

Health Information and Quality Authority  
Social Services Inspectorate



Health  
Information  
and Quality  
Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

Inspection report  
Designated centres for older people

<b>Centre name:</b>	St. Camillus Nursing Centre
<b>Centre ID as provided by the Authority:</b>	0098
<b>Centre address:</b>	Killucan, Mullingar
	Co Westmeath
<b>Telephone number:</b>	044 9374196
<b>Fax number:</b>	0449374309
<b>Email address:</b>	riverstown@eircom.net
<b>Type of centre:</b>	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered provider:</b>	Fr. Frank Monks, Order of St. Camillus
<b>Person in charge:</b>	Brother John O'Brien
<b>Date of inspection:</b>	15 September 2009
<b>Time inspection took place:</b>	<b>Start:</b> 09:30 hrs <b>Completion:</b> 17:30 hrs
<b>Lead inspector:</b>	Damien Woods
<b>Support inspector(s):</b>	Catherine Connolly Gargan
<b>Type of inspection:</b>	<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](http://www.hiqa.ie).

## Acknowledgements

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

## About the centre

### Description of services and premises

The order of St Camillus has been providing health services since the 1930s and the St Camillus Nursing Centre currently provides care to 57 residents.

The centre is single-storey with a new block built on to the original building in recent years. The residents are accommodated in mix of single, two-bedded and multi-bedded wards. The centre also facilitates the local hospice with the allocation of two rooms for their use. There is modern church located beside the centre that is used by residents and the local community.

The centre provides long-term care to residents from the surrounding area and adjacent counties, who have differing ranges of abilities and cognitive capacity.

### Location

The centre is located adjacent to Killucan Village. It is surrounded by farmland with a small river running through its grounds. The Order of St Camillus maintains a residence in the grounds adjacent to the centre.

<b>Date centre was first established:</b>	01 / 01 / 1976
<b>Number of residents on the date of inspection</b>	54

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	28	17	9	0

### Management structure

The centre is under the management of the order of St Camillus and Father Frank Monks acts for the order as provider. Brother John O'Brien is the Director of Nursing and the Person in Charge of the centre. Yvonne Lynam is the assistant Director of Nursing. Brother O'Brien was on leave on the day of inspection.

## Summary of findings from this inspection

This was an announced inspection. It was the first inspection of this centre by the Health Information and Quality Authority. Inspectors spoke with residents, relatives, staff members and the person in charge. The person in charge had completed a pre-inspection questionnaire and the information in it informed the inspection process. The inspectors observed practice throughout the day and reviewed a number of documents, including policies and procedures.

The overall management and administration of the centre and the care provided was found to be of a high standard. Comprehensive policies were seen to be in place, staff said they felt valued and respected and there was evidence of continuous training and mentoring of staff. Good linkages with other local health services and the Health Services Executive (HSE) were noted during the visit.

Residents were positive in their attitude about how it was to live in the centre. It was clear that the ethos of the provider to provide a holistic approach to care, as set out in the statement of purpose, was followed through in the care provided to residents.

Inspectors identified a number of issues that require attention by the provider. The action plan at the end of this report identifies areas where improvements were required to meet the requirements of the *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009* and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. These include repairs to the structural fabric of the building, mobilising residents during the day, staff training issues in relation to communication with residents with dementia and providing secure storage for residents' belongings.

### Residents' and relatives' comments

Inspectors spoke to a number of residents throughout the inspection. Nineteen resident questionnaires and twelve relative questionnaires were completed prior to inspection. The feedback provided by both residents and relatives was positive towards the centre. Residents stated that the centre was "like being at home" and all the staff "were caring". One resident informed inspectors that they can get "whatever they want or need".

One resident talked about the need to ensure that personal belongings have a place where they can be securely stored and stated no such facility was available in the centre. Another relative identified the need to refurbish the internal courtyard.

Relatives' comments included "the staff treat everyone with kindness, friendliness and respect" and "in my view it is a home from home".

## 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

There was a clear statement of purpose and it was evident that day-to-day management is effective and responsive. A range of centre-specific policies and procedures were provided which covered all relevant areas. Many of these policies had been updated to reflect the changes in legislation and standards and were found to be concise and readable. There is little staff turnover in the centre.

It was noted that the centre had a robust and reactive complaints procedure for both residents and their families. Incidents involving complaints about staff were dealt with in a comprehensive and complete manner by the provider.

Both the provider and the person in charge demonstrated that they were familiar with the *Health Care 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 (2009)*.

Fire drills are facilitated by the local HSE fire-safety officer and fire equipment maintenance logs were up to date.

## 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

Inspectors found that each resident had a comprehensive care plan detailed on their personal file. Staff were able to actively describe and detail the needs of residents. The provider is in daily contact with the centre and on occasion sometimes acts as an advocate for residents in their dealings with state bodies.

The food sampled by the inspectors was found to be wholesome and tasty. A choice is provided at main meals for residents. At lunchtime it was noted that adequate staff were present in the dining room to assist residents who required help with their meal. There were no restrictions evident on visiting the centre.

The centre is linked to a spacious church and daily mass is celebrated for all residents able to attend; daily communion is brought, by a member of clergy, to the rooms of those who cannot attend mass. This promotes the inclusive ethos which residents spoke about. Inspectors observed residents going back and forth to the church throughout the day.

Many residents had their own small televisions in their rooms while others had radios. A number of residents were observed by inspectors playing CDs on their personal CD players. One resident is an accordion player and is known to play the accordion for other residents on many occasions. On the day of the inspection an accordion was played by a member of staff for residents with higher dependency levels. Many were singing along and others were accompanied by their relatives.

Most residents stated told inspectors that they felt very secure in the centre; they stated the front doors were kept closed during the day and locked at night. One resident stated that his reason for selecting this centre was because he was been threatened by strangers in his own home and as a result, no longer felt secure.

### Some improvements required

Inspectors noted that while there was a complaints policy, the centre had not identified an independent, outside, person to refer to when the internal process is not satisfactory to the resident.

### **Significant improvements required**

Many residents were observed to be seated in wheelchairs in the communal areas while comfortable seating remained vacant. Some residents were also seen to mobilise themselves using their feet on the floor to propel the wheelchairs. This practice is not person-centred and places residents at risk of injury.

### **Minor issues to be addressed**

A carer was heard, by inspectors, to offer and record a resident's choice of menu for the next day, residents told the inspectors that they decided on what they would eat on the previous day. Although some remembered their choice others could not recall it.

### **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 on-going 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**

Medical and care files were reviewed and, in general, were found to be detailed and comprehensive. Clear information on relevant healthcare needs was noted and all information in relation to treatment both in the centre and in external healthcare facilities was recorded. Discharge and admission notes were present for residents whose files were examined. Regular fall-risk, nutrition, skincare and cognitive assessments were noted on files.

A blister pack system is used for residents who require routinely-dispensed medications. There is a monthly review meeting with the pharmacist in respect of medication provided in this manner to the centre. Staff questioned showed a clear understanding of the medication regime and the need to correctly record administration of non-prescription medication. Medication errors are noted on an incident form. All controlled medications are stored correctly and the register was found by inspectors to be up-to-date and signed.

Good linkage was noted between the centre and the local health services. Staff stated that they never had any difficulty in respect of necessary admissions being facilitated in Mullingar general hospital. The also avail of HSE training courses.

#### **Some improvements required**

It was noted on one resident's file that information on a monthly medical status had not been recorded over a three-month period for one resident in early 2009. While staff could attest that the checks had been performed, these were not always recorded.

## **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 had many small personal possessions and photographs in their rooms and a number of the residents were playing their own tapes and CDs. There are a small number of single en suite rooms but the majority of residents share rooms with between one and five other residents. Screens were available between each bed area to preserve the residents' privacy. Staff were observed to pull the screens closed while assisting with residents' personal care. No residents who share a room reported any discomfort with this arrangement. One resident told inspectors how she had formed a good friendship with the other resident sharing the bedroom. Another resident in a six-bed room stated that she had a large family and the company made her feel "at home".

Inspectors found that there was adequate assistive equipment in the centre including hoists, wheelchairs and mattresses provided to meet residents' requirements. This equipment includes a lift-to-stand hoist. Many residents have other aids, for example, grab-devices and shoehorns with long handles provided by the centre. Most residents were observed moving around using assistive devices which are appropriate to their mobility needs.

There were a number of communal rooms with comfortable seating provided. Covering on all chairs is in good condition and is washable. Inspectors observed a high standard of cleanliness throughout the centre and residents expressed satisfaction with the facilities provided and the general standard of cleanliness. A member of the household staff was observed by inspectors to be carrying out her cleaning duties thoroughly. The majority of staff in the centre have received training on best-practice principles for infection control and prevention and this is referenced in staff training records. Training was evident in the cleaning practices of surfaces and equipment.

The centre had recently been brightly decorated throughout and inspectors observed that the outside wall of one of the rooms was in the process of being partially resurfaced. One of the residents occupying this room reported his satisfaction with this maintenance work.

The kitchen was clean and well organised. The chef has received Hazard Analysis Critical Control Points (HACCP) training and certificates of this training were reviewed by the inspection team.

There is a small comfortable room at the front of the centre which is available to residents if they require privacy

### **Some improvements required**

The corridors are narrow in the older part of the centre and were observed to partially hinder access for residents who use mobility-assistive aids. As a result of the lay-out of the corridor, residents are forced to move into the doorway of another resident's room to pass other residents in this corridor. Accessibility issues were further impacted upon by the uncovered radiators and central heating piping which runs along the corridor.

Water staining was observed on one ceiling area and residents stated that the roof leaks badly in this area. This was confirmed by the management of the centre. An architect and builder were on-site working to repair this.

### **Significant improvements required**

Residents were not observed to go outside and the front door is opened by entering a key-pad code. Residents interviewed were not aware of the exit code. Many residents spoke to inspectors about the sound of the water in the river to the front of the centre as something they enjoyed. There is a garden with some seating which requires attention between the river and the centre. Residents stated that they went out into the courtyard – weather permitting. The courtyard is accessible via sliding doors which were unlocked when checked by inspectors. The courtyard appears unkempt with water in the water-feature appearing heavily soiled.

Inspectors were informed by management that they had plans to give each resident a plant which they could plant and maintain in the raised gardens. The desire to have this area developed was communicated by residents and by a relative in the questionnaire returned to the Authority.

It was brought to the attention of inspectors by one resident that there was no provision of secure and lockable personal storage in the centre for residents' use.

### **Minor issues to be addressed**

Inspectors observed that the adjoining en suite between two bedrooms had a number of pull-cords hanging from the ceiling, some of which were labelled. They were confusing and may pose risk to the resident.

## **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**

Visitors were all welcomed by staff, those who were able to ask for the person in charge by name if they had queries. An easy, relaxed, relationship was observed by inspectors between staff and residents and all staff were seen to communicate easily with individual residents. Residents interviewed said they knew who to approach if they had a complaint or a query. This was also reflected in the residents many complimentary comments for the administrator, person in charge and staff in the centre.

The centre facilitates residents' ongoing links with the community. A number of residents go to the local community hall every fortnight for lunch with neighbours. They participate in arts, crafts and bingo. One resident goes out daily to a local centre that promotes independent-living skills.

Many residents were observed to be actively watching television. Those interviewed complimented the provision of televisions with large screens in each of the sitting rooms.

Staff were all seen to wear their name badges which included their first names and position grade.

A residents' committee, chaired by a resident, had recently been set up. Inspectors reviewed the minutes which were seen to reference a number of areas, identified by the committee, for quality improvement. Residents were very positive about this new forum and reiterated the openness and interest expressed by the centre management team.

The morning handover is used as a staff communication forum for staff nurses and carers. Staff come on duty fifteen minutes before the start of their shift to facilitate this process. Evaluation of "what's going on in the centre", "anything new to be shared" and evaluation of residents care plans takes place at this handover session.

Inspectors were informed that staff now send the residents care plan to the hospital with them to improve communication of the residents' needs to-date, along with a

comprehensive transfer letter which was observed by the inspectors. The centre has had very positive feedback from the hospital regarding this practice.

Each resident's photograph is located on the first page of their care plan. Inspectors were informed that this puts a face to the care plan and promotes person-centred care.

### **Some improvements required**

Inspectors observed that there were two sittings for lunch. Residents who attended the second lunch sitting were all independent and were observed by the inspector to be chatting easily with each other, were jovial and enjoying each other's company.

In contrast, none of the residents were observed to be conversing with each other in any of the sitting rooms. However, all residents approached by the inspectors were open and chatty and appeared to enjoy telling their story.

Newspaper readings took place for some residents in one of the communal areas but many others who had cognitive or hearing impairments did not take part in this activity.

### **Minor issues to be addressed**

A small notice board was provided for residents informing them of the activities that take place in the centre in general.

There was no notice board advertising activities that will take place on the day.

## 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

Training records viewed by inspectors confirmed the provision of ongoing professional development which was tailored to meet the needs of this service. A number of care staff had undertaken Further Education and Training Awards Council (FETAC) Level 5 Healthcare Support programme. The centre has formed close links with the local hospital with staff invited to relevant training and study days. In-house education and training is supplemented by the Assistant Director of Nursing.

Resident dependency is not formally calculated. Staff and residents both agreed that staff were available in sufficient numbers, with sufficient skills and competencies to meet residents' needs. There were usually two nurses and eight to ten care assistants on duty in the morning, two nurses and nine to ten care assistants on duty in the afternoon and one nurse and two care assistants on night duty from 8pm. The provider is available out-of-hours on an on-call basis.

Residents spoken to by inspectors gave staff in the centre a lot of praise. Two residents spoke about the kindness and understanding shown to them. A staff member said she cared as much about the residents as she "cared about her own family". Relatives discussed the kindness shown to residents without close family at Christmas time, when staff bought them presents.

Staff were observed to be very accessible to residents and were in sufficient numbers to assist residents in meeting their needs.

Staff spoken to by inspectors stated they "felt valued", were "well supported by management" and found their job very enjoyable and satisfying. There were low rates of staff turnover in the centre with two staff member resigning in the past twelve months.

The household staff were clear about their roles and responsibilities, which included observing best practice hygiene standards and maintaining cleaning schedules. The chef and her colleagues train and supervise the kitchen staff.

### **Some improvements required**

All newly employed members of staff complete a formal one-year probation period, with two in-built appraisal meetings completed with their line manager. Although job descriptions were available for most grades of staff, there was no evidence of ongoing staff appraisal programmes in place.

### **Significant improvements required**

Although the provider was aware of and working towards Garda Síochána vetting, this had not been completed for all staff members.

There was evidence that residents reacted warmly to staff when they communicated with them but there was no evidence from training records that that staff in the centre have attended training on communicating with residents who have dementia.

#### ***Report compiled by***

Damien Woods  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

26 November 2009

**Provider's response to inspection report**

<b>Centre:</b>	St Camillus Nursing Centre
<b>Centre ID:</b>	0098
<b>Date of inspection:</b>	15 September 2009
<b>Date of response:</b>	18 November 2009

**Requirements**

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

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

No specific training has been provided to staff in respect of communication with residents who have dementia.

**Action required:**

Provide training in communication with residents with dementia to enable them to provide care in accordance with contemporary evidence-based practice.

**Reference:**

Health Act, 2007  
Regulation 17: Training and Staff Development  
Standard 24: Training and Supervision

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

**Timescale:**

**Provider's response:**

The provider has a person trained in Sonas who holds sessions with residents in conjunction with other staff. The provider

Ongoing

acknowledged that this is an area that they need further training on and will seek to provide same.	
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<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b> The centre had not identified an independent outside person for reference to when the internal complaints process is not satisfactory to the resident.</p>	
<p><b>Action required:</b> Put a process in place for complainants to appeal a decision if they are unhappy with the outcome of their complaint.</p> <p>Provide information on how to refer a complaint to the Health Service Executive, the Chief Inspector and the Office of the Ombudsman at any stage, should he or she wish to do so</p>	
<p><b>Reference:</b> Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The provider has identified a person who is currently considering adopting this role. This person has experience in the Nursing Homes sector.</p>	2 months

<p><b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b> Residents do not have lockable storage for their personal possessions.</p>	
<p><b>Action required:</b> Provide suitable storage facilities for residents to store their personal possessions safely and securely.</p>	
<p><b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: The Physical Environment</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

Provider's response:	
The Provider is currently in the process of addressing this issue.	2 months

<b>4. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
Information on a monthly medical status for one resident had not been recorded over a three month period	
<b>Action required:</b>	
Maintain up-to-date medical records signed and dated by a medical practitioner	
<b>Reference:</b>	
Health Act, 2007 Regulation 25: Medical Records Standard 15: Medication Monitoring and Review	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
The provider stated that they have regularly brought this matter to the attention of the medical practitioners and will do so again.	Ongoing

<b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
A section of the premises partially hinders access for residents who use mobility assistive aids. Uncovered radiators and central heating piping restricted mobility for those using aids	
<b>Action required:</b>	
Make suitable adaptations to provide adequate space that meet the needs of each resident	
<b>Reference:</b>	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

<p>Provider's response:</p> <p>The provider has instituted a one way system for the corridors at meal times when the corridors are busiest.</p>	Ongoing
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<p><b>6. The provider has failed to comply with a regulatory requirement in the following respect:</b>  The internal courtyard is unkempt and needs refurbishment and seating in the front garden requires repair.</p>	
<p><b>Action required:</b>  Maintain the external grounds so they are suitable and safe for use by residents</p>	
<p><b>Reference:</b>  Health Act, 2007  Regulation 19: Premises  Standard 25: The Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>The provider has started to refurbish the internal courtyard. The provider has substantially improved the external areas to the front of the centre with new tarmacadam.</p>	6 months

<p><b>7. The provider has failed to comply with a regulatory requirement in the following respect:</b>  Residents were noted to be seated in wheelchairs while comfortable chairs were adjacent to them. Some residents were mobilising themselves using their feet with attendant risk of harm.</p>	
<p><b>Action required:</b>  Provide suitable and sufficient care to maintain the resident's welfare and wellbeing, having regard to the nature and extent of the resident's dependency and needs, as set out in their care plan.</p>	
<p><b>Reference:</b>  Health Act, 2007  Regulation 6: General Welfare and Protection  Standard 26: Health and Safety</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The provider replied that they have requested residents to use footplates but some do not do so as they feel it gives them a level of independence. They will continue to request the resident to use the footplates.</p>	Ongoing

<p><b>8. The provider has failed to comply with a regulatory requirement in the following respect:</b> Garda Síochána vetting had not been completed for staff members</p>	
<p><b>Action required:</b> Ensure that Garda Síochána vetting is completed for staff members</p>	
<p><b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Standard 26: Health and Safety</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>In process</p>	6 months

## Recommendations

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

Standard	Best practice recommendations
Standard 24 Training and Supervision	Establish a staff development and appraisal policy and train key staff in its implementation. This ensure each staff member is informed of his/her progress and strengths and has an opportunity to develop his/her capabilities and strengths.

**Any comments the provider may wish to make:**

**Provider's response:**

The fact that the inspection really gave time to the residents and sought to ascertain how they found the centre as a place to live impressed us. As a group of health care professionals we see these inspections as a positive learning experience for ourselves and an excellent opportunity to review, examine and improve the quality of service we provide.

**Provider's name:** Fr Frank Monks, Order of St Camillus

**Date:** 16 November 2009