. The person in charge explained to the inspector that she was working as a staff nurse due to staff vacancies and this had been ongoing since approximately January 2016. The recruitment procedure had been initiated and was ongoing, however, to date the service was unsuccessful in recruiting the required nurses. As a result the person in charge was not able to fulfil her regulatory obligations as person in charge.

The person in charge was on leave on the first day of the inspection, however, visited the centre and made herself available to the inspector and facilitated the inspection process. The staff rota identified that the person in charge was rostered to work as a staff nurse during the week of the inspection.

There was a clearly defined management structure. Staff members who communicated with the inspector were able to identify the lines of authority and accountability. They were clear on their roles and responsibilities for the provision of care.

Judgment:

Non Compliant - Major

***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 inspector did not inspect against this full outcome but followed up on the action required from the previous inspection.

A matter arising from the previous inspection related to the admission policy. This was reviewed and the current practice is to carry out a pre assessment of residents prior to admission to the centre.

Judgment:

Substantially 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:

Measures to protect residents being harmed or suffering abuse were in place.

While there was a policy/procedure in place for the prevention, detection and response to abuse, it had not been updated to reference the National Policy 'Safeguarding Vulnerable Persons at risk of Abuse' (2014). See outcome 5 for action plan.

Currently there were no ongoing investigations and the person in charge was knowledgeable of the investigation process.

Training opportunities had been provided for staff to participate in training in respect of protection of residents from abuse throughout 2015 and up to 14 March 2016. Training records identified that all staff had completed this training. Staff who spoke with the inspector were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place.

There was a policy on behavioural management to inform and guide staff and training records identified that staff had participated in training regarding understanding and managing responsive behaviour during the period from the 5 June 2014 up to 11 January 2016. However, there was no care plan in place for a resident who displayed behaviours that were challenging. See outcome 11 for action plan.

The inspector noted that the policy and procedure in respect of restraint had not been reviewed in accordance with the national policy. See outcome 5 for action plan.

A restraint free environment was promoted and there was evidence of assessment prior to the use of bedrails and the trial of alternative measures. Residents and families were engaged in the consultation process and consent forms were signed. However, there was no assessment or review of the use of "code alerts".

There were systems in place to safeguard residents' monies and personal possessions and documentation was completed by 2 staff members. Contracts of care were in place which outlined the provision of services and the fees charged.

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):

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

Findings:

During the previous inspection it was noted that the risk register did not identify all of the risks and the control measures in place with regard to the occurrences of incidents and accidents. This matter was satisfactorily actioned. There was evidence that a review of incidents had taken place and equipment such as low low beds were in place to reduce the risk of accidents. However, a review of the risk register showed that not all risks were identified and controlled as follows: –

- In the bathroom, pipes leading from the disinfectant system to the bath were exposed and are potentially a trip hazard.
- Some pressure relieving monitors attached to bed mattresses were placed on the floor under the bed and not in a position where they could be monitored regarding the appropriate setting.
- A sensory light was placed in a hallway which did not have natural light. This was distracting as it came on and off at intervals and did not provide sufficient continuous light for residents who used mobility aids to mobilise.
- A mobile resident did not have appropriate footwear.

The centre was clean and cleaning staff were familiar with infection prevention and control procedures, however, clean products (including linen and continence ware) were stored in a toilet facility and clean items were stored in the sluice room.

A fire safety issue which was identified during the previous inspection related to having adequate personal emergency evacuation plans for each individual resident. This was actioned.

The inspector saw that arrangements had been put in place in respect of fire safety and for maintaining of fire equipment, for example fire extinguishers had been serviced, evacuation pathways were unobstructed, the procedures to be followed in the event of fire were displayed at a suitable location, however, flammable items were stored in the designated smoking room, an external fire exit was blocked with parked cars and refuse bins and fire extinguishers were placed at a high level on the walls which may pose an unnecessary delay/injury in the event of an emergency.

Training records highlighted that all staff had participated in fire safety training and staff who communicated with the inspector were knowledgeable in this area.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

The following actions from the previous inspection were satisfactorily addressed:

- The inspector saw that medicines that required strict control measures (MDAs) were kept securely, a register was maintained in keeping with professional guidelines and a sample of balances checked by the inspector were found to be correct. Two nurses check the register and balances at the end of each shift.
- Discontinued medicines were returned to the pharmacist.

The following actions were not satisfactorily addressed:

- The policy/procedure in respect of administration of medicines did not guide practice. The staff nurse administering medicines prepared 14 individual vials of medicines and brought these in a tupperware container to administer to residents in the dining room.
- The staff nurse administering medicines was not provided with protected time to administer medicines free from distractions. On a number of occasions during the administration of medicines it was necessary for the staff nurse to attend to residents as no other care staff were available. See outcome 18 for action plan.

During an observation of the administration of medicines the inspector noted that the

administration sheet contained the times of administration and medicines prescribed. The staff nurse signed the administration sheet prior to administering medicines to residents. Some residents required their medication to be crushed and these were not individually prescribed in line with national guidelines.

The policy and procedure did not describe the ordering and prescribing process. See outcome 5 for action plan.

Residents had access to the local pharmacist and the pharmacist was available to meet with residents if required. The pharmacist also undertook audits of medication practices.

Judgment:
Non Compliant - Major

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:

Overall, there were arrangements in place to meet the health and nursing needs of residents. Actions identified during the previous inspection relating to identifying residents' care needs and the development of care plans as result of a change in a resident's circumstances such as the occurrence of a fall had been satisfactorily addressed. However, care plans for residents who had communication difficulties, had not been fully developed. This was highlighted at the previous inspection.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition and continence.

Currently none of the resident had any wounds, however, there were arrangements in place to manage and monitor these including referring and seeking advice from the tissue viability specialist services. Aids such as pressure relieving mattresses and

specialist cushions were in place for those residents at risk of developing pressure ulcers. The person in charge informed the inspector that it was the responsibility of the care staff to ensure that the pressure monitors were at the correct setting, however, there was no recorded information to guide the staff as to the appropriate setting and no system in place to monitor or audit this aspect of care.

There was evidence of appropriate medical and allied health care for example, referrals to occupational therapy and physiotherapists and speech and language therapists. Although no resident was receiving end of life care at the time of inspection a relative informed the inspector of the "exceptional care" provided by the staff for his relative.

An examination of a care plan in respect of a resident who was losing weight showed that the resident had not been prioritised for assessment by a dietician and more frequent weighing of the resident was not in place.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

The designated centre is currently registered for 37 residents.

The premises consist of 17 single en-suite bedrooms some with shower toilet and wash hand basin and others with toilet and wash hand basin and 10 twin rooms. Residents' bedrooms were personalised with their own mementos and furnishings.

Communal rooms include a spacious living room, dining room, sun area, visitors' room, smoking room, oratory and hairdressing facilities. There is a kitchen for preparation of food, a laundry area and separate area for folding and ironing of clean clothes/linen, a sluice area and cleaning store.

There was appropriate heating, lighting and ventilation.

Residents could access an internal garden.

A matter highlighted during the previous inspection related to the location of showering/bathing facilities which were not within appropriate distance to some of the bedrooms, resulting in residents having to pass communal areas such as the dining

room, living room to access these facilities. To address this matter an additional shower room was created.

Since the previous inspection the multi-occupied rooms had been reduced to twin rooms.

The inspector observed that the environment was suitably adapted to support the accessibility and independence of residents. For example, there were hand rails and ramps placed at appropriate intervals in the centre.

The inspector noted that there was a variety of equipment for use by residents and in good working order, for example hoists, pressure relieving equipment and mobility aids.

In general the centre was well maintained and decorated, however, the following matters were identified:

- The inspector was informed that close circuit television cameras were disabled in a communal room but had not been removed.
- Curtains were hanging loose from screening in some of the twin rooms.
- There was a crack in the flooring in the bathroom running from the wash hand basin to under the bath.
- Some over bed lighting in residents' bedrooms were not working.
- The positioning of the television in some twin rooms did not allow for both residents to see the screen.
- In some of the twin bedrooms there was only one sitting chair in the room.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector did not inspect against this full outcome but assessed opportunities for residents to participate in social and recreational activities. The inspector found that in the main, residents were not provided with opportunities to engage in meaningful and purposeful activities which suited their individuals' needs and capacities.

In the afternoon of the first day of the inspection the majority of the residents were sitting in the large sitting room which also contained a small table and a television monitor was located above the fireplace. The notice board advertised activities for the day for example the activities highlighted for the morning included "morning exercises, (group and individual) and newspapers" and in the afternoon a "DVD (Irish singer named)".

Although an activity staff member was employed from 08:00 to 16:45 hours on the first day of the inspection the inspector observed that the staff member was primarily engaged in working with a resident who was assessed as having dementia on a one-to-one basis and did not have capacity to provide a group activity for residents in the sitting room. Following this the staff member was observed carrying out task centred duties such as serving afternoon refreshments to residents in the sitting room. Throughout the afternoon a DVD was playing and only 2 residents were engaged and expressing an interest in this activity. However, 13 (and at a later point in time 16) residents were not engaged in any activity.

The inspector observed a care staff member having a game of bingo with 6 residents, however, this game was interrupted on 3 occasions as residents required the staff member's attention as no other staff were available.

At one period in the afternoon the activity therapist gave a resident a hand massage and selected a DVD for a resident who wished to see it in the resident's bedroom, however, during this period 14 residents in the sitting room were not engaged in any activity.

During the second day of the inspection an activity therapist was employed from 11:00 hours to 16:45 hours. The majority of the residents were assisted by staff to the communal sitting room where Mass was being celebrated by the priest from the local community.

Judgment:
Non Compliant - Major

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):

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

Findings:

There were insufficient staff numbers and skill mix to meet the assessed needs of residents. All staff had up to date mandatory training and access to education and training to meet the needs of residents.

At the commencement of the inspection a full-time staff nurse was on duty and was providing induction training to a part time staff nurse who was in the centre for the first time. Of the 7 nurses employed 5 work part-time. Of the 20 care staff members employed 5 are recently recruited.

The staff duty roster identified that a staff nurse is on duty throughout the 24-hour period and of the 5 care assistants who are rostered to work during the morning, one care staff member provided one-to-one care for a particular resident for 1 hour and 30 minutes. The care staff are reduced to 4 staff members in the afternoon and one of these staff members provide one-to-one care for a resident for 1 hour and 30 minutes. From 20:00 hours to 08:00 hours a nurse and 2 care assistants are on duty.

The inspector observed that there were periods during the inspection when the majority of residents in the sitting room were not supervised. During one period a resident fell and the inspector and a staff member carrying out a social activity with 6 residents summoned assistance. On another occasion the same staff member had to leave the social activity in order to assist another resident to leave the communal sitting room. At a point during the inspection a resident alerted the inspector as she was concerned and fearful about another resident getting up from the wheelchair. There were no care staff available to listen to a resident's concerns about feeling cold. When the inspector informed management this matter was immediately addressed.

The training records examined showed that opportunities had been provided for staff to participate in mandatory and other training relevant to their roles and responsibilities. These included fire safety training, infection-control, protection of residents from abuse, moving and handling, health and safety, dementia care, nutrition, and end of life care. Staff who communicated with the inspector were knowledgeable regarding their role and residents' care and conditions.

There was evidence of staff supervision for example induction training and observation of practices by the staff nurses. The person in charge informed the inspector that staff appraisals take place on a yearly basis.

Judgment:

Non Compliant - Major

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:

Siobhan Kennedy
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:	Retreat Nursing Home
Centre ID:	OSV-0000086
Date of inspection:	02/05/2016
Date of response:	09/06/2016

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 statement of purpose did not contain all of the matters identified in schedule 1 of the regulations.

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 summary of sanitary facilities in our statement of purpose has not changed since our re-registration statement of purpose; however this has been amended.

The new members of staff who were listed on the forthcoming roster as trainees had not commenced official employment; however upon their commencement as staff members the statement of purpose was amended.

Proposed Timescale: 02/06/2016

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:

Management systems were not in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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:

We had one full time equivalent nursing vacancy arise in January 2016; we have been endeavouring to fill this post in the intervening period (advertising locally, nationally and social media as well as securing the services of 10 Agencies). Since that time we have had a number of part-time and agency nurses fill the vacant post without whom it would be nearly impossible to continue our service. On occasions during this period our Director of Nursing had no alternative but to carry out some nursing duties. It is well advertised that there is a national crisis in nurse recruitment in Ireland. We took the view that the care of our residents was paramount. As a result of this continuous advertising we have been in successful in recruiting an additional part time nurse. Our recruitment is ongoing.

Proposed Timescale: 31/08/2016

Theme:

Governance, Leadership and Management

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

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 out by the Authority had not been compiled in accordance with the regulation and made available for inspection.

3. 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:

An annual quality of care audit was carried out in April 2016 and a quarterly health & safety audit were completed in February 2016 these will be amalgamated in the future.

Proposed Timescale: 05/08/2016

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/procedure in place for the prevention, detection and response to abuse had not been updated to reference the National Policy 'Safeguarding Vulnerable Persons at risk of Abuse' (2014).

The policy and procedure in respect of restraint had not been reviewed in accordance with the national policy.

The policy and procedure did not describe the ordering and prescribing process in respect of medicines.

4. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Our policies are reviewed annually and the required changes will be incorporated in our next review.

Proposed Timescale: 29/07/2016

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:

"Code alerts" were not used in accordance with the national policy as there was no assessment or review of their use.

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:

Our monitoring systems will be incorporated into our restraint policy. The monitoring consent forms signed by family were reviewed on the day of inspection.

Proposed Timescale: 30/06/2016

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 risk register did not identify, assess and highlight the actions necessary to control risks as follows:

- Pipes leading from the disinfectant system to the bath in the bathroom were exposed and are potentially a trip hazard.
- Some pressure relieving monitors attached to bed mattresses were placed on the floor under the bed and not in a position where they could be monitored regarding the appropriate setting.
- A sensory light was placed in a hallway which did not have natural light. This was distracting (as the light came on and off at intervals) for residents using mobility aids to mobilise and did not provide sufficient permanent light in the hallway.
- A resident who was mobilising did not have appropriate footwear.

6. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

- The installation company has been advised of concerns raised for the bath installed in June 1998.
- The pressure relieving monitor has had clips attached to enable it to hang on bedframe. Daily monitoring is in place.
- Sensory light has been replaced.

- Resident footwear is monitored and corrective action is taken where required. The resident in question has a habit of walking on the side of her footwear however these slippers have been returned to family.

Proposed Timescale: 02/06/2016

Theme:

Safe care and support

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

Clean products (including linen and continence ware) were stored in a toilet facility and clean items were stored in the sluice room.

7. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

- Trolley for continence products has been relocated to store room.
- Commodes have been stored in this location (sluice room) since 1998, in view of the inspector's comments we have relocated. same.

Proposed Timescale: 02/06/2016

Theme:

Safe care and support

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

Fire precautions had not been reviewed as flammable items were stored in the designated smoking room, an external fire exit was blocked with parked cars and refuse bins and fire extinguishers were placed at a high level on the walls which may pose an unnecessary delay/injury in the event of an emergency.

8. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

- Resident's items have been removed from the smoker's area.
- All fire exits are monitored throughout the day and night, written evidence was viewed by inspector. The vehicles observed are delivery vehicles for set down only.
- Refuse bin has been moved to a new site.
- The fire safety officer is relocating the height of any extinguisher as per national the NSAI 2015 regulations.

Proposed Timescale: 07/06/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

Medicinal products were not administered in accordance with the designated centre's policy/procedure.

The staff nurse signed the administration sheet prior to administering medicines to residents.

Medicines to be crushed were not individually prescribed.

9. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

This has been completed and all nurses have completed medication management training.

Proposed Timescale: 02/06/2016

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:

Communication care plans had not been fully developed.

An examination of a care plan in respect of a resident who was losing weight showed that the resident had not been prioritised for assessment by a dietician and more frequent weighing of the resident was not in place.

There was no recorded information in residents' care plans to guide the staff as to the appropriate setting of pressure relieving equipment.

There was no care plan in place for a resident who displayed behaviours that were

challenging.

10. 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:

- A communication care plan has been put in place for the resident identified during the inspection.
- A The resident concerned had been admitted from general hospital the previous month. The weight of the resident was recorded on his first morning and was recorded every 2 weeks thereafter. The resident's GP reviewed the resident on numerous occasions. Dietician had been booked by nursing staff. We rely on private dietetics services as we do not have access to HSE services.
- The setting of the pressure relieving equipment is advised to staff during admission and when changes occur, this has now be summarised and given to staff.
- Currently the resident with behaviours that challenge is not being accommodated in the centre, however, on returning a care plan will be put in place (if necessary).

Proposed Timescale: 02/06/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The following matters were identified:

- The inspector was informed that close circuit television cameras were disabled in a communal but had not been removed.
- Curtains were hanging loose from screening in some of the twin rooms.
- There was a crack in the flooring in the bathroom running from the wash hand basin to under the bath.
- Some over bed lighting in residents' bedrooms were not working.
- The positioning of the television in some twin rooms did not allow for both residents to see the monitor.
- In some of the twin bedrooms there was only one sitting chair in the room.

11. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

- The CCTV camera in a communal room was disconnected some 7 years ago as was confirmed on the day of inspection and based on your report we have instructed CCTV

company to remove the hardware.

- The curtains are checked daily and any hooks that are unhooked are re-hooked.
- The join in the flooring of the bathroom has been repaired.
- Bulbs blown on the inspection day were immediately replaced as per our maintenance programme.
- The televisions in twin rooms were installed to meet the requirements of each resident and this will be monitored daily to ensure both residents can see the monitor.
- All twin rooms have 2 chairs

Proposed Timescale: 18/06/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Opportunities were not provided for residents to participate in activities in accordance with their interests and capacities.

12. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Two activity co-ordinators are rostered 7 days per week from 11.00 to 16.45. There is a formal timetable of activities already in place additional options will be added following consultation with residents and families. There are times when residents do not wish to participate in activities and we respect their wishes.

Proposed Timescale: 13/06/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The number and skill mix of staff was not appropriate having regard to the needs of the residents and the size and layout of the designated centre as residents were not supervised in the communal sitting room.

13. 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:

In the event that the activity coordinator is required to attend to residents in other areas of the nursing home a member of staff is allocated to supervise the communal area.

Proposed Timescale: 02/06/2016