

Health Information and Quality Authority
Social Services Inspectorate



Inspection report
Designated centres for older people

Centre name:	Portumna Retirement Village
Centre ID as provided by the Authority:	378
Centre address:	St Brendan's Road
	Portumna
	Co Galway
Telephone number:	090 9759170
Fax number:	n/a
Email address:	info@portumnaretirementvillage.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Tony Williams
Person in charge:	Mary Herron
Date of inspection:	18 and 19 August 2009
Time inspection took place:	18 August Start: 09:30 hrs Completion: 16:15 hrs 19 August Start: 10:00 hrs Completion: 14 : 20 hrs
Lead inspector:	Carol Grogan
Support inspector(s):	Jackie Warren
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 co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Portumna Retirement Village is a two-storey purpose built centre which opened in December 2007 and has 61 residential places. There were 40 residents living in the centre on the day of the inspection.

The centre has 53 single rooms and four twin rooms with en suite facilities. There is a dining room and sitting room on each floor with additional seating at reception and in the porch area at the front door. The centre has a hair salon, activities room and chapel/cinema.

There is a social centre for use by the residents in a separate building on the site which has a small kitchenette and large function room.

The grounds are secure. There is a boules green, golf and putting green and outdoor exercise gym (also on the grounds). There are car parking facilities to the front of the building for relatives and visitors.

The centre also has its own bus for use by residents.

Location

Portumna Retirement Village is located on St Brendan's Road, within walking distance of Portumna town.

Date centre was first established:	05 / 12 / 2007
Number of residents on the date of inspection	40

Dependency level of current residents	Max	High	Medium	Low
Number of residents	6	7	11	16

Management structure

The Portumna Retirement Village's person in charge is Mary Herron and she reports to the provider, Tony Williams. There is a deputy care manager, Caroline Mullins who reports to the person in charge as do all the nurses. The care assistants and the activities coordinator report to senior carers and they in turn report to the staff nurse in charge on each floor. The provider manages the administrator and maintenance staff and the cleaners report to the administrator and nurse in charge on the day.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	4-5	1	2	1	2

Summary of findings from this inspection

This was an announced inspection. The provider and person in charge were both involved in the day-to-day running of the centre and were seen to be committed to improving both the quality of service and quality of life for residents. It was clear from observation and discussion with residents, relatives and staff that the centre met residents' individual needs, as far as possible.

There was a variety of activities available for residents. The involvement of relatives was actively encouraged and there was an open visiting policy with a Sunday lunch invitation open to families.

Inspectors were satisfied that the nursing, medical and other healthcare needs of residents were met to a high standard. Additional services such as chiropody and physiotherapy could be arranged privately if required.

Inspectors found that the premises, fittings and equipment were clean and well maintained and saw there to be a high standard of décor throughout the building.

Improvements, as outlined in the Action Plan at the end of this report, are required to meet the Health Act 2007 (Care and Welfare in Designated Centres for Older People) Regulations 2009 and these included reviewing the operational policies and procedures of the home and the care planning documentation. Staff training needed further development as did the process for reviewing the quality of care and safety of residents.

Residents' and relatives' comments

Inspectors interviewed five residents and sought the views of other residents during the inspection. Inspectors received two completed relative/carer questionnaires prior to the inspection and spoke with other relatives at the centre.

All residents reported a high standard of satisfaction with their lives in the centre. They said they felt cared for, their needs were being met and that they were supported in maintaining their independence. One resident described how her stay in the centre had "restored her sense of confidence". Residents and relatives said that the provider and person in charge were easily accessible on a daily basis. Residents and relatives spoke highly of the staff using words like "nice" and "friendly" when describing staff.

Residents described how they exercised choice in the daily routines of the centre. One resident described how she could get up when she wanted and was able to exercise choice in her daily routine. She said that she had the choice of joining in whatever activity was happening in the centre. Another resident said that she enjoyed reading and could borrow books from the centre's library. Residents talked about going out into the garden and one resident said that "staff bring me out in a wheelchair any day its fine".

Residents reported that the food was excellent both in "quality and quantity", with choices offered at each meal. One resident said that breakfast in bed was an option, while another said that she required regular snacks and could have these when she needed them.

Residents also reported that they felt safe because the staff were always available to them. They said that staff answered the call-bells promptly and "would do anything for you". One resident said that she was "checked during the night and staff come immediately if I ring the bell".

A number of residents spoke positively about the exercise class which many attended daily. They said that they looked forward to the weekly day-trips which were organised every Wednesday and the entertainment on a Friday night.

Residents and relatives described the environment as very comfortable and homely. One resident said that she was very happy there and she would not like to leave the place.

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 provider and person in charge demonstrated their knowledge of the Health Act 2007 (Care and Welfare in Designated Centres for Older People) Regulations 2009 to inspectors and spoke of the implications of the standards and regulations for the centre.

The provider was involved in the day-to-day management of the centre, also working there herself. Either the person in charge or senior nurse was on duty at weekends and the provider and person in charge were on-call on alternative days at weekends.

The statement of purpose was on display at reception. The philosophy of the centre was clearly stated in the brochure, website and statement of purpose. Inspectors saw the centre's policies and procedures in many areas including the staff room.

Staff showed a clear understanding of the management structure, their roles and responsibilities. Residents, relatives and staff described an open-door approach to communication and were clear that they would report any issues to a member of staff or the provider or person in charge. Inspectors observed good communication between staff, residents and relatives in the centre.

The incident and accident records were reviewed and these were seen to be comprehensively completed with a full description of the incident along with vital signs taken and medical review where appropriate. Relatives were informed if an incident occurred and this section was signed by the staff nurse.

The maintenance log was inspected and it was seen to be well maintained; all maintenance issues for the centre were recorded and the entries were signed when the work was completed.

Some improvements required

While the statement of purpose for the centre was available, it did not contain all the information as outlined in the Health Act 2007 (Care and Welfare in Designated Centres for Older People) Regulations 2009.

The operational policies and procedures which were available in the centre's "Nursing Care Manual" were not centre-specific and did not accurately reflect the actual practice in the centre. For example, the medication management policy did not include the specific ordering, checking and storage arrangements for medications. The procedure included reference to "Guidance to Nurse and Midwives on Medication Management" from An Bord Altranais as part of its procedure. However this was not available in the policy document, or in the treatment rooms, where the medications were stored.

The directory of residents did not contain all the information as outlined in Schedule 3 paragraph (3) in the Health Act 2007 (Care and Welfare in Designated Centres for Older People) Regulations 2009. The person in charge explained that she was in the process of gathering information required from the residents.

Significant improvements required

Staff training

Inspectors reviewed the records training and education received by staff working in the centre. There was no formalised assessment of the training needs of staff and no schedule in place for staff training. In addition, there was no evidence of formalised education and training on the protection and care of vulnerable adults.

Quality Improvement

There was no evidence that the centre has commenced quality improvement processes and no audits were available to the inspectors.

Minor issues to be addressed

Complaints policy

Inspectors reviewed the complaints policy which was displayed in the reception area. It did not contain all the information required in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. In addition, it did not contain the information as outlined in the centre's own statement of purpose.

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

Relatives and residents spoke about the homely atmosphere in the centre. Inspectors noticed peaceful, comfortable surroundings where residents relaxed and chatted with each other. Residents referred to each other as “friends” when introducing them to inspectors.

Inspectors observed a person-centred approach to residents and to their care. Staff showed a detailed knowledge of residents which ensured that the routine of the centre and care provide were informed by individual’s personal preferences.

Inspectors observed residents using all the different seating areas in the centre throughout the day, moving from one area to another as they wished. Staff members offered tea, coffee, refreshments and snacks to residents throughout the day in these communal areas. One resident told inspectors that her relatives were always made welcome and tea and coffee were offered to them when they visited.

Inspectors saw staff interacting positively with residents. The manner in which staff addressed residents was respectful, they stopped to talk and gave residents their time, maintaining eye contact and chatting to them. Staff also greeted residents in the corridors as they passed them.

Inspectors observed that the privacy and dignity of residents was respected and promoted by staff. When staff were attending to residents in their rooms, a light was illuminated outside to alert others not to enter. Inspectors noted the blind on the small window on each door was pulled down when staff were delivering personal care.

Residents were offered a varied, nutritious diet. The chef was aware of residents’ likes and dislikes and the special dietary required of some residents. The menu was changed on a weekly basis and the chef consulted with residents before planning on the menu. The menu was on view outside the dining room. The choice, quality and presentation of meals were of a high standard. There was also the opportunity for families to “book a table” for Sunday lunch with residents. One resident preferred his dinner in the evening and this was freshly prepared for him.

The centre has a resident dog and inspectors saw that he was well-liked by residents who told inspectors about the dog's likes and dislikes. The provider told inspectors that relatives could bring in their own pets to their family member and one relative was seen bringing in their dog during the inspection.

Residents exercised choice in their daily routines, and were able to "do what they like" as one resident said. Inspectors noticed that breakfast was being served to a resident at 10am. Newspapers were available to residents and music was playing softly in the background of the corridors of the centre.

The activity programme for the week was displayed in the centre. Inspectors saw an exercise class in progress in the day-room. Many of the residents attended this class and said they enjoyed it. Staff were observed offering refreshments after this and giving assistance where required. Other residents told the inspectors about the "Ceili" every Friday night, where local people played music while residents and relatives danced and sang. Residents spoke enthusiastically about the outings arranged every Wednesday and explained that they chose where to go on the day of the outing. When inspectors asked residents where they were going on the morning of the inspection, they said that they had not decided yet - recent outings had included Portumna Forest Park and Clonfert.

There were also other facilities on-site for use by residents, such as an outdoor gym, boules and golf greens, a cinema and social centre. The provider explained that the social centre was used by the active retirement group in the town who encouraged residents to partake in whatever activities were organised. The social centre was also used for classes such as yoga which residents could attend if they wanted to.

Minor issues to be addressed

Inspectors observed the lunch in the two dining rooms. While the meals were of a high standard, both dining rooms were very quiet during the meals. The meal time did not appear to be a social occasion.

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

Residents had a general risk assessment carried out by the staff nurse at the time of admission which included including an assessment of dependency levels and skin integrity. These risk assessments were reviewed by the staff nurses on regular basis. Health promotion and independence were supported with opportunities for residents to pursue healthy lifestyle choices and recreational activities. Assistive equipment aids were provided for residents where required. In addition to the exercise class, staff were observed assisting residents with mobilisation. Regular screening was undertaken including regular monitoring of residents weight, blood pressure and blood testing where required.

Residents had access to a GP of their choice. There are nine GPs who attend the centre. Each resident was reviewed by a GP on admission and there was evidence of ongoing regular review. Other services such as physiotherapy, occupational therapy, psychiatry of old age were seen to be available on request. Residents were also assessed by the hospice team if required.

Inspectors read the prescriptions and administration of medication records and observed safe practice in the administration and recording of residents' medications.

Some residents required special diets, such as a diabetic diet. Inspectors saw the record of this and the chef on duty described the system to them which communicated the information to the kitchen staff.

Some improvements required

Assessment and recording of personal preferences

It was evident from discussion with residents that their choices and preferences in their everyday routines within the centre were respected. However, this information was not recorded by staff on admission and there was no review process to assess if these preferences had changed.

Significant improvements required

Care Plans

The quality of care plans was not adequate to ascertain or address residents' current health or social care needs. The staff nurses used a computerised record system for residents. Inspectors viewed a number of files and found that not all residents had a comprehensive assessment of their health, personal and social-care needs on admission. Care plans were seen not to be person-centred in nature.

Residents' medical history was recorded under the doctor's notes section but was not included in the nursing documentation. This meant that issues identified in the medical history were not addressed in the care plan and led to a fragmented system of care planning. For example, one resident was a non-insulin dependent diabetic, and had a history of high blood pressure and dementia but there was no care plan for these issues.

Inspectors did not find evidence to suggest that residents had access to the care plans, and one resident did not know what a care plan was, when asked by inspectors.

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 centre was purpose built and residents said that it offered a very homely and comfortable environment. Inspectors were invited to view the bedrooms of some residents and found them bright and tastefully decorated.

There was adequate equipment to meet residents' requirements. Inspectors noted assistive equipment such as specialised seating, mobility aids and pressure-relieving mattresses. The maintenance and servicing record for the equipment was reviewed by inspectors and found to be up to date.

There is a chapel located in a separate building on the same site which is also used as the cinema. The centre also has bungalows on the grounds and the provider had made one of these available for use by relatives of residents when required.

The corridors were sufficiently wide enough for residents using specialised equipment such as wheelchairs and mobility aids. Each of the four corridors to residents' bedrooms were colour-coded for ease of recognition by residents.

The kitchen was clean and well organised. The chef had received Hazard Analysis Critical Control Points (HACCP) training. The laundry was well organised with allocated racks for each resident.

The centre was very clean throughout. The inspectors interviewed one household member of staff who demonstrated a clear understanding of her roles and responsibilities.

The grounds were well maintained and fully secure with fencing and electronic gates.

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 observed the interactions between staff, residents, relatives, the provider and person in charge and noted that a culture of open communication existed within the centre. Inspectors saw residents and staff chatting and enjoying each other's company.

Some residents and relatives told inspectors they had availed of the opportunity to visit the centre prior to admission. One resident who was not able to do so said that she had made a number of phone calls to the centre before admission and had found this to be very informative and helpful. The person in charge or her deputy carried out pre-admission assessments of residents referred from an acute hospital setting, in order to prevent inappropriate admissions to the centre.

The centre had a comprehensive brochure and DVD available for prospective residents and their relatives. A guest information pack and a newsletter were also available. Inspectors looked at the centre's website and saw that it provided information on the centre, including the newsletter and brochure.

Residents spoke very highly of the provider and person in charge. All residents and staff spoke of how approachable both were. This was seen to support and enhance communication in the centre for all concerned.

The provider and person in charge actively sought the views of residents and a recent survey had been conducted using a resident-feedback form. The activities coordinator also acted as the resident advocate, and residents could avail of the services of the chaplain, who lived in one of the bungalows on the property and dined with the residents daily.

Minor issues to be addressed

The provider and person in charge informed inspectors that residents did not want a residents committee, but this consultation was not recorded and there was no process for review in place.

The provider and person in charge had sought the views of the residents using a survey in May 2009. Several issues were identified, such as problems with the laundry. When the inspectors enquired what had been done as a result of feedback provided, the provider outlined the improvement in the system for laundering of residents' clothes which had involved the purchase of new equipment. However, the person in charge had not fed this back to residents and as a result they were unaware of the improvements made.

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

Residents' dependency was calculated using the computerised nursing documentation system. Staff and residents agreed that enough staff were available with the appropriate skills and competencies to meet residents' needs. Inspectors viewed a rota for a one-month period and observed the number and skill mix of staff on duty on the day of the inspection which was appropriate for the number of residents and the size and layout of the centre.

There were usually two staff nurses and between four and five carers on duty during the day, and one nurse and two carers on night-duty. The provider and person in charge both worked full-time in the centre and were on-call at weekends. One staff member explained how one of the younger residents required one-to-one supervision for a few hours during the day and how the staff assigned to this resident were of the same age and had similar interests as the resident.

Inspectors spoke with staff members who demonstrated a good knowledge of the residents they were caring for. They said they were happy with their work and expressed feeling valued. One staff member spoke of how he really enjoyed working in the centre and another staff member spoke of how well residents were cared for and that staff and residents have great fun and a laugh together. Staff could clearly outline their roles and responsibilities and the management structure of the centre. The inspectors saw the maintenance staff working on maintenance issues during the day.

Staff were seen to be sufficiently qualified: two care staff had Further Education and Training Awards Council (FETAC) Level 5 qualifications, seven care staff had qualifications higher than FETAC Level 5 and eight care staff had qualifications lower than FETAC Level 5.

The inspectors reviewed six staff files and observed that these were well maintained in adherence with the centre policy on HR. Staff have received mandatory training with records of this evident on their files. Inspectors read the staff files and found that there was evidence of a probation period review every three months for the first

year of employment of new staff and an annual review thereafter. Staff were able to describe this process.

Some improvements required

There was an induction checklist on file for each staff member which was signed by the person in charge and the staff member, but there was no formal induction programme in place for staff to include any issues that had arisen during this training period, when staff were highly supervised.

Report compiled by

Carol Grogan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

28 August 2009

Provider's response to inspection report

Centre:	Portunma Retirement Village
Centre ID as provided by the Authority:	378
Date of inspection:	18 and 19 August 2009
Date of response:	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:

There was no system of identifying the training needs of staff and no programme of induction, ongoing education and training for staff to enable them to meet the needs of residents.

Action required:

Develop a programme of education and training for staff 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:
<p>During our inspection it was identified by the inspectors that Portumna Retirement Village have a number of staff with specialist expertise. With this available to us we have now devised in service training based on the needs of our residents and the importance of this additional knowledge to those who care for them.</p> <ul style="list-style-type: none"> • Our Psychiatric Nurses are preparing training forums on care of Dementia, Mental Health and also Challenging Behaviour. • Our General Nurses are preparing information sessions in Tissue Viability, Pressure Area Management and Care of the Older Person. • The visiting specialists are also happy to do information sessions with staff to increase information and awareness in relation to their areas. <p>We now use the knowledge of these staff to put together training groups that inform, educate and enhance our interventions.</p> <p>Our training through external trainers continues for</p> <ul style="list-style-type: none"> • fire prevention, • lifting and handling, • infection control • CPI • The Secret Art of Dying (Our Ladys Hospice Harolds Cross) • HSE education days in Pain Management, Diabetic Care, Care of Dementia, Palliative Care, and Delegation to Care Assistants have all been booked for attendance by a variety of staff. <p>This system will complement our existing use of an individual performance rating practice through existing monthly quarterly and annual reviews.</p>	<p>In progress- to be complete December 2009</p>

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

The written operation policies for the designated centre were not written specifically for the centre and did not reflect the practices in the centre.

Action required:

Put in place written policies and procedures on all the items listed in Schedule five of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

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

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

Timescale:

Since the inspection we have taken the direction of the inspectors We have strengthened the management team by recruiting an experienced General Manager who is working with the Care Manager and myself as the registered provider to revamp our policies. In this process we have now performed a full GAP analysis. The purpose of this is to allow us intensify a full appraisal of all our policies, procedures and systems.

In progress -to be complete
December 2009

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

The provider has not updated and amended the complaints policy and procedure to include the provisions of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Action required:

Review the complaints procedure to ensure that the centre has written operational 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 a centre.

Reference:

Health Act 2007
Regulation 39: Complaints procedures
Standard 6: Complaints

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
<p>At Portumna Retirement Village we have been re-examining our complaints procedure since receiving our draft report. It was never mentioned in our feedback meeting by the inspectors. We now have updated it to reflect the comments of the inspectors and we are confident that there is now a comprehensive, easy to follow procedure and policy in place that actively seeks feedback from our residents and their relatives.</p>	<p>Immediate</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The current record system for care planning was not used in a way which resulted in an integrated, comprehensive assessment of each resident leading to an appropriate plan of care, developed in agreement with each resident. Not all assessments were complete and each resident did not have access to their care plan.</p>	
<p>Action required:</p> <p>Implement a care planning system which sets out and records the needs of all the residents in a care plan based on a comprehensive assessment.</p>	
<p>Reference:</p> <ul style="list-style-type: none"> Health Act 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare 	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>In the observations of our inspectors we did highlight that we found it difficult to retain all the information on one system and therefore had information held on a number of systems. It was noted that our nurses were aware of the range of records. The lead inspector felt it would work much better and that they would prefer to see it on one system whether that be electronic or manual. She did state that the HIQA compliance of the electronic system was questionable. We have since begun compiling all information electronically now working on a single system. It would be important to establish the compliance of the electronic system to enable change to a more acceptable system. We are discussing care plans with those residents that are able to involve themselves in the process at present. Our assessments are now more comprehensive and we</p>	<p>In Progress - to be complete December 2009</p>

<p>have initiated phase evaluations to ensure the information gathered is relevant and useable in planning and implementing care. Further to this we have met with a medical research group from University of Limerick who are currently examining a new care recording system. It is proposed that Portumna Retirement Village may become their pilot project test site to assess its suitability.</p>	
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<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no continuous quality improvement programme in place supported by relevant audits as listed in Standard 30.</p>	
<p>Action required:</p> <p>Put in place a system of monitoring and improving the quality and safety of care to, and the quality of life of the resident in the centre.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation: 35 Review of Quality and Safety of Care and Quality of Life Standard: 30 Quality Assurance and Continuous Improvement</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>This system was already in place through the records on the individual resident records and is now compiled as directed by the inspection report in a central record for audit purposes. We are currently exploring the "Essence of Care" audit system to assess if we will change to it.</p>	<p>In progress- to be complete December 2009</p>

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The provider has not updated the directory of residents to include the provisions of Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p>Action required:</p> <p>Establish and maintain an up to date record of residents, called the "directory of residents" in manual or electronic format in accordance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	

Reference: Health Act 2007 Regulation: 23 Directory of Residents Standard:32 Register and Residents Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
A manual directory of residents has always existed. The action required would lead to interpret that we did not have any record system and were negligent. The information requested by the inspection team to be included was PPS Numbers of our residents. We have contacted all relevant next of kin to provide us with this information.	Immediate - subject to the resident having a PPS Number

7. The provider is failing to comply with a regulatory requirement in the following respect: The provider did not have a statement of purpose containing all the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
Action required: Compile a statement of purpose which includes the statement of the aims, objectives and ethos of the centre, the facilities and services provided and all 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:
We are currently revising our statement of purpose and function again to detail what is required by the inspectors. Our original document statement of purpose and function was prepared without having any formal information available from HIQA. This made the process very difficult. We were complimented by the inspection team in relation to this and advised to give fuller information within.	In progress - for completion November 30 th

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 19: Meals and Mealtimes	Review the dining experience in line with best practice guidelines in the area of engagement and social interaction of residents.
Standard 18: Routines and Expectations	Formalise the system of assessing and documenting the choice and preferences of residents.

Any comments the provider may wish to make:

Provider's response:

Thank you, I welcome the report of the inspection team and its detail in the areas that they raise. Any inspection of this degree initiates huge amounts of self-audit and assessment. It will lead to numerous debates, inevitably some will be pleased and some not so pleased. I have noted from other reports that the use of "failed" is absent and failing to comply is used on its own in some other reports, this is not the case in my draft report. The whole inspection experience is not a pleasant one with staff and residents feeling both intimidated whilst being acutely scrutinised. Even when you are correct in your actions you will doubt it under such pressure. Inspectors may not be aware that they have such an effect upon the individuals that they are in contact with due to the focus they would have in the performance of their duty.

All training needs are addressed and have always been addressed in our induction training programmes. This is an annual programme currently being adapted to encompass the new regulations and changes to the Health Act. It is designed and operated by specialised Nursing Home Consultants that have been involved with Portumna Retirement Village since our design phase. In our inspection we highlighted the lack of information available to us from HIQA prior to the inspection so that we could have made all the changes required. The lead inspector Carol Grogan felt that we had a very good skill mix for in house training and that HIQA do not expect nursing home operators to experience expensive training with such resource available within. We welcomed this pleasant surprise that such training would be accepted. We have now got further regular training and ongoing induction in place to enhance the care we give to our residents.

A complete package of policies and procedures were prepared by specialised Nursing Home Consultants for Portumna Retirement Village. In our inspection feedback we were directed to personalise our policies and procedures as they appeared generic and did not reflect how much more we do in our practices compared to what we state in our documentation. The above action required is misleading in that it implies a basic lack of policy and procedure.

Involvement of residents in any aspect of their care is a fantastic person-centred approach that must be measured. There are some residents that believe this is their home not a nursing home and a discussion about a care plan will not be a welcome one. It can unsettle and provoke a feeling of unease with the individual. Some residents found this to be their experience with our recent inspection. The whole experience is new to all concerned and perhaps it would be important to have a less randomising selection process to protect those more vulnerable than others. In this process it is difficult to establish who the inspection team spoke to and how real the response was. If it is someone who is fully orientated it would be a valuable positive input to the residents overall plan of care.

In the feedback the inspection team displayed where they found different practices that they found good and some that they feel need attention. So, when you hear the words significant improvement needed it sinks your heart. I wonder if the wording in some events could be "more attention in detail needed" or if they are to use a scale as diverse in good versus significant could excellent not be used where practice is exemplary. It is only a suggestion here as significant translates very ambiguously to different people. The wording of the draft report is leading and it would influence the reader to interpret the worst in a situation that is far removed from that.

At present this is all a learning experience for those concerned and it is intended to contribute to best practice. Would it not be a shame that recognising the intentions of those that care most was lost albeit by error through those who also have intention to show how much they care.

Provider's name: Tony Williams

Date: 18 November 2009