

**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

Centre name:	Sonas Care Centre, Cloverhill	
Centre ID:	384	
Centre address:	Cloverhill	
	Lisagallon	
	Co Roscommon	
Telephone number:	090 662 8882	
Fax number:	090 662 8885	
Email address:	Cloverhillcc@sonas.ie	
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public	
Registered provider:	Sonas Health Care Ltd.	
Person in charge:	John Mangan	
Date of inspection:	10 September 2009	
Time inspection took place:	Start: 09.30 hrs	Completion: 18.00 hrs
Lead inspector:	Geraldine Jolley	
Support inspector(s):	Mary McCann and Damien Woods	
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced	

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

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

About the centre

Description of services and premises

Sonas Care Centre is a purpose-built residential care facility that has been operating since 2001. It is one of three facilities owned by the Sonas Group and is registered to provide care for up to 54 residents with age-related problems and dementia care needs.

On the day of inspection, there were 39 residents in the centre and two were in hospital.

The building is a one-storey design with a central courtyard and is surrounded by gardens. There is ample parking for residents, staff and visitors. There are 30 single bedrooms (all except one has en suite facilities) and 12 twin rooms, of which eight have en suites.

There are several sitting areas – the main sitting area is near reception and is used throughout the day. There is a smaller sitting / dining area where frailer residents are cared for. The other areas are used for activity sessions and for residents to meet with visitors. A conservatory that leads to the enclosed courtyard garden is bright and attractively furnished. The dining room is adjacent to the kitchen, while there is an oratory and a designated smoking area.

A “coffee dock” is located at the entrance. This has modern furniture and small tables and provides an attractive space for residents and their visitors to sit to have tea and coffee away from the main communal areas.

Location

Sonas Care Centre is situated in a rural setting approximately four kilometres from Roscommon town on the N60 Roscommon to Castlerea road. It is a short walk, on a public footpath, from Cloverhill Church and adjacent to a proposed retirement housing complex also owned by the company.

Date centre was first established:	29 January 2001
Number of residents on the date of inspection	41 (2 residents were in hospital)

Dependency level of current residents	Max	High	Medium	Low
Number of residents	21	12	4	4

Management structure

The provider organisation is the Sonas Group. One of the directors, John Mangan, is the Person in Charge and has day-to-day responsibility for the centre. He is employed in this capacity on a full-time basis and is supported by Shirley Larkin, Assistant Director of Nursing and a number of nursing, care, administrative, clerical and ancillary staff.

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	6	2	1	1	

Summary of findings from this inspection

This was an unannounced inspection. Inspectors met with residents, relatives, visitors, the person in charge and a range of staff.

Residents consulted spoke positively about the quality of care provided and described the location of the centre in the area as a bonus as they could easily maintain contact with their neighbours, friends and family.

The person in charge, the assistant director of nursing and other staff demonstrated a positive commitment to work in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. At the time of inspection, staff had commenced updating policies, procedures and other documentation towards compliance, however, considerable work was still required in complying with the regulations.

Inspectors found that the premises, fittings and equipment were clean and had been maintained to a satisfactory standard. There was a good standard of décor observed throughout and a number of residents' rooms had been highly personalised.

The residents' committee provided a voice to residents in the operation of the centre, while the central location and ethos of care had enabled residents to maintain contact with family and friends in the local community. There was also evidence seen of a strong emphasis on the maintenance of residents' independence.

The Action Plan at the end of the report identifies areas where improvements are required in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Services for Older People in Ireland*. The actions

required included, for example, a review of staffing levels, changes to recruitment practices and additional training.

Residents' and relatives' comments

Residents and relatives commented positively on care practices within the centre and said that staff were approachable, kind and diligent in their duties and "really interested" in the care of older people. Two residents said that "they would like nothing different" and "that everyone was good".

Residents described how special events such as birthdays are celebrated. One resident told the inspector about her 80th birthday celebrations which "were great".

Festivals and other days of significance were also celebrated which provided an opportunity to invite along relatives and friends. Mass was celebrated daily as there was a priest who was a resident in the centre. There were also regular music sessions and outings.

Several residents spoke fondly of a bus trip they had taken to Knock Shrine, Co Mayo. Some said that they went out for walks in the garden with visitors and sometimes went home for family events.

Inspectors were told by a small number of residents that they did not know individual staff member's names.

One resident stated that there was "usually plenty of staff" although this often depended on "what was happening within the centre".

Relatives interviewed said that they found the centre welcoming and that it had a good atmosphere.

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

Nursing and care staff were able to clearly describe their roles and responsibilities within the centre and were positive in their comments about the impact of the new regulations and standards for residents.

All groups of staff were represented at the inspectors' feedback meeting and appeared genuinely interested in improving the quality of care provided in the centre.

The senior staff team had begun work on developing the centre's documentation in accordance with the new legislation and standards and were making good progress with this. Newly revised care-plan documentation was in use and a residents' committee had been formed.

Some improvements required

A statement of purpose was available, however, inspectors noted that it did not fully comply with legislation in that all relevant contact details had not been included. A discrepancy was also identified between the information contained in the statement of purpose and the contract of care in regards to keeping pets.

While there was a residents' guide, the format and layout was not suitable to communicate this information to all residents, particularly those with sensory impairment.

Significant improvements required

The use of restraint measures such as bed rails and lap-belts had been risk assessed and the documentation reviewed confirmed that prior discussion had taken place with the resident (whenever possible), their relative, the general practitioner (GP) and care staff. There were 22 bed rails and two lap-belts in use. Inspectors were told that where lap-belts were used, alternative ways of managing the risk of falling had been explored. The risk assessment document was comprehensive, had been

signed by the GP and nursing staff and took into account both the rationale for using restraint and the additional risk posed by the use of bed rails.

However, observation during the inspection, discussion with staff and review of care records indicated that the necessary levels of supervision were not always in place when restraint was being used, for example in sitting rooms. Inspectors also noted that there was no documentary evidence in care records to affirm that restraint was in the best interests of the resident or that other less restrictive measures had been considered.

Staff told inspectors that they had not received training on managing risk or risk taking or on current best practice in the use of restraint.

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

The design and layout of the centre provided a range of communal spaces and a secure garden area where residents could congregate or meet with their relatives and visitors.

Inspectors were impressed with the commitment of the person in charge and staff to accommodate people who lived locally and the support that was provided to enable contact with the community to be maintained. There was evidence that residents have been enabled to attend a range of external events, including in one case a sporting event.

A daily menu was on display outside the dining room which outlined the various choices available. Residents described the food as "lovely", "tasty" and "very good". Residents told inspectors that there was a different choice available each day and that they were able to eat breakfast at a time of their choosing. Two of the three inspectors joined residents for lunch. The meal was home cooked and tasty.

There was evidence that staff promoted the maintenance of independence of residents, for example, residents were encouraged and supported to move around the centre throughout the day. One resident also had a key to her own room.

There was a range of specialist equipment available to staff to assist people who had mobility problems.

Some improvements required

A number of residents in the main sitting room who required assistance told the inspectors that if they were not near the call bell, they had to wait for staff to come in or ask another resident to activate the bell on their behalf.

Significant improvements required

Inspectors noted that residents with dementia care needs and high levels of physical frailty spent their day in the sitting / dining room near reception. While inspectors

were told that two residents were at high risk of falls and required specialised seating, there was no indication in the care records that the specific needs of these residents had been fully assessed or that the interventions needed to address these needs had been actioned.

The inspectors observed that staff were not available in this area for long periods. Residents were noted to be frail and vulnerable. Some were quite restless and made efforts to get out of their chairs. While there were times when some residents were snoozing, the inspectors noted that when the priest was saying mass and there was some stimulating activity and conversation ongoing, they were more alert and animated.

Minor issues to be addressed

Meals were served plated to the table. Residents were not asked or afforded an opportunity to help themselves to vegetables or to determine what quantities or varieties they would have liked.

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, which is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Individual healthcare files had been maintained for all residents. These were well organised and indexed allowing staff ready access to the information. The documentation was new and had been introduced following a pilot phase to assess suitability.

Initial assessments had been completed on admission and were reviewed on a regular basis. Staff were seen to use a range of evidence-based practice tools to assess activities of daily living and other more specific needs. For example, the Braden Scale was used to assess pressure area risk and the Malnutrition Universal Screening Tool (MUST) for nutrition.

There was evidence that the management and administration of medication was an area where good teamwork between nursing staff and the pharmacist resulted in a range of good practice initiatives.

Inspectors were particularly impressed with the arrangements to support residents who wished to self-manage their medications and with the systems in place to access medications in an emergency situation.

Medical care was provided by several local GPs. Residents told inspectors that doctors visited regularly and staff ensured that if they had any problems they were seen without delay. Many residents said that they were able to keep attending their usual GPs as they had lived in the area before admission to the centre.

There was a part-time physiotherapist who undertook individual and group work with residents.

Significant improvements required

A review of care records highlighted that residents were not routinely assessed prior to admission. The person in charge advised that staff relied on the reports of the discharge coordinator or social worker when prospective residents were in hospital. While this arrangement had worked well so far, it carried a risk that the complex needs of some residents may outweigh the care available within the centre.

The sample of care records reviewed indicated that the care provided was of a physical nature. While the documentation was of a satisfactory standard, it did not take into account the psychological and social needs of residents, particularly those with dementia and cognitive impairment.

The inspectors noted that the care plans (with the exception of restraint assessments) did not record the expressed views or wishes of the residents or of significant others involved in their care such as family members or friends.

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 inspectors undertook a tour of the centre and viewed a number of bedrooms, communal areas, offices, the kitchen, laundry and sluice.

The overall layout was conducive to maximising residents' independence and the centre was generally well decorated and maintained.

A number of residents' rooms were highly personalised which reflected the residents' lifetime interests and family life. Photographs, ornaments and pictures were on display.

Residents' call bells were activated several times during the morning period and staff were observed to respond promptly.

A variety of safety and mobility equipment was located throughout the centre and the records inspected indicated that these have been serviced regularly. The last service date noted was 27 February 2009.

Fire safety equipment was strategically located and had also been regularly serviced. A useful advisory notice in the office provided guidance to staff if they had to call the fire brigade or another emergency service. It also outlined the full address of the centre and directions for getting there.

The cleaning staff were noted to be busy throughout the morning and were seen to discharge their role in a manner that was unobtrusive and did not impede residents getting up and moving around. There were hazard information sheets available for all chemicals that provided guidance on which chemicals to use in a particular situation.

Some improvements required

Inspectors observed that there was restricted space in some areas for the storage of equipment. A number of items had been left in hallways and in bathrooms which presented a trip hazard to some residents as they walked around the centre.

Wheelchairs had been stored in a hallway marked as a fire exit. While staff told inspectors that this exit is now obsolete, the signage had not been removed which could cause confusion in an emergency situation.

Significant improvements required

Inspectors observed that most residents generally used the two main sitting areas during the day while other areas were under-utilised. Given the varied and complex needs of the residents, this configuration and pattern of usage did not promote independence or best address the needs of all residents.

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

The person in charge told inspectors that a residents' committee had met twice and that these meetings would become a regular feature of life in the centre. Inspectors noted that a number of suggestions had already been put forward by this forum to improve the activity programme and to make the high dependency area more homely and attractive.

Relatives said that they had been kept informed about changes in the centre and felt that staff made significant efforts to include them and to make them feel welcome during their visits. They were complimentary of the open visiting arrangements which enabled them to fit visiting into family life, work and other commitments.

Residents and relatives said that they could talk to staff at any time and felt able to discuss issues openly.

Some improvements required

Inspectors observed that many residents had communication difficulties due to dementia or sensory impairment. However, alternative non-verbal methods of communication were not available to staff which would have enabled residents to participate more fully in the life of the centre.

The complaints procedure was reviewed and inspectors noted that it did not comply with current legislation. It did not outline timescales for investigation or access to an independent appeals process.

Inspectors observed that staff did not wear name badges and a number of residents commented that they did not know the names of staff.

Significant improvements required

Inspectors examined the records of incidents and accidents and found that the sample inspected lacked detail and had not always been completed objectively.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

The staff rota was available for inspection. It was planned in advance and any changes due to sickness or other absences had been recorded.

The person in charge and the assistant director of nursing had been rostered to work full-time in the centre and also provided some weekend cover.

Six carers had Further Education and Training Awards Council (FETAC) level-5 courses.

A member of care staff, employed in the centre since it opened, had in her own time undertaken training on the Sonas programme (a system of multi-sensory stimulation involving touch, music, scent and memory exercises). In recent weeks, she had used this approach with small groups of residents as a basis for stimulating memory and reminiscence. Inspectors were told that this had become a regular activity which was enjoyed by the residents.

Some improvements required

Discussion with staff and review of training records highlighted that staff had not received training on a number of areas that included dementia care, restraint and the assessment of need prior to admission.

The person in charge did not have daily supervision arrangements in place to observe staff working practices, to respond to any matters that arise and to ensure staff did not take unnecessary risks or create hazards as they carried out their duties.

Inspectors observed that the cleaning trolley with hazardous chemical cleaners had been left unattended in the corridor and the medication trolley with oral preparations was left open and unattended outside the dining room. These situations posed considerable risks to residents with cognitive impairment.

Significant improvements required

Inspectors reviewed a sample of staff files and identified a number of areas of non-compliance, for example, in one file none of the information required by legislation was included. While other files were more complete, omissions were still noted with regard to written references and birth certificates.

Although the provider indicated that the Bradley dependency scale had been used to determine staffing levels, it was evident on the day of inspection that staffing levels in the special care area (where very frail residents were cared for) were inadequate and did not meet residents' care needs particularly those assessed at risk of falls.

Report compiled by

Geraldine Jolly
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

14 October 2009

Action Plan

Provider's response to inspection report

Centre:	Sonas Care Centre
Centre ID:	384
Date of inspection:	10 September 2009
Date of response:	4 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:

The cleaning trolley (with chemicals readily accessible) and medication trolley (with bottles of oral preparations on top) were left unsupervised which created hazards to residents with cognitive impairment.

Action required:

The person in charge shall provide adequate supervision of staff to minimise the risk of accidents. Training should also be provided to staff on risk management.

Reference:

Health Act 2007
Regulation 17(2): Training and Staff Development
Regulation 31: Risk Management Procedures.
Standard 24: Training and Supervision.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <ul style="list-style-type: none"> ▪ training was provided to kitchen and cleaning staff on risk assessment on use of chemicals (certificates enclosed) ▪ cleaning staff instructed on the importance of ensuring that chemicals are inaccessible to all residents ▪ all nursing staff were instructed of the importance of ensuring that oral preparations are kept locked away at all times. 	<p>Completed 2 September 2009</p> <p>1 October 2009</p> <p>20 October 2009</p>

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Staffing levels in the special care area (where very frail residents were cared for) were inadequate and did not meet residents' care needs particularly those assessed at risk of falls.</p>	
<p>Action required:</p> <p>The person in charge shall ensure that at all times the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents and the size and layout of the designated centre.</p>	
<p>Reference:</p> <p style="padding-left: 40px;">Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <ul style="list-style-type: none"> ▪ staffing levels and skill mix are continuously reviewed to meet the needs of residents ▪ allocation of care staff is constantly kept under review. Allocation of staff to the special care area is re-configured to meet the needs of the resident in this area ▪ nurse and care assistant have now been allocated to the "special care area" to supervise residents with complex 	<p>Continuous</p> <p>12 September 2009</p> <p>1 November 2009</p>

<p>needs.</p> <ul style="list-style-type: none"> ▪ staff member has been trained in the “Sonas programme” which is specifically designed for treatment of cognitively impaired residents ▪ all residents in “special care area” are continuing to be exercised two hourly in line with best practice. 	<p>Completed 20 November 2009.</p> <p>Ongoing</p>
---	---

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The information included in staff personnel files did not meet current legislative requirements or provide the required level of protection for residents.</p>	
<p>Action required:</p> <p>The provider shall ensure that the designated centre has written policies and procedures relating to the recruitment, selection and vetting of staff in accordance with current regulations.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider’s response:</p> <ul style="list-style-type: none"> ▪ clarity is sought for the requirement in the necessity of requiring three references for staff who is employed for periods of 2-8 years. Particularly as it states that one reference must be from last employer ▪ Sonas recruitment policy updated to comply with current regulations (copy enclosed). <p>All Staff files in the care centre currently contain:</p> <ol style="list-style-type: none"> 1. Garda Vetting. 2. Declaration of fitness to work. 3. Passport photo. 4. Birth cert. 5. Evidence of qualifications. 6. Proof of person’s ID. 7. Employment History. 	<p>1 January 2010</p> <p>1 October 2009</p>

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

Supervision for residents is insufficient in the "Special Care Area".
 Documentary records as to the use of restraints were not up to the required standard.

Action required:

The provider and person in charge shall ensure that documentary records as to the use of restraints show:

1. Every restraint measure considered has been adequately risk assessed.
2. Is in the best interest of the resident.
3. Is the least possible level of restraint needed.
4. Has been undertaken after all other reasonable options have been explored.
5. It must be an appropriate and reasonable response to the problem and not used continuously without review.

There should be staff available at all times to observe and care for residents in the special care area.

Reference:

Health Act 2007
 Regulation 6: General Welfare and Protection
 Regulation 31: Risk Management Procedures
 Standard 21: Responding to Behaviour that is Challenging

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
--	-------------------

Provider's response:

Documentary records from the 1/10/10 now show the following:

- | | |
|--|-----------------|
| 1. All resident has been risk assessed by restraint risk assessment and FRASE fall assessment. | 1 October 2009 |
| 2. Is in the best interests of the resident as can be deduced from risk assessments, and consent authorisation. | 1 October 2009 |
| 3. Is the least possible level of restraint as can be deduced from the level of risk of falling after all other reasonable option has been explored. | 1 October 2009 |
| 4. Lap belt use is reviewed daily by Staff nurse. | 1 October 2009 |
| 5. It is be an appropriate and reasonable response to the problem. | 1 October 2009 |
| <ul style="list-style-type: none"> ▪ Staff to attend training in assessment and appropriate use of restraint. | 1 February 2010 |

<ul style="list-style-type: none"> ▪ Nurse and care assistant have now been allocated to the “special care area” to supervise residents with complex needs. 	<p>1 October 2009</p>
--	-----------------------

<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Residents have not been routinely assessed prior to admission to ensure that the centre is an appropriate setting to fully meet their needs.</p>	
<p>Action required:</p> <p>The provider shall ensure that there is provided for residents maintained in a designated centre suitable and sufficient care to maintain the resident’s welfare and wellbeing, having regard to the nature and extent of the resident’s dependency and needs as set out in their care plan.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 6: General Welfare and Protection Standard 10: Assessment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider’s response:</p> <ul style="list-style-type: none"> ▪ residents are assessed prior to admission by getting verbal report from hospital discharge coordinator, nursing transfer if coming from hospital and GP medical admission form ▪ pre-admission assessment form is introduced (copy enclosed). 	<p>Ongoing</p> <p>1 November 2009</p>

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Residents care records did not describe their levels of memory impairment, sensory impairment, their social care or emotional needs which are necessary to guide and inform care practice.</p>
--

Action required:	
The provider shall ensure that care records contain the necessary information to enable staff to provide appropriate informed care to residents.	
Reference:	
Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 10: Assessment Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
<ul style="list-style-type: none"> ▪ residents' comprehensive assessment has been updated to describe residents' levels of memory impairment, sensory impairment and their social and emotional needs (copy enclosed). 	1 November 2009

7. The provider is failing to comply with a regulatory requirement in the following respect:	
There was not suitable space for the storage of equipment which had been left in hallways and bathrooms creating a trip hazard for residents.	
Action required:	
The provider shall ensure that suitable provision is made for storage within the centre.	
Reference:	
Health Act 2007 Regulation 19: Premises 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:
Provider's response:	
<ul style="list-style-type: none"> ▪ all equipment now stored in designated areas. ▪ health and safety representative will provide education and training regarding storage to all staff. ▪ issue included in the agenda for all staff meetings. 	1 November 2009 1 December 2009 1 December 2009

<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The décor in the special care area was not conducive to meeting the complex needs of the residents while other areas of the centre had been under-utilised.</p>	
<p>Action required:</p> <p>The provider shall audit all communal and private space throughout the centre and review how it is being used. The special care area should be refurbished and other communal areas used more effectively to provide a safe, stimulating, comfortable and attractive environment for all residents.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <ul style="list-style-type: none"> ▪ a review of communal space by residents has taken place. Residents' wishes and interests have been taken into consideration while undertaking this review. The majority of residents choose to sit in the main sitting room as they are able to observe the daily routine in the home. Residents and relatives use the conservatory for visiting. Another sitting room, due to its location is not the preferred room by residents as it is away from the main activities of the home ▪ this room is used for family gatherings as it is a quiet room for reading and relaxation ▪ the sitting room in the special care area has been refurbished and decorated and is comfortable and attractive with special attention to sensory stimulating objects ▪ residents are encouraged to use this room more frequently and this allows for more efficient use of the communal areas ▪ the quiet room is used for therapy and individual sessions ▪ we are constantly reviewing the utilisation of communal and private space and will endeavour to use it to its most therapeutic value for all residents. 	<p>Completed 1 November 2009</p> <p>1 October 2009</p> <p>1 October 2009</p> <p>1 February 2010</p>

<p>9. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>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.</p>	
<p>Action required:</p> <p>The provider shall 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. The timescales for investigation of complaints and access to independent advocacy must be outlined.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <ul style="list-style-type: none"> ▪ complaints procedure updated to comply with provisions of the Health Act 2007 (copy and policy included). 	<p>1 October 2009</p>

<p>10. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Accident records had not been completed objectively and did not contain factual information detailing the accident.</p>	
<p>Action required:</p> <p>The provider shall provide training for staff so that they record accident reports in a factual and accurate manner.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 30: Health and Safety Standard 26: Health and safety</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

Provider's response: <ul style="list-style-type: none"> ▪ new adverse incident and near-miss reporting policy has been introduced (copy enclosed) ▪ training of staff in accident and near-miss reporting is planned. 	1 November 2009 10 November 2009
---	---

<p>11. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>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.</p>	
<p>Action required:</p> <p>The provider shall 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.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
Provider's response: <ul style="list-style-type: none"> ▪ statement of purpose to be updated (copy enclosed). 	1 November 2009

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

The resident's guide had not been produced in a format suitable to meet the needs of all the residents.

Action required:

The registered provider shall produce a residents' guide that includes all matters listed in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and ensure that a copy is made available to the Chief Inspector and all residents.

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:

Guide will be produced before year's end.

1 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 25 Physical Environment	Consider the use of signage to help people with dementia become familiar with their surroundings and to help maintain their independence.
Standard 2 Consultation and Participation.	Provide staff with name badges to help residents become familiar with them and help them identify their particular carer or nurse.

Provider's response:

- the use of signage which is visually distinctive for residents in the special care area is being considered
- all staff now wear name badges.

Any comments the provider may wish to make:

Provider's response:

On behalf of all the residents and staff, I would like to thank you particularly for the method you carried out your inspection. Residents particularly enjoyed the experience, and were delighted to have another forum to express their views. Staff, naturally, were apprehensive at first (including myself I hasten to add), but their apprehension was quickly allayed by the inspection team's relaxed demeanour, which allowed everybody to carry out their work despite the inevitable implications for the normal work routine. Looking forward to working with you and your team in the future.

Kind regards,
John Mangan,
Director of Care

Provider's name: John Mangan

Date: 4 November 2009