

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Glencarrig Nursing Home
Centre ID:	43
Centre address:	Glencarrig Court
	Firhouse Road
	Dublin 24
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Email address:	info@glencarrignursinghome.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Terence and Joan Launderers
Person in charge:	Jaimol George
Date of inspection:	30 September 2009
Time inspection took place:	Start: 07:40hrs Completion: 18:40hrs
Lead inspector:	Mary O'Donnell
Support inspector(s):	Nan Savage
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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

Glencarrig Nursing Home is a single-storey detached centre which offers residential, respite and convalescent care. It has 25 places and there were 19 residents living in the centre at the time of inspection. There are six single rooms, five twin rooms, three rooms which each accommodate three residents, three bathrooms, three independent toilets and two single rooms which also have toilet facilities. The dining room can accommodate approximately 12 people, and there is a spacious L shaped lounge where most of the residents spend their day. A small sitting room is used for residents and visitors and there is a conservatory which is used as a smoking area and which leads onto an enclosed garden at the rear. The garden is not landscaped but outdoor seating is provided along a concrete path. The centre has limited parking available at the front.

Location

Glencarrig Nursing Home is situated at the end of a cul-de-sac, in a residential estate close to the Firhouse Road. The centre is 6.5 miles from Dublin City Centre.

Date centre was first established:	1 January 1985
Number of residents on the date of inspection	19

Dependency level of current residents	Max	High	Medium	Low
Number of residents	1	6	9	3

Management structure

The service Providers are Terence and Joan Launders. The Person in Charge, Jaimol George, reports to the Providers. Nine nurses, seven healthcare assistants and two household staff report to the Person in Charge. Two kitchen assistants report to the chef who reports directly to the providers.

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	3 in am 2 in pm	1	2	1	1	1

Summary of findings from this inspection

This was an unannounced inspection. Inspectors met with residents, relatives, the person in charge and staff on duty during the inspection. They reviewed documents such as staff rotas, policies, care plans and drug administration records.

Overall, the inspectors were satisfied that the nursing, medical and other healthcare needs of residents were met. The service providers were involved in the day-to-day running of the home and knew the residents and staff very well. The inspectors found that staffing levels met the needs of the residents. Three residents were able to care for themselves and there was a ratio of one staff member to every four dependent residents on the day of inspection. The majority of staff who provided direct care to residents were qualified nurses.

The premises were not purpose built but provided adequate accommodation in a warm domestic environment. Visitors commented that the friendly atmosphere and the standard of care provided more than compensated for any deficiencies in the physical environment. Inspectors saw positive interactions between staff and residents and residents spoke of the friends they had made and the freedom they were afforded to live contented lives in the centre.

Inspectors identified some gaps in service provision which need to be addressed. There were concerns around infection control, recruitment policies, monitoring of residents' nutritional status, complaints procedure and upholding the rights of residents.

The Action Plan at the end of the report identifies areas where improvements were required. The Authority will be following up on the provider's proposed measures to address the issues identified in the Action Plan.

Residents' and relatives' comments

The inspectors interviewed five residents. They joined residents for lunch and sought the views of other residents throughout the day. One lady found time to show the inspectors around the premises before she left to attend a community day centre. She invited the inspectors to see her room which was furnished entirely with the furniture she took with her when she moved to Glencarrig. She said that this helped her to settle in and feel at home. She explained that she moved to the centre a year ago from an apartment where she was lonely. She was pleased that she made the move because she now had company. She felt she could contribute by doing a few jobs around the place and she was free to live her own life. She used a bus pass to meet friends in town and she sometimes went to the pictures. She said she could lock her door and she felt safe in the centre.

A 90-year-old lady, who moved to the centre after she broke her hip, said that she was happy in the centre. She enjoyed bingo and often won prizes and said that she enjoyed her breakfast and supper but did not like the dinner. She could not explain

why this was but added that the nurses “get on to” her about it because she is a diabetic and they know she should eat. She said that she knew the staff but she could not always remember their names. She explained that one nurse was on a foreign holiday and she was looking forward to hearing all about it when the nurse returned. When asked about complaints, one resident said it was better to “put up with something” rather than complain but she would tell a relative if there was something on her mind. Another resident expressed similar sentiments when she whispered, “Mum’s the word”.

Overall, the residents were satisfied with the food and times of meals. Discussions about the timing of breakfast elicited a mixed response. A lady who said she had Cornflakes at 6am was accepting of the arrangement: “I don’t mind ... you fall in with everything.” One man stated that he made it clear that he did not want an early call, and he arranged to have tea and toast around 10am. At 8.30am the inspector met a lady who had gone back to sleep after her breakfast wake-up call. She had begun eating the bread and butter but her tea was cold. She was not happy and described the 6.30am breakfast as ridiculous. A lady, who did not feel up to eating at 6.30am, said she was worried that she had missed out on her breakfast altogether. Inspectors saw her having tea and toast later in the living room. Residents who were interviewed stated that the supper they received satisfied them and they did not require food or drinks during the night. One lady said: “I suppose I could ring the bell, but I never have.” A man who watched TV ‘til late said he is free to access a snack at any time: “If I feel peckish, I can make tea and raid the fridge it’s never a problem.”

Most of the residents, who were transferred from hospital, were unable to visit the centre before taking up residence. Two residents said they had visited the centre in advance. One lady described discussions she had with the provider about matters which were important to her. She had arranged in advance to move her furniture in and to have her laundry done separately. She stated that she was satisfied that the arrangements were honoured because a night staff member always washed her clothes and returned them to her in the morning. Another lady explained that she had stayed twice on respite before moving in full-time. She said she was not unhappy, but that she might be happier in a flat somewhere. She described the food as “nothing to write home about” and could not recollect anybody ever asking her about her favourite foods. This lady stated that she got up and had breakfast about 8am and usually retired around 9pm. When asked if that time suited her, she said that she would probably stay up longer but everyone else would have moved off by then and she would not sit on her own. She stated that she did not like bingo and did nothing all day except read the paper and watch television.

Relatives

Three relatives spoke with the inspectors. They found out about the centre as they had each received a list when their relative was due for discharge from hospital and they had each visited a number of centres on this list. They explained that they had chosen this centre because the centre was small, the staff were caring and seemed to know the residents and there was a welcoming atmosphere. One relative explained that she might have been put off initially because the place did not look as smart as some of the newer larger homes they visited. She visited the centre twice beforehand and carefully watched how staff worked with residents before making a

decision. All relatives stated that they were impressed with the gentle manner in which the staff spoke and worked with residents. They talked about the warm atmosphere and without exception they described feeling welcome at any time and being offered tea / coffee while visiting.

Relatives felt it was still possible to be involved in their family members' lives. They felt reassured when asked to provide information which informed the day-to-day care of their relative. One lady said she liked to help her mother with her meal while visiting. Relatives told inspectors that they availed of opportunities to take their relatives for a meal, a day out or for a holiday. One lady explained how her sister had been very unhappy in another "state-of-the-art centre" and had decided not to return there after being admitted to hospital. Her family were delighted with how content she was in this centre. A relative commented that her father, who had dementia, was given a sense of independence. Staff allowed him to take his cup to the kitchen or to clean the table if he wanted to. Another relative explained that her mother enjoyed company. She was not used to being alone and the activity in the day room really suited her. One lady explained that, although the range of activities was limited, she had seen the staff engage with residents in a way that benefited them more than any activity could. She said that staff sat with residents and chatted about the soaps on television. Male staff chatted with male residents about sports, and she warned, "Wait 'til the World Cup starts.....I bet we won't get a look in then."

When asked to suggest improvements, a respondent replied in a questionnaire that there was no liquid soap or paper towels. She explained: "The staff facilities had a hand drier but visitors were expected to use bars of soap and a cloth towel which was not good enough."

Those interviewed all acknowledged that the centre would benefit from refurbishment, but neither relatives nor residents felt that it was a high priority. A relative used the analogy of the ageing person to describe the centre: "The body of the home has seen better days and the approach to it could be enhanced. But this place has a great heart. The heart of the place is what creates the atmosphere and the atmosphere more than makes up for the rest."

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 size of this small, family-run centre and the involvement of both providers in its day-to-day operation, allowed direct communication links between residents, staff and providers. One provider worked full-time in administration and the other spent time there each day. They lived close by and could be summoned to the centre at short notice out of hours.

Roles and responsibilities were clearly defined and communicated to both staff and residents. Staff interviewed had a clear understanding of the management structure, their roles and responsibilities and reporting relationships. Residents, relatives and staff described an open approach to communication and were clear about whom they would approach if they had an issue. One relative stated that the office door was always open if she ever needed to talk or raise any worry. The person in charge was identified as the one to whom they would direct their concerns. One relative gave an example of having raised an issue concerning her mother's health and that the matter had been dealt with to her satisfaction in a timely manner.

The service providers were aware 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*. A copy of these documents were available to staff. The provider spoke with inspectors about the structural changes required in order to comply with the legislation.

The person in charge knew about the *National Quality Standards for Residential Care Settings for Older People in Ireland* and had made progress towards service improvements in line with these. Care plans had recently been upgraded and risk assessments introduced. A relative stated that the person in charge was very good, commenting: "She is the one who keeps things running around here." Her clinical expertise was maintained through her commitment to her professional development.

There was a policy on elder abuse and a trained staff member provided training to all staff on the subject. A staff member said her practice had changed, and that she was

now aware that something as simple as interrupting a resident to ask if they wanted to use the bathroom was no longer acceptable. She would now wait rather than interrupt them.

The centre had clear policies and guidelines on the management of residents' accounts. Inspectors reviewed the accounts of four residents with cognitive impairment and found the system to be robust, transparent and accurate.

Inspectors saw that fire equipment was in place and regularly serviced. Monthly fire drills took place in the centre. The most recent drill had taken place on 15 September 2009. Staff attended annual fire training lectures at the centre, with training most recently held in December 2008. Sign-in sheets were reviewed by inspectors.

Insurance cover was in line with the Health Act 2007 (Care and Welfare of Residents in Designated Centers for Older People) Regulations 2009.

Some improvements required

Although the providers and person in charge were clearly committed there were some weak systems and gaps in service provision.

Statement of purpose

There was no statement of purpose and function for the centre.

Policies and procedures

The policies, procedures and guidelines available in the centre did not meet the requirements, for example, there were no policies on recruitment and vetting of staff. Operational practice was not in keeping with the Standards. The centre's written and operational policies were general and not amended to reflect local practice.

Leadership and management

There was a central management structure and an over-reliance on the person in charge to direct care issues. Nurses did not manage caseloads. The person in charge stated that she retained responsibility to inform nurses when a care plan was due for review. This practice inhibited nurses from taking on professional responsibilities or developing leadership skills.

Quality improvement

There were no systems in place to gather information or use the views of residents / relatives to influence management of their centre. There was no evidence of audits being carried out to inform quality.

There was no staff appraisal system.

Significant improvements required

Risk management

While the centre has a policy on risk management, information on near misses (accidents / incidents that almost happened) was not documented or analysed as part of risk management in the centre.

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

Pace of life

The leisurely pace of the morning routine allowed staff to spend time with each resident when assisting them to get up and prepare for the day. Staff told inspectors that residents' preferences about the time they got up was taken into consideration and residents were offered choices about what to wear. The unhurried environment helped residents to function to their potential. People who might require extra time to process information were allowed to take their time before replying to a question or to complete a task. The relaxed atmosphere created a culture where staff were interested in the lives of residents and they were happy to share information about their own lives with residents. This provided a background where residents and staff got to know and understand each other. Staff told inspectors about the past lives and the interests of various residents.

Grooming and personal appearance

Inspectors were struck by the well-groomed appearance of the residents. The provider explained that the majority of male residents were used to a regular wet shave before moving to the centre. Residents who spoke about this were in agreement. Inspectors also noticed a fragrance of aftershave which was a pleasant addition. Relatives stated that the residents' laundry was well maintained. One lady was pleased that her mother was provided with a fresh outfit each day. She said it was evident that thought went into choosing the outfit and matching jewellery. Her mother had always paid attention to her appearance, and her family were pleased that her high standards were maintained when she could no longer do things for herself.

Activity provision

A limited range of formal activities was offered. Inspectors saw residents enjoy participating in or watching others participate in bingo and a sing-song. The provider explained that the centre aimed to provide social interaction tailored to meet individual needs, rather than to a comprehensive list of activities, which may or may not meet the needs of individual residents. Inspectors saw residents reading daily newspapers provided by the centre. Residents were encouraged to continue their interests and maintain contacts with the community. Two residents interviewed

continued to attend the day-care facility they had used prior to admission. Residents who could attend mass locally did so, otherwise mass was held monthly in the centre and residents received communion every Sunday. Residents stated they were satisfied with this arrangement.

One Manchester United FC fan said he did not feel the absence of satellite television impacted on him, because he went down to the pub whenever there was a match on. He said he often went there for a drink at night and enjoyed a lie in the following morning.

Fulfilment

The nursing assessment process involved gathering and using information about the individual resident's life, including his / her hobbies and interests. This information fed into a plan for how the individual's psychological and social needs would be met. A relative explained that her mother was very unsettled at night; staff were aware that she had always been part of a large family and suggested that she might not want to be alone. A trial period in a shared room proved to be the solution. Another resident explained that she liked the balance between interaction and solitude. She could spend time in her room where she liked to watch television alone, but she watched the news in the lounge with the other residents. She liked to make a contribution, so she tidied and swept the floor after the tea. Inspectors were satisfied that chores she carried out were for her benefit, and not to relieve the workload for staff.

The centre provided opportunities for residents to make friends and forge new relationships. Residents spoke of friendships they had formed since coming to the centre. One lady explained that she liked to spend time with an older woman who is confined to a chair. Kindred spirits arranged to sit together for meals, and a couple sat together in the lounge.

Mealtimes

Inspectors joined some residents in the dining room and met three residents who preferred to have their meals in their room. There was a choice of main meal and dessert offered. They also sat in the lounge, where the majority of residents had their main meal. Diners in the lounge had a pleasant mealtime experience. The soft diet consisted of creamed potatoes, pureed carrot and a casserole with tender meat in it. One member of staff sat with each resident who required assistance and supervised or offered the appropriate level of support. Independence was promoted and residents who ate slowly were not offered assistance to speed up the process, but were allowed to eat at their own pace. Some residents required prompting and encouragement to eat independently.

Some improvements required

Dignity

The dining experience was diminished somewhat by the use of plastic mugs and tumblers for all residents in the dining room and lounge. Some residents may have required a more lightweight plastic cup or a spout to aid independence, but the majority of residents could have used standard glasses and cups / mugs. The staff member serving the drinks stated that she didn't know the reason for this, and that it was just the way it was.

The majority of residents had their clothes protected with "bibs". A large napkin would have provided more dignified protection for clothing.

Civil and religious rights

One resident did not have her spiritual needs met. The lady did not offer her views on the subject when speaking with inspectors. When a nurse was asked about the arrangements in place to allow the resident to practice her religion, she said that her religious beliefs did not allow her to eat meat or fish but she had no knowledge of what else was required. She added that the resident seemed content to attend mass in the centre. Earlier, the inspector enquired why this resident received a plate of vegetables for her main course. A staff member said the resident was not vegetarian and shortly afterwards removed the plate and placed a regular dinner with breaded chicken in front of the resident. The resident proceeded to eat the meal.

The Lisbon Treaty referendum was two days away and there were no arrangements in place to allow residents who could not travel to the polling station to vote.

Menu choices

Menus were reviewed but did not reflect food served on the day of inspection. Poached cod / salmon appeared on the menu, but breaded chicken and beef casserole were served to residents. A resident, who stated that salmon was her favourite food, said that she never had salmon at the centre. Vegetarian options did not appear on the menu.

Significant improvements required

Privacy and dignity

The privacy, dignity and modesty of residents was compromised as communal toilet doors did not have a locking device.

Complaints procedure

While residents and visitors were supported in raising issues, make suggestions or complaints in a spirit of openness, there was no complaints procedure in an accessible format available to residents and visitors which took account of legislation, regulations and national guidelines. Although the complaints policy was displayed in the hall, there was no complaints log where complaints investigation and outcome were documented. Information from complaints could not facilitate new learning and inform service improvements. There was no independent person identified to review

a complaint if the complainant was dissatisfied with the outcome of the investigation, and so the complaints policy did not include an appeals process; this is a requirement under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Consent

Practices such as providing breakfast at 6.30am or putting residents to bed early were guided by staffing requirements rather than the choice of the residents. There was no documentation of residents' / advocates' views to inform such practices. Inspectors noted that those residents who could express a view chose to have breakfast at a later time.

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

Care plans

The centre provided a good standard of healthcare. There was evidence that residents had individual care plans, which addressed their assessed needs. Residents were assessed on admission for nutritional risk, falls risk and pressure sore risk. Care plans were put in place to manage risks appropriately and attention was given to psychosocial needs. Inspectors saw that care plans and risk assessments were reviewed at three-monthly intervals or when the resident's condition changed.

Healthcare services

Residents and staff stated that they were satisfied with the GP services provided. GPs visited monthly or more often if required. GPs also provided an out-of-hours service. Medical notes reviewed by inspectors confirmed this.

The mental health team visited the centre and residents told inspectors that they continued to attend outpatient ophthalmology, cardiovascular and diabetic services. A visiting optician service ensured that residents had scheduled annual eye tests. A chiropodist visited on a three-monthly basis. Inspectors reviewed medical files and entries reflected the level of healthcare provision described to them. This was also corroborated by feedback from residents and relatives. A relative explained that her mother's dentures had been lost while she was in hospital and the centre had promptly organised to provide her with a new set of dentures. One man said that he attended a local dentist. The centre availed of dietician services provided by a company which provides nutritional supplements. A doctor appropriately prescribed all supplements.

Medications

The inspectors checked the drug supplies and storage. The administration of medications was seen to be appropriately recorded. Photographic identification with each prescription was provided, which minimised the risk of error when administering drugs. Inspectors were satisfied with the system that is in place for the safe storage of drugs, which required additional safety precautions.

Some improvements required

Air mattress settings

Although most of the mattresses checked were set appropriately, one air mattress was set incorrectly. Staff explained that the resident, who was confused, sometimes altered the setting. Systems were not in place to manage the risk of persons altering the settings of air mattresses.

GPs reviewed all residents' medications on a six-monthly basis. This was not in line with the three-monthly review required in the regulations.

Drugs which required extra precautions were counted and signed by two nurses who came on day-duty rather than jointly by a nurse going off night-duty and a nurse coming on day-duty. This practice did not meet the legal standard of accountability for the safekeeping of this medication as one nursing staff member must have this responsibility on each shift, and transfer this responsibility over to a nurse coming on duty.

Significant improvements required

Residents and healthcare practices

Inspectors attended the handover by night staff and were alerted to the fact that residents, including those who had slept poorly, were awakened at 6am to take their routine daily medications. The administration of 6am medications was not justified.

Medications

Arrangements for medicinal refrigeration were found to be inadequate. The fridge had no lock and there were no arrangements in place to monitor the temperature in which medicines were stored. This posed a risk to residents' health.

Nutrition

Systems were not in place for the appropriate monitoring of residents' nutritional status. The person in charge stated that the policy of weighing residents once every three months had changed and residents were now weighed monthly. The inspectors reviewed a random selection of care plans and found that residents had not been weighed during June, July or August 2009. One of these residents was nutritionally compromised and taking prescribed supplements. Menus reviewed did not reflect adequate protein intake for vegetarians.

Audiology

Inspectors noted that some residents who spoke with them had a hearing impairment. No resident at the centre wore a hearing aid and there were no arrangements in place for audiology services to residents. The provider explained that one man had a hearing aid but would not use it, as he did not want to wear out the battery. Measures to provide reassurance or to address this were not documented.

Pressure area care

The prevention and treatment of pressure sores did not reflect best practice. For example the use of a type of cream and the use of topical antibiotics did not adhere to the Pressure Ulcer Advisory Panel Guidelines. The nurses had applied the treatments following the advice of the GP. The person in charge had attended a wound care course and was aware that it was not recommended. It was evident that the person in charge had not discussed her up-to-date information on evidence-based practice with the GP. Following training in wound care she had knowledge that prescribed care was outdated, yet she did not discuss this with the prescribing doctor. The outcome for residents did not take priority in this instance.

Care plans

Not all staff were familiar with the care planning processes and some said that they had very little knowledge about care plans. This was not satisfactory as nurses should be familiar with care plans used to guide nursing care.

Residents with diabetes

Residents who were non-insulin dependant routinely had their blood sugar levels checked by the night nurse. This practice recorded the fasting blood sugar level, but failed to monitor the person's blood sugar level throughout the day. It did not provide information about the response to diabetic medications.

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

Residents and visitors reported that the centre offered a cosy, warm environment for residents and visitors. Most of the residents shared sleeping accommodation and rooms were spacious and comfortable. The bathrooms had anti-slip flooring. There was seating provided in areas throughout the centre.

Residents' rooms were personalised with pictures, photographs and ornaments. Some residents identified family members from photographs while they chatted with inspectors. The inspectors observed a high standard of cleanliness throughout and both residents and relatives expressed satisfaction with the facilities provided and the standard of maintenance and cleanliness in the centre.

Assistive equipment such as pressure-relieving mattresses, specialist seating and mobility aids were provided by the nursing home to meet the residents' assessed needs.

Alcohol hand-gel dispensers were provided throughout the centre, and these were used by both staff and visitors. Adequate supplies of gloves and aprons were provided for staff.

The kitchen was clean and well organised. The provider had received Hazard Analysis Critical Control Points (HACCP) training and catering practices were informed by HACCP principles. Colour-coded chopping boards were in use. There were adequate supplies of meat, fruit and fresh vegetables in stock. The provider and nurses provided information about dietary requirements to the chef. Inspectors reviewed the most recent environmental health officer's report which was satisfactory.

Some improvements required

Maintenance of equipment

The inspectors reviewed the inventory of equipment and noted that, while the hoist was serviced every six months, the other equipment was not regularly serviced. The

person in charge explained that other equipment was only serviced when a problem arose. The provider offered to address the matter immediately.

Facilities

Accommodation was limited. The dining room was small and used by only three residents on the day of inspection. The majority of residents spent their day in the lounge, they had their meals there and activities also took place in the lounge. Music was playing in one part of the L shaped room and the television was on in the other part. Inspectors found that noise levels were high and the competing sounds made conversation difficult especially for people with impaired hearing.

Significant improvements required

Hot water

A constant supply of hot water was not available at the centre for residents' use. An inspector ran the hot tap in two parts of the facility and found that the water was only tepid. The provider explained that the kitchen used a lot of hot water after 11am and this affected the supply to other areas.

Infection control

From observations of the environment and speaking with staff, the inspectors concluded that the level of knowledge about infection control displayed by staff at all levels was inadequate:

- there were no changing facilities for staff. Staff stated that they wore their uniforms into and home from work and this posed a risk of cross contamination
- there was no bedpan washer. Staff stated that commode basins were cleaned in the sink, using domestic cleaning agents rather than disinfectant
- cleaning equipment including mops, buckets, mop heads and cloths were stored in the sluice
- there were no suitable arrangements in place for the safe disposal of clinical waste, such as soiled dressings and swabs
- cleaning agents and chemicals were stored on the floor underneath the sluice sink. When inspectors checked, the sluice door was not locked and thus the chemical were accessible to residents. This was at odds with the health and safety statement, which indicated that cleaning chemicals were stored in a locked cupboard
- there were no liquid soaps or paper towels provided in the communal toilets. Inspectors saw communal toiletries such as bars of soap and cloth towels in bathrooms, this poses a risk of cross infection.

There were no cleaning schedules in place. Although residents and relatives commended the work of the cleaning staff in the centre, the household staff member

interviewed had received no formal training. She explained that she used a separate mop and cloth for bathroom areas. Because the cloths were the same colour, she segregated them by storing them in separate plastic bags and at the end of her week she took the cloths home to ensure that they were boil-washed at the correct temperature.

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

Inspectors were present when the night staff gave a handover to those on the day shift. They were impressed that all staff coming on duty were present for the handover including the person in charge. During the handover, staff sought clarification and explanations were provided directly, rather than relying on second-hand information or the interpretation of written records at a later stage.

The inspectors observed the interactions between staff, provider, person in charge, residents and relatives. They were satisfied that a culture of friendly, respectful communication existed at all levels within the organisation.

New learning was shared with the team through three-monthly team meetings. The person in charge explained that the information learned on training days such as medication management or wound care was shared with the team at the meetings.

Staff and families commended the pre-admission meetings with prospective residents / relatives. Staff felt that it prevented inappropriate admissions. Relatives stated that it provided information on which to base the decision for their relative. The residents who participated in these meetings felt that their wishes were a priority.

Relatives said they were asked to provide key information about their relative on admission and this showed that staff were interested and that this continued to be their experience in the centre. Relatives and families reported feeling welcome, and the offer of refreshments while visiting was highly commended. A proactive approach by the person in charge when communicating with families was identified as particularly beneficial. Relatives described how the person in charge telephoned or met with them to discuss aspects of a resident's life or to give an update if there was a change in a resident's condition. Relatives provided inspectors with examples of information provided, which showed that relatives were up to date with the social and medical aspects of their relations' lives.

Inspectors observed excellent practice in communicating with people who had dementia. Nurses sought information about the appropriate form of address for a resident on admission and residents were addressed by the name that they wished

to have used. Staff positioned themselves at the level of the resident and made eye contact when speaking with residents. The tone and pitch used by staff was appropriate and humour was often used in verbal interactions. The approach used by staff when greeting residents in the morning was very appropriate. Relatives spoke of the gentle manner used by staff when communicating with residents. A relative cited an example of the explanations offered to residents when moving them, saying: "They know them all so well and they care; they seem to know exactly where to hold or what part not to touch with each patient."

Some improvements required

There was no forum for residents' input into the running of the centre. Arrangements were not in place to elicit the views of those who have difficulty with communication. Views of relatives or visitors were not formally sought and used to enhance service provision.

There were deficits in documentation and recording systems:

- there was no residents' guide to provide key information to residents and relatives about aspects of service provision
- contracts of care with residents contained legal terminology, and the fees were not clearly stated
- there were no menus on display and residents stated that they were not aware of what was being served for dinner
- biographical or life story information was not formally gathered on residents
- team meetings held every three months were not minuted
- the person in charge relied on her memory, rather than using a systematic documented approach for requirements such as when staff were due to attend mandatory manual handling refresher training.

Minor issues to be addressed

Inspectors observed that staff did not wear name badges, which would enhance communication especially for residents or relatives with short-term memory problems.

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

Inspectors were satisfied that staff were available in sufficient numbers, with the skills and competencies to meet the needs of residents. Staff, residents and relatives agreed that there were sufficient staff on duty both day and night. The rota matched the staffing levels at inspection. There were four nurses (one of whom was the person in charge) and one care assistant on duty in the morning, three nurses (one of whom was the person in charge) and one care assistant on duty in the afternoon and one nurse and one care assistant on night duty from 8pm. The providers were on call at the weekend.

Staff stated that they were satisfied with their work and identified the good atmosphere associated with a small centre and their relationship with residents as key aspects of job satisfaction. Some staff were long-term employees in the organisation and there was a low staff turnover.

Training records, viewed by inspectors, confirmed the provision of ongoing professional development, which was tailored to meet the needs of this service. The person in charge had begun a postgraduate course in nursing the older person. She had recently attended professional updates in wound management and medication management.

The care assistant on duty had completed FETAC (Further Education and Training Awards Council) level-5 Healthcare Support training. She joined the centre as an employee after her work experience there. A nurse was trained to educate staff on elder abuse. All staff undertook mandatory moving and handling training and elder abuse training. In the past 12 months, staff had also had training on nutrition and cardiopulmonary resuscitation (CPR).

The training record was supported by documentary evidence in staff members' files. However, training records did not include the content of the training provided.

Some improvements required

The system in place for all staff to review policies every six months was not effective. Although a nurse had signed that she had read and understood a policy she did not demonstrate a comprehensive understanding when interviewed.

Significant improvements required

Inspectors reviewed three personnel files and found three written references provided for one nurse but there were no references in the other two files. A birth certificate was on file for one employee. Garda Síochána vetting was not in any of the personnel files reviewed.

Report compiled by

Mary O'Donnell,
Inspector of Social Services,
Social Services Inspectorate,
Health Information and Quality Authority

17 October 2009

Action Plan

Provider's response to inspection report

Centre:	Glencarrig Nursing Home
Centre ID:	43
Date of inspection:	30 September 2009
Date of response:	30 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 has failed to comply with a regulatory requirement in the following respect:

A comprehensive policy for the monitoring and documentation of nutritional status had not been implemented. Residents were weighed on an ad hoc basis. Protein requirements for vegetarians were not adequately catered for.

Action required:

Review and update the nutrition and hydration policy and procedures in line with current best practice.

Reference:

Health Act 2007
Regulation 20: Food and Nutrition
Standard 13: Healthcare
Standard 19: Meals and Mealtimes

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

Timescale:

<p>Provider's response:</p> <p>Our Nurse Manager is reviewing and updating our nutrition and hydration policy and procedures in line with current best practice.</p> <p>All residents are now weighed on a monthly basis and weight is recorded. For those identified as being nutritiously-at-risk a weekly weight chart is maintained.</p> <p>The oral intake of residents with low BMI is recorded daily and an input / output chart is written up daily.</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>Nursing care was not evidence-based for aspects of pressure care, wound management and monitoring of blood sugar levels for people with diabetes.</p>	
<p>Action required:</p> <p>Provide a high standard of evidence-based nursing care.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare</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 six diabetic residents and a new regime has been put in place for the monitoring of blood sugar levels (five days FBS and two days RBS).</p> <p>Pressure Care and Wound Management is being overseen by our Nurse Manager who has recently up-skilled in these areas.</p>	<p>Completed</p>

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The provider failed to demonstrate that refrigerated medicinal products were stored appropriately.</p>	
<p>Action required:</p> <p>Provide suitable practices and operational policies relating to the prescribing and storing of medicines. Ensure that all staff are familiar with such policies and procedures.</p>	

Reference: Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A replacement lockable refrigerator for medicines with temperature display has been ordered.	Four weeks.

4. The provider is failing to comply with a regulatory requirement in the following respect: Residents were not able to choose the time they wished to be awakened in the morning.	
Action required: Put arrangements in place to ensure that residents are provided with freedom to exercise choice, to the extent that freedom does not infringe on the rights of other residents.	
Reference: Health Act 2007 Regulation 10: Residents' Rights, Dignity, and Consultation Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Nurse Manager (person in charge) has met with all night staff and informed them that the practice of waking some residents to administer medication at 6am is to cease immediately. The residents' freedom to exercise choice has been emphasised to all staff and all residents are being consulted by the Nurse Manager as to their choice of breakfast arrangements which will be recorded and included in the care plans. Breakfast is now served from 7.30am daily.	Immediate

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

The provider did not provide a sufficient supply of piped hot water. A supply of hot water was inadequate at times throughout the day.

Action required:

Provide a constant supply of hot water in the nursing home.

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:

A Plumbing/Heating contractor has met with the provider (T.L.) on site to discuss how to ensure a sufficient supply of piped hot water throughout the day. The recommendation of this contractor would involve the draining of all water from the pipes for a time to carry out pipe fitting etc. over several days. This would cause significant interruption to the heating system and is therefore not feasible at this time of the year.

An alternative suggestion has been proposed and a second opinion is now being sought from another contractor as to whether or not there might be another way to tackle the problem.

The fact that the heating system will be in operation around the clock for the winter months ensures hot water throughout the building. It is during the less cold months when the boiler is not running constantly that the inadequate supply of hot water occurs.

It is likely that whatever method of ensuring a constant supply of hot water is decided on we will have to wait until the milder weather conditions of spring / early summer arrives before the work can be carried out.

Six months

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

Personnel files did not have references, birth certificates or Garda Síochána vetting documents.

Action required: Provide written policies and procedures relating to the recruitment, selection and vetting of staff in accordance with Schedule 2, Health Act Care and Welfare Regulations.	
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:
Provider's response: Written policies and procedures relating to the recruitment, selection and vetting of staff in accordance with Schedule 2, Health Act Care and Welfare Regulations are being compiled by the provider (T.L.). Garda vetting is under way and a batch of 17 completed forms have been forwarded and the remaining small number of staff forms will be forwarded immediately on return of two staff from overseas annual leave. All existing staff files are being reviewed to ensure compliance.	Ongoing

7. The provider has failed to comply with a regulatory requirement in the following respect: The written policies, procedures and guidelines were not comprehensive and did not reflect practice in the centre.	
Action required: Develop written operational policies and procedures, in accordance with current regulations, guidelines and legislation. Put systems in place to ensure that policies and procedures inform and guide staff practice.	
Reference: Health Act 2007 Regulation 27: Operating Policies and Procedures Standard 13: Healthcare Standard 29: Management Systems	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: The provider (T.L.) is reviewing, amending and improving as necessary our policies and procedures to ensure compliance with current regulations, guidelines and legislation.	Six months

<p>The inspectors pointed out that there was an over-reliance on the person in charge to direct care issues and that nurses did not manage case loads thus inhibiting them from taking on professional responsibilities or developing leadership skills.</p> <p>The person in charge will, as of now, begin involving nurses in developing care plans and each nurse will be responsible for a given number of care plans.</p>	<p>Immediately</p>
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<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The provider failed to collect data for the ongoing monitoring of continuous quality improvement. Residents' views, complaints, accidents, near misses and other information did not inform quality improvements in the centre.</p>	
<p>Action required:</p> <p>Establish and maintain a system for reviewing, maintaining and improving the quality of life and care provided.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Regulation 36: Notification of Incidents Standard 30: Quality Assurance and Continuous Improvement</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>A register will be maintained by the person in charge (our Nurse Manager) to record data relating to the care and experience of our residents.</p> <p>The "Residents' Guide" is being drafted by the provider (T.L.).</p> <p>The nurse manager is compiling a systematic documented approach to inform on matters such as when staff are due to attend mandatory manual handling refresher training.</p> <p>A complaints log has been introduced where all complaints, written and verbal, are recorded and which can facilitate new learning and inform service improvements.</p>	<p>Eight weeks.</p>

<p>9. The provider is failing to comply with a regulatory requirement in the following respect: Residents were not given privacy to undertake personal activities. There were no locks on the communal toilet doors.</p>	
<p>Action required: Put arrangements in place to provide privacy for residents to undertake personal activities.</p>	
<p>Reference: Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: Locks have been fitted to the communal toilet doors.</p>	<p>Completed</p>

<p>10. The provider is failing to comply with a regulatory requirement in the following respect: The pressure relieving mattresses were not set appropriately to meet the needs of the individual resident.</p>	
<p>Action required: Provide suitable and sufficient care to maintain the residents' welfare and wellbeing, having due regard to the nature and extent of the residents' dependency and needs as set out in the care plan.</p>	
<p>Reference: Health Act 2007 Regulation 6: General Welfare and Protection Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: On the day of the unannounced inspection there was only one mattress found not to be set appropriately and it was explained that this was as a result of the resident tampering with the controls which results in staff constantly having to re-set them. This resident now has a new mattress with tamper-proof controls.</p>	<p>Completed</p>

<p>11. The provider is failing to comply with a regulatory requirement in the following respect: Audiology services were not made available to residents.</p>	
<p>Action required: Ensure that when a resident requires audiology or any other services, access to such services is provided.</p>	
<p>Reference: Health Act 2007 Regulation 9: Health Care Standard 13: Healthcare</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: An audiology service provider has been contacted and an arrangement is being put in place to provide services to residents when required.</p>	<p>Immediately</p>

<p>12. The provider is failing to comply with a regulatory requirement in the following respect: Infection control arrangements and practices did not meet requirements. The cleaning staff were not provided with induction. Staff had not received training in infection control and knowledge of infection control was poor.</p>	
<p>Action required: Put in place suitable arrangements, training, appropriate procedures and written policies in accordance with current regulations, best practice guidelines and legislation. Provide necessary sluicing facilities.</p>	
<p>Reference: Health Act 2007 Regulation 19: Premises Standard 24: Training and Supervision Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: We are pleased that "The inspectors observed a high standard of cleanliness throughout and both residents and relatives expressed</p>	

<p>satisfaction with the facilities provided and the standard of maintenance and cleanliness in the home".</p> <p>Our training provider had already been informed that we require infection control training for all our staff and induction training for all household / cleaning staff. We have contacted them again on foot of this matter being raised in the draft report and expressed urgency in this matter. We are awaiting confirmation of dates from them.</p>	<p>Immediately</p>
<p>The provision of necessary sluicing facilities and the safe disposal of clinical waste is being reviewed by the providers.</p>	<p>Three months</p>

<p>13. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The Complaints Policy for the centre does not meet all requirements of Article 39 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. The complaints policy did not contain an independent appeals process.</p>	
<p>Action required:</p> <p>Update and amend complaints policy and procedure to include the provisions of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and make available to each resident.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The complaints policy was under active review at the time of the inspection and will be finished shortly. Upon completion it will be made available to each resident.</p>	<p>Six weeks</p>

<p>14. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no system in place for consultation with the resident when a care plan was reviewed. There was no narrative note of the review.</p>	
<p>Action required:</p> <p>Revise the residents' care plans after consultation with them.</p>	

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:
Provider's response: The inspectors commented that they were very satisfied and impressed with the residents' care plans. Our review system is now carried out in consultation with our residents and / or their family / carer. A communications sheet in the care plan informs this.	Completed

15. The provider is failing to comply with a regulatory requirement in the following respect: There was no system in place for the routine servicing and maintenance of equipment.	
Action required: Put in place a system to ensure that equipment provided in the centre is maintained in good working order.	
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: The provider (T.L.) is now using a Service Register to ensure that all equipment is maintained in good working order and all services and significant repairs are recorded.	Completed

16. The provider is failing to comply with a regulatory requirement in the following respect: Residents were not provided with adequate arrangements to facilitate voting in the Lisbon Treaty referendum. The spiritual needs of a resident from a minority religion were not explored and adequately provided for.	
Action required: Put systems in place to ensure that residents are provided with adequate arrangements to exercise their civil, political and religious rights.	

Reference: Health Act 2007 Regulation 10: Rights, Dignity and Consultation Standard 5: Civil, Political and Religious Rights	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The provider (J.L.) has communicated with the Senior Staff Officer for Corporate Services at South Dublin County Council. The error which led to the Special Voters Register facilities not being in place for the Lisbon Treaty referendum has been identified and will not occur again. A new batch of forms for our residents is now being completed and signed off by the relevant doctors. When complete all our residents will be facilitated to vote in the next election / referendum which occurs.	Four weeks

17. The provider is failing to comply with a regulatory requirement in the following respect: Residents were not provided with the opportunity to participate or be involved in the day-to-day running of the centre. There was no advocacy service or residents' forum.	
Action required: Provide arrangements to facilitate, insofar as is reasonably practicable, consultation and participation in the organisation of the centre. Actively seek feedback from residents.	
Reference: Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The providers have discussed who might be suitable and available to act as advocates for the residents. Those identified will be approached in the New Year. We believe there is a huge amount of stimulation for all residents at this time of the year (Christmas) and it would be a difficult time to try to start a residents' forum and consequently we propose to take this matter up in January / February 2010.	Three months

<p>18. The provider is failing to comply with a regulatory requirement in the following respect: The provider failed to provide a written guide referred to as "the Residents' Guide" with the information specified in the regulations.</p>	
<p>Action required: Produce a written guide, "the Residents' Guide", which shall include a summary of the statement of purpose, terms and conditions of residency, a contract for provision of services and facilities, the most recent inspection report, a summary of the complaints procedure and the address and telephone number of the Chief Inspector of Social Services.</p>	
<p>Reference: Health Act 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: The drafting of the "Residents' Guide" by the provider (T.L.) has begun and will be completed soon.</p>	<p>Eight weeks</p>

<p>19. The provider is failing to comply with a regulatory requirement in the following respect: The centre did not have a Statement of Purpose and Function</p>	
<p>Action required: Provide a written statement of Purpose and Function that accurately describes the service provided and meets the requirements of the regulations.</p>	
<p>Reference: Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: Immediately on completion of the "Residents' Guide" the provider (T.L) will commence work on the "Statement of Purpose and Function".</p>	<p>12 weeks</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 1: Information	Provide employees with name badges.
Standard 18: Routines and Expectations	Consider how to enhance communication with residents who have dementia, through the use of life stories, advocacy and other interventions.
Standard 19: Meals and Mealtimes	Display the daily menu in a suitable format, in order that residents may know what is available at each mealtime.
Standard 24: Training and Supervision	Establish and implement a staff appraisal policy.

Any comments the provider may wish to make:

Provider's response:

Considering that this was an unannounced inspection beginning at 7.40am the providers were pleased to read that the inspectors "were impressed that all staff who were coming on duty were present for the handover, including the person in charge. During the handover staff sought clarification and explanations were provided directly, rather than relying on second-hand information or the interpretation of written records at a later stage".

We were also very pleased that the "Inspectors observed excellent practice in communication with people who had dementia".

The inspectors were polite, respectful and extremely thorough in their questionings and observations throughout the day.

None of our staff or residents, when asked, expressed any feelings of having been made feel uncomfortable, embarrassed or imposed upon either by the presence of the inspectors or their questions.

The senior team members who attended the de-briefing were heartened and encouraged by the favourable comments made by the inspectors regarding the care of our residents that they had observed throughout a long day.

Overall we feel the report gave a fair assessment of our home at this time and informs us of what needs to be done to achieve full compliance.

Providers' name: Terence and Joan Lauanders

Date: 30 November 2009