

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



Health  
Information  
and Quality  
Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

<b>Centre name:</b>	Tearmainn Bhríde Nursing Home
<b>Centre ID:</b>	0399
<b>Centre address:</b>	Brideswell
	Athlone
	Co Roscommon
<b>Telephone number:</b>	090-6488400
<b>Fax number:</b>	090-6488401
<b>Email address:</b>	aidancurley@eircom.net
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Aidan Curley
<b>Person in charge:</b>	Bridget O'Brien
<b>Date of inspection:</b>	16 September 2009
<b>Time inspection took place:</b>	<b>Start:</b> 09.30hrs <b>Completion:</b> 18.10hrs
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	Geraldine Jolley
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Registration</b> <input checked="" type="checkbox"/> <b>Scheduled</b> <input type="checkbox"/> <b>Announced</b> <input checked="" type="checkbox"/> <b>Unannounced</b>

## 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 cooperation and assistance of the residents, relatives, provider and staff during the inspection.

## About the centre

### Description of services and premises

Tearmainn Bhríde Nursing Home is a purpose-built, single-storey, facility set in a 4.2 acre site which has been operational since November 1997. The centre is registered to provide care for up to 30 residents and has a central hall, reception and office area. The bedrooms and communal areas are located in three corridors which lead off the main hallway. There are six single rooms, three of which are en suite; and 12 twin-rooms. There are an additional seven toilets for residents on the bedroom corridors. There is a designated smoking area which looks onto the patio and a garden to the side of the centre. There is an oratory which provides a space for prayer and reflection.

There are also six houses on site, two of which are currently occupied, as part of a proposed retirement complex.

### Location

The centre is located in a rural setting on the main Athlone to Tuam road, a short distance from Brideswell village, in south Roscommon. It is 9 km to Athlone, 18 km to Ballinasloe and 18 km to Roscommon Town.

<b>Date centre was first established:</b>	3 November 1997
<b>Number of residents on the date of inspection:</b>	26

### Management structure

The Person in Charge is Bridget O' Brien, Director of Nursing, who reports directly to the Providers, who are Teresa, Aidan and P.J. Curley. The Registered Provider is Aidan Curley. The Person in Charge is responsible for the day-to-day management of the centre and supervises the nursing, care, kitchen and maintenance staff.

## Summary of findings from this inspection

This was an unannounced inspection and was the first inspection of this centre by the Health Information and Quality Authority. Inspectors met with residents, the providers, the person in charge and staff on duty. They reviewed documents such as staff rotas, policies, care plans, incident and accident reports and medical administration records.

The centre caters for two distinct groups of residents, some with long standing mental health problems, others with aged-related physical health problems.

There was evidence of a person-centred approach to care, but this was not well documented. Residents were complimentary of staff telling inspectors that they were good and very caring towards them. They relayed how they were happy at the centre and felt cared for and secure. The involvement of relatives in the day-to-day life of the centre was encouraged and facilitated.

The inspectors found that the premises, fittings and equipment were clean and generally well maintained.

Inspectors identified that improvements were required to ensure better health and safety practices, policy development, recruitment and vetting of staff, meaningful activities and privacy and dignity for residents.

The Action Plan at the end of this report identifies areas where improvements are 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*.

### Residents' and relatives' comments

The inspectors sought the views of five residents at length, and informally spoke to another five residents during lunchtime. Other residents were unable to verbally express their views, although they appeared comfortable, well nourished and cared for.

Residents were positive about the care they received from staff and the informal atmosphere of the centre, and reported a high level of satisfaction with their lives, stating they felt cared for and well looked after. They felt that there was enough staff on duty to care for their needs. One resident commented about how wonderful a day she had when she was brought by two care staff in her wheelchair to one of the on-site houses for tea, and then on into the village. Residents also spoke positively about being able to sit outside when the weather was good.

Residents said that staff were readily available when needed, and call bells were answered promptly. Many residents lived locally in the area before moving to the centre and had been able to keep in contact with neighbours, family and friends. Two residents described going out to see their family every week and said "having a home for retired people in the locality was a great bonus for local people".

Three residents described the way they spend their time at Tearmainn Bhride. They were enthusiastic about the music and exercise sessions that take place twice a week and look forward to these. Residents described how they enjoyed mass and the use of the oratory "to say a few prayers". There was also a music and sing-a-long session. Residents reported that they read newspapers and books, and watched television.

When asked if there was anything they would like to see changed or done differently in the centre, two residents said they would like more "things like the music to exercise sessions" and other residents said there could be "more to do" especially if they did not have regular visitors.

## 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 person in charge supervised the nursing staff, care staff, kitchen and maintenance staff. This system was observed to work well and all staff spoken to were aware of reporting arrangements and felt supported by the management structure. The provider was available on a daily basis at the centre.

The professional certificates of qualification of the person in charge and one of the providers were on display.

Staff were able to describe their day-to-day roles. Most of the team had worked at the centre for many years and this consistency was mentioned by residents as being helpful. The catering staff described their roles clearly. They were familiar with individual dietary needs and knew who needed extra help at meal times.

#### Some improvements required

There was no statement of purpose available detailing the aims and objectives and ethos of the centre. This is a requirement of the current regulations.

There was no written residents' guide available to inform residents/relatives or prospective residents or relatives about the centre.

There was no policy in place to inform staff who are taking responsibility for residents' money. A communal record is kept of residents' valuables which was stored in a secure place.

The contracts of care reviewed by inspectors were not up to date. They did not include the current fee payable.

The register of residents was reasonably well-maintained although there were gaps, in particular, in relation to cause of death and details of where residents had been discharged to.

## **Significant improvements required**

The complaints policy did not contain information in relation to making, handling or investigating complaints. When talking with the residents none of them were aware that there was complaints procedure available to them. All of the complaints reviewed by inspectors have been made by relatives. The most recent complaint recorded was dated 18 February 2009.

## 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

There was evidence that staff and the provider wanted to serve the people of the local community and try to maintain a family-based service, and that the centre was keen to facilitate local people and to encourage visitors. Children's toys were available in the visitors' room so that family visits could comfortably take place. During the inspection, staff talked with fondness of a resident who had died the previous day. On the morning of inspection, the residents were enabled to get out of bed at their own pace with no sense of rush. Residents stated they could have breakfast when they wished. Some residents said they get their breakfast early in bed because this is what they want, and they enjoyed getting breakfast on a tray to their bedroom.

The inspectors had lunch with residents. There was a choice of main course and desert. The food was positively commented upon by the residents at the table. One of the residents also commented on the fact that they had home-made scones and tea cakes on a daily basis. Any resident who required assistance to eat was accommodated in the sitting room area and was helped by one member of staff. Inspectors noted that residents were assisted at a leisurely pace. The laundry assistant could describe how she managed sorting, washing and organising the laundry. She was aware of the temperatures required for varied items, particularly delicate items and high temperature settings for soiled laundry. Residents said that they were satisfied with this aspect of the service.

### Some improvements required

While residents commented positively on the current activity programme and stated that the music to movement sessions were particularly appreciated, some said they would welcome other activities. There was no timetable displayed to show the daily programme of activities which would have helped residents to choose whether to attend or not. Residents told inspectors that their main interests were watching or listening to the news and reading the newspaper provided. Inspectors observed that a large number of residents with enduring mental health needs and cognitive impairment or dementia sat in the sitting room or smoking room for long periods. These residents require specialist recreational activities and a number were unable to verbalise their views.

### 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

Approximately half the resident group had mental health problems, Alzheimer's disease or cognitive impairment. Some residents had previously lived for a long time in mental health settings directly prior to their admission. Some were able to say that they preferred living there and "have a better life now". There was an arrangement in place where a consultant psychiatrist and a community psychiatric nurse called on a regular basis to review those residents with long standing mental health problems.

Good arrangements were in place for obtaining medication and inspectors were informed that the pharmacist attends weekly and as requested. Medication was dispensed in blister packs from the pharmacist and stored in a purpose-designed trolley that is kept in the main office.

From the records reviewed, there was evidence that assessment information was provided prior to admission. The inspectors were informed by staff that social workers normally contacted the person in charge and provided the essential details so that specialist equipment, if needed, could be put in place. If a prospective resident was coming to the centre from home then a visit was offered so that they could view the facilities.

Staff were seen to be kind and courteous to residents who spoke highly of the care they received. Residents' healthcare needs were met in a professional and competent manner.

The person in charge described how wound care is managed. One example of wound healing was reviewed by the inspectors, with the outcome for the resident being extremely positive. The centre also has a pressure-area care policy, and the Norton score is used for pressure sore risk assessment. There were good instructions for staff on pressure area management, the use of pressure relieving mattresses, and on improving mobility.

There was evidence that staff have built up good professional relationships with HSE community services staff. If specialist advice was required, they knew where to

contact the public health nurse, the nurse specialist for tissue viability and the community mental health team.

Private arrangements were in place for hairdressing, chiropody and physiotherapy services. An annual eye test, arranged through community care services in Roscommon as part of the medical card scheme, was provided to all residents. Staff reported no problems with access to medical services: two general practitioners (GPs) cover the centre, while residents could also avail of the MIDOC GP out-of-hours service as required.

### **Some improvements required**

Care records of five residents were inspected. The documentation that described resident's physical care needs was detailed, providing descriptions of the activities of daily living, mobility needs, nutrition, hygiene and continence care. Nursing and care staff were also familiar with residents' care needs. However, an assessment of these was not consistently documented in the records. There were day-to-day notes describing general welfare. While these were up to date, care plans did not reflect any contribution from residents or from others involved in their care. There was no evidence in the sample of care plans reviewed that discussion had taken place with the residents. In talking with residents, none were aware of the content of their care plans.

### **Significant improvements required**

The person in charge said that she was familiar with all residents' care needs and could deploy staff appropriately, however, there was no formal assessment of dependency levels or of the skill-mix and level of staffing required to meet the needs of the residents.

It was difficult to illicit from the daily recording notes the current clinical picture of the residents. Records inspected did not contain references to how residents were responding to specialist treatment regimes, particularly medication that had been prescribed for mental health needs or sedative purposes. There were some references to residents being confused and disorientated. However, there was no specific detail on how this impacted on their daily life.

The use of restraint such as bedrails and tables in front of chairs that acted as a form of restraint was not outlined in care plans. Risk assessments in relation to restraints were not completed. There was no evidence of discussion with the resident or a relative about any restraint measures in place.

The medication policy that was available to guide and inform staff did not contain information on ordering or storage of medication. Inspectors also observed that several items of medication were in the trolley awaiting disposal.

When medication was being administered, it was taken from the blister packs and placed in pots on an indented tray and then taken to the residents. This could present a risk as the tray could fall or be accidentally knocked over.

#### **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 call bell system was readily accessible throughout the building and there were handrails to assist people with mobility problems. Equipment such as hoists were last serviced on 29 July 2009.

Inspectors observed a number of the residents' bedrooms, the communal bathrooms, the laundry, kitchen, dining room and other communal areas. Inspectors found that the premises, fittings and equipment were clean and generally well maintained.

The importance of personal environments was described in one record. Staff encouraged family members to bring in personal belongings that would make the residents' space in the centre more homely and familiar, and a number of rooms contained personal items belonging to residents.

#### **Significant improvements required**

There was poor signage of fire escape routes. There was no floor plan of the building to show where the fire exits were or where the fire extinguishers were located. There was no notice displayed anywhere throughout the building of the procedure to be adopted in the case of a breakout of fire. There was no evidence of fire drills taking place.

Some shared rooms were too small to allow for bedside cabinets and adequate wardrobe space for each occupant. In one shared room there was no screen and only one locker and one chair.

There were no permanent screens in place for privacy. There were mobile screens that staff used when providing personal care but residents could not use these independently. Inspectors were concerned that the toilets and bathrooms could not be locked by residents, which impinged on their privacy.

There was inadequate storage space for walking frames and assistive equipment. There was a mop bucket and walking frame stored in the male toilets that presented a tripping hazard. A cleaning chemical was also too easily accessible to residents.

Other toilet and bathroom areas were used for storage of screens and wheelchairs which impinged on the residents' privacy and personal space.

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

The patio was secure but residents did not have the freedom to use the area independently as the door was locked and there was an open shed that might present a risk.

The toilet and bathroom areas were very functional and would benefit from some homely touches.

The hallway outside the smoking area needed to be repainted and some doorframes needed attention.

## **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**

A good knowledge of the residents and their relatives was relayed to the inspectors by the staff. Staff were easily accessible throughout the day and it was noted that even when the staff were in the office, the door was open.

An open visiting policy was in place and residents spoke of the positive aspects of their relatives being able to visit or phone at any time. Inspectors observed a staff member giving the portable staff phone to a resident to speak to her son. The resident stated that she could "do this at any time".

Staff stated that they welcomed discussion with residents and relatives at any time.

### **Significant improvements required**

A high proportion of the residents were unable to express their views verbally. As there was no alternative communication system in place it was not possible to facilitate and encourage communication.

The use of correction fluid was observed in several records. Incorrect entries in notes should be highlighted as errors. A number of records were also identified where the date had not been fully completed, and the year or day was missing.

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

There was no residents' or relatives' committee. If such a committee was available it would be a good way of seeking the views of the residents (including those who are poor verbal communicators) and involving them in the running of the centre.

There was no residents'/relatives' suggestion box to allow residents or relatives to feedback their views.

In discussion with the residents and on observation by the inspectors there was no information on local advocacy services available.

## **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 inspectors viewed staff duty rosters, noting that separate rosters were in place for kitchen and nursing/care staff. The provider prepared the rosters in advance. Unplanned absences such as sickness or other leave were covered by the current staff working extra shifts or part-time staff working extra hours.

On the morning shift there was one registered nurse, four care staff, a cook and a kitchen assistant. In the afternoon there was one registered nurse, three care staff and a kitchen assistant. The centre was staffed by one registered nurse and one care staff on night duty. In addition, a maintenance man worked 10am to 5pm daily. On the day of inspection there was a visible presence of staff at all times and residents were able to access staff easily.

The provider works in the centre on a full-time basis and is mainly involved in the administration, financial management and policy development.

Current An Bord Altranais PINs (professional identification numbers) and registration documents were available for all registered nurses.

In the records inspected, there was good evidence of the person in charge attending training on a variety of topics that included, for example, nutrition for life, continence management and the management of ulcer care. On the notice board in the office, advertisements relating to training specific to elderly care issues were visible. Staff informed inspectors that they planned to attend some of these courses.

Inspectors observed that the person in charge had a good relationship with the provider and it was clear she was valued. The person in charge commenced employment in 1997 as a staff nurse. There was a high retention rate for all staff. Accommodation was available on site for staff.

### **Some improvements required**

No evidence was available to inspectors that arrangements were in place for induction training on commencement of employment. A high proportion of the residents were unaware of staff members' names.

### **Significant improvements required**

The staff recruitment file was inspected. There was no Garda Síochána vetting completed for any staff. The provider had some completed forms ready to send to Nursing Homes Ireland to process but was awaiting some more to be handed in by staff. No CVs or employment histories or birth certificates were available. Personnel files did not contain a recent photograph of the person or three written references. These are required to comply with current regulations.

No records were made available to inspectors of staff attending fire training or other mandatory training such as manual handling.

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

Currently staff meetings occur only annually. The last meeting took place on 20 July 2009. More regular staff meetings could be utilised to raise awareness and the necessity of updating and communicating with staff.

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

Mary McCann  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

22 September 2009

## Action Plan

### Provider's response to inspection report

<b>Centre:</b>	Tearmainn Bhride Nursing Home
<b>Centre ID:</b>	399
<b>Date of inspection:</b>	16 September 2009
<b>Date of response:</b>	8 December 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:

A floor plan had not been drawn up and there was no detailed analysis of the hazards a fire could cause to all concerned.

#### Action required:

Devise a detailed floor plan of the centre clearly indicating the evacuation procedure and assistance required for each resident. This to be displayed at strategic points throughout the building.

#### Reference:

Health Act 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety

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

**Timescale:**

<p>Provider's response:</p> <p>A floor plan is currently being drawn up which will be placed at various points in the nursing home.</p> <p>Our annual fire and safety course was held on 20 October 2009 in which instruction was given on fire prevention and correct evacuation procedures. Management and staff also took part in a hands-on demonstration using portable fire extinguishers.</p>	<p>January 2010</p>
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<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was no evidence of fire drills taking place.</p>	
<p><b>Action required:</b></p> <p>Ensure fire drills take place at appropriate intervals. Document the effectiveness of these and maintain a record.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 31: Risk Management Procedures  Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>In accordance with our fire and general register fire drills continue to take place now on a weekly basis.</p>	<p>Completed</p>

<p><b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Records of the content of fire training or attendance at previous fire training were not available.</p>	
<p><b>Action required:</b></p> <p>Ensure staff undertake mandatory fire training and keep a record of this training.</p>	

<b>Reference:</b> Health Act 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Fire training certificates are available copies enclosed.	Completed

<b>4. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Personnel files did not contain copies of birth certificates, a recent photograph of the person, evidence of Garda Síochána vetting, a full employment history, three written references and other documents detailed in Schedule 2 Care and Welfare Regulations 2009.	
<b>Action required:</b>  Devise a robust recruitment selection and vetting of staff policy in accordance with current legislation, regulations and standards.	
<b>Reference:</b> Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  As part of best practise we are in the process of updating our staff file in which we have requested our current staff to provide all relevant documentation as outlined in Schedule 2 of the Care and Welfare Regulations 2009. All Garda vetting documents have been sent to be processed as of yet still not returned.	January 2010

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

Residents were not provided with facilities for their occupation and recreation and were unable to avail of opportunities to participate in activities appropriate to his or her interests and capacities.

**Action required:**

Provide a programme of meaningful activity which is specific to residents' needs and is inclusive in nature. This programme should be clearly displayed to enable resident to choose what to attend.

**Reference:**

Health Act 2007  
 Regulation 6: General Welfare and Protection  
 Regulation 10: Residents' Rights, Dignity and Consultation  
 Standard 18: Routines and Expectations

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Our current activities programme is under review, we intend to develop a more wide ranging set of activities to facilitate all residents.	Work in progress

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

Non-verbal communication systems were not in place therefore it was not possible to facilitate and encourage communication with residents who lacked verbal expression.

**Action required:**

Devise an alternative communication system that ensures that all residents are facilitated and encouraged to communicate, enabling their views to be taken into consideration.

**Reference:**

Health Act 2007  
 Regulation 11: Communication  
 Standard 17: Autonomy and Independence

<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>We currently are working on an alternative communications system which includes talking mats a resource for enhancing communication and also we have liased with Dementia Information Services Development Centre (DISDC).</p>	<p>Work in progress</p>
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**7. The provider is failing to comply with a regulatory requirement in the following respect:**

Daily recording notes did not contain an adequate record of the current clinical profile of the residents. Records inspected did not contain references to how residents were responding to specialist treatment regimes, particularly medication. On occasion, dates had been omitted and correction fluid used to cover up errors.

**Action required:**

Record an adequate record of the resident's health and condition and treatment given on a daily basis and ensure records are properly maintained in accordance with legislation and best practice.

**Reference:**

Health Act 2007  
 Regulation 25: Medical Records  
 Standard 32: Register and Residents' Records  
 Standard 14: Medication Management

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

**Timescale:**

Provider's response:

Daily flow charts are currently being implemented to monitor care provided. In addition two of our nurses attended Setting Standards on Medication Management education day in September 2009. Three monthly medication reviews are being carried out. After a recent meeting with relevant staff the use of correction fluid is now prohibited.

Immediate

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

Care records did not reflect individual aspects of each resident. Discussion with the resident was not documented.

**Action required:**

The care plan should be developed in consultation with the resident to reflect their physical, psychological and social wellbeing.

<b>Reference:</b> Health Act 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We are at present reviewing our care plans for all residents which will include a more resident-centred approach. In the case of our cognitively impaired residents' next of kin or where a power of attorney has been appointed, they will be consulted with developing the care plan.	Work in progress  February 2010

<b>9. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Care records were difficult to access.	
<b>Action required:</b>  Devise a system to ensure ease of accessibility to care records.	
<b>Reference:</b> Health Act 2007 Regulation 25: Medical Records Standard 11: The Resident's Care Plan	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  As with Q8 a new care records system is presently being put in place which is stored in locked filing cabinets.	Work in progress  February 2010

<b>10. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Records were not available for every occasion on which restraint was used, the nature of the restraint and its duration. No evidence was available of ongoing review of restraints.
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<b>Action required:</b>	
On each occasion that restraint is used, record the nature of the restraint and its duration. Use of restraint measures must be continually reviewed.	
<b>Reference:</b>	
Health Act 2007 Regulation 25: Medical Records Regulation 31: Risk Management Procedures Standard 21: Responding to Behaviour that is Challenging	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  A new restraints assessment form is currently being implemented.	Work in progress  February 2010

<b>11. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
No records were available in relation to risk assessment prior to use of any restraint measure.	
<b>Action required:</b>	
Complete a comprehensive risk assessment prior to considering restraint.	
<b>Reference:</b>	
Health Act 2007 Regulation 25: Medical Records Regulation 31: Risk Management Procedures Standard 21: Responding to Behaviour that is Challenging	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Our risk assessments will be contained in our new restraint assessment forms.	Work in progress  January 2010

<p><b>12. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The complaints policy did not contain information in relation to making, handling or investigating complaints.</p>	
<p><b>Action required:</b></p> <p>Provide policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of the centre.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 21: Provision of Information to Residents  Regulation 39: Complaints Procedures  Standard 1: Information</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Our complaints policy is under review to coincide with our statement of purpose which includes all necessary information as stated in the Health Act 2007.</p>	<p>February 2010</p>

<p><b>13. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Residents were unaware that there was a complaints procedure available to them.</p>	
<p><b>Action required:</b></p> <p>Ensure that residents are fully informed of the complaints procedures in the centre.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 21: Provision of Information to Residents  Regulation 39: Complaints Procedures  Standard 1: Information</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>

<p>Provider's response:</p> <p>We have on our notice board in the main hallway a clearly marked complaints notice which states names of persons to contact in the event of a complaint. Any residents unaware of complaints procedure are now informed.</p>	<p>Already completed</p>
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<p><b>14. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was inadequate storage space for equipment; consequently storage of equipment presented a hazard to residents.</p>	
<p><b>Action required:</b></p> <p>Provide adequate and appropriate safe storage areas for equipment.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 19: Premises  Regulation 31: Risk Management Procedures  Standard 25: Physical Environment  Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Alternative storage arrangements are now in place.</p>	<p>Completed</p>

<p><b>15. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There were no permanent screens or curtains available for residents' use in the twin bedded rooms.</p>	
<p><b>Action required:</b></p> <p>Provide permanent screens in all shared rooms and ensure residents' privacy and dignity is respected and maintained at all times.</p>	

<b>Reference:</b> Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity Standard 25: Physical Environment.	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Permanent screens are in place in all shares bedrooms.	Completed

<b>16. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Records of dependency levels were not available on each resident.	
<b>Action required:</b>  Complete an assessment of dependency levels for all residents and ensure that this information is reflected in the care plans.	
<b>Reference:</b> Health Act 2007 Regulation 6: General Welfare and Protection Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  As best practice we are introducing a new dependency tool (Barthel Assessment).	Work in progress  January 2010

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

No written residents' guide was available.

**Action required:**

Produce a written guide referred to as "the residents' guide" which shall include:

- summary of the statement of purpose
- terms and conditions of accommodation
- a contract for the provision of services and facilities
- the most recent inspection report
- summary of the complaints procedure
- address and telephone number of the Chief Inspector.

**Reference:**

Health Act 2007  
 Regulation 21: Provision of Information to Residents  
 Standard 1: Information

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

**Timescale:**

Provider's response:

Residents' guide is now available.

Completed

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

Some shared rooms were small in size, resulting in a lack of space to allow for bedside cabinets and adequate wardrobe space for each occupant.

**Action required:**

Adequate storage facilities to be provided for all residents in shared bedrooms.

**Reference:**

Health Act 2007  
 Regulation 13: Clothing  
 Regulation 19: Premises  
 Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>On the date of inspection one of the residents was solely occupying a shared bedroom; one of the lockers had been removed for some maintenance work. Adequate storage space is being provided. We are currently reviewing amounts of resident's personal belongings and alternative arrangements are being made for storage of same.</p>	<p>Work in progress</p>

<p><b>19. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Medication had not been disposed off in a timely manner and was awaiting disposal in the drug trolley.</p>
<p><b>Action required:</b></p> <p>Medication that is for disposal should be promptly returned to the pharmacy.</p>
<p><b>Reference:</b></p> <p style="padding-left: 40px;">Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>On the previous day to our inspection a resident had passed away most of this medication belonged to her, our disposal of medicines is carefully and promptly returned to the pharmacy.</p>	<p>Completed</p>

<p><b>20. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Medications for all residents were taken from their original containers and placed in a pot on an indented tray. This practice introduced significant risks as the entire tray could have fallen, been dropped or accidentally knocked over.</p>
<p><b>Action required:</b></p> <p>All medications should be administered in accordance with relevant legislation and An Bord Altranais guidelines.</p>

<b>Reference:</b> Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Indented tray is no longer in use drugs trolley is now used to dispense all individual medicines.	Completed

<b>21. The provider is failing to comply with a regulatory requirement in the following respect:</b>  The medication policy did not address the procedure to be followed for ordering or storage of medication.	
<b>Action required:</b>  Policies and procedure to be devised in accordance with current legislation, regulations and guidelines for the ordering and storage of medication.	
<b>Reference:</b> Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Medication policy is currently under review to coincide with Health Act 2007. In addition two of our nurses attended a medication management education day in September 2009.	Work in progress  February 2010

<b>22. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
No written statement of purpose was available.	
<b>Action required:</b>	
Devise 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, Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009	
<b>Reference:</b>	
Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Statement of purpose was at draft stage on inspection date now available	Completed

<b>23. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
There were no policies in place to inform staff who were taking responsibility for residents' money.	
<b>Action required:</b>	
Individual up-to-date records to be kept of all residents' finances which are held by the centre for safe keeping. These should be signed by the resident or significant other of the resident's choice.	
<b>Reference:</b>	
Health Act 2007 Regulation 7: Residents' Personal Property and Possessions Standard 9: The Resident's Finances	
<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>A safekeeping form and a book with a list of finances is issued to every resident on admission which is co-signed by the admitting nurse and resident/or next of kin. All staff is aware of this and now a policy is in place to confirm this.</p>	<p>Completed</p>
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<p><b>24. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The range of policies, procedures and guidelines available in the centre had not been updated to reflect the provisions of Schedule 5, Health Act (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009.</p>	
<p><b>Action required:</b></p> <p>Devise policies and procedures to comply with current legislation, regulations and standards.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 22: Maintenance of Records  Regulation 27: Operating Policies and Procedures  Standard 29 : Management Systems</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>All our policies and guidelines are currently under review. In order to maintain policies and procedures to meet Schedule 5 of Care and Welfare of Residents in Designated Centres for Older People which is very detailed and lengthy, we will allocate a specific time weekly to deal with same.</p>	<p>Work in progress</p> <p>April 2010</p>

<p><b>25. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The directory of residents was not updated to include the cause of death or forwarding information in some instances.</p>	
<p><b>Action required:</b></p> <p>Maintain an up-to-date directory of residents, in accordance with Schedule 3 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	

<b>Reference:</b> Health Act 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' records	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
Provider's response:  Directory of residents is currently being updated in accordance with Schedule 3 of the Health Act 2007.	Work in progress

<b>26. The provider is failing to comply with a regulatory requirement in the following respect:</b>  The contracts of care reviewed by the inspectors were not up to date. They did not include the current fee payable.	
<b>Action required:</b>  Attach signed amendment to existing contract or complete new contract. Changes to be explained to residents and both parties to sign contract.	
<b>Reference:</b> Health Act 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions.	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Contracts of care are being reviewed and will reflect updated fee payable in January 2010.	January 2010

## Recommendations

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

Standard	Best practice recommendations
Standard 1: Information	As a high proportion of the residents were unaware of staff's names, consideration should be given to introducing name badges for all staff
Standard 2: Consultation and Participation	A residents' committee should be established to obtain feedback on all matters affecting the residents. Issues raised by the residents' representatives should be acknowledged, and a record maintained of all actions taken in response to issues raised.
	A suggestion box should be provided to allow residents and relatives to feedback their views.
Standard 5: Civil, Political and Religious Rights	As some of the current residents have been in institutional care for many years, many have lost contact with relatives and significant others. Consideration should be given to accessing an advocacy service.
Standard 24: Training and Supervision	Regular staff meetings to be utilised to enhance communication and enable staff to be updated on new policies and procedures.
Standard 25: Physical Environment	The hallway outside the smoking area to be repainted and some doorframes need attention.

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

**Provider's response:**

We would like to thank the Hiqa inspection team who inspected our home on 16 September 2009. They were professional, courteous and approachable throughout the day. As this was an unannounced inspection, we were somewhat nervous at being inspected against relatively new legislation. Some of our residents and staff felt under pressure at some of the questioning during the course of the day. At the feedback session, we learned of our evidence of good practice and areas where improvement is needed. We were happy with the overall findings.

Our residents are very well cared for and are happy in our home. I would like to thank the management and staff who work as a team to deliver quality care for our residents.

In relation to best practice, we intend getting name badges for staff. One of the residents has been approached to be chairperson of a residents' committee. A suggestions box is now in place at the entrance hall. We are looking into advocacy training. More frequent staff meetings are now going to be held. Maintenance issues outlined have been addressed.

**Provider's name: Aidan Curley**

**Date: 8 December 2009**