

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:	St Doolagh's Park Care & Rehabilitation Centre
Centre ID:	0173
Centre address:	Malahide Road
	Balgriffin
	Dublin 17
Telephone number:	01-8477950
Fax number:	01-8477995
Email address:	stdoolaghs@guardianhealthcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Guardian Healthcare Company
Person in charge:	Ciara Hopper
Date of inspection:	18 February and 02 March 2011
Time inspection took place:	Day 1 Start: 11:40 hrs Completion: 17:45 hrs Day 2 Start: 11:40 hrs Completion: 13:00 hrs
Lead inspector:	Nuala Rafferty
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 well-being 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

St Doolaghs Care and Rehabilitation Centre is a purpose-built, two-storey building which can accommodate up to 72 residents. Categories of care include care of the older person, dementia care, young chronic sick with complex needs and acquired brain injury. The centre provides continuing respite and rehabilitative care to persons over 18 years of age.

The unit on the ground floor is a specific acquired brain injury unit which provides step down rehabilitation or long term care services. The first floor provides long term care to people who are young chronic sick and older persons.

All bedrooms are single with en suite bathrooms and there are a variety of communal areas which residents can access for leisure and relaxation purposes such as games rooms and TV rooms.

The ground floor also consists of a reception area with a comfortable seating area. Administration offices, staff changing and toilet facilities, physiotherapy, games room, dining room, sitting room, store rooms, visitors' toilet, a nurses' station, drugs store, one sluice, one cleaners' store, three assisted toilets, three assisted showers/ bathrooms, laundry and main kitchen with separate change facilities for catering staff.

In addition a small self contained area is provided as a 'transitional living unit' containing separate dining and sitting room, kitchenette, toilet and assisted shower/ bathroom.

The first floor includes a dining room with adjoining multi purpose room, psychologist's office, nurses' station, two alcoves with comfortable seating and televisions for residents use, sluice room, store room, cleaners store, linen room, four assisted toilets, and two assisted shower/bathrooms.

Outdoors there is an enclosed landscaped courtyard and a sports area which can be used for football, volley ball or basket ball.

The centre is set on a large enclosed parkland area with ample walkways for residents to enjoy. It is secured with high walls and electronic gates. Parking is available for staff and visitors.

Location

The centre is located in a parkland area set back off the main Malahide road. A long winding driveway brings you from the entrance gates to the front door. It is close to both Malahide and Swords Village. A regular bus service to Malahide village is located at the entrance gates.

Date centre was first established:	2003
Number of residents on the date of inspection	69
Number of vacancies on the date of inspection	3

Dependency level of current residents	Max	High	Medium	Low
Number of residents	25	1	11	32

Management structure

Ciara Hopper is the Person in Charge, she reports to the provider, Keith Robinson who is the Chief Executive Officer of the Guardian Healthcare Company. The person in charge is supported by an assistant director of nursing.

All nursing staff report to the assistant director of nursing and to the person in charge. A team of care assistants are supervised by a head care assistant. All care assistants also report to the nursing staff. All other household and catering staff report to the person in charge.

An interdisciplinary team consisting of a full time clinical psychologist and assistant psychologist, part time physiotherapy, psychiatry and full time activities coordinator are overseen by the Person in Charge

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	4	12	3	7	1	3*

* one assistant director of nursing, one maintenance person and one activities coordinator

Background

St Doolagh's Park Care and Rehabilitation Centre was first inspected by the Health Information and Quality Authority's (The Authority) on 6 October 2009.

This was a registration inspection and inspectors found the overall care delivered in the centre was of a good standard. Staffing levels and skill mix were appropriate to meet the needs of the current residents' profile. Ongoing efforts to improve person centred care practices were evident.

A number of improvements were required 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 Standards for Residential Care Settings for Older people in Ireland*. The provider was required to complete an action plan to address these areas. The inspection report for St Doolagh's Park Care & Rehabilitation Centre, centre 173 can be found at www.hiqa.ie.

A plan consisting of 16 actions was developed by the inspection team based on their findings where some or significant improvement was required by the provider

This additional inspection report outlines the findings of a follow up inspection that took place on 18 February and 02 March 2011. The inspection was unannounced and focused on the implementation of the action plan issued to the provider.

Summary of findings from this inspection

Of the 16 actions required from the previous inspection, the provider had completed nine actions, partially completed six actions and not completed one action required by the Authority.

Improvements in governance procedures specifically in the areas of financial and records management were noted. Improvements were also found in care planning, complaints recording processes.

Additional mandatory training in fire safety and moving and handling was delivered to staff and staff also received training in other key areas such as managing challenging behaviour and prevention of elder abuse.

Although efforts were made, the recruitment and vetting procedures for staff did not meet legislative requirements and monitoring of room temperatures in all areas of the centre and specifically in the laundry were not in place.

A further action plan has been developed requiring the provider to improve these areas in line with legislation and Standards

Issues covered on inspection:

A notification of an unexplained absence from the centre was provided to the authority on 8 January 2011. The person in charge was asked to advise the Authority of details of the investigation, communication supports and learning outcomes further to the incident. All aspects of the information provided were verified during the inspection process.

A timely and complete response to the information requested was received. The response outlined the circumstances of the absence, the management of the incident by staff on the day, safe return of the resident, communication with family, senior management within the centre and Gardai.

A care review for the resident involved followed and included psychology and psychiatry assessments and updated care planning. An agreement has been signed with the resident to facilitate individual weekly supervised outings in addition to any other group outing which the resident wishes to share. A review of risk management identified the need for improved security coding and supervised outings for the resident at present.

The multidisciplinary team believe the recent bad weather spell which curtailed outings even to the grounds of the centre contributed to the absconding episode and further inputs were planned to continue to monitor and review the resident's behaviour and demeanour.

Actions reviewed on inspection:

1. Action required from previous inspection:

Ensure all residents are facilitated to access relevant health care services as may be required.

Ensure all residents are provided with appropriate medical care which includes regular three monthly reviews of residents' general condition and medication.

Provide such services as may be required or enter into discussion with the health service executive to ensure the ongoing provision of services and/or supports which meets the needs of all residents in the current residents profile.

Ensure that records are maintained of all actions referrals, recommendations and follow up appointments in a complete manner.

This action was fully addressed. On review of a sample of residents' documentation evidence of regular reviews of residents' general condition in addition to specific medical issues were found. Three monthly reviews were documented and included overview of general condition, full physical examination, medication review and full blood screen where indicated.

Timely access to allied health professionals was noted. For example, one referral to a speech and language was made on 21 December 2010 and the resident was initially seen on 3 February and again on 15 February 2011.

2. Action required from previous inspection:

Establish clear policies and procedures on the management of residents' accounts and personal property in accordance with national guidelines.

Put in place appropriate accounting systems which meet best practice and safeguard residents' property, possessions and finances.

Establish a system which ensures signed records and receipts for lodgement or withdrawal of possessions or finances are retained in accordance with best practice and national guidelines

Ensure that where staff are involved in management of residents financial affairs both staff and residents are safeguarded through proper documentation and recording of all transactions which includes two signatures for all transactions and where possible signed by the residents and /or his or her representative.

This action was fully addressed. A policy and process for the management of residents' finances was in place. The policy was found to be reflected in practice.

In relation to monies retained for safekeeping on residents' behalf, all transactions were documented with two signatures and receipts were retained for each purchase. Monies were kept in plastic bags and in locked cash boxes which were then placed in a large safe in a locked administration office. Access to this area was restricted to one staff person.

Evidence of authorisation for the collection of residents' pensions on residents' behalf was found.

3. Action required from previous inspection:

Provide all staff with training that maintains skills and ensures they are competent to carry out their role.

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

Ensure the staff training plan is linked to staff appraisals and performance management development assessments.

This action was fully addressed. Staff training records viewed showed training in areas identified as being mandatory requirements or meeting residents' specific needs was delivered to staff.

A total of 53 staff attended fire safety or fire evacuation drills, 26 attended moving and handling, five attended management challenging behaviour and six attended prevention of elder abuse since the previous inspection.

4. Action required from previous inspection:

Ensure all records are stored safely and securely and in a manner which facilitates ease of retrieval maintenance and confidentiality.

This action was fully addressed. Historical records were removed from the store room.

A private company has been engaged to archive all historical records. The contract provides for a 24 hour service whereby records requested can be delivered to the centre within the day.

5. Action required from previous inspection:

Review the management and recording of complaints so that all complaints are documented in a timely manner.

Record all investigations, actions, outcomes and learning on each individual complaint and ensure that this record meets the requirements of the legislation.

Record notification of the complainant of the outcome of the complaints and his/her satisfaction or otherwise of the outcome and any other follow up action taken.

This action was fully addressed. The complaints record was reviewed and found to include all aspects of regulatory requirements.

One complaint made in September 2009 involved the issue of a missing radio. The record included; details of the complaint, investigation, findings, corrective actions, considerations for preventative actions, confirmation issue resolved, follow up response and satisfaction of complainant recorded. In this instance the radio was replaced and the resident was satisfied.

6. Action required from previous inspection:

The person in charge shall ensure each resident's needs are set out in an individual care plan developed and agreed with each resident.

The interventions required to meet the changing needs of residents to be continuously assessed, monitored and evaluated on an as required basis and no less frequently than every three months.

Care plans to reflect interventions recommendations or referrals made by all allied health professionals and the general practitioner in a timely consistent manner.

Review of care plans should be linked to ongoing nursing assessment and evaluation of the effectiveness of interventions and therapies provided.

This action was partially addressed. Inspectors looked at a sample number of residents care plans and found evidence of a review of care plans and risk assessments.

A new care plan format piloted in November 2010 was introduced throughout the centre. The care plans were based on ten sections and include; health, mobility, quality of life, risk and health promotion amongst others. However, although all residents had been reassessed evidence that care plans were in place for each identified need or that they were linked to nursing evaluations were not found.

For example, one resident who was risked assessed as being at maximum dependency and doubly incontinent did not have a continence care plan in place. Nursing evaluations did not reference care plans nor did they reference support strategies initiated by the consultant psychologist where these were in place.

7. Action required from previous inspection:

Establish and maintain a system for reviewing the quality and safety of care and the quality of life of residents in the centre at regular intervals.

Establish and maintain a system for improving quality and safety of care and the quality of life of residents in the centre at regular intervals.

Commence an immediate review of systems and practices in relation to those residents who spend most of their time in beds or chairs identify areas requiring improvement and put in place a corrective action plan.

Make a report in respect of these reviews and improvements and provide a copy of these reports within three months of receipt of this inspection report.

Such reports to address, issues of communication, person centred care, enablement, inclusion and involvement of residents and relatives or advocates in daily decision making and participation in their care and the organisation and delivery of services provided in the centre.

This action was partially addressed. A report on a review of quality of care practices within the centre was due to be provided to the Authority at the end of February. However, institutional style practices were not observed on this visit.

Other aspects of quality of care issues such as the inclusion of a more person centred approach to care plans with the introduction of 'About Me' which references residents personal interests, pastimes and the important people in their lives was found to have commenced.

8. Action required from previous inspection:

Amend the statement to accurately and specifically reflect the requirements of the regulations and incorporate all matters as listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Ensure the statement of purpose accurately describes the service provided, specific categories of care and the range of need which can be safely and appropriately met.

This action was fully addressed. A revised statement of purpose which meets regulatory requirements was provided in advance of the follow up inspection.

9. Action required from previous inspection:

Compile a resident's guide which contains all of the information as required in the legislation.

This action was fully addressed. A revised residents' guide which meets regulatory requirements was provided in advance of the follow up inspection.

10. Action required from previous inspection:

Ensure that a comprehensive risk management policy is in place and that it is implemented by all staff throughout the designated centre.

Ensure all staff are aware of the policies and procedures in place to manage risks in the centre.

Ensure staff are aware of their roles and responsibilities in relation to risk management and the safety and protection of residents at all times.

Provide additional training or information sessions where necessary to update staff in relation to risk management their roles and responsibilities.

This action was partially addressed. Improvements were found in the implementation of policies and processes in place. However, all aspects of forms used to manage risks in relation to escorted and/or unescorted leave were not always fully completed by staff.

For example, the forms used contained three sections. Section one was completed in respect of unescorted leave. Section two should be signed by the person accompanying the resident on escorted leave. Section three should be completed by staff and include details of clothing worn, residents description and contact details. Five forms were reviewed, of these only three were completed in full.

11. Action required from previous inspection:

Put in place policies and procedures on all items listed in schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Carry out an immediate review of all written policies and procedures and ensure they are reviewed regularly to meet best practice and legislation as required and at least every three years.

Ensure that all policies and procedures meet the requirements of the legislation.

Ensure staff are aware of the policies and procedures and knowledgeable in relation to their responsibilities towards their implementation.

Establish a system which audits and reviews implementation of policies and procedures and disseminates learning to all staff.

This action was partially addressed. Policies and procedures in place specifically in relation to health and safety and medication management were updated to reflect current best practice and legislation. However, the person in charge stated a full audit on all practices in relation to the policies was not yet completed.

Policies and procedures which meet the need of the current residents profile were in place.

12. Action required from previous inspection:

Review the delivery of meals from the main kitchen to the dining area and ensure that food served is of a sufficient temperature to meet HACCP guidelines and the personal preferences of residents.

This action was addressed. Evidence was found that a review of food temperatures was undertaken by the catering department. Core temperatures of hot food were taken prior to food leaving the main kitchen area and again on reaching the service area.

The person in charge stated that a review of the dining experience was currently underway with a proposed move to a self service type format being planned. Residents were observed enjoying lunch and on enquiry none expressed dissatisfaction with content or temperature of the meals provided.

13. Action required from previous inspection:

Put in place written policies and procedures on all communication processes operational in the centre.

This action was partially addressed. Minutes of the multidisciplinary team were reviewed and documentation of decisions taken and persons responsible for implementing the decision were noted. However, a review of and amendments to the communication policy identified by the person in charge as part of the action plan response, had not been completed.

14. Action required from previous inspection:

Ensure arrangements in place to facilitate residents' consultation and participation in the organisation of the centre is adequately recorded.

Ensure all issues raised by residents' and relatives representative groups are acknowledged, responded to and recorded and all actions taken recorded.

This action was fully addressed. Minutes of the residents meeting held in December 2010 were viewed and identified suggestions made by residents such as; provision of celebrity magazines, snooker table and make up day were found.

Actions further to a residents and relatives survey in September 2010 were also found and included; quotes for upgrade of the quiet room to a snoezelen room and for a hi-lo bath to suit residents preference for bath rather than shower.

15. Action required from previous inspection:

Ensure that staff records contain all the requirements listed in schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

This action was not addressed. Inspectors reviewed a sample number of staff personnel files and found that all of the legislative requirements such as three references, medical fitness and contract of employment were not in place.

16. Action required from previous inspection:

Review sluicing facilities and put in place sluicing facilities which meet best practice in relation to infection prevention and control in relation to racking drainage and storage facilities.

Put in place a wash-hand basin and low level mop sink for sluicing purposes in the designated cleaners' rooms.

Provide adequate ventilation in all areas of the centre and specifically in the laundry and cleaners rooms.

Maintain regular documented checks on the temperatures in all areas of the centre to ensure they are within recommended guidelines.

Identify the specific designated function of each room in the centre.

This action was partially addressed. A wash hand basin and low level mop sink was provided in the cleaner's room and mechanical extraction ventilation was installed in both the cleaner's room and the laundry areas.

However, on the day of inspection although there was evidence that monitoring of room temperatures in the laundry area had commenced in January and a daily record was maintained throughout the month. The monitoring process had ceased in February due to the breakage of the wall mounted thermometer which had not been replaced. Furthermore, on review of the record the inspector found that the temperature in the laundry was 23°C and higher throughout January and exceeded 25°C on 17 occasions. Regular checks on room temperatures were not being maintained in other areas of the centre as required in the action plan.

Adequate racking for drainage purposes was not provided in sluice rooms and the designated function of all rooms in the centre was not identified.

Best Practice Recommendations:

Review the signage provided to include more visually distinct elements to help orient residents with cognitive impairments.

This action was fully addressed. Improved signage with more visually distinctive elements was introduced to help orient residents with cognitive impairment. The signage was large and included the name of the room and a coloured graphic identifying the room function such as a pot for the kitchen or a knife and fork for the dining room.

Report compiled by:

Nuala Rafferty
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

3 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
18 February and 2 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
5 and 6 August 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
5 and 6 May 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
18 February 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
6 October 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

Action Plan

Provider's response to additional inspection report*

Centre:	St Doolagh's Park Care & Rehabilitation Centre
Centre ID:	0173
Date of inspection:	18 February and March 2 2011
Date of response:	19 April 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 person in charge has failed to comply with a regulatory requirement in the following respect:

Continuous assessment, monitoring and review of resident's changing needs were not reflected in the care plans. Care plans, nursing evaluations of care delivery and risk assessments were not linked and were not consistent.

Action required:

The person in charge shall ensure each resident's needs are set out in an individual care plan developed and agreed with each resident.

Action required:

The interventions required to meet the changing needs of residents to be continuously assessed, monitored and evaluated on an as required basis and no less frequently than every three months.

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

Action required:	
Care plans to reflect interventions recommendations or referrals made by all allied health professionals and the general practitioner in a timely consistent manner.	
Action required:	
Review of care plans should be linked to ongoing nursing assessment and evaluation of the effectiveness of interventions and therapies provided.	
Reference:	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Each resident's needs are set out in an individual care plan which has been developed and agreed with each resident or their representative.</p> <p>Each resident's individual care plan is reviewed no less frequently than every three months.</p> <p>Care plans will be audited and feedback sessions will be given to staff to ensure they are aware of the importance of cross referencing interventions, recommendations and referrals made by all allied health professionals in a timely and consistent manner.</p> <p>Feedback sessions will also focus on the importance of ongoing nursing assessment and evaluation of interventions and therapies provided.</p> <p>As our whole system of care planning changed in November 2010, we feel it is appropriate to give time for the system to bed down and ensure there is a full understanding of our new care planning system among all staff involved in the process. Therefore we will complete first audit and feedback sessions by end June 2011.</p>	<p>In place</p> <p>In place</p> <p>30 April 2011</p> <p>31 May 2011</p> <p>30 June 2011</p>

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Risk management policies and procedures in place were not consistently implemented.</p>	
<p>Action required:</p> <p>Ensure all staff are aware of the policies and procedures in place to manage risks in the centre.</p>	
<p>Action required:</p> <p>Ensure staff are aware of their roles and responsibilities in relation to risk management and the safety and protection of residents at all times.</p>	
<p>Action required:</p> <p>Provide additional training or information sessions or other support systems where necessary to update and support staff in relation to risk management their roles and responsibilities.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation: 31: Risk Management Procedures Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	
<p>Provider's response:</p> <p>All staff will have refresher training on the policies and procedures that are in place to manage risk in the centre.</p> <p>The refresher training will include a section on all staffs' roles and responsibilities in relation to risk management and the safety and protection of residents.</p> <p>Our training plan for the coming year will include training to update and support staff in relation to risk management and their roles and responsibilities.</p> <p>"Train the trainer" training has been booked for 10, 11 and 12 May 2011. Key personnel will attend this training and will then be responsible for the refresher training around risk management. Our Director of Nursing, Senior Psychologist and Occupational Therapist will attend the "train the trainer" training.</p> <p>Risk management refresher training is scheduled for Wednesday 8 June, Wednesday 15 June and Wednesday 22 June 2011.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>12 May 2011</p> <p>22 June 2011</p>

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

A review of all of the written policies and procedures was not in place to ensure they met current best practice, guidelines and legislation was not commenced.

Action required:

Carry out an immediate review of all written policies and procedures and ensure they are reviewed regularly to meet best practice and legislation as required and at least every three years.

Action required:

Ensure that all policies and procedures meet the requirements of the legislation.

Action required:

Ensure staff are aware of the policies and procedures and knowledgeable in relation to their responsibilities towards their implementation.

Action required:

Establish a system which audits and reviews implementation of policies and procedures and disseminates learning to all staff.

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:
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Provider's response: A review of all written policies and procedures has commenced.	30 April 2011
All staff will be made aware of the review and their responsibility to familiarise themselves with the outcome of the review. The review will be written up as a report and all staff will be given a copy of this report with their payslips.	31 May 2011
Training sessions will be held for all staff to ensure they understand how to implement the policies into everyday practice.	30 June 2011
An audit tool will be developed and an audit undertaken to review the implementation of policies and procedures and feedback sessions will be held to disseminate learning to all staff.	31 July 2011

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

following respect:	
A review of the communication policies and processes to ensure effective documentation and communication within and between all staff and allied health professionals in the centre identified in the previous inspectors action plan was not undertaken.	
Action required:	
Put in place written policies and procedures on all communication processes operational in the centre.	
Reference:	
Health Act, 2007 Regulation 11: Communication Standard 27: Operational Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The communication policies and procedures have been reviewed and amended to include all communication processes operational in the centre.	In place

5. The person in charge has failed to comply with a regulatory requirement in the following respect:	
The personnel records of some staff did not contain all of the required documentation as required in schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(as amended).	
Action required:	
Ensure that staff records contain all the requirements listed in schedule 2 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: 24: Staffing Records Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Staff records have been reviewed and now contain all the requirements	

listed in schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	In place
A new member of staff had started the week the follow up inspection took place and was on induction and under strict supervision. The administrator was in the process of compiling her personnel file and had pre-arranged a time on the 18 th to meet with the new recruit as part of her induction. However, there was no note in the staff member's personnel file to indicate this. This was rectified and noted on the staff member's file following the feedback session on the day of the inspection.	In place
All future new employees' files will have a note to state that documentation has been given to the staff member and we are awaiting the return of signed documentation (ie signed contract), if this is the case.	Ongoing

6. The provider has failed to comply with a regulatory requirement in the following respect:	
The physical design and layout of the designated centre does not fully meet the needs of residents in respect of health and safety.	
Action required:	
Review sluicing facilities and put in place sluicing facilities which meet best practice in relation to infection prevention and control in relation to racking drainage facilities.	
Action required:	
Provide adequate ventilation in all areas of the centre and specifically in the laundry and cleaners' rooms.	
Action required:	
Maintain regular documented checks on the temperatures in all areas of the centre to ensure they are within recommended guidelines.	
Action required:	
Identify the specific designated function of each room in the centre.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>Sluicing facilities have been reviewed and our sluice facilities will have racking drainage facilities which meet best practice in relation to infection prevention and control.</p> <p>Additional ventilation is in place in the laundry room as of 28 February 2011.</p> <p>Regular documented checks on the temperatures in all areas of the centre will be maintained to ensure they are within the recommended guidelines.</p> <p>A review of signage in the centre has been undertaken and signage will be put in place to identify the rooms which were not identified on the day of the inspection, as follows:</p> <p>Gym Administration office.</p>	<p>30 April 2011</p> <p>28 February 2011</p> <p>Ongoing.</p> <p>30 April 2011</p>
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Any comments the provider may wish to make:

Provider's response:

We would like to thank the inspector for the professionalism and courtesy shown to all throughout the inspection.

Provider's name: Guardian Healthcare

Date: 19 April 2011