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:	Shannagh Bay Nursing Home
Centre ID:	OSV-0000095
Centre address:	2-3 Fitzwilliam Terrace, Strand Road, Bray, Wicklow.
Telephone number:	01 286 2329
Email address:	info@shannaghbay.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Shannagh Bay Healthcare Limited
Provider Nominee:	Pauline Smith
Lead inspector:	Sheila Doyle
Support inspector(s):	Gary Kiernan
Type of inspection	Unannounced
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	4

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 1 day(s).

The inspection took place over the following dates and times

From:	To:
06 May 2015 10:30	06 May 2015 18:00

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

Outcome 02: Governance and Management
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 15: Food and Nutrition
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Inspectors remained concerned at the findings from this inspection. There continued to be an unacceptable level of non compliance in a number of areas. Inspectors were concerned that improvements in the care and welfare of residents had not been maintained to a satisfactory degree since previous inspections, despite assurances given by the provider.

While some progress in the overall governance and management of the centre had been achieved, the Authority remained concerned with regard to the ability of the provider to consistently implement and maintain appropriate management systems.

Inspectors remained concerned that residents' were not able to retain control over their own possessions and clothing. The actions required from the previous inspection in relation to the care planning documentation had not been completed within the agreed timescale. Improvements were required around the use of restraint and the management of behaviours that challenge. Improvements were also required to some aspects of medication management. Previous assurances regarding the premises had not taken place and no definite plan was available at this inspection.

There were no new admissions to the centre as per the commitment given by the provider during a recent regulatory meeting with the Authority. Inspectors found that the health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services and to a range of other health services. Staffing and recruitment practices were satisfactory and a range of training was available. Complaints management was now in line with the Regulations.

The provider and person in charge promoted the safety of residents. A risk management process was in place for the centre. Robust fire procedures were in place. Staff had received training and were knowledgeable about the prevention of elder abuse.

These matters are discussed further in the report and in the action plan at the end of the 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 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:
There were ongoing concerns regarding the adequacy of governance and management systems in the centre.

Although some improvements had occurred inspectors were concerned that there remained a number of the areas where significant improvements were required. These had consistently been brought to the attention of the provider as part of previous inspections. These included issues relating to care planning documentation, the use of restraint and the care of residents' clothing. Inspectors continued to have concerns with regard to the ability of the provider to consistently implement and maintain appropriate management systems.

Improvements were noted regarding the monitoring and development of the quality and safety of care delivered to residents. Audits were being completed on several areas such as complaints, falls and the use of restraint. Inspectors saw where the results of these were analysed and shared with staff. It was noted however that despite the audit results indicating where corrective actions were needed, improvements were still required as discussed under Outcome 11.

There was a clearly defined management structure that identified the lines of authority and accountability. The provider had acknowledged that additional resources were required in this area and inspectors saw that there was an additional person in post to assist with administration and also to provide induction and mentoring to new staff. Plans were also in place to provide additional resources to assist the person in charge and provide supervision for staff.

Judgment:

Non Compliant - Moderate

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

Findings:
Inspectors found that although systems were in place to promote the safeguarding of residents and protect them from the risk of abuse, additional improvements were required around the use of restrictive procedures such as bedrails and lapbelts and the documentation relating to the management of behaviours that challenge.

Inspectors were not satisfied with the management of restraint. This was also identified as an area of improvement at the last inspection and the action required had not been completed within the agreed timescale. Individual assessments were completed. In some cases this identified what alternatives had been tried. In other cases however this section was incorrectly completed. This was discussed in detail with the person in charge.

In addition there was no documented evidence that regular checks were consistently carried out when the restraint was in use as required by the centre's policy. The care plans for some of these residents did not outline this care requirement either.

Inspectors did note on going improvements around the auditing of the use of bedrails. The person in charge had introduced a monthly auditing system. Inspectors saw that although usage remained high, it was being closely monitored.

Although inspectors saw staff dealing in a calm and dignified manner, with several episodes of behaviour that was challenging, gaps were noted in the documentation. For example inspectors reviewed a sample of care plans and saw that specific triggers or possible suitable interventions were not identified. Documentation previously in use to assess this had been discontinued. Some information was available on various incident forms but this would not be readily available to inform practice.

Otherwise there was evidence of specialist input when required and additional staffing resources in place. Training had also been provided to staff and the person in charge discussed plans to provide additional specialised training once dates were available.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. Training records indicated that all staff had attended training in protection and safeguarding residents. Staff spoken to by inspectors were knowledgeable about identifying abuse, the different forms of abuse and the appropriate actions to be taken in the event of a incident or suspicion of abuse. Residents told inspectors that they felt safe in the centre.

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

Findings:
Inspectors found that the health and safety of residents and staff was promoted and protected. Action previously required relating to infection control procedures and the use of communal, shared personal care products had been addressed.

There was a Health and Safety Statement in place. The risk management policy was recently updated and met the requirements of the Regulations.

Inspectors found that other fire precautions had been put in place. Fire drills were held and plans were in place to repeat these more frequently. All staff had received training and staff spoken with were knowledgeable. Inspectors viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting.

Improvements were noted around infection control procedures, an action required from the previous inspection. Audits were carried out to ensure compliance with the new procedures. There were adequate alcohol gels, gloves and aprons available in the houses. Training had also been provided to staff in this regard.

Inspectors saw that the use of communal shared personal care products which was identified as an area for improvement at the previous inspection was no longer standard practice. Staff spoken with commented on the improvements in this area.

All staff had attended the mandatory training in moving and handling.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
Inspectors were not satisfied that each resident was protected by the designated centre's policies and procedures for medication management.

Some residents required their medication to be crushed. Inspectors reviewed a sample of their prescription and administration records and saw that some improvements were required. In some cases the medication was not individually prescribed as requiring crushing while in others medications that did not require crushing such as eye drops were prescribed as crushed.

Inspectors reviewed the prescription sheets for residents who required medication on an as and when required (PRN) basis. In some cases the maximum dose to be given in 24 hours was not consistently recorded and an error was noted in relation to a prescription for analgesia.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked a sample of balances and found them to be correct

A secure fridge was provided for medications that required specific temperature control. Inspectors noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

Judgment:
Non Compliant - Moderate

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:
Inspectors remained concerned that there was a potential for inconsistent care delivery and negative outcomes for residents. This had also been highlighted at previous inspections and although the agreed timescales had elapsed improvements were still required.

Inspectors were concerned that care plans had not been updated and reviewed when residents' needs changed. In addition they did not consistently describe the interventions in place.

There were several examples where inconsistencies were noted in the care plans. On a recent inspection it was reported that wound assessment information did not accurately describe the current wound status. In addition staff were not familiar with the coding used to describe the wound. Corrective action and timescales had been agreed. Despite this, at this inspection, similar issues were found and improvements were still required.

Similar gaps were noted in the documentation relating to skin care, colostomy care and catheter care which did not describe the interventions and plans in place to meet the residents' needs. A resident who had fallen did not have a care plan in place to provide details of the care interventions required. Inspectors also saw where moving and handling instructions for a particular resident had been changed from requiring the assistance of two people to needing a hoist. However the care plans had not been updated to reflect this major change. This presented the potential for inconsistent care delivery and negative outcomes for residents. Staff spoken with were familiar with the correct procedures but they were not documented.

Inspectors saw that efforts had been made to improve this situation. The person in charge had provided additional training for staff on the computerised care planning system in use. Frequent audits were carried out which identified the individual staff members who were responsible for completing the records. Meetings were held to discuss the required standards. However some staff still struggled in both inputting and accessing the information required. Staff did outline how an updated system was being introduced and some staff had already attended the training.

Because of the potential for inconsistent care delivery and negative outcomes for the residents in addition to the fact that the agreed corrective action had not been completed within the timescales, the deadline for completed improvements has been set by the Authority.

There was appropriate input from multidisciplinary practitioners where required, with

reports evidenced in files. Inspectors reviewed some residents' notes and found that they had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as physiotherapists, dieticians, chiropodists, opticians and dental services. There was an occupational therapist employed by the centre.

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

Findings:
Inspectors found that the physical environment in the centre did not meet residents' needs and the requirements of the Regulations.

The provider had previously given assurances that building works aimed at extending and renovating the premises were due to commence in accordance with building plans and undertakings given to the Authority further to a previous inspection in 2014. These works had not commenced. The inspectors received an email which stated that in effect there is now no concrete date for commencing the required major works.

These deficits included but were not limited to a lack of natural lighting in some rooms, lack of accessible storage, some poorly designed bedroom accommodation, a lack of suitably located toilet facilities and lack of access to a garden area.

Inspectors saw at the time of inspection that there was limited communal space available to residents. Once the residents and chairs were in place there was very limited free space. Inspectors saw staff having to move some residents in order to bring a resident in a chair back to his room. Once at the room, inspectors saw that there was very limited space to manoeuvre the resident into the room.

Some areas of improvement were noted and staff and residents commented on these. For example the centre was much cleaner and a cleaning schedule was in place. The floor covering in the day room had been replaced and previous odours were no longer

there. The room now looked much brighter and more homely and comfortable.

A planned approach was underway albeit slowly, to refurbish some of the bedrooms. At the time of inspection some had been completed to a high standard and plans were in place to start the next one in the near future.

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

Findings:
Practice in relation to complaints management had improved since the previous inspection and now met the requirements of the Regulations.

The procedure for complaints was displayed for residents and it clearly identified the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a comprehensive centre-specific policy in place which provided clear guidance to staff.

The complaints log contained details of whether or not the complainant was satisfied with the complaint

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Inspectors saw that residents had been reviewed by a speech and language therapist if required. Inspectors observed practices and saw that staff were using appropriate feeding techniques as recommended.

Inspectors visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. She told inspectors that she met with new residents to discuss their preferences and also got information from the staff.

Inspectors saw that the time for the evening meal was quite early but the person in charge said they were currently reviewing this. The dining experience was pleasant. Table were nicely laid and meals were appetisingly presented.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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:
Inspectors remained concerned that residents' were not able to retain control over their own possessions and clothing.

At the previous inspection it was noted that some communal underwear was in use for some residents. Corrective action was required and the Authority was informed that this had been addressed.

Inspectors visited the laundry and saw that again there were unmarked underclothes. The system in place was that underwear and socks were to be washed in individual net bags. However inspectors saw that the clothing which was unmarked had been removed from the net bags. Since the clothing was not sorted individually into containers but rather collectively into a large container for a particular area, it was impossible to safely identify who the unmarked clothing belonged to.

Otherwise inspectors were satisfied with the system in place for managing laundry. The laundry was organised and well equipped. The staff member spoken with was knowledgeable about the different processes for different categories of laundry.

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):
No actions were required from the previous inspection.

Findings:
Ongoing improvements were noted in staffing since previous inspections.

The number and skill mix of staff was found to be satisfactory to meet the needs of residents at the time of this inspection. Inspectors reviewed a sample of staff rosters and noted that on the days of inspection the roster reflected the number of staff on duty. Inspectors noted that there were two nurses on duty at all times. Residents told inspectors that there were sufficient staff to attend to their needs. Residents said that they were not left waiting when they rang the bell or asked for assistance.

Inspectors reviewed a sample of personnel files and found they were complete. There was evidence of ongoing recruitment to ensure adequate staff were available. The

person in charge gave assurances that this issue was being closely monitored.

Inspectors saw that there was an extensive range of training provided. Staff confirmed that they had attended and many said they were delighted to avail of the opportunity.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila Doyle
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[1]

Centre name:	Shannagh Bay Nursing Home
Centre ID:	OSV-0000095
Date of inspection:	06/05/2015
Date of response:	22/05/2015

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was limited evidence of the ability of the provider to consistently implement and maintain appropriate management systems.

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

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

monitored.

Please state the actions you have taken or are planning to take:
1. The PIC is currently reviewing each resident's care plan and implementing changes as required.

2. PIC is also reviewing all assessments and all current information will be included in the reviewed care plans.

3. Regular audits will be carried to ensure on-going compliance and to ensure that all improvements made will be maintained

4. All residents who require either the use of bedrails and/or of lap belts / positional belts are being fully reassessed with particular attention being paid to the section in the assessment dealing with alternatives that had been tried.

5. Two additional touchscreens have been ordered to facilitate more accurate documentation of the regular checks that take place when the any form of restraint is in place.

6. The Audit system that is in place will continue.

7. All items of clothing, to include all small items such as socks, will be individually marked. These will also be washed and dried in the individually marked net bags and will only be taken out of these bags once they are returned to the resident's bedroom to be put away.

8. This practice will be audited regularly to ensure continuing compliance

9. We have reviewed daily routines and have now implemented a practice that gives nurses more time to complete paperwork. Each day nurses will be assigned work to do a timeframe for completion. This will be signed off by the PIC.

10. The Healthcare Assistants have identified a system whereby each day one residents care plans will be discussed by the nurses with them so they can get correct information but also have an opportunity to ask questions and add to care plans if needed. This will be on a continuous cycle.

Proposed Timescale: 12/06/2015

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:
The use of restraint was not consistently used in accordance with the centre's own

policy or with national policies.

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:
1. All residents who require either the use of bedrails and/or of lap belts / positional belts are being fully reassessed with particular attention being paid to the section in the assessment dealing with alternatives that had been tried.

2. We are currently trialling a low-low bed to see if this will be of benefit to one of our residents who is at particularly high risk of falling.

3. We are also using a number of crash mats, keeping the beds at the lowest setting possible to reduce the risk of injury to residents who have been assessed as unsuitable for the use of the bedrails.

4. Two additional touchscreens have been ordered to facilitate more accurate documentation of the regular checks that take place when the any form of restraint is in place.

5. The Audit system that is in place will continue.

Proposed Timescale: 12/06/2015

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Specific triggers or possible suitable interventions for the management of behaviours that challenge were not identified.

Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
1. We have a number of residents with very complex needs and one resident in particular who can present with behaviours that challenge staff very regularly - this resident has been seen by a number of leading experts who deal with such cases and one of the leading consultants in this field who has comprehensively examined and assessed the resident and has written to say there are no identifiable triggers in this particular residents case – the letter was shown to the inspectors on the day – for this resident we do not complete an ABC form and this documented in this resident's care

plan

2. For all other residents who present with any behaviour that challenges, an ABC form will be completed and possible interventions identified will be included in the resident's care plan.

Proposed Timescale: 12/06/2015

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:
Crushed medications and medications to be administered as and when required were not consistently appropriately prescribed.

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:
1. All cardex/prescriptions have been reviewed and all irregularities have been identified and corrected.

2. All medications that are prescribed on a PRN basis now include a maximum dose over 24 hours

3. Each resident who requires their medications crushed has been assessed by their GP and the GP has signed to say that the medications are suitable for crushing.

4. The Pharmacist has reviewed all medications that are crushed and has confirmed that they are suitable to crush – the pharmacist is currently in the process of compiling a folder listing all the medications that are currently crushed and any relevant instructions relating to the crushed medications e.g. medium to mix crushed medications in etc.

Proposed Timescale: 12/06/2015

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:
There was a potential for inconsistent care delivery and negative outcomes for residents because of significant gaps in the care planning documentation.

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:
We accept that we have had issues with care plans for some time now and we are taking this issue very seriously.

1. The PIC is currently reviewing each resident's care plan and implementing changes as required.

2. PIC is also reviewing all assessments and all current information will be included in the reviewed care plans.

3. Any changes made to the care plans will be passed on to all staff at the daily handover meetings and also a copy of each resident's reviewed care plan will be printed and put in a folder in the staff room so staff can read through them.

4. Regular audits will be carried out following the completion of the detailed review.

Proposed Timescale: 12/06/2015

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 premises did not meet the residents, individual and collective needs.

Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
Plans submitted to the authority are still effective whilst the planning permission has been extended to 2018 to take into consideration the lack of funding from the Irish Banking Market. We have been advised that bridging finance has been earmarked for this project through our brokers outside of the country, this will be available soon (see broker letter). Internal refurbishment and upgrades are ongoing in line with the

available funding and 4 beds are decommissioned at present to aid the refurbishment. The deficits that have been brought to the attention of the management are all part of the development programme of upgrade.

Proposed Timescale: 10/05/2017

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Communal items of clothing were in use.

Action Required:
Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

Please state the actions you have taken or are planning to take:
1. The practice of any communal clothing is unacceptable and while some items of unmarked clothes were noted on the day of inspection and the laundry staff had an explanation this was still not acceptable.

2. All items of clothing, to include all small items such as socks, will be individually marked. These will also be washed and dried in the individually marked net bags and will only be taken out of these bags once they are returned to the resident's bedroom to be put away.

3. This practice will be audited regularly to ensure continuing compliance

Proposed Timescale: 12/06/2015