

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Aisling House Nursing Home
Centre ID:	0003
Centre address:	Sea Bank
	Arklow
	Co Wicklow
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Email address:	hussein_ali_56@hotmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Jeanette and Hussein Ali
Person in charge:	Jeanette Ali
Date of inspection:	15 September 2009
Time inspection took place:	Start: 09:45hrs Completion: 18:30hrs
Lead inspector:	Angela Ring
Support inspector(s):	Aileen Keane Nan Savage
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

About 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 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

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

About the centre

Description of services and premises

Aisling House is a bungalow with a purpose-built single storey extension with capacity for 31 residents. The centre currently has 18 residents although one resident was in hospital on the day of inspection. In the original bungalow there are four single bedrooms and a bathroom. The extension has single, single en suite, twin and three-bedded rooms. Other facilities include two bathrooms, a dining room, a front-facing day room and a conservatory which is used as the main sitting room. One wing of the extension consisting of bedrooms, bathrooms and a sitting room are currently not in use due to reduced occupancy. An outdoor secure patio, accessible from the conservatory, has seating and a view of the sea. There is a large carpark at the front of the centre.

Location

The centre is located on the coast road approximately two miles from Arklow town.

Date centre was first established:	1980
Number of residents on the date of inspection	17

Dependency level of current residents	Max	High	Medium	Low
Number of residents	9	6	3	

Management structure

The Providers are Jeanette and Hussein Ali who work full-time as managers of the centre. Jeanette Ali is the Person in Charge and Hussein Ali is involved in the kitchen and maintenance. The registered nurses, care assistants, domestic and kitchen staff all report to the Person in Charge.

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	2	1	1	0	0

Summary of findings from this inspection

This inspection was unannounced. Inspectors met with residents, staff and relatives. Documents reviewed by the inspectors included staff rosters, policies, safety statement and resident care plans. Time was also spent sitting with residents and observing practice to gain a greater understanding of what an ordinary day was like for residents.

The centre was seen to be clean, homely and pleasantly decorated throughout and well equipped. The inspectors were satisfied with the level of nursing and medical care that the residents received. The food at mealtimes was freshly cooked and the residents praised the choice and supply of food.

There was a culture of openness within the centre and this was observed in the interactions between staff, residents and relatives. There were no formal systems in place for residents and relatives to give feedback to the staff or person in charge or to facilitate them to take part in any aspect of the overall running of the centre. There was little evidence of activities provided for residents or that links were made with local community groups.

Inspectors found that there was a lack of knowledge among staff about the policies and procedures and observed practice that was not in line with the centre's policies in regards to physical restraint.

The Action Plan at the end of the report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The actions required include training for staff on the detection, prevention and response to abuse, improvement of the range of opportunities for meaningful engagement for residents, infection control, the maintenance of records and development of staff files.

Residents' and relatives' comments

The inspectors spoke with several residents. One of the residents said she had made friends with "the bosses and the nurses". A relative expressed satisfaction with the overall level of care that his relative received. He identified the person in charge as the person he would speak to if he had a problem and described the staff as "very kind". The residents were positive about living in Aisling House and could identify each staff member by name. The residents said they were happy to be there and that they could talk to "Jan", the person in charge, if they had a problem.

One resident explained that "you can be sure of your privacy here as the staff always knock on the bedroom door before entering". One resident said that "the staff look after me day and night and do everything for you".

The residents explained that despite the visiting times being from 14:00hrs to 20:00hrs, their relatives were always made to feel welcome "despite the time they come at".

The food was complimented by several residents, one of them explained that "you get asked each evening what you would like for your tea and that's what you get". Another resident said "they will get you something else if you don't like what is on".

Some of the residents described the days as "being very long, with not much to do". One resident said she felt sorry for residents with no family as she said they did not get an opportunity to go out. Another resident explained that "you have to ask to get out" while another said "it's like a jail, a lot of locks".

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The two providers were involved in the day-to-day running of the centre. They both worked full-time in the centre and lived next door.

Staff were aware of their roles and whom they reported to. They said they worked well together and were able to tell the inspectors about residents' individual needs.

There was evidence that arrangements were in place for detecting, containing and extinguishing fires, in addition to documentary evidence that fire equipment including the emergency lighting was recently serviced. All fire doors were easily identifiable and accessible. The staff demonstrated their knowledge to inspectors about the procedures they would follow in the event of a fire. There was documentary evidence that staff attended regular training and fire drills. The person in charge told the inspectors that its fire procedures and equipment had been assessed by a local fire officer in May 2009, although she did not provide any further documentation.

There was a comprehensive centre-specific safety statement which identified areas of risk and actions to be taken to reduce those risks.

Some improvements required

The person in charge and staff did not demonstrate sufficient knowledge and understanding of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. There were no copies of these made available to the staff.

The directory of residents was incomplete in that residents' PPS numbers had not been recorded and it did not contain the details of a resident recently transferred to hospital.

There was a contract for the provision of services for each resident which included details of the services to be provided. However, it did not include details of fees to be paid by residents.

There were a number of documents required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 which were not in place such as:

- a statement of purpose
- a record of visitors to the centre
- an updated record of residents' personal property.

Significant improvements required

There was no system or procedure in place to ensure that policies were implemented, reviewed and audited. Whilst the policies and procedures that were recently developed were in line with the standards and were comprehensive and easy to use, the staff did not know what policies were in place and there were no arrangements to ensure staff had read and understood them. Inspectors observed several examples of practice that were not in line with the updated policies. For example, the catheter care policy outlined that information such as an assessment for a catheter and the date for changing it should be recorded. However, this information was not recorded.

There was a new complaints policy which required updating to include the appeals process. The person in charge told inspectors that verbal complaints were managed informally at a local level. There was a notice regarding complaints management in the entrance hallway which instructed residents or relatives to contact the person in charge if they have a problem. There were no written complaints made to the centre and verbal complaints were not documented, therefore there were no opportunities for staff learning and service development as a result of monitoring such complaints.

The centre did not have a policy for residents' personal property and possessions as required in the regulations.

Minor issues to be addressed

There was no annual review of systems and practices taking place against the standards, therefore there were no opportunities to identify areas for improvement. There was no collection of data for the purposes of ongoing safety, quality monitoring and continuous improvement and there was no data collected on the use of psychotropic drugs, incidence of pressure sores, falls, weight loss and other significant events.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

The residents spoke of their satisfaction with the care they received and the fondness they have for the staff. The residents told the inspectors that they could decide when they wanted to get up and go to bed. One resident said the "the staff are very good here, they will give you breakfast in bed if you want to have a lie in".

Residents have a choice of having a shower or a bath depending on their preference. While the hairdresser visits the centre each week, one resident told the inspectors that the staff put her rollers in her hair after it is washed which is what she likes.

The residents explained that the relevant doors were always closed to maintain their privacy. The inspectors observed that bathroom doors were closed when in use and residents' bedroom doors were seen to be closed when personal care was being provided.

The residents described the procedures in place at the centre that enabled them to vote in elections and referendums at the centre.

Residents have the opportunity to receive Holy Communion each Sunday, and a Church of Ireland minister also visits the centre. Prayer booklets are available to residents.

Laundry facilities are available to each resident if required and residents said their clothing is well cared for. All clothing is discretely labelled.

The inspectors spoke to the provider who was working in the kitchen on the day of the inspection as the chef was stated to be on holidays. The provider demonstrated a good understanding of each of the residents' dietary preferences and specific dietary requirements. There was evidence that fresh food was regularly delivered. There was a three-week menu cycle and the day's menu was clearly displayed in the dining room. Residents described the centre as being flexible in relation to their choice at mealtimes. One resident gave an example of "not liking fish, but the girl in the kitchen will give me chicken instead". Another resident said that "sometimes the food is bland but they will give you a choice of something else if you want". There was

plenty of fresh food observed in the kitchen and the portions were seen to be generous. The inspectors sampled the food and found it hot, tasty and freshly cooked. The tables in the main dining room were attractively set with flowers, condiments and tablecloths. There were juices and water provided during the day for residents, while afternoon tea and cake was also provided.

Some improvements required

The inspectors noted that there was inappropriate language used by staff such as calling incontinence aids "nappies"; addressing residents as "good girl"; describing tasks as "doing toileting"; and using the term "bibs" instead of napkins. Two male residents were shaved in the day room by a care assistant during the morning. The inspectors noted that this practice did not promote self-care and independence and was an inappropriate activity to take place in a communal area with other residents. These practices did not support a person-centred ethos of care and was indicative of task-orientated care.

Significant improvements required

There was an activity journal which staff use to record the activities that residents partake in each day such as hand massage and manicures. There was limited evidence of activities provided for residents. One of the care assistants was observed reading the newspaper for the residents in the day room on the afternoon of the inspection which encouraged discussion around current affairs. When residents were asked about activities they said a lady comes in every one to two weeks to play music and sing which they enjoyed.

When activities and opportunities for meaningful engagement were discussed with the person in charge, she informed the inspectors that the staff practised hand massage and aromatherapy. However, residents and staff spoken to by the inspectors did not identify these as regular activities.

Some residents said they were bored and inspectors found little evidence of activities for residents to engage in. The seating arrangements were observed not to be conducive to conversation and residents were seen sitting in chairs around the walls of the day rooms for long periods. One resident told the inspector that there "really is not much to do here and the days are very long". Another resident described how sometimes a group of residents go out to the courtyard with a staff member to "throw a ball, which is not very exciting".

There was very little evidence of residents being facilitated to become involved with local community groups or activities. Some of the residents explained that their families bring them out at the weekends. One resident said she felt sorry for residents with no family as she said they did not get an opportunity to go out. While the door to the patio area was open and accessible by residents all other doors were locked. These doors could not be opened, except by a member of staff, all of whom carried a master key. The person in charge explained that this procedure was in place to prevent residents from leaving the building without staff knowing. However,

when speaking to some residents, they described themselves as “being locked in and unable to get out”. Another resident explained that “you have to ask to get out” while another said “it’s like a jail, a lot of locks”. The inspectors also had to ask a member of staff to open the door each time they left the centre. There were no discussions or risk assessments with individual residents who wished to leave the centre independently.

The inspectors joined the residents for lunch in the dining room and the conservatory. Most of the residents in the conservatory required some level of assistance. The dining experience for the residents who required assistance was not enjoyable as there were no table settings or opportunities for social engagement with each other. The residents were lined up in chairs around the walls of the room with the exception of one lady who sat at a table on her own in the middle of the room. Napkins were tied onto each resident’s front without staff being seen to seek permission from them beforehand. There were three staff members observed assisting residents. Inspectors saw staff members standing up beside residents and assisting several people at the one time. This meant that the resident was unable to see who was assisting them. For those having a pureed diet, all the food was blended together which looked very unappetising. This prevented the resident from being able to identify what food they were eating or to experience different tastes. Inspectors did not find evidence of specialised utensils being used to promote independence when dining, such as plate guards and modified cutlery. The meals arrived to the residents already plated with no opportunities for the residents to help themselves or to get second helpings. There was very little chat or social atmosphere evident during the lunch.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

The staff told inspectors that they had a good rapport with a local general practitioner (GP) who visited as required. The medical records were safely stored with individual entries documented by the GP. Two of the residents said "the nurses would contact the doctor if they needed to see him".

Local community physiotherapy and occupational therapy services were not available for residents and the person in charge accessed these services privately for residents at an additional cost.

The inspectors observed the nurse during the medication administration round after lunch. Each resident had an individual, clear and well maintained medication record. A local pharmacy dispensed medications for residents in individualised blister packs. These blister packs had a clear colour code and description of each tablet which ensured they were easily identifiable. There were no controlled drugs on the premises at the time of inspection but the nurse explained the procedure for managing controlled drugs in the centre which was seen to be in line with best practice.

Significant improvements required

The centre-specific medication policy was incomplete and did not include a procedure for prescribing, recording, safekeeping, disposal of medication or guidance for covert administration of medication. There was no documentary evidence that residents' medication was reviewed on a three-monthly basis or as required. There was no dedicated fridge for storing medications that required refrigeration. One of the nurses explained that if a resident refused his / her medication, she would put it in his / her porridge to disguise it. This was in conflict with the centre's medication policy which states that medication should not be administered to a resident if it is refused. There were no procedures in place for auditing, monitoring and reviewing medication management in the centre.

Many of the residents were observed sitting on pressure relieving cushions in their wheelchairs throughout the day with no opportunity to sit in one of the more

comfortable armchairs to rest their back and head. Some of these residents had belts tied across their waists with the clasp at the back of the chair which constituted restraint as these belts were used to prevent the resident from standing up and walking. Although a form was used to describe the restraint with the signature of the GP and the resident's relative, there were no record to demonstrate that the resident was assessed appropriately and involved in the decision for using the restraint. There was no date for review of the use of restraint and no evidence that the restraint was removed at regular intervals. The centre-specific policy on restraint stated that where residents are being restrained, they should have a care plan completed immediately; the care plans reviewed by the inspectors did not comply with the procedures in the centre's policy.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The inspectors reviewed the premises including some of the residents' bedrooms, bathrooms, laundry, sluice, day rooms and outdoor space. The centre was domestic in nature with a washing line full of recently laundered clothes visible from the day room. There were handrails on each side of the hallways to residents' rooms with seating conveniently placed along the corridor for residents to rest.

The residents had access to an outdoor patio through an unlocked door from the conservatory. Residents were seen walking in and out of this patio. The patio was secure and homely with plants, seating and a covered gazebo for residents who wished to smoke.

There were books, board games, ornaments and CDs available in the dining room. Residents had personalised their bedrooms with their possessions such as ornaments and books.

There was adequate storage space for equipment and chairs. The equipment such as hoists were in good working order with records kept of recent maintenance. There were adequate numbers and types of pressure relieving mattresses and cushions to assist in preventing pressure ulcers. The person in charge discussed a situation recently where a resident who was receiving subvention, required a specialised mattress. It was stated that the HSE did not provide funding and the resident's family were unable to contribute to the cost of the mattress so the provider was currently paying for the mattress to ensure the resident's needs were met.

The inspectors tested a sample of call bells and found them in good working order and staff members responded to them quickly. Residents said that the staff were prompt in their response to their call bells especially at night.

A cleaning staff member explained the procedures she carried out in relation to cleaning which were seen to be in line with best practice.

Some improvements required

Whilst there was a clean and bright dining room and two day rooms, the conservatory was being used as the main sitting room. One resident explained that it can get “very crowded” and the inspectors saw a resident carrying her walking frame in order to leave the room. This posed a risk of falling for the resident as she did not have the support of her frame.

Significant improvements required

The inspectors identified a number of issues relating to infection control and health and safety when speaking to staff and observing practice which posed potential risks to residents and others. The issues identified included:

- there was a lack of visible hand-gels and hand-washing facilities for staff and visitors
- the sluice room had no storage, sluicing machine or bedpan washer
- there were no changing facilities for staff
- staff did not change uniform when switching from cleaning duties in the centre to working in the kitchen which posed a risk of cross-contamination
- there were no aprons, coats, hair covers available to inspectors when inspecting the kitchen
- there was no locked storage for chemicals and cleaning material
- there were no separate cleaning rooms to store mops and cleaning products and no sinks for rinsing mops and cloths.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

The centre did not employ agency care staff and therefore there was continuity of care to residents as staff were familiar with their individual needs.

The residents were observed reading local newspapers during the day. One resident spoke about going out to a local day centre once a week and the person in charge informed the inspectors that she had organised this with the referring hospital in order to maintain contact with the services provided.

There was evidence that residents were facilitated to make or receive a personal phone call in private by using the centre's mobile phone in their room.

Some improvements required

There was no policy or procedure for the provision of information to residents. There was no residents' guide or brochure available to residents and their relatives on admission or prior to admission to give them essential information about the centre.

Significant improvements required

There was no residents' group and no formal systems in place to obtain the views of residents and relatives. The inspectors did not find evidence of the residents taking part in any aspect of the overall running of the centre or the activities that took place.

The inspectors reviewed the care plans of six residents. Each resident had an individualised assessment and care plan. However, there was an inconsistent approach to completing assessments and care plans. The social history and biographical section was seen to be not completed or poorly completed on a number of the care plans reviewed. Although risk assessments were carried out on falls and the development of pressure ulcers, there was no evidence of plans of care being developed to meet the needs of the resident following the assessments. One resident described how she sleepwalks at night and she praised the staff for caring for her – yet there was no record of this in her care plan. The residents did not know about their care plans and were not involved in their development. There was no evidence

that care plans were reviewed on a three-monthly basis and no evidence that the person in charge reviews the care-planning process for quality assurance purposes.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs.

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Observation of care practices confirmed that staff were available in sufficient numbers and with the necessary skills and competencies to meet the needs of the residents. The residents and relatives said there were adequate numbers of staff on duty and the inspectors noted there was a staff member supervising the day room at all times.

The person in charge demonstrated that she was meeting specific resident needs by attending training on feeding tube replacement in order to prevent unnecessary re-admission to an acute hospital.

Some improvements required

The person in charge and the staff told the inspectors that they had attended training on wound management, nutrition, continence, end-of-life care and infection control. However, there were inadequate records kept on who attended training or the content of the training. The person in charge informed the inspectors that manual handling training was provided to all staff in 2007. Again, there were inadequate records to support this.

Significant improvements required

There was evidence that staff were not familiar with the policy and procedures for the prevention, detection and response to abuse. They told the inspectors that they had not received training and there were no plans in place to introduce training.

The centre did not comply with the requirements in Schedule 2 of the regulations as there were no staff files maintained with details of references, previous employment histories, birth certificates, curricula vitae (CVs) and proof of identity.

However, there were updated copies of each nurses' registration with their professional regulatory body An Bord Altranais. Inspectors were told that the person

in charge was in the process of applying for Garda Síochána vetting for staff. There was no evidence of a formal system in place to supervise staff on a regular basis. There was also no staff development and appraisal policy witnessed, and no professional development plans for staff to support their training and educational requirements.

Report compiled by

Angela Ring
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

16 October 2009

Action Plan

Provider's response to inspection report

Centre:	Aisling House Nursing Home
Centre ID:	0003
Date of inspection:	15 September 2009
Date of response:	13 November 2009

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 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 were not familiar with the policies and procedures for the prevention, detection and response to abuse and had received no training on this topic.

Action required:

Provide training to all staff on the prevention, detection and response to abuse and ensure all staff are familiar with the centre's policy and procedure.

Reference:

Health Act 2007
Regulation 6: General Welfare and Protection
Standard 8: Protection

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

Timescale:

<p>Provider's response:</p> <p>We have recently updated our policy on prevention, detection and response to abuse along with our other policies. It is our intention to hold educational seminars with all our staff over the next eight weeks. We will have a designated person to oversee this training. All evidence of training will be recorded in our staff files.</p>	<p>Eight weeks</p>
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<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Restraints were not used in line with best practice guidelines or the centre's policy. There was no evidence that residents were assessed, consulted with, or restraints reviewed. The centre's policy was not being adhered to in that there was no care plan for the use of restraint.</p>	
<p>Action required:</p> <p>Set out each resident's needs in an individual care plan including those requiring restraints. Maintain records of any occasion on which restraint is used, the nature of the restraint and its duration.</p>	
<p>Reference:</p> <ul style="list-style-type: none"> Health Act 2007 Regulation 25: Medical Records Regulation 8: Assessment and Care Plan Standard 21: Responding to Behaviour that is Challenging Standard 32: Register and Residents' Records 	
<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>We are including the residents in the use of restraints and will reflect this in the care plans that the residents were involved in decision making process when restraints are used. We will use a formal assessment tool prior to the use of restraint, and this will be part of restraints policy. We will also include relatives and the resident's GP as part of our policy.</p>	<p>Immediate</p>

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The person in charge and the staff did not demonstrate knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i>. There were no copies of these made available to staff.</p>	
<p>Action required:</p> <p>Ensure that all staff members are made aware of the provisions of the Act and all regulations and rules, commensurate with their role. Provide a copy of the Act and regulations to staff in the centre.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 17: Training and Staff Development Standard 29: Management Systems</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>We have made available the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the <i>National Quality Standards for Residential Settings for Older People in Ireland</i>, and staff are being made aware of conditions and regulations. We will provide formal training sessions with all the staff and reflect same in staff files.</p>	<p>One month</p>

<p>4. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The preferred routines and expectations, likes and dislikes of residents were not recorded. The opportunities for residents to participate in meaningful and purposeful occupation and leisure activities were limited. There was no consultation with residents or information provided to them on activities taking place in the centre.</p>	
<p>Action required:</p> <p>Provide opportunities for residents to participate in development of activities appropriate to his or her interests and capacities. The provider must ensure that facilities are provided for the occupation and recreation of residents.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 6: General Welfare and Protection</p>	

<p>Regulation 10: Residents' Rights, Dignity and Consultation Standard 20: Social Contacts Standard 18: Routines and Expectations Standard 2: Consultation and Participation</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>We currently have an activities and entertainment journal which schedules all the activities. The residents are consulted on a daily basis re their choice of activity. We have a weekly music workshop and bring in an outside entertainer to interact with and entertain the residents. We also have a selection of board games, music CDs and DVDs and we regularly try to source new forms of entertainment. We always adhere to the residents' wishes.</p> <p>Our plan moving forward is to set up an activity committee made up of staff and residents (and family members) and involve the residents directly in what activities they would like to partake in. We plan to have monthly meetings which will be minuted. A plan will be developed and timetable displayed and the timetable reviewed monthly.</p>	<p>Constantly under review</p> <p>Two months</p>

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The pureed food was unappetising and staff did not assist residents in an individual and discrete manner during meal times. Mealtimes were not a social occasion and staff did not view this time as an opportunity to communicate and engage with residents.</p>	
<p>Action required:</p> <p>Provide appropriate assistance to residents, dependant on their abilities, at mealtimes. Ensure this is carried out in a sensitive, individual and discrete manner. Consult with staff and residents on how they can enhance this social occasion.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes</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>We are sourcing moulds in vegetable, potato and meat shapes and will serve the pureed food individually to make it more pleasing to the eye.</p> <p>I would have to disagree with your perception that staff did not assist residents in an individual and discreet manner during mealtimes. As three officials were present during lunch time, this had the effect of making the staff and residents ill at ease and hence they were much quieter than usual. Normally, mealtimes are very sociable events with staff and residents having good interaction and plenty of discussion. Hopefully you will see this in future when staff, residents, and the inspection team get to know one another.</p> <p>Staff are now advised to sit down and when feeding residents as you advised, they can have eye contact with each other and also that the residents do not feel rushed.</p>	<p>Immediate</p>
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<p>6. The provider has failed to comply with a regulatory requirement in the following respect:</p>	
<p>There was no statement of purpose, residents' guide, a comprehensive record of all complaints, a record of all visitors to the designated centre or an updated record of residents' possessions.</p>	
<p>Action required:</p> <p>Ensure all records listed under Schedule 4 (general records) are accurate, complete, safe and available at all times for inspection.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 22: Maintenance of Records Regulation 5: Statement of Purpose Standard 28: Purpose and Function</p>	
<p>Please state the actions you have taken or are planning to take following the inspection with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Statement of purpose: in the process of compiling same.</p> <p>Residents' guide: we now have a template for the residents' guide, and we are in the process of amending it to our nursing home needs.</p>	<p>One month</p> <p>One month</p>

<p>Record of complaints: we regularly advise residents and their relatives to come and discuss any complaints or concerns they may have regarding the nursing home and will continue to remind them of this as part of our admission policy. You must respect that if one is unaware of a complaint (like the most recent one) you cannot deal with it according to our complaint policy. We had one complaint last year and the HSE team advised us under no circumstances were we to discuss the complaint with the complainant or resident or relatives, we would be more proactive in resolving complaints had we been aware of them in the first instance.</p> <p>We have a complaints record book and will document all complaints according to our complaints policy see action plan no. 17.</p> <p>Visitors: as this is the first time we have been made aware of this requirement, we have commenced a visitors' book.</p> <p>Residents' possessions: we have a locked cabinet in our new office where we will store the records and possessions for now, as soon as we increase our occupancy by 7-8 new residents we intend to provide each resident with lockable safe in their rooms and according to their wishes.</p>	<p>In place</p> <p>In place</p>
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<p>7. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There were no residents group or formal systems in place to obtain the views of residents and relatives. There was no evidence of residents participating in the overall running of the centre.</p>	
<p>Action required:</p> <p>Provide arrangements for consultation and participation with residents in the organisation of the centre.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation</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>We are in the process of setting up a residents' group in conjunction with a residents' advocate to provide arrangement for consultation and participation for residents in the organisation of the nursing home.</p>	Two months
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<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The assessments and care plans did not reflect person-centred care and the residents were not involved in the development and review of their care plans. There was no evidence of care plans being regularly reviewed.</p>	
<p>Action required:</p> <p>Set out residents' needs in an individual care plan developed and agreed with the resident. Keep the residents' care plans under formal review as required by the residents' changing needs or circumstances and no less frequent than at three-monthly intervals.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan</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>While I agree that up to now, residents have not been totally involved in the development of care plans, they are always consulted about their individual needs and wishes regarding activities of daily living on which the care plans are based. All care plans are reviewed on a three-monthly basis or more frequently, if necessary and these are recorded and signed on the back of the plan.</p> <p>We are currently looking at new care plan system, this to involve residents and relatives where appropriate and we will continue to review these when they are up and running, three-monthly or sooner when necessary, in partnership with the residents.</p>	Two months

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

The range of policies and procedures did not comply with the requirements as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Staff were not familiar with the policies and procedures and there was no arrangements in place to ensure staff had read and understood the policies and procedures.

Action required:

Review the operating policies and procedures to ensure they are specific to the requirements of the centre. Develop arrangements to ensure staff understand and implement all policies, procedures and guidelines.

Reference:

Health Act 2007
Regulation 27: Operating Policies and Procedures
Standard 29: Management Systems

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

Timescale:

Provider's response:

The current range of policies and guidelines we obtained recently are under review. The number of documents, records, policies and procedures to be maintained in the home as from Schedule 1 to 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 is quite extensive. It is our intention to be diligent in their compilation to ensure they are fit for purpose and this will require reasonable time. We intend to commit defined weekly time for this purpose.

March 2010

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

The sitting room was overcrowded and posed a risk to residents' safety. There were no visible hand-washing facilities for staff and visitors. The laundry and sluice facilities were not in line with recommended standards. There were no suitable changing facilities for staff.

Action required:

Review the health and safety and risk management policies and procedures to ensure that all risks identified have appropriate actions undertaken and recorded.

Reference: Health Act 2007 Regulation 19: Premises Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Sitting room: we have re-arranged the tables in the centre of the sitting room to make more room for the few able-bodied residents to move freely at will. Hand washing: there are numerous hand-washing facilities for the staff with disinfectant gels and hand sanitizers supplied, also paper hand towels supplied. We have placed hand sanitizers foam units inside the main door for the use of visitors, with clear written notice on how to use them. Changing facilities are available for the staff, the old office is now a staff changing / locker room. Laundry: dirty laundry is placed in colour coded baskets and goes directly into washing machine. The clean laundry is also placed in the appropriate coloured baskets and these are never mixed. There is a foldaway table in the laundry room for sorting clean laundry. A new sink has been ordered for this room.	Immediate

11. The provider is failing to comply with a regulatory requirement in the following respect: Staff details were not maintained in accordance with the requirements of Schedule 2 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations 2009.
Action required: Develop and maintain a record for each staff which includes all items identified in Schedule 2 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations 2009.
Reference: Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>At present we are gathering the necessary information to comply with Schedule 2 and 4 of the Health Act (Care And Welfare Of Residents in Designated Centres For Older People) Regulations 2009. We have given each staff member the list of requirements relating to this, and hope to have all these records complete by February 2010.</p>	<p>Three months</p>

<p>12. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There were no procedures in place to supervise staff on a regular basis. There were no records of training completed by staff.</p>	
<p>Action required:</p> <p>Ensure staff are supervised on a regular basis pertinent to their role and that appropriate records are maintained to include evidence of staff training.</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>An extensive range of courses have been attended by matron and staff and certificates are available for same, some certificates have been sent to you. We are in the process of developing a training needs analysis and will put into practise a training plan for 2010 to keep staff abreast of all aspect of best practise.</p>	

<p>13. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The contract of care did not include fees to be paid by residents.</p>	
<p>Action required:</p> <p>Revise the contract for the provision of services to include details of the fees to be charged.</p>	

Reference: Health Act 2007 Regulation 28: Contract for the Provision of Services 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: Will revise contract and include details in future.	Two months

14. The provider is failing to comply with a regulatory requirement in the following respect: The complaints policy did not contain information about the appeals process. All complaints were not recorded.	
Action required: Update the complaints policy to include all information as detailed in article 39 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations 2009. Maintain a record of all written and verbal complaints in line with the regulatory requirements.	
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: As stated earlier in this report I have always involved residents and relatives regarding the complaint policy, especially on admission, asking them to feel free to approach matron or nurse on duty regard any concerns they have. We would always try to resolve any concerns / complaints as they arise this, one can do this when one is aware of a complaint. Where complaints are resolved locally, details of the complaint will be documented in the resident's record. (HIQA 6.2) and maintain the records specified under article 39(7). Where the complainant is not satisfied there are advised regarding the appeals process. This in accordance with our complaints policy.	Immediate

<p>15. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The directory of residents was not updated to include the information relating to the recent transfer of a resident to hospital.</p>	
<p>Action required:</p> <p>Maintain an up-to-date directory of residents to include all information as specified in Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' Records</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>This has been rectified and I have taken steps to make sure it does not re-occur, we have a designated nurse to check out the residents' register on a weekly basis.</p>	

<p>16. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The medication policy did not comply with regulatory requirements in that it did not contain information on the prescribing, recording, storing and disposal of medication. Staff did not adhere to the centre's policy with regard to the residents' right to refuse medication.</p>	
<p>Action required:</p> <p>Update the medication policy to contain the information as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations 2009. Ensure the residents' right to refuse treatment is respected, documented and reported to their GP.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Regulation 9: Health Care Standard 14: Medication Management Standard 15: Medication Monitoring and Review</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response</p> <p>We are in the process of setting up a training session along with our pharmaceutical provider and will be having monthly training sessions regarding Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines.</p> <p>We will also ensure a resident's right to refuse treatment is respected and documented and their GP informed.</p> <p>We will ensure that all staff are aware of and comply with our medication policy.</p> <p>We will ensure that all staff are aware of Standard 14: Medication Management.</p> <p>We will ensure that all staff are aware of Standard 15: Medication Monitoring and Review.</p>	<p>Two months</p>

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 30: Quality Assurance and Continuous Improvement	For the purpose of quality improvement the person in charge should collect data, to include residents who have pressure sores, indwelling catheters and receiving psychotropic drugs (including sleeping tablets) and those who experience weight loss. Appropriate action should be taken in response to any findings of concern arising from the above.
Standard 4: Privacy and Dignity	Independence with personal care should be encouraged and assistance should be provided in suitable areas.

Any comments the provider may wish to make:

Provider's response:

Thank you for your draft report and we have reviewed it carefully as requested. Throughout the inspection the team members were courteous and professional. The inspection report format gives a clear picture and we are very pleased with the recorded evidence of good practice and happy with the report's clear balance in favour of the positives. We are proud of the care we provide and will do our utmost to continue with the positives and in the meantime strive hard to rectify our negatives.

Provider's name: Jan Ali

Date: 5 November 2009