

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Arus Carolan Community Nursing Unit
<b>Centre ID:</b>	OSV-0000656
<b>Centre address:</b>	Mohill, Leitrim.
<b>Telephone number:</b>	071 9631 152
<b>Email address:</b>	mary.ross@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Frank Morrison
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	32
<b>Number of vacancies on the date of inspection:</b>	1

## 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 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 compliance with specific outcomes as part of a thematic inspection. 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:
07 October 2014 10:00	07 October 2014 16:30
08 October 2014 09:15	08 October 2014 15:00

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

Outcome 01: Statement of Purpose
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In addition the inspector reviewed actions plans outlined in the inspection report dated 26 March 2014.

In preparation for this thematic inspection the person in charge undertook a self assessment in relation to both outcomes. The inspector reviewed policies and the provider's self-assessment tools relating to End of Life Care and Food and Nutrition submitted by the person in charge pre-inspection. The person in charge had judged that the centre was and non-complaint: minor in relation to Food and Nutrition and non –complaint moderate on End of Life Care. The inspector met residents, staff and observed practice on inspection. Documents reviewed included assessments, care plans and training records.

The inspector noted examples of good practice in the area of end of life care and staff were supported by prompt access to palliative care services. Further ongoing improvement was required in the area of advance care planning for end-of-life care

needs. Residents with a do not resuscitate (DNR) status in place did not have the (DNR) status regularly reviewed to assess the validity of clinical the judgement on an ongoing basis.

There was good access to medical and allied health professional to include a dietitian service, occupational therapy and speech and language therapist. The food provided to residents was appetising and nourishing. However, resident's weight was not being recorded in line with the policy of the centre. There was not a system in place to ensure each resident's daily fluid goal was calculated and fluid/ food intake was maintained appropriately to allow for the identification of issues and intervention at the earliest stage possible.

The inspector judged the centre to be moderately non-compliant in the area of End of Life Care and Food and Nutrition with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland. These matters are discussed further in the report and in the Action Plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007. 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.**

***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:**

The statement of purpose was reviewed by the provider and had been updated since the last inspection in March 2014. The inspector was satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided.

The revised statement of purpose contained the conditions of registration as outlined in the certificate of registration. The details of the number and sizes of bedrooms.

**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):**

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

**Findings:**

A review of notes in a file outlined details of an incident in relation to adult protection on the last inspection. While the resident's safety was ensured the details of the incident were not referred to the HSE senior case worker for adult protection. The issue was discussed with the HSE senior case worker and advise outlined in a case file.

Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. However, in line with the centre's policy staff did not have refresher training in adult protection. This was an area identified for improvement on the last inspection. There was evidence of a good communication culture amongst residents and the staff. The inspector observed staff interacting with residents in a courteous manner and were respectful of their choices and wishes. Staff advocated on behalf of residents and assisted them in their daily routines of getting up and dressed, choosing their meals and participating in daily activities.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management***

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

**Theme:**  
Safe care and support

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

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

**Findings:**

All aspects of health and safety identified for improvement on the last inspection were addressed with one exception in relation to fire management. All staff had completed their annual fire safety training which included a practical demonstration on evacuation. However, there was not a system developed to ensure all staff participates in a minimum of two fire drill practices annually to include simulated evacuation techniques to reinforce their knowledge from annual training. There were no records maintained to document the names of those who participate in a fire drill and the time taken to evacuate. There was evaluation of learning from fire drills completed to help staff understand what worked well or any improvements required.

The records in the fire register were being maintained. Daily checks to ensure fire exits were unobstructed were observed. Monthly checks were completed to ensure automatic door closers were operational and fire fighting equipment was intact.

Cigarettes and lighters were held by one resident during the day. Measures to mitigate risk while residents smoked were detailed in a care plan for each resident. A risk assessment to ensure residents were safe to smoke independently outlining the level of assistance and supervision they require was in place. Cigarettes and lighters were held by one resident during the day. The risk assessment and plan of care detailed the interventions to ensure residents were safe to smoke independently.

The inspector viewed evidence all staff were trained in the safe moving and handling of residents. Moving and handling assessments were located in residents' bedrooms in addition to their care plan. The moving and handling assessments specified the type of hoist required for use by the resident to assist staff in helping them safely mobilise with details of the sling type and size. There was good input from the occupational therapy department in relation to the appropriate moving and handling equipment required for residents. The notes reviewed detailed the type of hoist most suitable.

Windows were secured and fitted with restrictors. All windows examined had the restrictor correctly engaged.

**Judgment:**  
Non Compliant - Minor

***Outcome 09: Medication Management***

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

**Theme:**  
Safe care and support

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

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

**Findings:**

Practice in relation to medication management was improved since the last visit. Previously consent to crush medication was indicated by a generic signature from the GP on the front of the prescription chart. Medication was being crushed for a small number of residents prior to administration due to swallowing difficulty by the residents. Good links were established with the pharmacy and where possible a liquid or dispersible form of the medication was obtained.

In the sample reviewed consent to crush medication was signed by the GP individually for each drug being crushed on the prescription sheet in line with best practice.

**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:**

Person-centred care and support

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

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

**Findings:**

The inspector reviewed a range of resident's care plans in detail and certain aspects within other plans of care. In the sample of care plans reviewed there was evidence care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition.

Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector. There was an improvement in the practice of care plans being reviewed and good linkage was noted between risk assessment, care plans and reviews on this visit. There was a good evidence of care plans being updated to reflect recommendations from allied health professionals. There remained some examples of care plans on review being signed and dated only without a professional judgement of its effectiveness.

There was good documentary evidence that residents or their representative were involved in the development and review of the resident's care plan when being reviewed or updated with the introduction of a new form to record the outcome of care plan discussions.

There was evidence of good access to allied health professionals and health screening. The majority of the residents were seen routinely by their GP and a review of residents' medical notes showed that GP's visited the centre regularly. However, the inspector noted one resident was not reviewed by the GP for an eight month period.

The percentage of residents with two bed-rails in place remains relatively unchanged since the last inspection as the profile of residents remains the same. There was a risk assessment completed prior to the use of the restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative. The GP and the occupational therapist were involved in the decision process. A restraint register was maintained to record the times the restraint measure was applied and released. The nurse management team discussed their work and measures to promote a restraint free environment and indicated they will review on an individual basis with each new admission options as an alternative to bed-rails.

On the last visit the inspector observed and discussed with nurse management the number of residents who did not get up from bed each day. On the first day of this inspection 15 residents remained in bed until lunchtime and 13 residents remained in bed all day. On the second day of inspection more residents were got up by the staff and spent time in their specialist chairs. Residents that have not got up from bed for a significant period of time or on a regular basis did not have a rehabilitative plan in place



to minimise the risk of contractures. This was an area identified for improvement on the last visit in which little progress or improvement in practise has been achieved.

**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:**

Person-centred care and support

**Findings:**

As previously reported, an insufficient number of shower and toilet facilities were available at appropriate places in the premises having regard to the number and needs of the residents. While the centre has two independent assisted bathroom facilities with a shower and toilet facility, one is allocated for use by day hospital attendees; as a result one independent assisted bathroom is to provide for 20 residents occupying single bedrooms. The action plan from the last inspection indicated 'a further assisted toilet/shower room on corridor with rooms 1 - 10 will be included on the minor capitals list for Arus Carolan in 2014'. While work had not commenced, the timescale to complete this action had not lapsed at the time of this inspection as the provider had given a date of December 2014.

The number of multi occupancy bedrooms at the centre has decreased. There are three remaining bedrooms which are multi occupancy in their configuration. The provider is required to have in place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland within the time frame allocated.

On the last inspection it was identified not all parts of the building were kept clean or suitably decorated. Paintwork on bedroom walls and the ceiling and skirting boards were stained or marked. In particular bedrooms numbered 11 and 21. The provider had indicated in the action plan response this work would be completed by the end of July 2014. However, no painting of any areas was undertaken. Walls along the corridor particularly underneath hand gel dispensers were stained. Paint was chipped on woodwork and flaking in parts on some wall areas.

**Judgment:**

Non Compliant - Major

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

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

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

**Findings:**

The inspector was satisfied that complaints were listened to and there was a local policy and procedure in place to ensure complaints were monitored and responded to. Formal complaint procedures and appeals details were outlined in the HSE complaints policy 'your service your say'.

However, the local complaints policy did not reflect practice. The procedures reviewed did not indicate complaints are referred to the nominated provider for review or appeal prior to being forwarded to the person appointed under the HSE complaints policy 'your service your say'. A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified.

**Judgment:**

Non Compliant - Minor

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

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

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

**Findings:**

End of life care formed an integral part of the care service provided at the centre. Documentation indicated that, within the last two years, 95% of deaths occurred in the centre where end-of-life care needs were met without the need for transfer to an acute hospital.

There was an end-of-life policy in place. However, the policy required review to ensure reference and linkage to other policies and supporting information to include the policy on consent and the resuscitation policy. The procedures in the policy were not

sufficiently detailed to guide staff on the appropriate timing or juncture to make a referral to palliative care services for specialist input.

Staff spoken with had an understanding of end of life care and all staff had completed training in this area. Two members of the nursing staff team were trained as link nurses on end of life care and have been undertaking training with staff over the past two years. Staff indicated to the inspector the training had increased their confidence and professional development in providing care for residents at end of life. Twenty members of the staff team have up to date training in cardio pulmonary resuscitation techniques.

All care needs are identified by a comprehensive assessment on admission and documented accordingly. The policy of the centre is all residents are for resuscitation unless documented otherwise. The inspector read the records of a recently deceased resident and two care files of residents with a do not resuscitate (DNR) status. There was evidence of good practice, including regular review by the general practitioner (GP) and the palliative care team to monitor physical symptoms and ensure appropriate comfort measures. A validated pain assessment tool was available for use to guide staff in managing the administration of pain relief medication.

A multi disciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team in documenting the (DNR) status. However, residents with a (DNR) status in place did not have the (DNR) status regularly reviewed to assess the validity of clinical judgement on an ongoing basis. In medical files reviewed one resident's (DNR) status was not reviewed since February 2013 and another has not been reviewed since July 2013.

Documentation to assist staff in advance care planning for end of life to maximise residents' ability to participate in the decision-making process to record their wishes and preferences was in place. There were some good examples in care plans and medical notes reviewed of residents wishes only to transfer to hospital where there is a consensus decision by a clinician and nursing team the purpose of the transfer will benefit the resident. One resident's care plan stated their preference of hospital they wished to be transferred to should the need arise. However, not all residents were consulted regarding their future healthcare interventions, personal choices and wishes in the event that they became seriously ill and were unable to speak for themselves. One care plan stated 'include the family in decision making in the future as the need arises'. In some cases the plan of care for end of life contained limited information in relation to spiritual and personal wishes and there were examples of different types of documents being used to plan for end of life care.

Residents' cultural and religious needs are supported. Mass or prayers take place on a weekly basis. The nursing staff stated that upon the death of a resident, his/her family or representatives were offered practical information verbally on what to do following the death of their relative. There is an oratory available to families to facilitate removals from the centre. This occurred on the second day of the inspection. The inspector discreetly observed residents attend the oratory to pay their respects. Information leaflets on how to access bereavement and counselling services are available. There was a protocol for the return of personal possessions. A stock of specially designed bags to return personal possessions was available.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

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

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

**Findings:**

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff.

The planned menu was rotated every two weeks and all food was cooked on the premises. The inspector reviewed the menu and discussed options available to residents with the chef. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake particularly those for those on fortified diets. A trolley served residents mid morning offering a choice of soup, tea/coffee and biscuits. In the afternoon residents were offered a fruit option, with some bread or biscuits. There was a good choice of nutritious, wholesome food provided. The person in charge had forwarded a copy of the menu to a dietician for specialist advice and revised the menu based on recommendations made.

The inspector observed mealtimes over the two days. Residents confirmed they could choose where they wanted to eat. Most residents choose to have their breakfast in their bedroom. The meal times were a social occasion and a calm environment was ensured. The dining room is pleasantly decorated with an attractive bright decor. There was a protected meal time arrangement in place. However, in consultation with nursing staff, family members were encouraged to come in and help if they wished with meals. Two care staff remained in the dining room to assist residents and the remaining staff were allocated to assist residents who remained in their bedrooms.

One trolley delivered all the meals to residents who remained in their bedrooms. As the majority required assistance the inspector noted meals were placed on trays for prolonged periods of time in some instances before staff were available to assist the resident with their meals. The inspector spoke to the person in charge and discussed the option of two separate trolley rounds to ensure food is hot and residents are not left waiting after their meal is served for staff assistance. When staff sat with residents who required assistance with meals, they were respectful with their interventions and promoted independence by encouraging residents to do as much as they could for

themselves. A stock of plate guards was available to promote residents' independence in assisting themselves with their meals. At the time of this inspection they were not being used by any residents.

Residents were offered a choice of food and individual preferences were readily accommodated. Residents' food likes and dislikes were recorded and served meals in accordance with their preferences and dietary restrictions. The inspector noted that food including food that was pureed was attractively presented and in accordance with the menu of the day. The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff.

Residents had care plans for nutrition, hydration and difficulty with swallow reflex in place. Each need had a corresponding care plan which detailed the nursing care, medications/food supplements prescribed; specific care recommendations from visiting inter disciplinary team members and the GP instructions. Nutritional screening was carried out using an evidence-based screening tool at a minimum of three-monthly intervals. There was evidence of referral to allied services and reviews by the dietician, occupational therapist and the speech and language therapist. Care plans were revised to reflect updates following reviews by allied health specialists.

The policy of the centre is to weigh each resident monthly and those identified at risk on a more frequent basis. However, this was not occurring consistently in practice. Residents' weights were recorded on two different sheets in care plans and filed in different locations in the plan of care. It was difficult to track weight loss/gain in the absence of a clearly defined system to record and document each resident's weight. A review of number of files confirmed resident's weight was not being documented consecutively each month even in cases where they were identified at risk and required closer monitoring. There was not a system of auditing developed to monitor practice.

Staff monitored the food and fluid intake of residents at risk of poor nutrition or hydration for three day periods. This base line information was reviewed by the dietitian to inform a professional judgement and assist in making recommendations. However, fluid intake records were not maintained consistently for all residents who required assistance with their daily meals and drinks. There was not a system in place to ensure each resident's daily fluid goal was calculated and fluid/ food intake was maintained appropriately to allow for the identification of issues and intervention at the earliest stage possible.

Some staff had received training in relation to food and nutrition. They demonstrated and articulated good knowledge of how to provide optimal care for residents. However, all staff were not trained on safe feeding practices for residents and nutritional care for the elderly.

**Judgment:**  
Non Compliant - Moderate

**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:**

The findings in relation to training of staff on safe feeding practices for residents and nutritional care for the elderly are discussed in more detail under Outcome 15 Food and Nutrition. Staff did not have refresher training in adult protection. This is discussed in detail under Outcome 7 Safeguarding and Safety.

**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:**

PJ Wynne  
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 report<sup>1</sup>**

<b>Centre name:</b>	Arus Carolan Community Nursing Unit
<b>Centre ID:</b>	OSV-0000656
<b>Date of inspection:</b>	07/10/2014
<b>Date of response:</b>	09/12/2014

**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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 08: Health and Safety and Risk Management**

**Theme:**  
Safe care and support

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

There was not a system developed to ensure all staff participate in a minimum of two fire drill practices annually to include simulated evacuation techniques to reinforce their knowledge from annual training. There were no records maintained to document the names of those who participate in a fire drill and the time taken to evacuate. There was evaluation of learning from fire drills completed to help staff understand what worked well or any improvements required.

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

**Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

1 Fire drill per week will be carried out until the end of January to ensure all staff have been involved. Full records of attendance are maintained

**Proposed Timescale:** 31/01/2015

### Outcome 11: Health and Social Care Needs

**Theme:**

Person-centred care and support

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

Each resident was not being weighed monthly and those identified at risk on a more frequent basis. It was difficult to track weight loss/gain in the absence of a clearly defined system to record and document each resident's weight. There was not a system of auditing developed to monitor practice.

**Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

System has been evaluated with the assistance of the Community Dietitian and is now more robust. Documentation in relation to weights and MUST tool assessments are now combined which will assure monitoring for each resident. A comprehensive audit form is currently being developed.

**Proposed Timescale:** 15/01/2015

**Theme:**

Person-centred care and support

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

Fluid intake records were not maintained consistently for all residents who required assistance with their daily meals and drinks. There was not a system in place to ensure each resident's daily fluid goal was calculated and fluid/ food intake was maintained appropriately to allow for the identification of issues and intervention at the earliest stage possible.



**Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

The Fluid & Hydration Policy will be reviewed and Nutrition Training (First Quarter of 2015) will include a section on Fluid Requirements/ Assessing Fluid Intake/ Inadequate Fluid Status. Fluid Intake will be recorded for residents identified at risk of dehydration and where the policy indicates this is required. Those at risk of dehydration will be monitored closely.

**Proposed Timescale:** 31/01/2015

**Theme:**

Person-centred care and support

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

There remained some examples of care plans on review being signed and dated only without a professional judgment of its effectiveness.

**Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Nurses have been informed of the importance of written evaluation of care plans. Professional judgement will be utilised in full at each review.

**Proposed Timescale:** 31/12/2014

**Theme:**

Person-centred care and support

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

Residents that have not got up from bed for a significant period of time or on a regular basis did not have a rehabilitative plan in place to minimise the risk of contractures. This was an area identified for improvement on the last visit in which little progress or improvement in practise has been achieved.

**Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

The Physiotherapist and Occupational Therapist have been requested to prescribe a plan of care and train staff in suitable exercises for those people at risk of developing contractures and rehabilitation where suitable. This will be fully actioned in January 2015.

**Proposed Timescale:** 15/01/2015

**Theme:**

Person-centred care and support

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

The inspector noted one resident was not reviewed by the GP for an eight month period.

**Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

A system is in place for frequent medical review of residents. This resident has been fully reviewed by the GP on 9th October 2014

**Proposed Timescale:** 09/10/2014

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Person-centred care and support

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

An insufficient number of shower and toilet facilities were available at appropriate places in the premises having regard to the number and needs of the residents.

**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 additional shower room is nearing completion. Finish date 31.12.2014 as previously indicated.

**Proposed Timescale:** 31/12/2014

**Theme:**

Person-centred care and support

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

There are three remaining bedrooms which are multi occupancy in their configuration. The provider is required to have in place a plan to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland within the time frame allocated.

**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 reduction of beds within community nursing units is not permitted at HSE National Level due to the demands of the population that require care within the public system. This matter has been discussed with HIQA at a National Level.

**Proposed Timescale:** Ongoing

**Theme:**

Person-centred care and support

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

No painting of any areas was undertaken. Walls along the corridor particularly underneath hand gel dispensers were stained. Paint was chipped on woodwork and flaking in parts on some wall areas.

**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 entire Unit has been decorated as planned and this work is complete

**Proposed Timescale:** 09/12/2014

## Outcome 13: Complaints procedures

**Theme:**

Person-centred care and support

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

The local complaints policy did not reflect practice. The procedures reviewed did not indicate complaints are referred to the nominated provider for review or appeal prior to being forwarded to the person appointed under the HSE complaints policy 'your service your say'

**Action Required:**

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The provider's name has been added to the local complaints procedure

**Proposed Timescale:** 09/12/2014

**Theme:**

Person-centred care and support

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

A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified.

**Action Required:**

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

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

This has been rectified with the Provider name being added

**Proposed Timescale:** 09/12/2014

## Outcome 14: End of Life Care

**Theme:**

Person-centred care and support

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

The policy required review to ensure reference and linkage to other policies and supporting information to include the policy on consent and the resuscitation policy. The procedures in the policy were not sufficiently detailed to guide staff on the appropriate timing or juncture to make a referral to palliative care services for specialist input.

**Action Required:**

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

The End of Life policy is currently being reviewed and adapted to include reference to other policies relevant to end of life care. It must be noted that the palliative services have always been utilised for those residents who require their expertise with Arus Carolan.

**Proposed Timescale:** 12/02/2015

**Theme:**

Person-centred care and support

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

Residents with a (DNR) status in place did not have the (DNR) status regularly reviewed to assess the validity of clinical the judgement on an ongoing basis.

**Action Required:**

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

DNR status will be reviewed every 4 months with the resident/family.

**Proposed Timescale:** 31/12/2014

**Theme:**

Person-centred care and support

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

Not all residents were consulted regarding their future healthcare interventions, personal choices and wishes in the event that they became seriously ill and were unable to speak for themselves.

**Action Required:**

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Due to the sensitive nature of EOLC residents/family will be asked at an appropriate time to inform staff of their wishes. Please note some residents have declined to discuss this issue when approached. Further training on end of life care and future health care interventions is ongoing until next June 2015 in the Centre of Nursing and Midwifery Education Sligo.

**Proposed Timescale:** Current and Ongoing

**Outcome 15: Food and Nutrition****Theme:**

Person-centred care and support

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

The inspector noted meals were placed on trays for prolonged period of time in some instance before staff were available to assist the resident with their meals.

**Action Required:**

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

The current system has been evaluated and changed to ensure that residents will be assisted with their meals if required. Extra Trolleys are now utilised and different areas of the unit are served at different times.

**Proposed Timescale:** 08/12/2014

## Outcome 18: Suitable Staffing

**Theme:**  
Workforce

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

All staff were not trained on safe feeding practices for residents and nutritional care for the elderly.

Staff were not provided with refresher training in adult protection.

**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:**

A Food and Nutrition Policy is in place outlining the process involved in the assessment, care planning and monitoring of resident's nutritional status, nutritional requirements and referral pathway to the dietician. Nutritional needs of all patients are reviewed on admission. Nutrition Screening is carried out with each resident using a validated screening tool(MUST) on admission and is repeated every six months or more frequently if indicated. Records of food intake are kept for residents who are identified as at risk. SALT is rolling out training on an ongoing basis on safe feeding practice.

Refresher training in Adult Protection will recommence in January 2015

**Proposed Timescale:** 30/01/2015