

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Carlford Nursing Home
Centre ID:	0211
Centre address:	Clonroche
	Enniscorthy
	Co Wexford
Telephone number:	053-9244366
Fax number:	053-9244366
Email address:	carlfordnursinghome@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Margaret Ackerley
Person in charge:	Anne-Marie Ackerley
Date of inspection:	14 June 2011
Time inspection took place:	Start: 10:30hrs Completion: 17:30hrs
Lead inspector:	Íde Batan
Support inspector:	Ann O'Connor
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the 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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Carlford Nursing Home is a family owned and managed designated centre that has been in operation by the current provider since 2007. Long-term and respite care is provided to 20 residents, male and female aged over 65 years, some with a diagnosis of cognitive impairment.

It is a single-storey detached building and at the time of inspection there were 17 residents living in the centre.

Communal accommodation for residents consists of a dining room, a lounge, and a visitors' room. There are four single, five twin and two three-bedded rooms. No bedrooms are en suite. There are two assisted showers and one assisted bathroom.

The grounds are landscaped with space for residents to walk outside. There is car parking for visitors.

Location

The centre is located in a rural setting approximately two kilometres from the village of Clonroche, County Wexford.

Date centre was first established:	1985
Number of residents on the date of inspection:	17
Number of vacancies on the date of inspection:	3

Dependency level of current residents	Max	High	Medium	Low
Number of residents	7	8	1	1

Management structure

The Registered Provider is Margaret Ackerley. The Person in Charge is Anne-Marie Ackerley who has recently returned from extended leave. The Person in Charge reports to the Registered Provider. A senior staff nurse deputises for the Person in Charge when she is on leave.

Nurses and care staff report to the Person in Charge. The cook, administrator and cleaner all report to the Person in Charge and the Registered Provider.

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	1	3	1	1	1	*1

* Registered Provider

Background

Carlford Nursing Home was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 9 December 2009 and inspectors found that Carlford Nursing Home failed to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* on a number of counts. The Authority has conducted three other inspections since the initial inspection and these reports can be found at www.hiqa.ie.

Following the last inspection of 28 March 2011 inspectors met formally with the provider on 23 May 2011 to specifically address areas where significant improvements were required to ensure the care and welfare of residents and compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The purpose of this inspection was to follow up on specific matters arising from the previous inspection to ensure that the actions required of the provider had been taken.

Summary of findings from this inspection

This report outlines the findings of the follow-up inspection of 14 June 2011. The inspection was unannounced and focused on the areas where significant improvements were required as highlighted in the action plan of the inspection report of 28 March 2011.

The inspection reviewed 22 actions required from the last inspection. Of those actions, 11 were completed, seven partially completed and four were not met. In addition three further actions were identified.

Inspectors found evidence of improvements primarily in the area of risk assessments and management of risks, care planning, health and safety and medication management. However, this inspection process determined that improvements were still required in relation to the review of the quality and safety of care, recruitment practices, reviewing the statement of purpose, complaints procedures and submission of notifications.

The areas for improvement are detailed in the Action Plan at the end of this report.

Actions reviewed on inspection:

1. Action required from previous inspection:

Ensure appropriate medical records are maintained in respect of each resident.

This action was complete. Inspectors examined the medical notes of seven residents. There was documented evidence that the general practitioner (GP) had reviewed each resident and medication management was updated and in line with best practice.

The practice of transcribing medications had ceased. A sample of medication prescription charts reviewed by the inspectors indicated that GP's prescribed and signed all prescriptions.

The inspector saw that the section on transcribing medication referenced in the centre's medication management policy had been removed.

2. Action required from previous inspection:

Provide facilities to ensure staff are familiar with medication management policies and procedures.

This action was complete. Records seen by the inspector indicated that nursing staff had read and signed off their understanding of the policy. A staff member on duty during inspection told an inspector that she was aware of the contents of the policy and explained the process of medication administration and management which the inspector observed to be in accordance with best practice.

3. Action required from previous inspection:

Ensure staff have access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

This action was partially complete. Progress had been made in relation to staff training and development. The provider was incurring the cost of the training courses.

Inspectors saw that 13 out of 23 staff had attended a recent infection control study day. Medication management training was planned for the end of June 2011. One care staff member had enrolled in FETAC (Further Education and Training Awards Council) Level 5 Healthcare Support Award.

4: Action required from previous inspection:

Provide adequate training for all staff and all necessary arrangements to prevent residents from being harmed or suffering abuse.

This action was partially complete. All staff with the exception of three had received training in elder abuse. One staff member was on extended leave and the remaining two had just commenced employment in the centre.

5: Action required from previous inspection:

Ensure all staff receive suitable fire safety training.

This action was partially complete. Twenty out of 22 staff had recently received fire training as observed by inspectors. Staff interviewed knew what to do in the event of a fire.

6: Action required from previous inspection:

Residents were not cared for appropriately when being moved.

This action was complete. Training records viewed by the inspector indicated that 20 staff with the exception of two who were on extended leave had completed manual handling training. Inspectors observed staff using appropriate techniques whilst assisting residents.

An inspector saw that a staff member had recently identified in the risk register skin lacerations from wheelchair footplates was a potential risk to residents. Measures had been actioned by the staff member to safeguard residents as observed by the inspector.

7: Action required from previous inspection:

Provide the information in the statement of purpose and function required by the regulations.

This action was not complete. It required more detail on the arrangements for residents to engage in social activities and needed to specify if 24-hour nursing care is provided. It did not outline if there were any separate facilities for day care. The statement of purpose requires an implementation date, a review date and version control.

8: Action required from previous inspection:

Provide evidence that the requirements of the Health and Safety Authority are complied with.

This action was complete. The inspector saw a recent email from the Health and Safety Authority stating that they are satisfied with the certificates of safety compliance provided to them.

9: Action required from previous inspection:

Establish a system for reviewing the quality and safety of care.

This action was partially complete. The provider employed an external consultant to advise on clinical audit systems to enhance quality of care. The inspector saw that audit tools based on the *National Quality Standards for Residential Care Settings for Older People in Ireland* were being developed. For example, the inspector saw that a recent audit on meal and mealtimes had been completed. The audit on records highlighted that there was no visitors sign in log and this had not yet been rectified at the time of inspection.

Inspectors did not see any further development of clinical audit in relation to care planning, medication management, falls and restraint which would improve and monitor the quality and safety of care of residents. Inspectors did not see evidence on change/improvements brought about as a result of information collated.

10: Action required from previous inspection:

There was no comprehensive risk management system in place.

This action was complete. The provider had a comprehensive risk management strategy and risk register which had been developed. Environmental risk assessments were compiled and control measures identified. The policy also reflected an emergency plan.

11: Action required from previous inspection:

Put in place a risk management system that includes arrangements for the identification, recording, investigation, and learning from serious or untoward incidents or adverse events involving residents.

This action was partially complete. The risk management system had only been recently developed and while it was very comprehensive the person in charge said that staff required training in its implementation.

Therefore existing systems were still in operation and inspectors did not see any evidence of learning from serious or untoward incidents involving residents.

12: Action required from previous inspection:

Offer residents napkins at mealtimes.

This action was complete. Inspectors saw that residents were offered napkins at mealtimes.

13. Action required from previous inspection:

The dining room, main community room and an assisted bathroom were too small to facilitate all residents.

This action was not complete. The inspector saw an engineers report outlining expansion of the centre to meet all the requirements of the regulations.

14: Action required from previous inspection:

Provide necessary separate sluicing facilities.

This action was not complete. The sluicing arrangements were in the same room as laundering facilities which is not in accordance with best practice in infection control.

The inspector outlined that it would not be acceptable to wait until 2015 to rectify this issue as stated by the provider in the timescale of the previous report to address this issue.

15: Action required from previous inspection:

Obtain the information and documents relating to all staff specified in Schedule 2 of the regulations.

This action was not complete. While comprehensive work had been undertaken to comply with regulation a sample of files viewed by the inspector were not as required by law. Omissions included three references, Garda Síochána vetting and evidence of mental and physical fitness.

16: Action required from previous inspection:

Provide appropriate health promotion.

This action was complete. Inspectors saw that residents were provided with opportunities for indoor and outdoor exercise and physical activity. On the day of inspection there was an exercise class in progress. Residents said they could go outside weather permitting.

Inspectors saw that in the last resident's council meeting, it was documented that residents did not wish to have activities on Sunday as visitors were in abundance. Care plans reviewed by inspectors indicated that there was appropriate access to medical and allied health professionals.

Weights were monitored and blood samples were taken at the request of the GP. An inspector saw evidence of vaccines being administered.

17: Action required from previous inspection:

Prepare and revise individual care plans that are developed and agreed with the resident.

This action was partially complete. There were individual care plans in place, seven of which were examined. Inspector's saw that the person in charge had commenced life story books for residents titled "A key to me".

There was evidence of photographic identification. Inspectors saw evidence of timely medical reviews and intervention where deemed necessary and evidence of multidisciplinary involvement where required. There was evidence that the care plan was commenced within 24 hours of the most recent admission. There was timely and appropriate consultation with the GP on a resident that required transfer to the acute services for treatment and comprehensive documentation in place when the resident was returned to the centre. There was risk assessments carried out on two residents in relation to wound care and photographic evidence kept on file which is in accordance with best practice. However, inspectors did not see evidence of residents' involvement in their plan of care.

18: Action required from previous inspection:

Provide residents with access to a safe supply of drinking water at all times.

This action was complete. Inspectors saw that residents were offered regular snacks and drinks throughout inspection. Inspectors saw that drinking water was readily available in residents' rooms.

19: Action required from previous inspection:

Provide arrangements to facilitate consultation with residents in deciding menus.

This action was complete. Inspectors saw minutes of the last resident's meeting which indicated that the chef had attended and consulted with residents in relation to menu choices and variation. Resident said they were happy with consultation from staff regarding food preferences.

20: Action required from previous inspection:

Notify the Chief Inspector, without delay, of any serious injury to a resident.

This action was partially complete. The inspector saw that a recent pressure ulcer had been notified to the Authority. However, no quarterly returns had been submitted since November 2010.

21: Action required from previous inspection:

Ensure the centre has appropriate and suitable practices and written procedures relating to the storing of medicines.

This action was complete. There was a combination lock on the office door where medicines were stored in a locked trolley. There were suitable practices as required by professional regulatory guidelines for storing of medicines.

22: Action required from previous inspection:

Provide facilities were not provided for the occupation and recreation of residents.

This action was complete. There was a weekly activities programme and minutes of residents meetings indicated that residents were consulted in relation to preferences of activities.

However, inspectors observed that further development in this area is required with particular emphasis on appropriate activities and therapies used as a basis in designing activity focused care for residents with dementia/cognitive impairment.

Report compiled by:

Íde Batan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

17 June 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
8 December 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
11 March 2010 and 12 March 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
16 March 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
28 March 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Carlford Nursing Home
Centre ID:	0211
Date of inspection:	14 June 2011
Date of response:	11 July 2011

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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

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

There was no system for reviewing on an ongoing basis the quality and safety of care and services provided to residents, staff and visitors. There was no evidence of the use of data collated to improve clinical and safety outcomes for residents.

Action required:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals. Improvements are clearly demonstrated and corrective action plans implemented.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action Required:	
Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.	
Reference:	
Health Act 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A system is in place to review the quality and safety of care. I will ensure that the person in charge and other staff involved report back to me after conducting reviews of care practices and that all corrective action plans are implemented. Audits of care were commenced in May 2011, I will ensure that reviews of care regarding significant clinical risk are commenced and completed in the next two months.	30 August 2011

2. The provider has failed to comply with a regulatory requirement in the following respect:	
All staff had not attended training on the prevention, detection and management of elder abuse.	
Action required:	
Ensure that all persons working in the centre and/or providing services to residents have received education and training on the prevention, detection and management of abuse.	
Reference:	
Health Act 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>The remaining members of staff to be trained are scheduled to have training on the 21 July 2011. Due to annual leave this is the nearest date it could be done.</p>	<p>21 July 2011</p>
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<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Not all staff had received suitable fire safety training.</p>	
<p>Action Required:</p> <p>Ensure all staff receive suitable fire safety training.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 32: Fire Precautions and Records Standard 24: Training and Supervision</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>This training has been provided</p>	<p>Completed on 8 July 2011</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was a lack of structured, person centred, meaningful engagement and occupation for residents.</p>	
<p>Action Required:</p> <p>Ensure that further development in this area is conducted with particular emphasis on appropriate activities and therapies used as a basis in designing activity focussed care for residents with dementia/cognitive impairment.</p>	
<p>Action Required:</p> <p>The programme of activity is informed by each resident's previous routines, hobbies and interests, and their social and cultural background; it is reviewed with the residents on a regular basis and there is clear evidence of this.</p>	

Action Required:	
The programme of activities is clearly displayed for residents in a suitable format.	
Reference:	
Health Act 2007 Regulation 10: Residents' Rights Dignity and Consultation Regulation 6: General Welfare and Protection Standard 2: Consultation and Participation Standard 4: Privacy and Dignity Standard 5: Civil, Political and Religious Rights Standard 17: Autonomy and Independence Standard 18: Routines and Expectations Standard 20: Social Contacts	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We will try to source activity specifically for residents with cognitive impairment and dementia. We have consulted with residents in the last residents' meeting regarding activity they would like to do and we will implement this. Each day the activity arranged for the day is displayed on the board in the hallway. We will strive to improve the amount of activity we supply for the residents.	5 August 2011

5. The provider has failed to comply with a regulatory requirement in the following respect:
The complaints policy and procedure was not fully compliant with Regulation 39. There was no evidence of review and learning from complaints.
Action required:
Display the complaints procedure in a prominent position in the designated centre.
Action Required:
Have a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Reference: Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: I will talk to a local priest regarding acting as the independent person for review of complaints in the nursing home. I will ensure that the complaints policy is displayed in a prominent place in the nursing home.	18 July 2011

6. The provider has failed to comply with a regulatory requirement in the following respect: Contracts of care did not consistently set out the overall fee to be paid, reimbursement monies received and the final fee to be charged to the resident, or fees to be charged for services outside of the terms of the contract.	
Action required: Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and all fees to be charged.	
Reference: Health Act 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We will go through all contracts of care to ensure that they have all relevant information in them and we will re-issue any contracts to residents that do not have the correct information in them.	31 July 2011

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

Procedures consistent with current national guidelines on infection prevention and control systems were not available to and/or used by staff on a daily basis. These included the necessary sluicing facilities, laundry systems and the safe handling and disposal of healthcare risk waste.

Action required:

Provide at least one bedpan washer.

Action required:

Ensure that policies and procedures consistent with current national guidelines on infection prevention and control systems are used by staff on a daily basis. These include the safe handling and laundering of soiled and infected linen and disposal of healthcare risk waste.

Action required

Provide suitable and sufficient laundry space for the segregation of clean and dirty laundry; worktops and racking for sorting, drying and storing laundry.

Reference:

- Health Act 2007
- Regulation 19: Premises
- Regulation 31: Risk Management Procedures
- Standard 29: Management System
- Standard 26: Health and Safety
- Standard 25: Physical Environment

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

Timescale:

Provider's response:

A bed pan washer will be bought when the funds are there to finance it, hopefully by the end of the year. Policies and procedures will be reviewed to ensure compliance with national guidelines.

I have spoken with an engineer regarding separation of sluice and laundry facilities and am still waiting to receive advice on how to do this within our current confined space and this will all depend on funds being available. We will notify the lead inspector with a timeframe when we have all of the above.

We will inform the lead inspector as soon as we have a timeframe for separation of facilities.

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

The statement of purpose and function did not contain all the information required as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Compile a statement of purpose that consists of all matters listed in Article 5 and Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Reference:

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

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

Timescale:

Provider's response:

The person in charge will rectify the statement of purpose and function to ensure it complies with regulations and standards.

31 July 2011

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

The Residents' Guide did not contain all of the required information.

Action required:

Produce a Residents' Guide which includes:

- a summary of the statement of purpose
- the terms and conditions in respect of accommodation to be provided for residents
- a standard form of contract for the provision of services and facilities to residents
- the most recent inspection report
- a summary of the complaints procedure provided for in Regulation 39
- the 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: The person in charge will ensure that this is done and is compliant with regulation and standards.	31 July 2011

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

The staff education and training programme requires further development of core competencies and evidenced based skills for staff to meet the assessed needs of residents, to fulfil the stated aims and objectives of the centre and ensure that staff were suitably competent to fulfil their roles.

Action Required:

Provide staff members with access to accredited education and training to enable them to provide care in accordance with contemporary evidence-based practice.

Action Required:

Supervise all staff members on an appropriate basis pertinent to their role and experience.

Reference:

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: I will continue to ensure that our staff are provided with appropriate training to enable them to provide care pertinent to their role and experience. The person in charge will inform staff of upcoming training courses and any onsite that can be provided will be done as appropriate. Staff will be given performance reviews in the coming months.	Ongoing

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

Staff were not recruited in line with best practice and legislative requirements.

Action Required:	
Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.	
Reference:	
Health Act 2007 Regulation 18: Recruitment Regulation 24: Staffing Records Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We do our best to ensure that we have all references and necessary documentation for new staff before commencement of employment. We will review our recruitment procedure.	13 August 2011

12. The provider has failed to comply with a regulatory requirement in the following respect:	
Volunteers and other persons providing services to residents had not been vetted appropriate to their role and level of involvement with the residents and did not have their roles and responsibilities set out in a written agreement with the provider.	
Action Required:	
Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.	
Action Required:	
Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.	
Reference:	
Health Act 2007 Regulation 34: Volunteers Standard 20: Social Contacts Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>I will ensure that all volunteers that are currently providing services to the nursing home are vetted, although it will take time to get this back. I will develop a written agreement between the nursing home the individuals and will endeavour to have this complete soon.</p>	<p>31 August 2011</p>
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<p>13. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Care plans were not agreed and developed in consultation with residents.</p>	
<p>Action Required:</p> <p>Prepare and revise all care plans in consultation with residents.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>We are in the process of uploading care plans onto the Epic care system, we will ensure that all care plans are developed in consultation with the residents.</p>	<p>Ongoing</p>

<p>14. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Quarterly notifications were not submitted on a consistent basis to the Chief Inspector.</p>	
<p>Action Required:</p> <p>Ensure that a written report is provided to the Chief Inspector at the end of each quarter.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Since inspection the person in charge has submitted notifications for the last two quarters. As she was on maternity leave for this period it should have been submitted by the person in charge in her absence.</p>	<p>Completed</p>

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 29: Management Systems	The provider shall ensure that the organisational structure and system support all staff to create a transparent, positive and inclusive environment. Regular team meetings held at appropriate intervals form part of this system.
Standard 24: Training and Supervision	Develop a staff appraisal policy and train key staff in its implementation. Each staff member is informed of his/her progress and strengths and has an opportunity to develop his/her capabilities and strengths.

Any comments the provider may wish to make:

Provider's response:

I found that this time around the inspection process was a positive experience. The inspection team were both approachable and supportive. The subsequent report was fair. The staff felt at ease this time as opposed to on edge on previous inspections. The residents felt more included in the inspection process and felt that their opinion mattered.

Provider's name: Margaret Ackerley

Date: 11 July 2011