Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Dealgan House Nursing Home
Centre ID:	OSV-0000130
Centre address:	Bellewsbridge Road, Toberona, Dundalk, Louth.
Telephone number:	042 935 5016
Email address:	dealganhouse@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Dealgan House Nursing Home Limited
Provider Nominee:	Thomas Fintan Farrelly
Lead inspector:	Sonia McCague
Support inspector(s):	Leone Ewings
Type of inspection	Unannounced
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	0

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
07 December 2015 19:00	07 December 2015 23:00

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

Outcome	Our Judgment
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Non Compliant - Major
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

This inspection was unannounced and focused following receipt of three separate anonymous communications to the Authority containing unsolicited information that highlighted similar concerns in relation to staff arrangements that negatively impacted on the care and welfare of residents and the insufficient management of complaints.

The purpose of this triggered inspection was to monitor ongoing regulatory compliance following receipt of unsolicited and anonymous information of concern. This inspection took place out of normal working hours.

On arrival to the centre, external construction works were apparent.

Inspectors gained access to the centre by a member of the care staff who deactivated a coded front door lock. The centre was fond to be clean, warm, and well maintained.

There were no vacancies with 51 residents in the centre and two residents were in hospital. The care staff levels and skill mix included -one nurse, one unregistered nurse (awaiting NMBI registration to practice as a nurse in Ireland), and six care assistants.

Inspectors were informed that the person in charge (PIC) was on leave and had been informed by staff of this inspection following its commencement.

The nurse on duty and a pre-registered nurse were informed of the purpose of the inspection and issues of concern received by the Authority which were the focus of this inspection. The clinical nurse manager and provider representative were also informed of the purpose of this inspection on their arrival to the centre.

Staff, residents and relatives/visitors engaged with inspectors during the course of the inspection.

Overall, inspectors found that improvements were required in relation to the concerns raised within the anonymous unsolicited information received and found major non-compliance with regulation 28 fire precautions that resulted in the Inspectors issuing an immediate action requirement to the provider representative for immediate response. The provider representative agreed to respond and provided the Authority with written assurances the following day 8 December at 17:21hrs in relation to the management of the fire safety deficiencies with staff, the relevant external agencies, architect and construction contractor.

Major non compliance was also found in the following:
- regulation 15 Staffing and regulation 16 training and development
- regulation 29 medicines and regulation 21 records

Improvement was also required in regulation 34 complaints procedure.

Findings and areas for improvement are outlined in the body of the report and within the action plan at the end for response.

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

Findings:
As reported in outcome 9, inaccuracies and poor recording practices were found in relation to medication management as follows:
• resident's medicines prescribed for 10pm (22:00hrs) had been administered by 7.20pm (19:20hrs) and recorded as administered at 10pm in the drug kardex

• resident's medicines had been recorded as administered prior to the administration stage or completion

• records that medication was administered had been recorded prior to administration were inaccurate as the medication had not been administered having been refused by the resident.

Judgment:
Non Compliant - Major

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that suitable and sufficient arrangements were not in place to ensure adequate precautions against the risk of fire and safe evacuation of persons from all parts of the centre.

Adequate means of escape had not been maintained. An Alternative means of escape and evacuation of residents from all parts/compartments within the centre was not available.

Identified fire escape routes were found obstructed internally and externally. External lighting was insufficient at fire exit points. Routine means of escape, health and safety checks and risk assessments had not being carried out or recorded.

Recommended changes by a fire safety engineer on the 24 November 2015 in relation to the evacuation of residents, staff and persons from parts of the designated centre had not been fully implemented in practice while external construction work was ongoing that impeded identified fire exits.

All staff on duty were not familiar with the means of escape, available routes and evacuation procedures to include alternative routes recommended during the construction period.

The fire evacuation procedures, plans displayed and fire exit signage had not been adequately adjusted or updated or communicated directly to staff to reflect and ensure all available means of escapes and alternative evacuation directions in the event of fire were known and understood.

A lack of prominently displayed fire exit plans was found to orientate and guide residents, staff and visitors to safe and available emergency exits. Fire evacuation procedures were not prominently displayed throughout the centre to indicate the alternative emergency routes available while up to six external fire exits were affected and impeded while construction works were ongoing.

While staff and records confirmed that training in fire safety and evacuation procedures had been provided, simulated fire evacuation drills had not been maintained or carried out by or with staff prior to or since the construction work commenced that altered the means of available fire exits and escape routes.

Overall the arrangements for reviewing fire precautions and safety measures were inadequate. Inspectors requested and met with the person acting on behalf of the provider to communicate these concerns verbally and in writing by an issuing an immediate action requirement. The provider representative acknowledged the failings and agreed to respond immediately and provide a written update in relation to matters of non compliance that were communicated by inspectors during and at the end of the inspection.

Judgment:
Non Compliant - Major

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:
During this inspection inspectors found the procedures in place for the handling, administration and recording of medicines to be unsafe and not in accordance with professional guidelines and legislation.

Staff on duty had not adhered to appropriate medication management practices and professional guidelines.

Inspector's discussions with staff, observations of staff and review of records concluded that a system for reviewing and monitoring safe medication management practices was not evident or in place based the findings of this inspection. Medication management deficiencies had also been highlighted at the previous inspection.

The person in charge had not ensured that all medicinal products were administered in accordance with the directions of the prescriber.

Unsafe medication management practices found on this inspection included the following:

• resident's medicines prescribed for 10pm (22:00hrs) had been administered prior to 7.20pm (19:20hrs)

• resident's medicines prescribed for 10pm (22:00hrs) had been administered by 7.20pm (19:20hrs) and recorded as administered at 10pm in the drug kardex

• the 10pm medications included psychotropic and sedative/hypnotic medication

• resident's medicines had been recorded as administered prior to the administration stage or completion

• residents medications were seen transported on an open top (dressing) trolley rendering them accessible to others

• medications had been administered in the absence of the medication prescription kardex and record to detail administration

• records stating that medication was administered that had been recorded prior to

administration were inaccurate as the medication had not been administered having been refused by the resident

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):
No actions were required from the previous inspection.

Findings:
Inspectors were informed that there were no formal or written complaints recorded since the last inspection of 18 July 2014. However, a number of informal or verbal concerns had been communicated to staff in relation to the service provision that were resolved locally.

While written operational policies and procedures for the management of complaints was available within the centre, the receipt of three anonymous unsolicited communications since 26 November 2015 with information expressing dissatisfaction with the services provided at the designated centre in addition to a separate unsolicited communicated information in September 2015 that resulted in the requirement of a provider lead investigation highlighted that the arrangements in place were not adequate to manage complaints and or expressions of dissatisfaction.

Inspectors confirmed that an independent advocate was not engaged with residents living in the centre at the time of inspection.

Plans to establish a Relatives' Committee/forum to facilitate open discussions were proposed at a meeting held between management with relatives of residents 15th October 2015.

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:
This inspection was unannounced and triggered following receipt of three recent and separate anonymous communications to the Authority of unsolicited information that highlighted similar concerns in relation to staffing arrangements that was negatively impacting on the care and welfare of residents.

Overall, inspectors found inadequate staffing levels and skill mix to meet the assessed and required needs of residents, a lack of appropriate supervision and deficiencies in the staffing arrangements to ensure an adequate response in the event of fire or need to evacuate residents from parts of the building.

On arrival to the centre the care staff levels and skill mix included one nurse, one unregistered nurse (awaiting NMBI registration to nurse in Ireland), and six care assistants.

Inspectors were informed that the person in charge (PIC) was informed of the inspection ongoing and was on leave.

The deputy arrived to the centre to facilitate the inspection and subsequently contacted the provider representative at the request of inspectors to attend the centre to communicate the findings.

The Staff rosters were available reflecting the staffing provision and arrangements in place during the inspection. Staff were observed supporting, assisting or supervising residents.

Overall, there was evidence of negative outcomes for residents due to staffing arrangements found.

The last inspection report of 8 July 2014 included "The inspector was satisfied that the number and skill mix of staff on duty and available to residents during inspection was sufficient to resident numbers and dependency levels/needs. However, while the person in charge and staff including day and night nurses confirmed satisfaction with the provision of one nurse for up to 52 residents at night (after 8pm), the inspector raised this reduced skill mix as a concern that required monitoring and review as change in residents needs and dependencies occurred. Activities undertaken between 8pm and 10pm by nursing staff included administration of medications therefore direct supervision of care staff may not be overseen".

The provider representative responded 22 August 2014 and stated "we constantly

monitor and adjust staffing levels to reflect dependency levels and to ensure residents' needs are met and we will continue to do so. We will pay particular attention to the times identified by the inspector. The PIC will continue to monitor staffing levels at night and will adjust the rota accordingly".

A subsequent action plan update was requested and submitted on 28 August 2015 by the provider representative that included "Staffing levels are constantly monitored and are adjusted in accordance with residents' needs".

However based on the findings of this inspection staffing provision had not been adjusted in accordance with residents needs as highlighted in outcome 9, Inspectors observed and were told by staff that they were helping the night nurse by giving medication prescribed for 10pm (22:00hrs) prior to 7.20pm (19:20hrs).

The provision of staffing levels and skill mix required immediate review and an adequate response in this regard was requested by 8 December 2015.

A lack of appropriate staff supervision and arrangements highlighted in this outcome and in outcomes 8 and 9 placed residents at risk.

The rostered shifts and changeover of staff did not include an overlap of staff between shifts to facilitate rostered handover time for sharing information between staff and shifts. On arrival to the centre inspectors were informed there was 52 residents in the centre, however, on further enquiry, inspectors were informed two residents were in hospital with 51 residents in the centre.

One nurse was rostered and available to support all residents (53 at full capacity) at night (8pm to 8am). On arrival of the night nurse a handover for 51 residents and an update regarding the two residents in hospital was provided by the nurse and pre-registered nurse on the evening shift. The night nurse was later seen assisting care assistants to hoist and transfer residents from the sitting room to their bedrooms and was later seen completing the administration of night (10pm) medication which was seen prescribed for the majority of residents. The medication round was found to be ongoing at 10:55hrs.

Many of the resident group had high dependency needs and many required the assistance of two staff to assist with their needs and activities of daily living. Up to 33 residents had bed rails in use that required staff to operate and three residents had an alarm device to alert staff to respond to their movement.

Inspectors confirmed with staff that the core staffing levels were depleted at times due to the high dependency and needs of a resident who often required one to one care and support. The manager confirmed this and told inspectors that a proposal for alternative or additional care support was made in relation to this resident but remained outstanding.

As highlighted in other outcomes - 8 and 9, staff did not demonstrate they had appropriate skills and understanding of the appropriate medication policies and evacuation procedures to adequately meet the needs of residents and respond to

emergencies.
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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Dealgan House Nursing Home
Centre ID:	OSV-0000130
Date of inspection:	07/12/2015
Date of response:	15/01/2016

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 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:
As reported in outcome 9, unsafe and poor recording practices were found in relation to medication management as follows:
• resident's medicines prescribed for 10pm (22:00hrs) had been administered by 7.20pm (19:20hrs) and recorded as administered at 10pm in the drug kardex

• resident's medicines had been recorded as administered prior to the administration

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

stage or completion

• records stating that medication was administered that had been recorded prior to administration were inaccurate as the medication had not been administered having been refused by the resident

1. Action Required:
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

Please state the actions you have taken or are planning to take:
An Emergency meeting was called and was attended by all our nursing staff bar one who sent an apology. Nurses were informed that they should never administer medication without bringing the medicines trolley and Kardex, no matter how small the number of residents to receive medication at the time, nor how small the amount of medication to be administered. This was fully accepted and has been fully implemented. All nurses present were adamant that they would never, and never had, signed prior to administering medication.

The CNM liaises with GPs on a daily basis and will ensure that no discrepancy exists between the prescribed time and the time of administering medications.

The Kalamazoo stationery used for documenting the administration of medication has been amended to provide an "8.00 p.m." column for the 5 residents who are currently prescribed medication at that time by their GP.

Proposed Timescale: Completed and on-going

Proposed Timescale: 23/12/2015

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:
Suitable and sufficient arrangements were not in place to ensure safe evacuation of persons from all parts of the centre.

Adequate means of escape had not been maintained.

An Alternative means of escape and evacuation of residents from all parts/compartments within the centre was not available.

Identified fire escape routes were found obstructed internally and externally.

External lighting was insufficient at fire exit points.

Routine means of escape, health and safety checks and risk assessments had not being carried out or recorded.

2. Action Required:
Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
The inadequate size of the safe area outside Exit 9 has been addressed by the preparation of a pathway between exit 9 and 10, enabling re-entry to the building in a different fire compartment.

A temporary fire escape through the laundry has been replaced by an alternative route and is frequently checked to ensure it is not obstructed by staff or by on-going construction work.

See Action Plan prepared in response to HIQA Fire Officer's inspection report for further details of how the overall approach to fire safety has been, and will continue to be improved.

Proposed Timescale: Completed and on-going

Proposed Timescale: 23/12/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Recommended changes by a fire safety engineer on the 24 November 2015 in relation to the evacuation of residents, staff and persons from parts of the designated centre had not been fully implemented in practice while external construction work was ongoing that impeded identified fire exits.

3. Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
The Fire Engineer's report identified a problem at Exit 9 but suggested only a partial solution which was immediately implemented. A comprehensive solution to the problem, allowing re-entry into the building in a different fire compartment, emerged the day after the inspection and was immediately implemented.

Proposed Timescale: Completed and on-going

Proposed Timescale: 23/12/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff on duty were not familiar with the means of escape, available routes and evacuation procedures to include alternative routes recommended during the construction period.

4. 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:
Three fire drills were held recently and have been fully documented. Frequent drills will be held until all staff have had an opportunity to participate in a drill. Our Fire Evacuation Procedures have been reviewed and amended. A copy of the revised procedure was given to every member of staff with a note from the Registered Provider encouraging them to read it and to refresh their knowledge of it on an on-going basis by occasionally reading copies placed in various locations throughout the nursing home.

At an emergency meeting of nurses, who are the people to lead any evacuation, was held on December 11th. They were shown the revised evacuation route outside Exit 9 and were reminded of the horizontal evacuation routes from other parts of the building which remain unchanged despite the construction work. Every opportunity is utilised to reinforce the lessons learned at Fire training and Fire Drills, including at meetings held with Care Attendants on January 12th, 13th and 14th.

We estimate that it will take until the end of January to give all staff the opportunity to participate in a fire drill.

Proposed Timescale: 31/01/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire evacuation procedures displayed and fire exit signage had not been adequately adjusted or updated or communicated directly to staff to reflect and ensure all available means of escapes and alternative evacuation directions in the event of fire were known and understood during construction work.

A lack of prominently displayed fire exit plans to orientate and guide residents, staff and visitors to safe and available emergency exits was found.

Fire evacuation procedures were not prominently displayed throughout the centre to indicate the alternative emergency routes available while up to six external fire exits were affected and impeded while construction works were ongoing.

5. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
The Evacuation Procedure has been revised with guidance from HIQA's Fire Officer. The 4 locations where Building Plans and Fire Evacuation Instructions were displayed have been supplemented by displaying them at 3 additional locations.

Proposed Timescale: 15/01/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While staff and records confirmed that training in fire safety had been provided, simulated fire evacuation drills had not been maintained or carried out by or with staff prior to or since the construction work commenced that altered the means of available fire exits and escape routes.

6. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
Regular training undertaken by all staff will be supplemented by frequent fire drills until all staff have participated in one. Drills will thereafter be held at least every 6 months.

Proposed Timescale: 31/01/2016

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:
During this inspection inspectors found the procedures in place for the storage,

handling, administration and recording of medicines to be unsafe and not in accordance with professional guidelines and legislation.

7. Action Required:
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

Please state the actions you have taken or are planning to take:
An emergency meeting with nurses was held and they were instructed to use the medicines trolley at all times. Under no circumstances are medicines to be transported in any other way. The staff were advised to always adhere to appropriate medication management practices and professional guidelines. This was agreed and is being implemented.

The CNM will continue to monitor medication management.

The PIC has reviewed and strengthened our medication management audit tool to ensure the tool captures safe practice at all times. The frequency of audits will be increased from quarterly to bi-monthly.

Having ensured the medication management system now in use is operating properly, we are investigating alternative systems, both paper based and electronic and including the Epiccare medication management module. Epiccare demonstrated their system to us on Friday, January 15th and our PIC and CNM have arranged to visit a nursing home currently using the system on Wednesday, 20th January. A decision on upgrading the medication management system will then be made.

The cooperation of GPs is essential to good medication management. The fact that Dealgan House residents are attended by 12 different GP practices, presents intractable problems for good medication management. We are actively looking at the possibility of reducing the number of practices attending the nursing home while retaining an element of choice for our residents.

Changes to current practice and improvements to the audit tool have been completed. Longer term decisions regarding our future medication management system and relationships with GPs will be made by the end of January. It is impossible to put a timescale on their implementation as changes to a medication management system must be well thought through and gradual. It will be done as soon as possible.

Proposed Timescale: 31/01/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had not ensured that all medicinal products were administered in accordance with the directions of the prescriber.

Staff on duty had not adhered to appropriate medication management practices and professional guidelines.

A system for reviewing and monitoring safe medication management practices was not in place based the findings of this inspection.

Unsafe medication management practices found on this inspection included the following:

• resident's medicines prescribed for 10pm (22:00hrs) had been administered prior to 8.20pm (19:20hrs)

• resident's medicines prescribed for 10pm (22:00hrs) had been administered by 8.20pm (19:20hrs) and recorded as administered at 10pm in the drug kardex

• the 10pm medications included psychotropic and sedative/hypnotic medication

• resident's medicines had been recorded as administered prior to the administration stage or completion

• residents medications were seen transported on an open top (dressing) trolley rendering them accessible to others

• medications had been administered in the absence of the medication prescription kardex and record to detail administration

• records stating that medication was administered that had been recorded prior to administration were inaccurate as the medication had not been administered having been refused by the resident

8. 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:
Nurses were advised at an emergency meeting to always adhere to appropriate medication management practices and professional guidelines. This was agreed and is being implemented.

The CNM has already discussed the case where a discrepancy existed between the administered and prescribed time with the GP and Pharmacist concerned. She will ensure that no discrepancy exists in future between the Kardex and the administration times of medicines.

The PIC has reviewed and amended our medication management audit tool and the frequency of audits to ensure it captures safe practice at all times.

Proposed Timescale: 15/01/2016

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:
Inspectors were informed that there were no formal or written complaints recorded since the last inspection of 18 July 2014.

Despite written operational policies and procedures for the management of complaints, unsolicited anonymous communications with information expressing dissatisfaction with the services provided at the designated centre were communicated to the Authority.

9. 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:
Our PIC is in the process, as opportunities arise, of meeting at least one member of every resident's family to ensure that they understand our complaints policy. She is reassuring them that if they have any concerns, she and the CNM can be approached at any time and their concern will be addressed. These meetings with residents'families are on-going and are documented.

As the meetings are opportunistic, it is not possible to put a timescale on their completion.

Proposed Timescale: 15/01/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors found inadequate staffing levels and skill mix to meet the assessed and required needs of residents, and a lack of appropriate supervision and deficiencies in the staffing arrangements to ensure an adequate response in the event of fire or need to evacuate residents from parts of the building.

There was evidence of negative outcomes for residents due to staffing arrangements in place.

As highlighted in outcome 9, Inspectors observed and were told by staff that they were

helping the night nurse by giving medication prescribed for 10pm (22:00hrs) prior to 7.20pm (19:20hrs).

A lack of appropriate staff supervision and arrangements highlighted in this outcome and in outcomes 8 and 9 placed residents at risk.

The rostered shifts and changeover of staff did not include an overlap of staff between shifts to facilitate rostered handover time to share and communicate information.

One nurse was rostered and available to support all residents (53 at full capacity) at night (8pm to 8am). Night medications had been administered prior to 19:20hrs and the medication round was ongoing at 10:55hrs.

Many of the resident group had high dependency needs and many required the assistance of two staff to assist with their needs and activities of daily living. Up to 33 residents had bed rails in use that required staff to operate and three residents had an alarm device to alert staff to respond to their movement.

Inspectors confirmed with staff that the core staffing levels were depleted at times due to the high dependency and needs of a resident who often required one to one care and support.

10. 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:
We will continue to monitor the appropriateness of our staffing levels in relation to our residents' dependencies and will adjust rosters accordingly. An 8 – 8 shift in the nurses off-duty has been changed to a 9 – 9. This will mean that 2 nurses will be on duty until 9.00 p.m. every day. Further changes to the nurse's off-duty may be negotiated with our nursing staff. As has always been the case, staffing resources requested and justified by the PIC and/or CNM will be provided.

Proposed Timescale: On-going

Proposed Timescale: 15/01/2016

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not demonstrate they were appropriately supervised or had appropriate skills and understanding of the safe medication practices, policies and evacuation procedures to adequately meet the needs of residents and respond to emergencies.

11. Action Required:
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
See above for details of the steps taken to improve Fire Safety including through regular Fire drills and revised evacuation procedures which have been communicated to all staff.

Administration of medication practices have been changed. The nurse is always accompanied by the medication trolley and Kardex without exception. Staff nurses are spoken to on a daily basis by the CNM with regard to medication management and practices. The CNM and PIC will monitor Kardex and Practices on a weekly basis. Any discrepancies found will be dealt with through the nursing home's disciplinary processes. The medication management audit tool has been revised and the frequency of medication management audits has been changed from quarterly to bi-monthly.

Proposed Timescale: Completed and on-going

Proposed Timescale: 15/01/2016