

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	College View Nursing Home
Centre ID:	128
Centre address:	Clones Road
	Cavan
	Co Cavan
Telephone number:	049-4372929
Fax number:	049-437 2931
Email address:	Collegeviewnursinghome@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Bridie Kiernan O'Donnell
Person in charge:	Martina Marion Jameson
Date of inspection:	9 September 2009
Time inspection took place:	Start: 09:15hrs Completion: 17:20hrs
Lead inspector:	Florence Farrelly
Support inspector(s):	Catherine Rose, Connolly Gargan, Siobhan Kennedy
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input 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

College View Nursing Home is a 70-bed residential care unit providing long-term, convalescent and respite care for older people.

It is a purpose-built single storey building with four units comprising of 64 single rooms and three double rooms.

One of the units is a 12-bed secure special care unit which accommodates residents with cognitive impairment such as Alzheimer's disease.

The centre has a large well maintained foyer at the entrance and a visitors' room, dining room, smoking room and an oratory. Separate communal and private sitting areas are provided in each unit.

It is located on an elevated site surrounded by landscaped gardens and patio areas that residents can freely access.

Location

The centre is located close to Cavan town centre near local amenities such as shops, church, pharmacy and banking services.

Date centre was first established:	February 2000
Number of residents on the date of inspection	66 and 2 in hospital

Dependency level of current residents	Max	High	Medium	Low
Number of residents	16	19	14	19

Management structure

The Person in Charge reports to two managing directors, one of which is listed as the Registered Provider. She is supported in her role by a team of staff nurses, senior care assistants, care assistants, domestic staff, chefs, kitchen staff and administrative staff.

Summary of findings from this inspection

Overall, inspectors found that the management of care promoted a person-centred approach. Residents confirmed that they could exercise choice in all aspects of their daily life and spoke positively of staff, who they said treated them with dignity and respect.

Residents were seen to be well groomed and the centre provided a high standard of private and communal space and facilities. The environment was bright and comfortable and there was adequate equipment provided to meet residents' needs.

There was evidence that staff are recruited in accordance with best practice and received ongoing professional development, supervision and support. They had received a high level of training with systems in place to monitor and manage risk.

Hygiene levels were seen to be of a high standard in most of the centre with the exception of the special care unit. There was good evidence of infection prevention and control throughout the centre with hand-gel available for all residents and visitors.

Inspectors observed that meals provided were mostly of a very high standard, with residents reporting a choice of food offered and a choice of where meals are served.

There was a formal audit process for monitoring accidents and incidents with good evidence of enhanced outcomes for residents as a result of the audit process.

Recording of documentation was seen to be of a high standard with centre-specific policies and procedures in place to meet residents' needs.

Residents have access to medical and peripatetic services as required. There was good evidence of ongoing assessment and care planning for each resident with evidence of resident involvement in the planning of their care.

The design, layout, upkeep and some care practices in the special care unit did not fully promote good quality dementia care.

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*. These related to medication administration and choice of activities throughout the centre. Environmental and staffing issues also required attention in the special care unit.

Residents' and relatives' comments

Overall, all residents interviewed expressed a high level of satisfaction with staff and the care they received. Comments such as "very well cared for, could not be better" and "everyone is so nice" and "staff are wonderful" were expressed to the inspectors

throughout the inspection. Residents' commented positively on the management of their personal belongings: "I wear my own jewellery" and "staff are very careful with my clothes."

Inspectors interviewed four visitors to the centre and their comments reinforced residents' positive feedback.

When asked if there were any changes that residents would like to see one resident commented that she would like staff "to sit and chat more".

All residents that inspectors spoke to knew who to contact if they had a complaint or a concern.

A high level of satisfaction was expressed regarding meals and the choice offered. Residents also spoke of the availability of drinks and snacks in between meals, while relatives commented very positively about hospitality in the centre, one stating: "I always get offered a cup of tea when I come in to see my mother."

When asked about choice, residents described how they could get up and go to bed when they wanted. They felt they had choice in all aspects of their care and stated that staff were "more than willing to help".

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 inspectors found that the centre was managed very well overall, and there was good strong leadership and direction provided by the person in charge as evidenced by the following paragraphs.

Staff recruited after January 2009 were seen to be recruited in accordance with best practice. Staff receive ongoing professional development, supervision and support, and are confident and well trained, with systems in place to monitor and manage risk.

The person in charge has been employed by the centre since February 2001 and is an experienced nurse in the care of older persons. She is on the general nurse register and is engaged in continuous professional development.

The staff who were interviewed demonstrated a clear understanding of their roles and responsibilities and were able to describe the staff structure and reporting mechanisms in place to ensure appropriate delegation, supervision and competence in the delivery of care to residents.

Staff training and education records reviewed by the inspectors demonstrated that a high level of professional development training had been provided to all staff. Some examples of this were protection of vulnerable individuals, challenging behaviour communication and dementia, and recognising and responding to elder abuse in residential care settings.

Recording of documentation was seen to be of a very high standard with specific policies and procedures in place to meet residents' needs, for example, medication management policy, complaints policy and pain management policy.

Comprehensive data was collected on falls, incidents and accidents. This data was audited every three months and was used to enhance outcomes for residents in areas such as the management and prevention of falls.

The complaints procedure is displayed prominently in the centre and residents were aware of the complaints procedure.

Some improvements required

The current residents' guide and statement of purpose and function did not contain all of the information required in accordance with the regulations.

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

Residents were seen to have opportunities to be involved in decision making with regard to their daily lives, such as choice regarding bed times, choice of food and where they have their meals. Overall, residents appeared to be happy and content and were able to relate to each other, forming relationships with other residents and staff.

Opportunities existed for the majority of residents to participate in social and recreational activities. Activities were primarily led by an activity therapist who was on site four afternoons per week, assisted by care staff. Inspectors observed two planned activities of craftwork and indoor games. Residents were seen to be engaged and appeared to enjoy the interaction with staff and other residents, with lots of conversation, fun and laughter. There was a prayer room available with weekly services provided. Residents could choose to attend or not and staff were available to assist as necessary. Inspectors saw activities such as skittles and creative art which were stimulating and age appropriate.

Inspectors observed that residents were dressed in clean, well maintained clothes. A number of residents interviewed reported that they always wore their own clothes and staff at the centre took great care with their personal belongings. There was an area within the laundry where sorting of individual residents' clothing took place.

There were two "sittings" for lunch. Residents who attended the second lunch sitting did not need special assistance and were observed by the inspectors to be chatting easily with each other, were jovial and appeared to enjoy each others' company. All residents approached by the inspectors were open and talkative and appeared to enjoy telling their story. Many of the residents reacted warmly to staff that were observed to be interacting well with residents.

The inspectors had lunch with the residents. The meal was hot, well presented, of ample quantities and served in accordance with residents' preferences. The dining room was observed to be clean and inviting with tables attractively set. One resident living in the special care unit went out with his family after lunch for shopping and

social activities. Residents described to the inspector their satisfaction with the food provided, the care received and the response of staff to their requests.

Residents' relatives and visitors were warmly welcomed to the centre and one resident went out of the centre in the afternoon to shop locally. Some residents were observed by the inspectors sitting outside with their visitors in the afternoon.

There are various locations throughout the centre where numerous books are available.

A number of residents commented on the fact that they feel safe living in the centre. One resident commented that she was "lucky" to have been admitted there.

Some improvements required

Dependent residents who required assistance were facilitated at the first sitting at lunchtime. There were issues in relation to congestion and use of space to meet the needs of the residents during this sitting. Inspectors observed 10 residents seated in wheelchairs and two residents in recliner-type seats. In order to accommodate the residents at this sitting existing dining chairs were placed against a wall, which obscured the menu board and obstructed one of the exit doors. During lunchtime one resident became unwell and needed to be helped from the dining room. This, along with a staff member administering medicine from the medicine trolley, further exacerbated the congestion.

There were extensive external facilities around the centre including a sensory garden. However, residents were not facilitated in availing of these facilities. None of the residents from the special care unit used the gardens. Residents needing assistance reported that they rarely went outdoors but if they wished staff were always willing to wheel them around the grounds.

Residents were not involved in planning the menu or the recreational and social activity programme. However, the person in charge informed the inspectors that residents' meetings would be initiated and developed from October 2009 onwards as a forum for residents to feedback and to be involved in the organisation of the centre.

Significant improvements required

There was little evidence to show that residents in the special care unit were given opportunities to participate in meaningful social and recreational activities that were based on their individual assessed needs. The notice board identified a planned activity, foot spas for residents, on the day of the inspection but there was no evidence that this took place.

The television in the communal sitting room had a small screen and was positioned on a low-level table which resulted in some residents not being able to have a direct view of the television.

In the afternoon, inspectors observed one staff member on duty in the special care unit, responsible for 12 residents. This staff member was occupied with two residents walking up and down the corridor, one resident had a visitor while the rest of the residents were in their bedrooms or in the sitting room unsupervised. This practice impinged on residents' care and their right to fulfilment, dignity and respect.

Inspectors observed that food was of a very high standard. However, the presentation of food in the special care unit was not of the same high standard. Residents in this unit were not all seated at tables for their meals. Although care plans described individual assessment for those residents who required feeding assistance, this was not reflected in observed practice and did not promote person-centred care.

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

In general, residents reported to inspectors that they felt "well cared for" and that all their needs were met by staff. Their needs were individually assessed and accurately recorded on an ongoing basis in their care plans. The residents' records were of a high standard, documenting pressure sores, risk assessments and comprehensive care plans.

Inspectors observed residents with leg ulcers. There was good evidence of individual wound management and assessments were completed and evaluated in the residents' care plans. Residents' wound dressings were clean and intact and the clinical room was well stocked with a variety of wound dressing options.

Inspectors also observed two care staff members assisting a resident to get up from her seat and transfer to a wheel chair using a belt aid. This was carried out in accordance with good moving and handling guidance.

Some improvements required

Activity in the morning was centred on the provision of personal care needs for residents. Personal care was individually planned in the residents' care plans, however, the inspectors noted that in practice care was very much task-orientated. A healthcare assistant communication book was in use where care was prescribed by staff nurses. A staff nurse informed the inspectors that healthcare assistants did not complete residents' care plans or did not have access to them.

Whilst one resident's independence and control of her diabetes was promoted by self-administration of her insulin, a number of residents told inspectors that they had no knowledge about the medication they take. Inspectors observed no evidence of any education for residents on their medical conditions or the medications they were taking.

Significant improvements required

On review of the medication prescription sheets, inspectors saw evidence of medication administration being pre-signed. This was confirmed during an interview

with the nurse administering the drugs. This was not in line with the medication management policy which indicated the correct procedure as outlined in the An Bord Altranais guidelines for administration and recording of residents' medication. There was no evidence of an audit of medication management having taken place.

Inspectors were informed that there was a physiotherapy service available for residents on a staff referral basis together with general practitioner (GP) and consultant referral. The inspectors observed residents being transported throughout the centre in wheelchairs and transferred to comfortable chairs by hoist. There was very little evidence of practices that promoted health, rehabilitation and wellbeing. A number of residents informed inspectors that they often remain seated and were not visited by the physiotherapist on a regular basis. There was no sit-to-stand hoist available for residents in the centre to help promote rehabilitation and wellbeing.

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 majority of bedrooms in the centre are single rooms with en suite facilities. Two new extensions are well designed and spacious, with wide corridors and door entrances. These units were found to contain well equipped kitchenette facilities for residents' use. The furnishings are bright and modern. Residents are encouraged to personalise their own bedrooms with furnishings and personal mementos.

There was a variety of equipment available to meet the needs of residents. During the inspection, it was noted that staff assisting residents in wheelchairs made sure that the footplates were in place so that residents were transported safely.

Systems and practices were established to regularly service and maintain equipment. Certificates and maintenance documentation were available, inspected, and found to be up to date.

The kitchen and associated catering areas were examined and found to be clean, equipment was in good working order, catering records were up to date, stock rotation was evident and there were ample stocks of food. Home-baking on a weekly basis was a major aspect of the kitchen routine. House keeping staff rotate tasks to incorporate all aspects of housekeeping.

There were no obvious fire hazards and there were up to date training and fire safety records. Residents commented that they feel safe in the centre and this was a view also expressed by a relative.

Some improvements required

There was a system for managing dirty and clean laundry. However, the inspectors observed dirty laundry lying on the floor beside the washing machine, and not in a receptacle. This was not in line with best practice and compromised infection control.

Significant improvements required

The design and layout of the special care unit did not fully promote good quality dementia care. One room was used for all communal activities such as dining, social and recreational events. This did not promote autonomy and independence for residents.

The centre was well maintained and recently refurbished with the exception of the special care unit. Inspectors identified the need for redecoration of a bedroom. An odour was evident to inspectors in the special care unit during the inspection and a damp smell was detected in one bedroom, which was seen to be vacant in this unit at the time of inspection. The carpet in the communal room of the special care unit was seen to be dirty and sticky. The provider assured inspectors that the special care unit was next on the step-wise schedule for refurbishment and was due to commence in the immediate future.

Inspectors saw that one resident's recliner seat was in a state of disrepair.

There was an insufficient provision of footstools in the centre and inspectors observed a resident in the special care unit, sitting in the communal room, without a footstool, even though her feet were not touching the floor.

A record in the kitchen stated to the following: "Record of residents who are feeders." The use of the word "feeders" impacted on residents' right to dignity and respect.

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 noted that the residents' records were securely stored and were signed, dated, legible, neat and accessible.

Most residents were aware of the inspection and informed inspectors that they were given this information by the staff in the centre. There were a number of posters throughout the centre indicating to relatives that the inspection would be taking place.

Inspectors observed that visitors were welcomed by staff, and those visitors who had queries knew they were able to ask the person in charge for assistance. A number of residents were seen to be talking with their visitors in the lobby of the centre. Residents interviewed by inspectors knew who to approach if they had a complaint or a query. This was also reflected in the many complimentary comments from residents about the person in charge and staff.

Some improvements required

The record of residents in the centre is referred to as the "directory of residents" and was available. However, details of the cause of death had not been entered for some deceased residents.

Significant improvements required

Residents reported that they asked their relatives to buy them newspapers and inspectors were informed that a daily newspaper was delivered to the centre. However, residents reported that it was often not available to them as another resident may be reading it. There were no newspapers or magazines observed by inspectors in any of the communal areas.

Evidence was made available to the inspectors indicating that a number of staff had attended training on communicating with residents who have dementia. This training was not observed to be reflected in the communication practices of some of the staff working in the special care unit during the inspection.

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

The staff group on duty said that they were very happy working with older people, felt well supported by the person in charge and that a good team-working approach operated in the centre. Staff told the inspectors that they made sure to communicate with each other at handover and care staff were told about residents' healthcare needs, changes that are taking place and areas that needed attention by the nursing staff when they come on duty.

Staff demonstrated a clear understanding of their roles and responsibilities and the lines of authority and accountability were clear. Nurses and senior care assistants had a supervisory role which ensured appropriate delegation of tasks and supervision of staff practice. Staff reported that they feel that the current staff numbers on duty are appropriate to the needs of the residents.

The staff rota was available for inspection. It was planned in advance and changes made because of sickness or other absences were recorded.

Staff told the inspectors that they were able to avail of training opportunities, with a wide variety of professional development plus mandatory training for all staff. Training records reviewed by inspectors confirmed the provision of a high level of appropriate training to staff both in-house and externally.

The personal identification numbers (PINs) for nursing staff were recorded and this record was kept up to date.

All staff had a job description outlining their roles and responsibilities and copies were available for inspection.

Residents spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

A number of staff were interviewed by inspectors regarding their recruitment, induction, and ongoing professional development. Review of staff records showed that staff were recruited and inducted in accordance with best practice. Eighteen care staff had had undertaken Further Education and Training Awards Council (FETAC) level-4 and above courses.

Some improvements required

While some staff records were found to be comprehensive and included references, curriculum vitae, qualifications and confirmation of identity, some records did not include all the necessary information required by the regulations. There was no formal mechanism for staff appraisal.

The Garda Síochána vetting process has been completed for all new staff since January 2009, but prior to this date staff have not been vetted. The person in charge indicated to the inspectors that a process for vetting for all staff would be put in place.

Whilst staff reported very good communication between management and staff through daily handover meetings and the open-door policy practiced by the person in charge and the registered provider, there were no formalised staff meetings with centre management in place.

Report compiled by

Florence Farrelly
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

14 September 2009

Action Plan

Provider's response to inspection report

Centre:	College View Nursing Home
Centre ID:	128
Date of inspection:	9 September 2009
Date of response:	30 October 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:

The registered provider did not provide a comprehensive written statement of purpose which gives details on the aims, objectives and ethos of the designated centre and the facilities and services which are to be provided by the registered provider for residents.

Action required:

Update the written statement of purpose, stating the aims, objectives and ethos of the centre, the facilities and services provided and a statement of matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009

Reference:

Health Act 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Written statement of purpose is being reviewed at present in line with regulations 2009	One month

<p>2 The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The registered provider did not update the residents' guide to include details on:</p> <ul style="list-style-type: none"> (a) a summary of the statement of purpose (b) the terms and conditions in respect of accommodation to be provided for residents (c) a standard form of contract for the provision of services and facilities by the registered provider for residents (d) the most recent inspection report (e) a summary of the complaints procedure provided for in article 39; and the address and telephone number of the Chief Inspector. 	
<p>Action required:</p> <p>Review the residents' guide to include all required information as outlined above as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p>Reference:</p> <p style="padding-left: 40px;">Health Act 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Residents' guide is being updated at present to include all the above information.	One month

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

The registered provider failed to ensure that residents are provided with arrangements to facilitate, insofar as is reasonably practicable, consultation and participation in the organisation of the designated centre.

Action required:

Facilitate the consultation and participation of residents in the organisation of the designated centre through appropriate and accessible means, for example, residents' meetings.

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 following the inspection with timescales:

Timescale:

Provider's response:

At present a residents' committee has been formed and regular meetings will be held to address the above, first meeting will take place on 12 November 2009.

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

The staffing levels in the special care unit were not appropriate to the assessed needs of residents.

Action required:

Review current staffing levels in the special care unit to ensure each individual resident's assessed needs are being suitably met and residents in this unit are facilitated to engage in meaningful activities.

Reference:

Health Act 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

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

Timescale:

<p>Provider's response:</p> <p>The staffing levels have been addressed and are ongoing. Additional activities introduced which are needs-appropriate to the residents and their limitations.</p>	Ongoing
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<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The person in charge failed to ensure that each resident in the special care unit is provided with food and drink which is properly served, is consistent with each resident's individual needs and that appropriate assistance is given to residents who, due to infirmity or other causes, require such assistance with eating and drinking.</p>	
<p>Action required:</p> <p>Review mealtimes in the special care unit to ensure meals are presented in an attractive manner and appropriate assistance is delivered by staff. Also review the lunchtime practices in the main dining area to alleviate congestion and adhere to health and safety regulations.</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>The above has been reviewed and is ongoing.</p> <p>Residents' meals assessed per individuals and puree diet required on occasion. Puree food is individually pureed and displayed as attractively as possible. Food provided in the special care unit is exactly the same as that provided to the rest of the nursing home and enjoyed by residents and staff.</p>	Ongoing

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The registered provider did not ensure that the designated centre has appropriate and suitable practices and written operational policies relating to the prescribing and administration of medicines to residents.</p>	
<p>Action required:</p> <p>The practice of pre-signing medication administration should cease.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</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>Staff nurses have been made aware of the issue and the nursing home policy has been reinforced.</p>	<p>Immediate</p>

<p>7. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The registered provider has not undertaken a review of mechanisms to enhance the quality of care provided and the quality of life of residents in the special care unit of the designated centre.</p>	
<p>Action required:</p> <p>Review the quality of care and quality of life for residents in the special care unit to include a review of activities, environment and meaningful participation of residents.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standards 17-21: Quality of Life</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>As inspectors are already aware a redecoration program was planned to complete nursing home upgrade. To date five bedrooms in the special care unit have floor covering replaced and rooms painted. The sitting room has been re-floored, curtains replaced and furniture being replaced.</p>	Completed three months
<p>The television will be wall mounted.</p>	One month
<p>Activity therapist to spend more time involving residents within this unit and their limitations.</p>	Ongoing

<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The registered provider must ensure equipment provided at the designated centre for use by residents or persons who work at the designated centre is maintained in a good working order and that all parts of the designated centre are kept clean and suitably decorated.</p>	
<p>Action required:</p> <p>Remove the dining / recreational room carpet in the special care unit. Ensure all rooms in this unit are kept in good repair and are cleaned regularly. Ensure all residents' seating is in good repair.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The floor has been replaced which was already planned.</p>	Completed
<p>Furniture which was already ordered, arriving the first half in the next eight weeks and completed within three months.</p>	Completed three months

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

All personnel files did not contain copies of birth certificates, three references, or Garda Síochána vetting documents.

Action required:

Ensure all employees personnel files contain the documents as outlined in the legislative requirements.

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:

These documents will be sourced and made available within staff personnel files.

Six months

Any comments the provider may wish to make:

Provider's response:

While on the whole the report was mainly positive, I believe that the criticism levelled at standards within the special care unit is unfair and tarnishes the report.

The bedroom where there was an odour was empty as we waited to have it re-floored. The sitting room flooring may have been worn and faded but it was not dirty – we pride ourselves in high standards in all areas. This flooring has been replaced as discussed with inspectors at the time of inspection as part of the ongoing refurbishment.

The activity therapist will spend more time with these residents in the special care unit but consideration must be given to level of dementia, advanced age and limits of these clients.

The meals provided are exactly the same, with the same choices offered to these residents as the rest of the nursing home residents and staff.

There are some factual inaccuracies which are included on the document.

Provider's name: Bridie Kiernan O'Donnell

Date: 2 November 2009