

Health Information and Quality Authority
Social Services Inspectorate

Regulatory Monitoring Visit Report
Designated centres for older people



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Aras Mhuire Nursing Home
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 providers:	The Listowel Old Folks Home Company Ltd
Person in charge:	Josephine Molyneaux
Date of inspection:	29 September 2010
Time inspection took place:	Start: 09:30hrs Completion: 17:30hrs
Lead inspector:	Ann O Connor
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- **for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.**

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Aras Mhuire Nursing Home was established in 1971 and for a number of years operated as a welfare home. In 2002 the centre was registered as a nursing home and is owned and run by a voluntary committee of 13 members. It is funded through voluntary efforts and support from the local community.

The building is a single-storey designated centre for older people. On the day of the inspection there were 33 residents in the centre.

There are 14 single bedrooms, two of which have en suite shower, toilet and wash-hand basin facilities. There are six twin-bedded rooms and one large five-bedded room divided by an arch into two areas. All rooms have wash-hand basins. Shower rooms with toilets and wash-hand basins are in close proximity to all bedrooms and seating areas.

Communal accommodation includes two sittings rooms and dining room, an oratory, a visitors/family room and a conservatory.

There is a large, well kept, landscaped garden surrounding the building and an enclosed garden with flower beds, water features, and seating areas for residents' and relatives' use. The centre has ample car parking facilities for relatives and staff.

Location

Aras Mhuire Nursing Home is situated on the outskirts of Listowel town on a site that accommodates Listowel Community Hospital, 'Writers Grove' Residential Care Centre and 'Senan House' Day Care centre. It is approximately one kilometre from the centre of the town and is close to all local amenities.

Date centre was first established:	1971
Number of residents on the date of inspection	33

Dependency level of current residents	Max	High	Medium	Low
Number of residents	13	7	6	7

Management structure

Aras Mhuire Nursing Home is owned and run by a voluntary committee of 13 members. The company is chaired by Michael Dowling who is the nominated Provider. Johanna Molyneaux is the Person in Charge. All staff report to the Person in Charge and she in turn reports to the management committee chaired by Michael Dowling.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other Staff
Number of staff on duty on day of inspection	1	1	4	2	3	1	1*

* Maintenance

Summary of findings from this inspection

This report sets out the findings of an unannounced, regulatory monitoring inspection and was the first inspection of this centre to be carried out by the Health Information and Quality Authority's Social Services Inspectorate. The inspector focused on key aspects of governance, residents care and environment to assess the extent to which the management of care ensured positive and safe outcomes for residents.

The inspector found the premises, fittings and equipment were clean and well maintained. There was a high standard of décor throughout which provided a homely environment.

The inspector met with residents, the provider, person in charge, general practitioner (GP) and staff members. The feedback from residents, without exception, was very positive. The inspector did not get the opportunity to speak to relatives on the day.

The person in charge demonstrated a clear understanding of 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* and a commitment to continuous improvements.

The inspector was satisfied that the nursing, medical and other healthcare needs of residents were met and that the nursing care was of a high standard in a pleasant and open atmosphere.

It was evident that there was a good working relationship between management and staff. It was also observed that staff engaged with residents in a respectful and professional manner and were familiar with their medical and social needs.

The person in charge and the provider stated that the community play a huge part through fundraising for the centre and that many improvements have been provided, for the comfort of residents, through funding made available from the community.

Records were examined including: statement of purpose, contracts of care, directory of residents, staff personal files, training and rosters, medication management, fire safety, policies and procedures, records of complaints, incidents, accidents and financial accounts.

A number of improvements were required to comply with the requirements of 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*. These include:

- staff training on elder abuse
- medication management

- policies and procedures
- risk management and emergency plan
- staff files
- physical environment
- complaints management.

The Action Plan at the end of this report identifies these improvements.

Comments by residents and relatives

The inspector spoke with many of the residents throughout the day of inspection, but did not get an opportunity to speak with relatives.

All residents without exception spoke of the great care they were receiving and how safe and happy they felt with all aspects of care received. They spoke with great affection about the staff and the person in charge and this was further enhanced by the interaction observed between staff and the person in charge with all residents.

One resident stated that "we're like one big happy family here", another said "we could not be safer". A resident of 92 stated that "you will not get anywhere else as nice as here to end your days".

Residents also told the inspector that their relatives were made feel very welcome and that if they wanted to see them in private they would bring them to either their rooms or the visitor's room or conservatory.

Governance

Article 5: Statement of purpose

There was a statement of purpose in place which was in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Contracts of care were in place; three were examined and were fully signed by resident, next of kin and provider. However, the insurance cover for personal effects was not adequately addressed in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

There was no Residents' Guide information booklet available as the person in charge stated that this was at the publishers for printing.

Article 15: Person in charge

Josephine Molyneaux is the person in charge and works full time. She is supported in her role by members of the management committee and by the nominated provider Michael Dowling who visits the centre daily.

The person in charge is supported in her clinical and managerial role by senior staff nurses that deputise for her when necessary.

The person in charge displayed a good knowledge of 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*. She displayed a willingness and a commitment to the care and welfare of each of the residents.

Article 16: Staffing

The staffing levels and skills mix were based on the number, and dependency levels of the residents. Staffing rosters were viewed and confirmed with the actual staff on duty. Most of the staff had worked in the centre for many years and it was evident that they had an in-depth knowledge of the likes and dislikes of each resident. The good working relationship between staff and the person in charge was also evident throughout the day of inspection.

Five staff files were examined. They did not contain all the information as outlined in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres

for Older People) Regulations 2009 (as amended), for example three references and medical declaration were not in place in all files.

Details of each nurse's current registration with An Bord Altranais were examined and were found to be in compliance with legislation.

All staff had mandatory training in moving and handling and fire drill and evacuation. However, staff did not have training on elder abuse. The person in charge stated that this was planned in early September but the instructor had to cancel and she was waiting for a new date for the training.

Further areas of training identified included:

- wound care course in September 2010 for seven staff
- cardiac pulmonary resuscitation (CPR) in March 2010
- continence promotion in April and May 2010 for 16 staff
- management of dysphagia in September 2010 for 17 staff
- education programme in cancer care for non-specialist nurses
- infection control
- recognition and management of substance abuse
- teaching and assessment practice
- venopuncture training (on taking blood samples).

Staff appraisals had not commenced; however, the person in charge outlined her plans to introduce this as soon as possible.

The person in charge outlined that staff meetings took place on an informal basis only and no documentation was available of any staff meetings.

Article 23: Directory of Residents

There was a directory of residents that included all the information specified in Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Article 31: Risk Management Procedures

Records were viewed of all accidents and incidents recorded with learning outcomes. There was evidence in care plans that risk assessments were carried out on a clinical basis. However, there was no evidence that identification and assessment of risks in the environment were carried out. For example, there is a decline (ramp) in the floor area between the corridor and the five-bedded room, there is a sign in place stating that the ramp is present; however, this could pose a risk to residents of tripping or falling.

The person in charge stated that as they were preparing for registration, the risk management policy and the safety statement had been updated recently and was with the publishers for printing.

Emergency phone numbers were in place in the nurses' station in the event of an emergency. However, there was no emergency plan in place as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Article 39: Complaints

There is a complaints book in place with full documentation of all complaints made with outcomes and actions recorded. As a result of one complaint made in February 2010, the providers committed to providing a closed-circuit television camera (CCTV). However, this had not been provided to date.

There is a written operational policy and procedure in place relating to the making, handling and investigation of complaints. However, it was not centre-specific and there was no independent appeals person identified as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The policy document stated that staff shall receive training regarding the management and local resolution of complaints. However, there was no evidence that this training had taken place.

The complaints procedure was prominently displayed in the foyer; however, this was outdated and incomplete as per legislation.

Article 36: Notification of incidents

The person in charge has notified the Chief Inspectorate of all incidents and accidents as required by legislation.

Resident Care

Article 9: Health Care

There are six GPs visiting the centre, all residents have a choice of their own GP on admission. Some GPs visit the centre on a regular, scheduled, monthly basis and on request and all GPs are encouraged to visit regularly and when required.

There was evidence in medical notes that residents' health status and medication was reviewed regularly and at least every three months by the GP.

There was a responsive out-of-hours service available to residents seven days per week.

Two GPs have commenced a process of outlining at the front of residents' notes a list of the diagnosis and long-term medication of each of their residents. The person in charge stated how this practice enhanced residents care with staff and improved communication for out-of-hours GP service. She stated that all GPs are encouraged to continue this practice.

The inspector spoke to one GP who came to see his residents. He outlined the excellent care that was provided in the centre and how improvements were made and encouraged through regular visits and monitoring of residents' care.

Care plans were examined, there was evidence that all assessments were carried out on admission and reviewed regularly in the following areas: falls assessment, malnutrition universal screening tool (MUST), and the Waterlow score on pressure areas. Blood pressure, temperature, pulse and all weights were carried out monthly and more often when required. There was documented evidence that three residents were weighed weekly.

The care plans were, in general, good medical models and were comprehensively completed. However, there was a lack of social information and the medical information, while it was present, was fragmented, which made it difficult to follow. There was no evidence that residents were involved in their care plan.

Residents' additional healthcare needs were met. They have access to physiotherapy services on GP referral, this is funded privately. Residents are referred, when required, to an aged clinic in Tralee and are seen by a consultant gerontologist. There is an "outreach clinic" in the local community hospital and residents are referred to a visiting general surgeon from the general hospital for minor surgical procedures, assessments and follow up.

Chiropody service is provided when required. Optical services are provided in the centre and a local dentist will either visit the centre when required or the resident is facilitated to go out to the dental surgery.

A staff member with a special interest in hairdressing attends to the residents on a regular basis. A qualified hairdresser will attend when required or residents are facilitated to go to their own hairdresser in the town if requested.

Article 33: Ordering, Prescribing, Storing and Administration of Medicines

The inspector observed a nurse administering the lunchtime medications, and this was carried out in line with An Bord Altranais guidelines 2007. The administration of medication was appropriately recorded and meets legislative requirements.

There was a special fridge in the nurses' station which was used for storing appropriate medications; this was not secured as per An Bord Altranais guidelines 2007.

All medications were prescribed, stored, administered and disposed of in accordance with best practice. All residents had photographic identification in place.

The practice of nurses crushing medication takes place and is directed by policy, evidence was seen that one order of crushing medication was signed and dated by the GP in accordance with best practice.

The register of scheduled controlled drugs was checked and while the count of medications being used was correct, there was one particular schedule drug recorded in the register as being in place, the nurse stated that this medication was returned to the pharmacy. However, this was not recorded in the register or signed by the pharmacist receiving it. It was recorded by the person in charge in a separate "return to pharmacy" book.

The controlled medication distributed in boxes from the pharmacy were not individually marked which could lead to error.

The stock balance was checked at each transaction. However, a complete count of scheduled drugs was not made at the changeover of shifts as per An Bord Altranais guidelines 2007.

There was no documented evidence of medication audits taking place.

Article 6: General Welfare and Protection

Residents' finances were safeguarded and protected by policy on the management of residents' accounts and personal property. The administrator explained the process in operation and the documentation both manually and on computer in relation to all

withdrawals and lodgements. The centre has yearly audits by a private accountant. Documentation was in place supporting the audits for the past two years.

There was a policy in place on the detection and prevention of elder abuse. However, this was not centre-specific or referenced to best practice as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Staff, when asked, were aware of what action to take should they have any concern. They had not received training to date on the detection and prevention of elder abuse. This had been booked for early September but was cancelled. The person in charge stated that she would be following this up as a matter of urgency.

It was evident that the person in charge and staff had put substantial work into policies and procedures. A staff nurse had been freed up to work with the development of the policies in conjunction with the person in charge and also gives briefings to all staff on the policies. There was a signed document on each of the policies and procedures by some of the staff that stated they had read and understood the content. However, the policies were not centre-specific, some were not referenced to best practice and not all the policies and procedures outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were present.

There was no personal secure storage space available for residents as per legislation

Article 20: Food and Nutrition

Residents received a nutritious and varied diet. Special dietary needs were catered for. A private company is available to provide dietary advice and training for staff.

The inspector visited the kitchen and spoke with catering staff, who demonstrated a clear knowledge of the likes and dislikes of residents. The kitchen was clean and well organised. There was a menu on display outside the dining room and this showed a choice of two meats and one fish course for the main meal of the day. Residents were observed being asked their preference.

Residents had access to fresh drinking water. The inspector observed staff providing drinks to residents and trays of water and minerals were seen in all communal areas and in bedrooms. Home baking is carried out on a daily basis and this includes scones, apple tarts and home made biscuits.

Residents stated they were happy with the choice of food available to them and the inspector observed that there was good interaction at mealtime between the residents themselves and the staff with residents. Mealtime was seen to be an enjoyable occasion.

Environment

Article 19: Premises

The front entrance of the centre is through the conservatory. There was no sign indicating the entrance to the centre and the sign on the grounds was partially covered with foliage making it difficult to know where exactly the centre was.

The centre was bright, very clean, well ventilated and domestic in character. The homely environment was enhanced by the use of lamps, decorative furniture and paintings by residents, placed throughout the centre.

A variety of comfortable seating was provided for residents on corridors, in sittings rooms, the conservatory, oratory and in bedrooms.

In shared rooms, screening was provided to ensure privacy.

A good level of cleanliness was maintained. The inspector observed staff abiding by best practice in infection control with regular hand-washing and the appropriate use of personal protective clothing such as gloves and aprons. Hand sanitizers were present throughout the centre and staff were observed using them appropriately.

Two bedrooms were being painted on the day of inspection. The corridors had grab-rails on both sides to assist residents and the inspector observed residents using these to move freely and independently around the centre.

The laundry was clean and well organised. However, there was no wash-hand basin for staff use to aid infection control.

The sluice room contained a wash-hand basin for staff use and a bedpan washer. However, it also contained a toilet that was not in use and had no sluicing sink facility for soiled clothing.

There was one large shared room that was divided into two areas by an open archway; this room accommodated five male residents. On the floor of the corridor leading into this room there was an incline (ramp) which could pose a risk of trips or falls for residents.

There were challenges posed to the privacy and dignity of residents' by the physical environment. Personal clothing was stored in one end of the large room and not within easy access for the residents' to retain control over their own personal possessions.

There was inadequate storage space for equipment which was seen to be stored in shower rooms, corridors and the visitors' room.

There was a beautiful oratory which was furnished from a nearby convent that was closing down. The room contained magnificent stained glass windows, and a marble altar. The inspector observed residents use this room for quiet prayer and reflection throughout the day. The person in charge stated that the oratory has been used by families for the removal of their loved one that had received end-of-life care in the centre.

The enclosed secure garden was a perfusion of colour with flower beds, water feature and ivy decked walls. As the centre was built surrounding this enclosed area, there was easy access to it from corridors and the sitting room. There were photographs on the walls of the corridors of residents' enjoying a summer barbeque with their families and staff in the enclosed garden.

Article 32: Fire Precautions and records

The inspector viewed a copy of a letter from a consultant engineer stating that "a survey was carried out on the building in December 2009 and that all statutory requirements in relation to fire safety and building controls are in place".

Procedures for evacuation in the event of a fire were posted throughout the centre. Records of fire training and fire drills were reviewed by inspector. The most recent series of training took place in March 2010.

Fire fighting and safety equipment had been serviced in February 2010. The inspector examined the fire safety register with details of these services carried out. The person in charge stated that fire escape doors were checked on a daily basis. However, there was no record made that these checks were made.

Closing the visit

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

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider, person in charge and staff during the inspection.

Report compiled by:

Ann O'Connor
Inspector Manager of Social Services
Social Services Inspectorate
Health Information and Quality Authority

29 September 2010

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated centres for older people**



Provider's response to inspection report

Centre:	Aras Mhuire Nursing Home
Centre ID:	0190
Date of inspection:	29 September 2010
Date of response:	20 October 2010

Requirements

These requirements set out what the registered provider must do to meet 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*.

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

Staff did not have training in elder abuse and protection as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

The person in charge shall make the necessary arrangements, by training staff or by other measures, which are aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 17: Training and Staff Development Standard 8: Protection Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Joanne French, Senior Social Worker, is to give a talk to staff on 11 November 2010, which is the soonest date she is available. A DVD from the Health Services Executive on elder abuse has been made available for all staff to view prior to talk on 11 November 2010.	12 November 2010

2. The provider is failing to comply with a regulatory requirement in the following respect: There was no process in place for reviewing the quality and safety of the service. There was no risk management policy, safety statement or emergency plan in place.
Action required: Establish and maintain a system for reviewing the quality and safety of the service provided.
Action required: The provider shall ensure that the centre has a written operational policy and procedure relating to health and safety.
Action required: The provider shall ensure that there is an emergency plan in place for responding to emergencies.

Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 30: Health and Safety Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 26: Health and Safety Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A local company in Limerick have been consulted to establish above systems and policies in conjunction with staff of Aras Mhuire.	31 January 2011

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The register of scheduled controlled drugs was checked and while the count of medications being used was correct there was one particular scheduled drug recorded in the register as being in place, the nurse stated that this medication was returned to the pharmacy. However, this was not recorded in the register or signed by the pharmacist receiving it. It was recorded by the person in charge in a separate "return to pharmacy" book.</p> <p>The controlled medication distributed in boxes from pharmacy were not individually marked which could lead to error.</p> <p>The stock balance was checked at each transaction. However, a complete count of scheduled drugs was not made at the changeover of shifts as per An Bord Altranais guidelines 2007.</p> <p>There was no documented evidence of medication audits taking place.</p> <p>There was a special fridge in the nurses' station which was used for storing medications; however, this was not secured as per guidelines.</p>
<p>Action required:</p> <p>The provider shall ensure that appropriate and suitable practices, arrangements and procedures are in place in line with An Bord Altranais guidelines 2007 and with current legislation.</p>

Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: A lock is to be applied to the fridge in the nurses' station. A complete count of scheduled drugs is being completed at each change of shift and each transaction as per An Bord Altranais guidelines 2007. Commencement of medication audits to be discussed at next staff meeting on Tuesday, 26 October 2010.	Complete End of January 2011

4. The provider has failed to comply with a regulatory requirement in the following respect: The care plans were, in general, good medical models and were comprehensively completed. However, there was a lack of social information and the medical information, while it was present, was fragmented, which made it difficult to follow. There was no evidence that residents were involved in their care plan.
Action required: Care plans must address the health, social and personal needs of each resident. They shall be developed and agreed with each resident
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All care plans are currently under review. A study day has been organised for mid-November for two staff, in the development of Life Story Books. All resident information is currently being compiled into individual folders.</p>	Ongoing

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Policies and procedures were not centre-specific; some were not referenced to best practice and did not contain all the items listed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p>Action required:</p> <p>Ensure that all written policies and procedures listed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 13: Healthcare Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All policies are currently being reviewed to reference to best practice. Policies and procedures missing as per Schedule 5 are currently being developed.</p>	31 January 2011

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

There was a written operational policy and procedure in place relating to the making, handling and investigation of complaints. However, it was not centre-specific and there was no independent appeals person identified as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The complaint procedure was prominently displayed in the foyer. However, this was outdated and did not identify the independent appeals process.

Action required:

Ensure that the complaints policy and procedure contains all the information as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Ensure that the updated version of the complaints procedure is prominently displayed.

Reference:

Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

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

Timescale:

Provider's response:

Complaints policy and procedure is currently being updated as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

23 November
2010

7. The provider has failed to comply with a regulatory requirement in the following respect:

There was one large shared room that was divided into two areas by an open archway; this room accommodated five male residents. There were challenges posed to the privacy and dignity of residents by the physical environment.

Personal clothing was stored in one end of the large room and not within easy access for the residents to retain control over their own personal possessions.

There was no wash-hand basin for staff use to aid infection control in the laundry.

The sluice room contained a toilet that was not in use and had no sluicing sink facility for soiled clothing.

There was inadequate storage space for equipment which was seen to be stored in shower rooms, corridors and the visitors' room.

Action required:

Ensure that the size and layout of rooms occupied by residents are suitable for their needs with due regard to their privacy and dignity.

Action required:

Provide wash-hand basin facilities in the laundry.

Action required:

Provide necessary sluicing facilities.

Action required:

Make suitable provision for storage in the centre, including suitable storage for residents' use.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

Provider's response:

Wash-hand basin and sluicing sink to be installed as per Health Act 2007. Layout of five-bedded ward currently being redone to provide maximum space and privacy for residents.

31 January 2011

<p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>A number of personnel files did not contain all the requirements as required in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p>Action required:</p> <p>Provide full and satisfactory information in relation to all staff and volunteers in respect of matters identified in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 18: Recruitment Regulation 34: Volunteers Standard 22: Recruitment</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>All staff are aware of the need of further requirements with regards to personnel files.</p>	<p>31 December 2010</p>

<p>9. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was no evidence of staff meetings or no procedure to identify staff training or development to ensure staff had the necessary skills to care for residents with specific needs.</p>	
<p>Action required:</p> <p>Develop staff meetings that will support staff learning and professional development.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>First staff meeting has been scheduled with regular follow-up meetings to be scheduled.</p> <p>Staff training on the agenda for first meeting on 26 October 2010</p>	<p>26 October 2010</p> <p>Ongoing</p>

<p>10. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Contracts of care were in place; however, the insurance cover for personal effects was not adequately address in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p>Action required:</p> <p>Provide each resident with a contract of care that contains all the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Insurance cover has been adjusted as per the Health Act 2007.</p> <p>Contracts of care are to be reviewed.</p>	<p>Complete</p> <p>31 January 2011</p>

<p>11. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was no Residents' Guide available for residents.</p>	
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Action required:	
Produce a written guide, the "Residents' Guide" which contains all the information outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Reference:	
Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: First draft of Residents' Guide is now under review by committee and staff. Final draft to be completed by December 2010.	31 December 2010

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 24: Training and Supervision	Staff appraisals had not commenced. These are a means of obtaining valuable information and identifying training needs. This information would inform a training plan for all staff. Each member of staff would have an opportunity to identify their progress and strengths, and also their educational needs.
Standard 25: Physical Environment	Signage at the entrance to the front door and clearer signage on the grounds leading to the centre would be of benefit to aid easier access and avoid confusion.

Any comments the provider may wish to make:

Provider's response:

None received

Provider's name: Michael Dowling Chairman (Provider)

Date: 20 October 2010