

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Killeline Nursing Home
<b>Centre ID:</b>	OSV-0000423
<b>Centre address:</b>	Cork Road, Newcastle West, Limerick.
<b>Telephone number:</b>	069 220 61
<b>Email address:</b>	info@killelinenursing.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Killeline Nursing Home Limited
<b>Provider Nominee:</b>	Denis McElligott
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	62
<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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

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

**The inspection took place over the following dates and times**

From:	To:
13 December 2016 09:30	13 December 2016 17:00
14 December 2016 09:30	14 December 2016 14:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of a monitoring inspection, which took place to monitor ongoing regulatory compliance of the centre. This monitoring inspection was un-announced and took place over two days.

As part of the inspection the inspector met with residents, the person in charge, staff and the provider representative. The inspector observed practices and reviewed documentation such as care plans, medical records, health and safety records, incident logs, policies and procedures and staff files.

Overall, the inspector found that the provider representative and person in charge continued to demonstrate a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The

centre was well maintained both internally and externally.

There was evidence of good practice in all areas. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspector observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Improvements were required to updating some policies, recording the rationale for the use of PRN 'as required' psychotropic medicines, updating of care plans to reflect recommendations from allied health services and updating the risk register.

All areas for improvement are contained in the Action Plan at the end of this report

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had established a clear management structure. The person in charge worked full time in the centre, The clinical nurse manager (CNM) deputised in the absence of the person in charge. There was always a senior nurse on duty to supervise the delivery of care. There was an on call out-of-hours system in place. The provider representative visited the centre on a regular basis and also supported the person in charge. The management team met each other, residents and staff on a daily basis. Residents and staff spoken with told the inspector that they felt well supported and could report or discuss any issue with any member of the management team.

Systems were in place to review the safety and quality of care. Regular audits and reviews were carried out in relation to incidents, falls, medication management, restraint, residents' weights, infections, absconsion and wounds. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. A report on the quality and safety of care of residents in the nursing home had been completed for 2015 which included reviews of falls, restraint, complaints, wounds, an overview of activities and outings as well as highlights of the year.

There was evidence of on-going consultation with residents and their representatives. Monthly residents' meetings were held and facilitated by the activities coordinator. Minutes of meetings were recorded. The inspector reviewed the minutes of recent meetings and noted that issues such as recent and planned activities, day trips and monthly newsletter were discussed. A number of residents and relatives had completed comment forms, the results of which indicated high satisfaction with the service provided. A monthly newsletter was produced and was made available to residents. There was evidence that both residents and their relatives were involved in the development and review of their care plans.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult. The person in charge was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities. She demonstrated very good clinical knowledge. She was very knowledgeable regarding the individual needs of each resident.

The person in charge had engaged in continuous professional development. She had recently completed 'Train the trainer' on safeguarding vulnerable adults and had attended a national nursing conference. She had also completed recent training on medicines management and dementia care.

The inspector observed that she was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was made readily available.

**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:**

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse, however, some policies required updating and nursing documentation in relation to the management of responsive behaviour required improvement.

There was a comprehensive recently updated policy on safeguarding vulnerable adults at risk of abuse. Staff spoken with were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that all staff had received ongoing and recent education on elder abuse. The person in charge had recently completed 'train the trainer' in safeguarding vulnerable adults and told the inspector that she planned on providing updated training for all staff in-house early in 2017. Residents spoken with told the inspector that they felt safe in the centre.

The finances of some residents were managed in the centre, small amounts of money and some valuables were kept for safe keeping on behalf of other residents. The inspector saw that these accounts were managed in a clear and transparent manner. Individual balance sheets were maintained for each resident and all transactions such as lodgements and withdrawals were clearly recorded. Receipts were issued for all transactions. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items. However, the policy on managing residents monies, financial affairs and personal belongings dated March 2016 was not reflective of practice in the centre. The person in charge and provider representative undertook to review the policy and current banking arrangements to ensure further safeguards were put in place.

The inspector reviewed the policies on meeting the needs of residents with challenging behaviour including the use of psychotropic medications and use of restraint. The policy on challenging behaviour outlined guidance and directions to staff as to how they should respond and strategies for dealing with responsive behaviours. The inspector reviewed a sample of files of residents who presented with responsive behaviour and noted that while care plans were in place they did not clearly outline guidance for staff regarding known triggers and distraction techniques. All episodes of challenging behaviour were logged using an ABC chart. Staff spoken with were clearly able to describe the care but this was not always reflected in the care plans. Some residents were prescribed psychotropic medicines on a 'PRN' as required basis. These medicines were administered occasionally for some residents. Staff spoken with informed the inspector that these were always administered as a last resort only when other strategies had been trialled and possible underlying causes had been eliminated. However, records were not maintained to indicate the rationale for administration of these medications or what other interventions had been tried to manage the behaviour. This is discussed further under Outcome 11: Health and social care needs.

The policy on restraint required updating to ensure that it was based on the national policy 'Towards a restraint free environment'. For example, the centres policy did not include any guidance on risk assessment. Staff continued to promote a restraint-free environment. There were four residents using bedrails at the time of inspection, all at

their own request. Staff carried out regular checks on residents using bedrails and these checks were recorded. Alternatives such as low low beds and sensor mats were also considered and used in many cases. All staff had received training on behavioural and restraint management. The use restraint was regularly reviewed and discussed.

The inspector observed staff interacting with residents in a respectful and friendly manner.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that risk management was generally well managed in the centre, however, the risk register required updating.

There was a health and safety statement available. The inspector reviewed the recently updated risk register. The register required further updating to include all risks specifically mentioned in the regulations such as abuse, the unexplained absence of a resident, accidentals injury to residents, visitors and staff, aggression and violence.

The inspector reviewed the emergency plan which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken with confirmed that they had received this training. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists, wheelchairs and specialised chairs were up-to-date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in June 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in November 2016. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff except for recently recruited staff had

received up-to-date formal fire safety training. Formal fire safety training was scheduled for those staff on 19 December 2016.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building. A lift was provided between floors. Service records reviewed indicated that the lift was serviced regularly.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use of hand sanitizers. The building was found to be clean and odour free. All staff had recently completed training in infection control. A recent audit of infection control practices had been completed by a clinical nurse specialist in infection control and the inspector noted that many of the issues identified had been addressed

**Judgment:**  
Substantially 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:**  
The inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice. The medication management policy dated June 2016 provided comprehensive guidance.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicine prescribing and administration sheets. All medicines were regularly reviewed by the general practitioners (GP).

Systems were in place to record medicine errors which included the details, outcome

and follow-up action taken. There were no recent medicine errors.

Systems were in place for the return of unused and out-of-date medicines to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist who also provided training on a range of topics including use of psychotropic medicines.

Regular medicine management audits were carried out by nursing management. Nursing staff confirmed that results of audits were discussed with them.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services, however, some inconsistencies were noted in the nursing documentation. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and tissue viability. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk and presenting with behaviours that challenge and communication issues. See Outcome: 7 Safeguarding and Safety regarding restraint and responsive behaviours.

Up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency and manual handling.

The inspector saw that each resident had a nursing plan of care based on an assessment of resident's strengths and need for supports. Care plans had been reviewed and updated on a regular basis. Systems were in place to record evidence of residents/relatives involvement in the development and review of their care plans.

However, the inspector noted some inconsistencies in the nursing documentation. The care plans in some cases did not clearly guide the care of the resident. Recommendations from allied health services such as SALT, physiotherapist and tissue viability nurse were not always reflected or updated in residents care plans. There was no care plan in place for some identified issues such as epilepsy. The person in charge advised the inspector that a new computerised nurse documentation system was due to be in place by early January 2017. She stated that they were currently in the process of imputing care plans to this system and undertook to ensure that they were individualised and person-centred. She advised that all staff had received training on the use of the system.

The inspector was satisfied that wounds were being well managed. There were adequate up-to-date wound assessments and wound charts in place.

The inspector was satisfied that weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly or more regularly if staff had concerns. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed.

The inspector reviewed the files of residents who were at high risk of falls and some who had fallen recently. There was evidence that falls risk assessments and falls care plans were updated following a fall. Additional measures including low low beds, crash mats, sensor bed and chair alarms had been put in place for some residents. The inspector noted that the communal areas were supervised by staff at all times. Four residents had one to one fulltime supervision in place.

Staff continued to provide meaningful and interesting activities for residents. Each resident had a social assessment documented. There was a full-time activities coordinator employed as well as external facilitators such as an art therapist, dog therapist, local potter and musicians. The daily and weekly activity schedule was displayed. Residents confirmed that there was a wide range of interesting activities taking place. The inspector observed residents enjoying a variety of activities including bingo, flower arranging, exercises to music and ball exercises. Other activities that took place regularly included baking, arts and crafts, Sonas programme (therapeutic programme specifically for residents with Alzheimer disease), gardening and walking. Other on-going activities included the weekly rosary, weekly mass, birthday parties, hair care and board games. Some residents had recently visited a local shopping centre to do

some Christmas shopping and on the day of inspection several of the male residents were going to a local bar for drinks, entertainment and finger food. The activities coordinator told the inspector that the centre had its own minibus with wheelchair lift and that residents had availed of a variety of 52 daytrips this year including trips to Ballybunnion, the Listowel races, the donkey sanctuary, Killarney, Bunratty Folk Park and Fota wildlife park. There were many photographs displayed of residents enjoying these trips. Residents' art work and paintings were framed and displayed throughout the centre.

**Judgment:**  
Substantially Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**  
Person-centred care and support

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

**Findings:**  
The inspector was satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further under Outcome 2: Governance and management.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspector observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink, and reassured and reoriented when they were upset or confused. The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered.

Residents' religious and political rights were facilitated. Mass was celebrated weekly in the centre. The rosary was recited and Holy communion was also offered weekly. Arrangements were in place for residents of different religious beliefs. Staff told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during recent elections.

There was an open visiting policy in place. Residents could meet visitors in any of the

day rooms or the dining room. The person in charge confirmed that an office was always made available when a resident wished to meet a visitor in private. Both the provider representative and person in charge told the inspector that they were considering providing a separate private visiting space.

Residents had access to the centre's cordless phones and some residents had their own mobile handset device. Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

The centre was part of the local community and residents had access to radio, television, the internet and Skype. Daily and regional newspapers were provided. Some residents told the inspector how they enjoyed reading the daily newspapers.

Staff outlined to the inspector how links were maintained with the local community. Some residents went home for visits while others attended special family occasions. Local choirs, musicians, the legion of Mary group, hairdresser, dog therapist, art therapist, potter and school students visited regularly. Many residents went for walks in the local area and visited the local shops. Day trips were regularly organised to local shopping centres and places of interest. Some residents attended local day care services.

**Judgment:**  
Compliant

***Outcome 18: Suitable Staffing***

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

**Theme:**  
Workforce

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

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

**Findings:**

Based on observations, staff spoken with and the review of staff rosters, the inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of the residents. There were two nurses on duty during the day and night time. The person in charge was normally on duty during the day time Monday to Friday, she was supported by a clinical nurse manager (CNM). There were 11 care staff

on duty in the morning time, seven care staff in the afternoon and eight care staff on duty in the evening time up until 22.00. There were three care staff on duty at night time until 6.00am when an additional care staff came on duty. In addition, there were three care assistants providing one to one care of three residents during the day and evening time and one care assistant providing one to one care of another resident 24 hours a day.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the regulations. Staff files were found to contain all the required documentation as required by the regulations. Garda Síochána vetting was in place for all staff, volunteers and persons who provided services to residents. Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction and orientation received, training certificates and appraisals were noted on staff files.

The management team were committed to providing on-going training to staff. There was a training plan in place for 2016. Staff had recently completed training in cardiac pulmonary resuscitation, venapuncture, continence, medicines management, dementia care, nutrition and dysphagia and end of life care.

**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:*

Mary Costelloe  
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>	Killeline Nursing Home
<b>Centre ID:</b>	OSV-0000423
<b>Date of inspection:</b>	13/12/2016
<b>Date of response:</b>	09/01/2017

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

In relation to the use of chemical restraint, nursing records were not maintained to indicate the rationale for administration of these medications or what other interventions had been tried to manage the behaviour.

The policy on restraint required updating to ensure that it was based on the national policy 'Towards a restraint free environment'.

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

**1. 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:**

Nursing Staff have been instructed on the use of restraint, the options pursued before restraint is invoked, and the policy updated and each nurse is required to read and sign it.

Policy on restraint has now been updated in January 2017 and includes new and relevant information which is based on the national policy "Towards a restraint free environment"

Proposed Timescale: Policy Completed on 7/1/2017 Introduction of Awareness 31st March 2017.

**Proposed Timescale: 07/01/2017**

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

**Theme:**

Safe care and support

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

The risk management policy did not set out the measures and actions in place to control the risk of abuse.

**2. Action Required:**

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

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

The PIC has completed the safeguarding vulnerable person's at risk of abuse HSE training on 7th and 9th December 2016. The risk management policy has been updated in January 2017 and now includes measures and actions to control abuse of any resident. This will be rolled out to all staff.

**Proposed Timescale: 28/02/2017**

**Theme:**

Safe care and support

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

The risk management policy did not set out the measures and actions in place to

control the risk of the unexplained absence of any resident.

**3. Action Required:**

Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

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

The risk management policy has been updated in January 2017 and now includes measures and actions to control unexplained absence of any resident. Risk assessments (page 77) have been completed and disseminated to all staff.

**Proposed Timescale:** 09/01/2017

**Theme:**

Safe care and support

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

The risk management policy did not set out the measures and actions in place to control the risk of accidental injury to residents, visitors or staff.

**4. Action Required:**

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The risk management policy as set out in schedule five has now been updated in January 2017 to include measures and actions to control accidental injury to residents, visitors and staff. See risk assessment (page 79) attached. This will be explained and actioned to all staff.

**Proposed Timescale:** 28/02/2017

**Theme:**

Safe care and support

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

The risk management policy did not set out the measures and actions in place to control the risk of aggression and violence.

**5. Action Required:**

Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

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

The risk management policy as set out in schedule 5 has now been updated to include measures and actions to control aggression and violence (see risk assessment page 81). This risk assessment will be outlined to all staff and they in turn will sign and acknowledge same.

**Proposed Timescale:** 28/02/2017

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

Some inconsistencies were noted in the nursing documentation. The care plans in some cases did not clearly guide the care of the resident. Recommendations from allied health services such as SALT, physiotherapist and tissue viability nurse were not always reflected or updated in residents care plans. There was no care plan in place for some identified issues such as epilepsy.

**6. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

A new computerised nurse documentation system which began in October 2016 is to be completed by the end of January 2017. All assessments and care plans are designed for individual needs whereby nursing staff are encouraged to update care that reflects interventions. Specifically there is a care plan in place for residents who may have conditions such as epilepsy or other neurological disorders.

**Proposed Timescale:** 16/02/2017

