

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Aras Mhuire
Centre ID:	0190
Centre address:	Greenville
	Listowel
	Co Kerry
Telephone number:	068-21470
Fax number:	068-24560
Email address:	amnh@eircom.net
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Listowel Old Folks Home Company Ltd
Person authorised to act on behalf of the provider:	John O'Keefe
Person in charge:	Josephine Molyneaux
Date of inspection:	4 August 2011 and 5 August 2011
Time inspection took place:	Day-1 Start: 10:30hrs Completion: 18:45hrs Day-2 Start: 10:00hrs Completion: 15:30hrs
Lead inspector:	Col Conway
Support inspector:	Margaret O'Regan
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Aras Mhuire Nursing Home was established in 1971 and operated as a welfare home until 2002 when it was registered as a nursing home. The centre is situated approximately one kilometre from the centre of the town on a site that is shared with Listowel Community Hospital. The centre is single-storey and it provides continuing care for up to 33 residents over 65 years of age and at the time of inspection the person in charge informed inspectors that there were four residents with dementia.

Bedrooms consist of 14 single rooms; two have en suites each with an assisted shower, assisted toilet and wash-hand basin. The remaining 12 single bedrooms each have wash-hand basins. There are six twin-bedded rooms each with wash-hand basins and a five-bedded room with wash-hand basin and an en suite assisted toilet and wash-hand basin. Additional to the en suite facilities there are eight communal assisted toilets and three communal assisted showers. Communal toilet and washing facilities are within close proximity to all bedrooms, seating areas and the dining room.

Communal living space consists of two sitting rooms, one of which doubles as a dining area at mealtimes: there is a separate dining room, an oratory, a visitor's room and a conservatory.

The centre is surrounded by landscaped gardens and grass lawn and there is also an enclosed garden with flower beds, water features and seating. The centre has a car park to the front of the building.

Date centre was first established:			1971	
Number of residents on the date of inspection:			33*	
Number of vacancies on the date of inspection:			0	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	7	5	14	7
Gender of residents			Male (✓)	Female (✓)
			12	21

* Including two residents on leave

Management structure

Aras Mhuire Nursing Home is operated by a voluntary management committee and since May 2011, due to the sudden departure of the previous chairperson, John O'Keefe had been the acting chairperson and was identified by the management committee as the nominated Provider. The Provider informed inspectors that an annual general meeting of the management committee was due the end of August 2011 and following this further clarity would be available to the Authority in regard to the management structure. Josephine Molyneaux is the Person in Charge and all staff report to her and she in turn reports to the management committee.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members, over the two day inspection. Inspectors observed practices and reviewed documentation such as nursing records, care plans, medical records, incident and complaints logs, policies, procedures and staff records. A fit person interview was carried out with the person in charge and the acting nominated provider. The fit person self-assessment document which had been completed by the person in charge was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

There was evidence that overall residents received a sufficient standard of care. The premises were well maintained and staff that inspectors spoke with were knowledgeable about residents' individual health needs, and this was confirmed by the care practices observed. However, a number of regulatory requirements were not being met in relation to:

- facilitation of some healthcare services
- provision of adequate numbers of nursing staff rostered to work
- obtaining the required documents for all staff and vetting of the required volunteers
- reviewing and improving the quality and safety of care
- informing the Chief Inspector of notifiable events that had occurred in the centre
- some risk management procedures
- records maintained in the centre
- the details in the contracts of care of all the fees that could be charged
- the premises.

Improvements were required to enhance the findings of good practice and these are described under the outcome statements and related actions are set out in the Action Plan under the relevant outcomes.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

A written statement of purpose was available and it accurately described the services and facilities provided in the centre. It contained all of the information that is required in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

The person in charge confirmed that a regular review and evaluation of the overall care, practices, service and quality of life of residents had not been undertaken.

Outcome 3

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

Residents, their relatives and staff reported to inspectors that they had easy access to the person in charge and they could openly report any concerns. There was an up-to-date written complaints policy containing all of the required information, it was hung in a prominent place and the process for making a complaint was outlined in the written statement of purpose and the Resident's Guide.

A record was maintained of any complaints that had been made and residents had access to an independent appeals process.

2. Safeguarding and safety

Outcome 4

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.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

There was a centre-specific elder abuse policy and the person in charge and staff informed inspectors that staff had received elder abuse training. Staff with whom an inspector spoke were able to appropriately describe their responsibilities with regard to reporting an allegation of abuse and the actions to be taken in the event of an allegation of elder abuse. However, where a resident had complained about the manner in which a member of staff had administered their personal care, there was not an adequate record maintained of the investigation and the subsequent actions taken.

Outcome 5

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

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

There was evidence that some good risk management procedures were implemented and some appropriate measures were in place to prevent accidents:

- an up-to-date health and safety statement was in place
- regular clinical risk assessments were undertaken
- there was written confirmation that all requirements of the statutory fire authority had been complied with and records confirmed that fire equipment, fire prevention and suppression system checks were up-to-date, and all staff had attended regular fire safety training
- records indicated staff had received manual handling training
- appropriate infection control measures were in place
- the environment was clean, well maintained, flooring and lighting were in good condition, hand rails were in place and emergency exits were unobstructed
- records indicated that equipment and services were checked and maintained regularly.

However, the person in charge confirmed that there were no environmental risk assessments undertaken by the nominated health and safety officer, as stated in the centre's risk management policy.

Outcome 6

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

Nursing staff demonstrated an understanding of appropriate medication management and adhered to professional guidelines and professional regulatory requirements. There was written evidence of medication audits being conducted on a regular basis by pharmacists providing a service to the centre and there was evidence that residents' medication prescriptions were reviewed at least every three months by a medical practitioner. There were written medication management policies that covered the ordering, prescribing, storing, administration and handling/ destruction of out of date or unused medicines. However, the policies weren't completely in line with practice as:

- the prescribing policy stated that medicines were to be reviewed by a medical practitioner six-monthly when the practice was three-monthly
- the procedure for checking the stock of controlled/MDA medications that was to occur at every change of shift was not outlined
- the records to be maintained of medications that were out of date or unused were not outlined.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Inspectors found evidence that overall residents received a good standard of nursing care and the arrangements to meet residents' assessed needs were set out in detailed individual nursing care plans. There was evidence that the nursing care plans were subject to nursing review at least every three months. However, there was no evidence that nursing care plans were drawn up in consultation with residents.

Written nursing assessments were frequently undertaken to evaluate residents' progress and to assess any potential for deterioration. There was evidence that in the majority of occasions appropriate measures were put in place to manage the clinical risks that had been identified. However, one resident had been identified as having high risk factors for developing skin pressure areas and the required pressure-relieving mattress for the resident's bed had not been put in place within a reasonable timeframe. The person in charge and nursing staff informed inspectors that requests for funding for the mattress had been made to the management committee at 2010 and 2011 committee meetings; however, there had been delays in getting funding approval.

A review of residents' medical records showed that the health needs and medications of residents were monitored no less frequently than at three-monthly intervals.

Residents, relatives and staff confirmed that residents received regular medical review and had quick access to a doctor if they became unwell. Records confirmed that residents also had access to specialist medical review if required.

There was evidence that residents had access to physiotherapy, chiropody and optical care. However, records and staff confirmed that residents did not have consistent access to a full range of allied health services, such as; speech and language therapy, occupational therapy and dietician services.

Residents had opportunities to participate in meaningful activities that were appropriate to their individual accessed capacities and interests. There was evidence that a variety of scheduled activities were consistently provided for residents. Nursing staff, care staff, residents and relatives also confirmed that there were regular activities provided.

Outcome 8

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

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

Staff described the person-centred end-of-life care that would be provided to a resident and their relatives if required. There was a centre-specific written policy on end-of-life care that was available for staff. Residents had access to community specialist palliative care services via general practitioner referral.

While there was not a dedicated family room for use by relatives, staff described to an inspector how relatives would be facilitated to stay overnight in a chair provided next to where their relative was sleeping and there was also access to an oratory.

Outcome 9

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.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

There was evidence that residents received a varied diet that offered choice, the daily menu was displayed and residents' special dietary requirements were catered for.

Residents who needed assistance with meals were assisted by staff using appropriate techniques in a discreet and respectful manner.

Inspectors saw residents being offered a variety of drinks throughout the day. Jugs of water were available for residents and staff were observed regularly offering drinks to residents.

4. Respecting and involving residents

Outcome 10

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

While residents had written contracts of care that detailed the overall care and services provided to the residents and the weekly fee to be charged, they did not set out the details of any additional fees that were being charged.

Outcome 11

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

There was evidence of open communication between the person in charge, staff and relatives as inspectors observed relatives talking freely with staff. Inspectors observed good interactions between staff and residents and it was obvious they knew each other well and staff were observed spending time talking to residents and relatives confirmed that this was usual practice.

Residents that were capable of completing satisfaction questionnaires had been provided with opportunities to provide formal feedback about the service approximately once a year. There was also a suggestion box available for residents and an advocacy service was provided.

Inspectors observed and were also informed by residents and relatives that the privacy and dignity of residents was respected by staff. Inspectors observed that residents had access to televisions, newspapers and telephones.

Inspectors observed that social and family contacts were maintained, as visitors were welcomed at various times of the day. Residents and their relatives confirmed that flexible visiting was usual and that home visits and outings were facilitated as requested. There was a room for residents to meet visitors in private which is separate from the residents' own bedrooms and communal seating areas.

Inspectors observed that staff promoted residents' independence by encouraging residents to do as much for themselves as possible, such as walking independently. Evidence of residents having choice was confirmed by residents as they informed inspectors that they themselves decided when they got up out of bed, whether they would get involved in activities, what food they ate and what clothing they wore.

Residents' religious needs were facilitated as inspectors heard religious services being broadcast via a speaker system into communal seating areas and an oratory was available for residents' use.

Outcome 12

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.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

There was a well-established laundry system in place with suitable processes and procedures for the management of laundry. Residents and relatives confirmed that

clothing was well looked after and inspectors noticed that particular attention was taken by staff with residents' clothing and their grooming.

Residents had sufficient space in bedside cabinets, wardrobes and cupboards dedicated for their own personal belongings.

5. Suitable staffing

Outcome 13

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The person in charge worked full time and she was a registered nurse with the required experience and clinical knowledge in the area of nursing older people and she had completed relevant short courses in relation to care of the older person. Residents, relatives and staff informed inspectors that the person in charge had an inclusive presence in the centre and she was available to answer any queries or concerns.

Throughout the two days of inspection the person in charge demonstrated a commitment to the delivery of person-centred care; however, she demonstrated an insufficient working knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 14

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.

References:

Regulation 16: Staffing

Regulation 17: Training and Staff Development

Regulation 18: Recruitment

Regulation 34: Volunteers

Standard 22: Recruitment

Standard 23: Staffing Levels and Qualifications

Standard 24: Training and Supervision

Inspection findings

While inspectors observed there was an adequate number of staff on day duty to meet the needs of residents during the two days of inspection, nursing staff and the person in charge informed inspectors that a senior nurse/deputy nurse manager post had been left vacant for a prolonged period of time. Approval had not been given to fill the post to assist the person in charge with supervising and developing staff, monitoring practices and ensuring the regulatory requirements were being met. Inspectors were informed that some of the vacant hours were covered by nursing staff on an unpaid basis in order for them to adhere to their professional guidelines and to meet their professional regulatory requirements.

Staff that inspectors spoke with were clear about their areas of responsibility and the reporting structures and the *National Quality Standards for Residential Care Settings for Older People in Ireland* were available to them. However, a copy of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) was not available for staff.

There was a policy for the recruitment, selection and vetting of staff. The required documents and information for nurses, carers, domestic staff, catering staff and administrative staff were in place. However, the person in charge confirmed that there was not vetting on file for the volunteers that required it and there was not the required information and documentation as specified by Schedule 2 of the regulations for the maintenance staff that worked in the centre.

Staff had been provided with opportunities for training and education that was relevant. In September 2010 some nursing staff and carers had attended an update on dysphagia and some nursing staff has also attended an update on wound care and training in resuscitation. Some of the short courses that had been provided for the different grades of staff since the previous inspection were; care of the older adult, challenging behaviour and dementia care.

The person in charge confirmed that four of the 14 carers employed had completed a relevant Further Education and Training Awards Council (FETAC) Level 5 care assistant programme and another eight carers were undertaking the programme which was due to finish in December 2012 and records were available to support this information.

6. Safe and suitable premises

Outcome 15

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

The premises were bright, clean and well maintained throughout. Residents and relatives confirmed that the centre was always well cleaned and there was an adequate sluice facility. There were appropriate beds, mattresses and seats to meet the current residents' needs.

There was a sufficient number of toilet and washing facilities and communal toilets were located in close proximity to the communal dining and seating areas. However, there was inadequate ventilation in one of the communal shower rooms and commodes and wheelchairs were stored in a shower room as there was inadequate storage space for equipment.

There was appropriate assistive equipment available such as hoists, wheelchairs and walking frames and there were hand rails in the corridors.

The main entrance and exit points were kept secure, there was an enclosed courtyard and there was adequate outdoor space for residents with seating and raised gardens.

Residents had a choice of three communal sitting areas that provided sufficient space for up to 33 residents and they were furnished with appropriate seating to meet the current residents' needs and extra seating was available for visitors.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures

Inspection findings

** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance

Improvements required*

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

General records (Schedule 4)

Substantial compliance

Improvements required*

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required*

Directory of residents

Substantial compliance

Improvements required*

Staffing records

Substantial compliance

Improvements required*

Medical records

Substantial compliance

Improvements required*

Insurance cover

Substantial compliance

Improvements required*

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

An inspector reviewed a record of incidents and accidents that had occurred in the centre. Relevant incidents had not been notified to the Chief Inspector as required.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

While there were arrangements in place for the absence of the person in charge, the Chief Inspector had not been notified that the person in charge had been absent for a continuous period of more than 28 days.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, two committee members, the person in charge and a senior registered nurse to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Col Conway
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

12 August 2011

Provider's response to inspection report*

Centre:	Aras Mhuire
Centre ID:	0190
Date of inspection:	4 August 2011 and 5 August 2011
Date of response:	26 August 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 2: Reviewing and improving the quality and safety of care

1. The provider is failing to comply with a regulatory requirement in the following respect:

There was no regular review or evaluation of overall care practices, service delivery or quality of life of residents.

Action required:

Establish and maintain a system for reviewing the quality and safety of care and the quality of life of residents.

Reference:

Health Act 2007
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The provider is actively seeking to engage a person with health management qualifications to establish a quality review, auditing and reporting system which will be subsequently maintained by the provider. Once this person is engaged the appropriate systems will be implemented without delay. It is now our intent to utilise the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i> as a framework for the development of a comprehensive quality and safety management system at the nursing home. The above is an indication of how we wish to approach the development of a quality and safety management system which will move our nursing home forward in the provision of the best care we can provide to our residents. To achieve this we will engage with external support, trainers and coaches to ensure we are developing the nursing home in line with best practice. The management committee of Aras Mhuire have retained the services of an external company to assist with setting up the correct procedures for effective clinical governance and management of the home. They will also set up risk assessment and auditing tools and educate staff on the continued maintenance of same. They have been retained for a period of 12 months initially, to be reviewed in September 2012. We are expecting our first on-site visit from them in mid October 2011.</p>	<p>31 August 2011</p>

Outcome 4: Safeguarding and safety

<p>2. The provider and the person in charge are failing to comply with a regulatory requirement in the following respect:</p> <p>There was not a full and proper record of an allegation of physical abuse and the investigations into the matters complained and any actions taken on foot of the allegation.</p>
<p>Action required:</p> <p>Ensure there is a full and proper record of any complaint or allegation of abuse and the investigations into the matters complained and any actions taken on foot of the complaint or allegation.</p>
<p>Reference:</p> <p>Health Act 2007 Regulation 6: General Welfare and Protection Regulation 39: Complaints Procedure</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We have put in place as of the 31 August 2011 new robust processes to deal with complaints. The initial complaint will be recorded in detail in the complaints log and in the residents nursing notes by the nurse receiving the complaint or any allegation of abuse. A new complaints log has been developed which includes all details, including dates and times of complaints or allegations, who they are reported to, details of interviews held with complainant, person against whom complaint is made and who complaint is referred onto for further investigation if required. Individual files of each complaint will be kept in a locked filing cabinet in matron's office to ensure complete privacy. If it is deemed that a full investigation is required then a letter of acknowledgement shall be sent to the complainant within five working days. These new measures ensure that we are adhering to our complaints policy and as required by the Regulations. We now have rigid processes in dealing with complaints from the initial complaint right through to the satisfaction of the complainant. The management committee are appraised monthly of the number of complaints made and kept informed until the successful completion of the complaints process. Where the complainant is not satisfied with the outcome of their complaint then an independent appeals process is available, which is outlined in our complaints policy and procedure. Details of the complaints process and the contact details for the independent appeals person, the chief inspector of the Authority, the Office of the Ombudsman and the Health Service Executive are prominently displayed in the centre and are also available in the resident's guide, a copy of which is given to each resident on admission. All staff are currently in the process of familiarising themselves with the complaints policy, protection of the resident from abuse policy and the responding to allegations of abuse policy which are all referenced to best practice. The provider will ensure a full and proper record of any complaint or an allegation of abuse and the investigations into the matters complained and any actions taken on foot of the complaint or allegation.</p>	<p>31 August 2011</p>

Outcome 5: Health and safety and risk management

3. The provider is failing to comply with a regulatory requirement in the following respect:

The written risk management policy is not fully implemented throughout the centre as there are not regular environmental risk assessments undertaken with any hazards identified in writing to the person in charge.

Action required:	
Ensure the written risk management policy is fully implemented throughout the centre.	
Reference:	
Health Act 2007 Regulation 31: Risk Management Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The provider will ensure the written risk management policy is fully implemented throughout the centre.	31 August 2011

Outcome 6: Medication management

4. The provider is failing to comply with a regulatory requirement in the following respect:	
There were not suitable written operational policies relating to prescribing, storing and handling and disposal of unused or out of date of medicines.	
Action required:	
Ensure there are suitable written operational policies relating to, prescribing, storing and handling and disposal of unused or out of date medicines.	
Reference:	
Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The provider will ensure there are suitable written operational policies relating to, prescribing, storing and handling and disposal of unused or out of date medicine.	30 September 2011

Outcome 7: Health and social care needs

5. The provider and person in charge are failing to comply with a regulatory requirement in the following respect:

Access to dietician, speech and language therapy and occupational therapy services was not available to residents.

There was not evidence that resident's nursing care plans were developed in consultation with residents.

Action required:

Ensure each resident is facilitated with access to appropriate allied healthcare services as required.

Action required:

Revise resident's nursing care plans after consultation with him/her.

Reference:

- Health Act 2007
- Regulation 6: General Welfare and Protection
- Regulation 8: Assessment and Care Plan
- Regulation 9: Health Care
- Standard 11: The Resident's Care Plan
- Standard 13: Healthcare

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

Timescale:

Provider's response:

The contract of care for each resident sets out that the provider will arrange access to a dietician, occupational therapist, physiotherapist, speech and language therapist and chiropodist at the resident's request and at their own expense. The provider will ask residents' GPs to send referrals, as required for each allied healthcare service.

Care plans are devised with residents or their relatives as applicable. The provider will now arrange for the resident/relative to sign off on the care plans when reviewed to show they are carried out in a consultation process.

31 October 2011

Outcome 10: Contract for the provision of services

6. The provider is failing to comply with a regulatory requirement in the following respect:

The residents' contracts did not include details of all the fees to be charged.	
Action required:	
Ensure each resident's contract includes the details of all fees to be charged.	
Reference:	
Health Act 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The provider will review the contract of care for each resident to ensure all fees to be charged will be included for any additional items which each resident will be required to pay in addition to the weekly fee payable to the provider.	30 November 2011

Outcome 14: Suitable staffing

<p>7. The provider and the person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>There were not sufficient planned rostered nursing hours.</p> <p>There was not a copy of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) available in the centre.</p> <p>Documents as specified in Schedule 2 had not been obtained for the maintenance staff.</p> <p>Those volunteers that required it did not have vetting completed.</p>
<p>Action required:</p> <p>Ensure at all times the number and skill-mix of staff are appropriate to the assessed needs of residents and the size and layout of the centre.</p>
<p>Action required:</p> <p>Ensure a copy of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) is available to all staff in the designated centre.</p>

Action required:	
Ensure that all of the documents as specified in Schedule 2 are obtained for the maintenance staff.	
Action required:	
Ensure that all volunteers working in the centre are vetted appropriately to their role and level of involvement in the centre.	
Reference:	
<ul style="list-style-type: none"> Health Act 2007 Regulation 16: Staffing Regulation 17: Training and Staff Development Regulation 18: Recruitment Regulation 34: Volunteers Standards 22: Recruitment Standard 23: Staffing Levels and Qualifications Standard 24: Training and Supervision 	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The management committee of Aras Mhuire has approved an extra 24 hours per week for one registered nurse. These are protected non-clinical hours to assist in the maintenance and updating of care plans, risk assessments, audits and policies as required.</p> <p>The provider will make the regulations available to all staff in the designated centre.</p> <p>The provider will ensure all documents specified in Schedule 2 are obtained for the maintenance staff. Garda Síochána vetting may take up to 12 weeks but provider will take immediate steps to commence this process.</p> <p>The provider will ensure that all volunteers working in the centre are vetted appropriately to their role and level of involvement in the centre. Garda Síochána vetting may take up to 12 weeks but the provider will commence the process immediately.</p>	<p>31 August 2011</p> <p>2 September 2011</p>

Outcome 15: Safe and suitable premises

<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was inadequate ventilation in one of the communal shower rooms.</p> <p>There was inadequate storage space for equipment.</p>	
<p>Action required:</p> <p>Provide adequate ventilation in the communal shower rooms.</p>	
<p>Action required:</p> <p>Provide adequate storage space for equipment.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 9: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The provider will provide adequate ventilation in the communal shower rooms.</p> <p>The provider is in the process of setting up a fund raising sub-committee. Once sufficient funds are available the provision of storage space for equipment will receive priority. This will be dependent on funds but anticipated to be 18 months.</p>	<p>30 September 2011</p> <p>February 2013</p>

Outcome 16: Records and documentation to be kept at a designated centre

<p>9. The provider/person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>The resident's guide did not contain all of the required information.</p> <p>The directory of residents did not contain the name and address of any authority, organisation or other body, which arranged the resident's admission to the centre.</p> <p>There was not a centre-specific policy in relation to residents' personal property and possessions.</p>

Action required: Produce a written resident's guide which contains the required information.	
Action required: Ensure the directory of residents contains all of the required information.	
Action required: Ensure there is a centre-specific policy in relation to residents' personal property and possessions.	
Reference: Health Act 2007 Regulation 21: Provision of Information to Resident Regulation 22: Maintenance of Records Regulation 23: Directory of Residents Regulation 27: Operating Policies and Procedures Standard 1: Information Standard 29: Management Systems Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The provider will amend the existing residents guide to reflect the changed information. The provider will ensure that their directory for all new coming residents will contain the required additional information. The provider will ensure there is a centre-specific policy in relation to residents' personal property and possessions.	 30 September 2011 31 August 2011 30 November 2011

Outcome 17: Notification of incidents

<p>10. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Notice as per the Regulations was not given to the Chief Inspector of an allegation of physical abuse.</p> <p>Quarterly notifications as per the regulations were not provided to the Chief Inspector.</p>

Action required:	
Give notice as per the regulations to the Chief Inspector without delay of the occurrence in the designated centre of any allegation, suspected or confirmed abuse of any resident.	
Action required:	
Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any: <ul style="list-style-type: none"> ▪ recurring pattern of theft or reported burglary ▪ accident ▪ fire, or loss of power, heating or water ▪ incident where evacuation of the designated centre took place. 	
Reference:	
Health Act 2007 Regulation 36: Notification of Incidents	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The provider will give notice as per the regulations to the Chief Inspector without delay of the occurrence in the designated centre of any allegation suspected or confirmed abuse of any resident.</p> <p>The provider will provide the written report as required at the end of each quarter.</p>	<p>31 August 2011</p> <p>Next report will be submitted by mid November 2011</p>

Outcome 18: Absence of the person in charge

11. The provider is failing to comply with a regulatory requirement in the following respect:
Notice as per the Regulations had not been given to the Chief Inspector that the person in charge was absent for greater than 28 days and the procedures and arrangements that were in place for the management of the designated centre during the absence of the person in charge were also not notified to the Chief Inspector.
Action required:
Provide the required notice in writing to the Chief Inspector where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more.

Reference: Health Act 2007 Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre Standard 27: Operational Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The provider will ensure the required notice in writing to the Chief Inspector as requested in the event of such absence.	31 August 2011

Any comments the provider may wish to make:

Provider's response:

None received.

Provider's name: John O'Keefe

Date: 26 August 2011