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Alzheimer Care Centre, Swords Road, Whitehall, Dublin 9

Item Type	report
Authors	Rafferty, Nuala;Byrne, Deirdre
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Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Alzheimer Care Centre
Centre ID:	OSV-0000113
Centre address:	Swords Road, Whitehall, Dublin 9.
Telephone number:	01 837 4444
Email address:	seustace@highfieldhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	J & M Eustace Partnership, T/A Highfield Healthcare
Provider Nominee:	Stephen Eustace
Lead inspector:	Nuala Rafferty
Support inspector(s):	Deirdre Byrne
Type of inspection	Unannounced
Number of residents on the date of inspection:	142
Number of vacancies on the date of inspection:	12

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:
17 May 2016 07:00	17 May 2016 19:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection
This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from a Dementia Thematic inspection carried out on 9 & 10 September 2015 and to monitor progress on the actions required. This inspection also considered unsolicited information brought to the attention of HIQA and information received in the form of notifications forwarded by the provider.

As part of the inspection, the inspectors met with residents and staff members observed practices and reviewed documentation such as policies and procedures care plans, medical records and risk management processes.

Overall a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low key unobtrusive manner. Residents healthcare needs were met to a good standard with timely referral to and speedy review by medical and allied health professionals.
Overall, there was evidence of continued progress in many areas by the provider in implementing the required improvements identified by previous inspections.
Evidence of improved governance processes resulting in changes to culture and

practice with positive outcomes for residents was found. Improved staffing levels and skill mix was also found. Unsolicited information received by the Authority raising concerns for the level of staff further to the amalgamation of two previously separated units was not upheld.
The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply 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.

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:
Governance systems were found to have improved on this inspection. The senior management team which comprised the provider, person in charge (PIC), director of operations and quality and risk manager had commenced implementing many of the actions contained in their response to the actions arising from the previous inspection.
Minutes of the monthly quality and risk management meetings were reviewed and issues discussed included; trending of incident reports on slips trips and falls; medication management; infection prevention and control and safeguarding. Other aspects of performance indicators of clinical care delivery were also monitored such as; nutrition and weight and pressure ulcers.
Learning from incidents resulting in consequences for residents were discussed and measures to reduce or prevent recurrences, and improve systems identified.
Improvements found to the standard of care delivered is reported under Outcomes 7 11 and 15 of this report.

Improvements to frontline clinical nurse management were partially addressed.
An improved level of supervision and support to frontline nursing and care staff was in place. The numbers of CNM Grade 2 managers had increased by one. Five CNM Grade 1 managers were now in place. Inspectors noted that on those units where there was a consistent and full time CNM presence that this had led to better standards of nursing care and improvements to culture and practice. Although some improvements were noted in the standard of care delivered, this was not consistent throughout the centre. A notable difference, in the standard of assessment, planning and recording of care was found on these units. There was evidence of better healthcare outcomes for residents on those units where a full time CNM presence was in place.
This was discussed with the provider, person in charge and senior management team at the end of the inspection.

Although a CNM grade 3 manager to support the person in charge had been recruited, they subsequently left the service. This post had not been replaced at the time of this inspection. This manager had been identified to provide governance to the four ten bed units. As a result inspectors were told that an external nursing consultant was engaged for 20 hours per week to provide support primarily on aspects of assessment and care planning. The person in charge was also providing some support to these units by visiting daily and staff could contact her for advice. But evidence that this was sufficient to drive improvements to culture and practice to the same level as that found in other units was not found. This evidence is detailed under Outcome 11.

Two of these units have since been amalgamated to one 20 bed unit. This does not affect the overall numbers within the centre but represents a minor adjustment to the layout with the removal of two doors separating the units. The provider intends to amalgamate a further two ten beds into a 20 bed unit. Inspectors were told this was to facilitate improved supervision of residents and staffing supports.

Inspectors were told that a recruitment process to fill this vacant CNM 3 position was ongoing and that the there was a commitment to filling the post.

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 centre was managed by a suitably qualified and experienced nurse. The person in charge held authority, accountability and responsibility for the provision of the service.

Through the fit person process it was noted that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents’ care and conditions and also had the qualifications and experience required by the legislation.

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):

Findings:
A review of the use of restraint found that there was a reduction in the use of bed rails throughout the centre although bed rails were still in place for some residents. The use of bed rails and lap belts was reduced. A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as bed alarms, roll out mats and low -low beds was being established.
Some evidence of alternatives considered or trialled was available although this was not always included or referenced in the assessments or in associated care plans. This is further referenced under Outcome 11.
Staff had received training on the prevention of elder abuse and all staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse.

Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented.
In conversations with them, inspectors were told by relatives that they did not have any concerns for the safety of their loved ones.
Although residents spoken too were unable to express feeling safe, inspectors observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.
Inspectors discussed the management of notifications received by the Authority from the provider. On review of the documentation of investigations undertaken and communications between the person in charge, the resident and family during and further to completion of the investigations, it was found that management incidents notified were appropriate and sufficiently robust to ensure resident safety going forward.

A transparent and thorough system was in place to manage small sums of monies on behalf of residents and their relatives to ensure their comfort. All transactions were appropriately documented and withdrawals were signed by two persons at all times. A bank account separate to the centre's main account was provided for the monitoring of monies belonging to residents and all transactions were appropriately recorded. Evidence that residents had access to review these accounts was found.

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

Findings:
The actions arising from the last inspection were fully addressed including;
-The duration of the administration of medication was found to be within the timeframes recommended for administration for medications prescribed to residents at specific times.
- All medications identified as being suitable for crushing was individually prescribed.
- The maximum dosage of all as required or p.r.n. medicines was identified.
- The use of psychotropic medicines particularly where residents had previously been prescribed more than one psychotropic medicines on a p.r.n. basis, had been reviewed and was considerably reduced.

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

Findings:
Improvements to the standard of care to ensure that residents well being and welfare were being maintained was found on this inspection.
Residents had access to a general practitioner (GP) and improved access to allied health professionals such as occupational therapy and physiotherapy was also found with documented visits, assessments and recommendations noted. Access to palliative care

specialists, psychology dental, optical and podiatry services were available through the primary care and acute hospital services. Increased access to a dietician consultancy service was found to be provided.
Improvements to the standard of care provided was found on this inspection with more timely responsiveness and referral to allied health professionals to manage risks associated with deteriorating clinical needs. These included improvements to the management of risks associated with; nutrition, pressure ulcers and personal care. The delivery of personal care is further referenced under outcome 12.

Processes in place for the assessment planning implementation and review of healthcare needs were reviewed. The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also in place for every identified need. Although inspectors found there had been improvements to the assessment and planning of care, some further progress was needed.
Examples included;
Assessments for the use of bed rails that showed that alternatives were trialled and all reasonable measures considered and found not suitable prior to the use of this restraint were not in place for all residents.
Some care plans did not contain enough detail to ensure they were effectively managing the health problem. Although care plans were in place to manage responsive behaviours they did not include positive behaviour supports to direct staff on the form the behaviours might take, triggers associated with the behaviour, distraction or de escalation techniques to manage the behaviours.
Where medications were used on an as required basis (p.r.n.) to manage the behaviours, these were not referenced in the care plans and guidance on what measures should be tried to manage the behaviour prior to administering the medication were not outlined.
Where there were care plans related to similar needs they were not linked and did not include all information needed to fully direct care. Examples included; personal hygiene and sight. It was noted that where residents required eye care neither referenced the principles of administering prescribed eye medication or frequency of eye care to be delivered before or after insertion.
Although as stated earlier the management of nutrition and pressure ulcer management had improved, further improvements were required.
Wound assessments and management charts were not in place for all ulcers. Where care plans were in place they did not reference the size or grade of the ulcer to enable an accurate determination of progress or deterioration. It was also found that some care plans were not fully implemented in that the dressing product identified on the plan to be applied to the pressure ulcer was not being used.
Although It was noted that these plans were reviewed on a quarterly basis. The reviews did not include a determination of effectiveness to ensure ongoing improvement in the standard of care being delivered.
It was found that the quality of clinical documentation, together with practices observed, had improved and that a better standard of care was now being provided to residents. It was also noted that better support and supervision was available to staff. This is also referenced under Outcome 18
However, ongoing support was still required to embed improvements to practices and further improve the standard of care delivery. Some aspects of documentation and

recording were not improved including, the daily nursing progress notes which were primarily summation and did not always refer to changes in health care plans or changes to treatments or recommendations made by clinicians.
Care plans, nursing progress notes and other supporting documentation were not appropriately linked to ensure that a high standard of evidence based nursing care was being provided or give a clear and accurate picture of residents' overall health management.

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:
Actions required further to previous inspections including the last registration inspection with regard to improving the premises to meet the requirements of the Standards were not addressed.
The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. All walkways were clear and uncluttered to ensure resident safety when mobilising.
The centre consists of 154 beds of which 92 are single bedrooms with full en-suite. There are a further 30 single bedrooms without en-suites and the remaining 32 beds consist of eight bed communal areas in the Ryall unit.
Overall the design, layout, provision of equipment, health and safety aspects, security, decorative features and attention to detail of the extended premises were found to be of a high standard and suitable for the resident profile for persons with dementia with the exception of the Ryall unit.
The Ryall unit contains multi-occupancy rooms consisting of four bed areas each containing eight beds radiating from a central day area where residents spend their day. Limitations to shower and toilet facilities remain, each of the eight bed areas contained only one wash room consisting of assisted shower, toilet and wash-hand basin. The size of the combined toilet/bath/shower room areas were limited and pose difficulties to enable those residents with maximum physical limitations to access the current shower/bath. In addition, where a resident is receiving a shower this limits access to the toilet for other residents.

There was evidence that personal care delivery had improved and resident's choice was being respected in relation to choice for regular bath or shower in the majority of units in the centre.
But the negative impact of limitations in the shower and toilet facilities on meeting residents' needs in one unit remained. Staff were unable to meet the full needs of residents' in an individual and holistic manner for shower or baths. In particular for those residents with balance or seating difficulties. Assessments carried out by nursing staff and the physiotherapist found it unsafe to provide showers or baths to several residents due to the lack of space and/or specialised equipment.

Both the sluice area and treatment room required review from a spatial perspective to ensure they meet their intended purpose. Separate dining, sitting or other recreational spaces were not available to residents or their visitors. All residents in this unit were assessed as maximum dependency in terms of cognition and physicality; consequently residents spend long periods of time in the same room.
The layout of this area renders it difficult to provide for residents individual and collective needs in a comfortable and homely manner on a daily basis. Residents' personal bed space is not designed and laid out in a manner to ensure their safety, encourage and aid their independence and assure their privacy and dignity.

The provider had devised plans to address these environmental issues and discussed these at a meeting with HIQA. As a result of the meeting the provider had agreed to reflect on the plans and inspectors were told on this inspection it was expected that the plans would be finalised in July 2016. Copies of these plans are required to be submitted to the Chief Inspector.

Judgment:
Non Compliant - Moderate

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
Improvements to the variety and choice of breakfast options available, dining experience, monitoring, review and analysis of resident's nutritional need was found.
Actions addressed included:
-Improved variety of options available included hot options such as scrambled/boiled eggs: bacon: sausage: porridge. Variety of cereals toast and fruit. Hot options were brought to the units in a heated trolley and were retained there until residents were

ready.
-Changes to the time and location of dining experience. Based on personal preference residents could have breakfast in their room or, on one particular unit, a recently renovated country style kitchen/dining area.
-Changes to residents' diets were checked weekly by the CNM or nurse and notified to the catering team.

As referenced under outcome 11 access to dietitian services had improved and evidence of regular review was found. Those residents at high risk of malnutrition were visited weekly where required. Close monitoring of all residents weights and nutritional status was in place throughout the centre. A review of the recording processes for fluid and food intake had taken place. This resulted in a detailed and clear guidance document that instructed staff on how to record intake of food and fluids. Portion sizes were clearly stated in small/ standard and large and gave a breakdown of the amount each element contained to make up the overall meal size.
Staff were instructed to record different aspects of meals. For example: soup and cereals were to be measured /recorded in spoonfuls. Sandwiches to be recorded in quarters. However the recording of intake did not always follow the guidance. This is also referenced under outcome 11.

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:
Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile.
Although the centre had re opened to admissions in January 2016 there had not been a significant increase in the number of residents in the centre. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.
Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place.
Actions addressed from the last inspection included;
-Changes to the level of skill mix across all units with 30 or more residents was found. A

higher ratio of qualified nursing personnel was put in place on day shifts. These larger units also represented the units where the profile of residents' were frailer older persons with complex needs and higher level of dependencies. This improved skill mix was noted to have greatly improved resident health outcomes with more responsive and timely management of clinical deterioration, referral to general practitioners and allied health professionals and a better standard of nursing and personal care being delivered. The increased nursing numbers also resulted in resident's receiving their medication within recommended timeframes to ensure efficacy and maximise benefits to residents.
-Turnover had slowed and it was noted that recruitment though ongoing was keeping pace sufficiently to maintain staffing levels.
A system of staff replacement by regular staff was in place and found to be effective. Regular staff gave notice to a designated CNM on their availability to provide cover for unforeseen absences. The CNM then filled the gaps on rota's from this 'bank' of internal relief staff. Although agency staff were still used this had considerably reduced. On this inspection it was noted that most staff were familiar with residents' needs and preferences and replacement staff were appropriate to the role and grade.

A training plan for 2016 was in place. The plan identified those staff due to renew mandatory training for all staff on fire safety, moving and handling and prevention of elder abuse. It also included aspects of clinical practice such as: pressure ulcer prevention; nutrition assessment and care planning and person centred care.
The provider had recently completed a pro active volunteering programme. This resulted in a large number of people commencing in the centre as volunteers to improve the level of service provided to residents. A role description, agreement and handbook were in place to support the development of the volunteer service. All robust recruitment processes including Gárda Vetting and references were also maintained on a sample of personnel files reviewed.

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:

Nuala Rafferty
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:	Alzheimer Care Centre
Centre ID:	OSV-0000113
Date of inspection:	17/05/2016
Date of response:	16/06/2016

Requirements

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

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

Outcome 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:
Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

1. Action Required:
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by

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

an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

Please state the actions you have taken or are planning to take:
We commenced a quality improvement programme of our care planning process this year and are continuing to update all care plans. We appreciate our positive improvements in this area being noted and all care plans highlighted have since been updated to reflect the areas outlined relating to positive behaviour supports, documentation of alternative measures to restraint and use of prn medication; and wound care planning and implementation of same.

We continue to move towards a restraint free environment and welcome the comments in relation to same as we have reduced our use of bed rails since the previous inspection from approximately 39% to 12% and will continue to review the need for use of restraint with remaining residents. A new restraint policy was introduced in April 2016. This new policy emphasises the importance of trialling alternatives to restraint and considering the least restrictive alternatives to restraint with guidance on same included for staff. A new restraint assessment form is also in the process of being introduced to reflect the new policy and ensure appropriate documentation.

A new responsive behaviours policy was introduced in May 2016. This policy includes the identification of triggers and new assessment forms on the use of ABC behavioural monitoring and post incident reflection to identify learning from responsive behaviours. A programme of training staff in the management of actual or potential aggression (MAPA) has been rolled out across the service since January 2016. To date 41 nurses and care staff have been trained. This training covers distraction and de-escalation techniques to manage behaviours. All care plans will be reviewed and updated to ensure that they reflect new policy, procedures and training.

Proposed Timescale: 31/08/2016

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

2. 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:
All care plans are reviewed every four months to determine the effectiveness of actions

to manage identified needs. Better recording of the evaluation of existing actions and interventions as part of the care plan review process and how these actions have impacted resident outcomes will take place. As part of this process, the review will clearly highlight whether actions to manage identified needs are operating effectively or whether alternatives have been put in place.

Proposed Timescale: 31/08/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The documentation of care was not appropriately linked to ensure that a high standard of evidence based nursing care was being provided or give a clear and accurate picture of residents' overall health management.

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

Please state the actions you have taken or are planning to take:
We will continue to work on the quality of nursing notes having introduced new daily nursing notes since the last inspection. Nursing staff will continue to be educated on the importance of good quality nursing notes which highlight any changes to a resident's care plans, changes in a resident's condition and clinician recommendations. There will continue to be ongoing auditing of same.

The service is additionally moving from paper to electronic documentation of all daily care, nursing progress notes and assessments and care plans in the next 6 months. This is intended to ensure a high standard of recording and clearer documentation of all resident medical and health care, including nursing care.

Proposed Timescale: 1st January 2017, 31st August 2016

Proposed Timescale: 01/01/2017

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 negative impact of limitations in the shower and toilet facilities on meeting

residents’ needs was found. Staff were unable to meet the full needs of residents' in an individual and holistic manner for shower or baths. In particular for those residents with balance or seating difficulties due to the lack of space and/or specialised equipment.

4. 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:
A copy of the revised plans for the configuration of Ryall will be submitted to HIQA for review. In the interim, we have purchased additional specialised equipment to ensure all of our resident’s preferences and choices in respect of bathing and showering are fully respected.

Proposed Timescale: 31/07/2016