

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Cúil Dídin
Centre ID:	0219
Centre address:	Skahanagh
	Tralee
	Co Kerry
Telephone number:	066-7119090
Fax number:	066-7181462
Email address:	catriona.oconnor@cuildidin.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Cúil Dídin Ltd
Person authorised to act on behalf of the provider:	Catriona O'Connor
Person in charge:	Catriona O'Connor
Date of inspection:	19 July 2011 and 20 July 2011
Time inspection took place:	Day-1 Start: 10:30hrs Completion: 17:30hrs Day-2 Start: 09:00hrs Completion: 13:45hrs
Lead inspector:	Col Conway
Support inspector:	Cathleen Callanan
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Cúil Dídin is located off the N70 on the southern side of Tralee, Co Kerry. It is on a five acre site with ample parking and is surrounded by well-maintained grounds which include an enclosed garden with a patio area. It is a purpose-built facility with accommodation at ground level, with bedrooms primarily spread across four wings; block a, block b, block c and block d. The four wings lead off a central reception lobby with administration offices and also lead into two single bedrooms adjacent to the main office area. The centre provides continuing, respite and convalescent care for up to 60 residents. At the time of inspection there were 59 residents and the person in charge informed inspectors that there were 18 residents with dementia and five residents less than 65 years of age.

In total there are 44 single rooms and eight twin-bedded rooms, all of which have en suite assisted shower, assisted toilet and a wash-hand basin. Additional to the en suite facilities, there are two communal assisted bathrooms each with an assisted bath, assisted toilet and wash-hand basin, two separate communal assisted toilets each with a wash-hand basin and a visitors' toilet.

There is a communal dining room, an oratory, a smoking room and two communal sitting rooms for residents' use. One of the communal sitting rooms has an adjacent space used for exercise and physiotherapy purposes. There is also a dedicated art room and an oratory which also doubles as a meeting room.

Date centre was first established:			2003	
Number of residents on the date of inspection:			* 60	
Number of vacancies on the date of inspection:			0	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	23	15	3	19
Gender of residents			Male (✓)	Female (✓)
			18	42

* including one resident temporarily admitted to acute services

Management structure

The Provider is Cúil Dídin Ltd and the person authorised to act on behalf of the provider is Catriona O'Connor, she is also the Person in Charge. The Person in Charge is supported by a senior nurse who is a clinical care manager grade two who in turn is supported by an office manager; two senior nurses in the roles of clinical care managers grade one, and two senior nurses working in the projects and quality team. All clinical, administrative, kitchen and domestic staff report to them respectively.

Summary of compliance with 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*.

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members, over the two day inspection. Inspectors observed practices and reviewed documentation such as nursing records, care plans, medical records, incident and complaints logs, policies, procedures and staff records. A fit person interview was carried out with the person in charge/provider who had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Inspectors found substantial compliance 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*.

There was evidence that residents received a good standard of care and the person in charge/provider demonstrated a strong commitment to providing a quality service that was based on contemporary best practice. The premises and facilities were appropriate for the services described in the statement of purpose and the numbers of staff employed and on duty were appropriate to the assessed needs of residents and to the size and layout of the designated centre. There was evidence that daily life in the centre maximised the residents' capacity to exercise choice and personal autonomy and their views were sought and listened to. Staff that inspectors spoke with were knowledgeable about residents' individual health needs, and this was confirmed by the care practices observed.

Three improvements were required to enhance the findings of good practice. These are described under the outcome statements and related actions are set out in the Action Plan at the end of this report, under the relevant outcomes.

Section 50 (1) (b) of the Health Act 2007

Compliance 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*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

A written statement of purpose was available and it accurately described the services and facilities provided in the centre. It contained all of the information that is required in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

Inspectors found evidence of extensive quality improvement and organisational learning as robust quality review systems were in place. The person in charge/provider demonstrated an excellent understanding of effective quality systems and a commitment to contemporary best practice. There was documented evidence of regular review and comprehensive evaluation of clinical care, overall practices, premises, policies and general documentation. A wide-ranging quality improvement plan for 2010/2011 was available that detailed the priority of any work that was required; dates of when it was to be completed and the responsible person/s were identified. Inspectors found evidence of numerous developments that had come about by evaluating practices and procedures.

Two staff members were assigned to leading on quality and project work and prior to the inspection the quality and project team led on benchmarking the centre against 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*. A report was available and areas for improvement and further development had been identified.

Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures

Standard 6: Complaints

Inspection findings

Inspectors found evidence of good complaints management. Residents, their relatives and staff reported to inspectors that they had easy access to the person in charge and they could openly report any concerns and residents had access to an independent appeals process. Residents also had access to an advocacy service.

There was an up-to-date written complaints policy containing all of the required information, it was hung in a prominent place and the process for making a complaint was outlined in the statement of purpose and the Resident's Guide.

An inspector read records of complaints that had been made and there was appropriate documentation detailing any complaints, the actions taken, the outcomes and any follow up.

2. Safeguarding and safety

Outcome 4

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Inspection findings

Residents that inspectors spoke with confirmed that they felt safe in the centre. Inspectors read a centre-specific elder abuse policy, there was evidence that staff had received elder abuse training, staff were appropriately supervised, there was evidence of Garda Síochána vetting for all staff and an advocacy service was

available to residents. Staff with whom inspectors spoke with were able to appropriately describe their responsibilities with regard to reporting an allegation of abuse and the actions to be taken in the event of an allegation of elder abuse.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

Practices in relation to the health and safety of residents and the management of risk sufficiently promoted and ensured the safety overall of residents, staff and visitors. There was evidence that good risk management procedures were implemented and appropriate measures were in place to prevent accidents:

- an up-to-date health and safety statement was in place
- residents with significant risk factors were cared for and monitored appropriately
- regular environmental and clinical risk assessments were undertaken, with some as frequent as daily and the findings were analyzed and appropriate actions taken
- there was written confirmation that all requirements of the statutory fire authority had been complied with and records confirmed that fire equipment, fire prevention and suppression system checks were up to date, and all staff had attended regular fire safety training
- records indicated staff had received manual handling training
- appropriate infection control measures were in place
- the environment was clean, well maintained, flooring and lighting were in good condition, grab rails were in place and emergency exits were unobstructed
- records indicated that equipment and services were checked and maintained regularly.

While the smoking policy stated that smoking was strictly limited to a designated smoking room in the centre, one resident was facilitated to smoke in their bedroom at their request. There was a fire blanket and a fire extinguisher in the resident's bedroom. However, inspectors observed that the resident who smoked unsupervised by staff could be at risk of accidental injury due to their physical limitations.

Outcome 6

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

There was an up-to-date medication policy with procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out of date medicines. Review of records and observation of practices confirmed for inspectors that these procedures were implemented. Nursing staff demonstrated an understanding of appropriate medication management and adhered to professional guidelines and regulatory requirements.

There was evidence that all residents had their medicines regularly reviewed and that medication management practices were audited.

3. Health and social care needs**Outcome 7**

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Inspectors found evidence of a good standard of nursing care. Arrangements to meet each resident's assessed needs were set out in detailed nursing care plans. There was evidence that care plans were drawn up with the involvement of residents and were subject to review at least three-monthly or more frequently if required. Written nursing assessments were frequently undertaken to evaluate residents' progress and to assess any potential for deterioration.

A review of residents' medical records showed that residents were monitored no less frequently than at three-monthly intervals. Residents, relatives and staff also confirmed that residents received regular medical review and had rapid access to a doctor if they became unwell. Records confirmed that residents also had access to specialist medical review if required.

There was evidence that residents had access to a range of allied health services such as dietetics, speech and language therapy, physiotherapy, occupational therapy, chiropody, dentistry and optical care.

Residents had opportunities to participate in meaningful activities that were appropriate to their individual assessed capacities, interests and preferences. Residents had access to an art room and there was evidence that a variety of scheduled activities either group or one-to-one were consistently provided for residents. Nursing staff, care staff, residents and relatives also confirmed that there were regular activities provided.

Outcome 8

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Inspection findings

While no resident was receiving end-of-life care at the time of inspection, there was a comprehensive, centre-specific, written policy on end-of-life care that was available for staff. Residents had access, if required, to community specialist palliative care services and pastoral care.

The person in charge described how overnight accommodation was available for family members to stay with their dying relative and an oratory was also available.

Outcome 9

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

There was evidence that residents received a varied diet that offered choice and the daily menu was displayed. Inspectors saw residents being offered a variety of snacks and drinks throughout the day.

A written record of each resident's dietary likes and dislikes was completed for each individual resident. The chef confirmed that the nursing staff kept the kitchen staff up to date on individual resident's dietary requirements.

Records read by inspectors confirmed that residents' weights were monitored regularly and regular nutrition assessments were completed for all residents.

Residents who needed assistance with meals were assisted by staff using appropriate techniques in a discreet and respectful manner.

4. Respecting and involving residents**Outcome 10**

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Residents had written contracts of care that detailed the overall care and services provided to the residents as well as the fees to be charged.

Outcome 11

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Residents could influence change in the centre as a residents' council was well established and residents were also provided with frequent opportunities to provide feedback about the centre via satisfaction questionnaires. Residents and their relatives informed inspectors that the person in charge was very available to residents and spoke with residents on a daily basis and asked them informally for feedback about various aspects of the service.

Inspectors observed and were also informed by residents and relatives that the privacy and dignity of residents was respected by staff. Inspectors observed that staff promoted residents' independence by encouraging residents to do as much for themselves as possible and residents confirmed they exercised choice in their lives.

Inspectors observed that social and family contacts were maintained, as visitors were welcomed at various times of the day. There were areas separate to residents' bedrooms for residents to meet their visitors in private. Residents and their relatives confirmed that flexible visiting was usual and that home visits and outings were facilitated as requested. Relatives informed inspectors that they were encouraged to be actively involved in the centre as there was a relatives' forum and relatives were also provided with information on a regular basis via a newsletter, emails and web texts.

Staff, residents and their relatives informed inspectors that their religious needs were facilitated and residents had access to an oratory and a pastoral care service.

Outcome 12

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

Inspectors observed suitable processes and procedures for the management of laundry. Residents and relatives confirmed that clothing was well looked after and was returned to residents' cupboards after it had been cleaned.

Residents had sufficient space in bedside cabinets, wardrobes and cupboards dedicated for their own personal belongings and bedrooms were personalised.

5. Suitable staffing**Outcome 13**

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The person in charge worked full time and she was a registered nurse with the required experience and clinical knowledge in the area of nursing older people. Inspectors observed that she had a strong and inclusive presence in the centre and there was evidence of good leadership. She held frequent staff meetings and staff were aware of the reporting relationships.

There was evidence that she had a strong commitment to her own continued professional development as she had completed many relevant courses and educational programmes. Residents, relatives and staff informed inspectors that the person in charge had a daily presence in the centre and she was available to answer any queries or concerns.

Throughout the two days of inspection the person in charge demonstrated an excellent working knowledge of 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*. As evidenced by the standard of care that was provided at the centre, the person in charge demonstrated a strong commitment to the delivery of person-centred care and to meeting the regulatory requirements.

Outcome 14

There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

There was a policy for the recruitment, selection and Garda Síochána vetting of staff, there was evidence that staff were all recruited in line with the policy and all the required documents were maintained for staff.

Inspectors observed a suitable skill-mix and adequate number of staff on duty to meet the needs of residents during the two days of inspection and staff were adequately supervised. Inspectors examined the staff rosters and were satisfied with the number of staff employed and scheduled to work both day and night. Staff that inspectors spoke with confirmed there was an adequate number of staff rostered to work and residents and their relatives informed inspectors that in their experiences there were always enough staff available to assist residents.

The provider/person in charge was strongly committed to staff training as there was a comprehensive staff development plan. A variety of learning opportunities were regularly provided for all staff and most of the training was delivered in-house by contracted trainers. Records indicated that training for all staff was relevant to their role, the service being provided and the needs of residents. All of the healthcare assistants had completed a relevant Further Education and Training Awards Council (FETAC) Level 5 care assistant programme.

Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

The centre was purpose-built, with a good standard of private and communal space and facilities. The environment was bright, clean and well maintained throughout and residents and relatives confirmed that the centre was always well cleaned.

Bedroom accommodation consisted of either single or twin en suite bedrooms and there were sufficient numbers of communal toilets located in close proximity to the communal dining and seating areas. However, in the shared twin bedrooms screening curtaining around the beds did not completely surround one of the beds.

There were appropriate beds, mattresses, pressure relieving cushions and seats to meet the residents' needs. There was also appropriate assistive equipment available such as hoists, wheelchairs and walking frames and handrails were in the corridors.

Residents had a choice of two communal sitting rooms that provided sufficient space for up to 60 residents and the rooms were furnished with appropriate seating to meet the current residents' needs and extra seating was available for visitors. There were also seating areas in the main lobby and the corridors.

There were dedicated areas for storage and equipment and supplies were seen by inspectors to be stored appropriately.

The main entrance and exit points were kept secure and there were adequate outdoor spaces for residents that included an enclosed garden that was entered from within the centre.

While there was mechanical ventilation provided in the smoking room, a strong odour of cigarette smoke could be detected in the corridor in block b.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents

Regulation 22: Maintenance of Records

Regulation 23: Directory of Residents

Regulation 24: Staffing Records

Regulation 25: Medical Records

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

Inspection findings

Resident's guide

Substantial compliance

Improvements required

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required

General records (Schedule 4)

Substantial compliance

Improvements required

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required

Directory of residents

Substantial compliance

Improvements required

Staffing records

Substantial compliance

Improvements required

Medical records

Substantial compliance

Improvements required

Insurance cover

Substantial compliance

Improvements required

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

An inspector reviewed a record of all incidents that had occurred in the centre and the documentation was comprehensive. All relevant incidents were notified to the Chief Inspector as required.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge. Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the nominated provider/person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Col Conway
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

29 July 2011

Provider's response to inspection report*

Centre:	Cúil Dídin
Centre ID:	0219
Date of inspection:	19 July 2011 and 20 July 2011
Date of response:	22 August 2011

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 5: Health and safety and risk management

1. The provider/person in charge is failing to comply with a regulatory requirement in the following respect:

There was potential for a resident to accidentally injury themselves while smoking unsupervised due to their physical limitations.

Action required:

Ensure that suitable precautions are put in place to control the risk of accidental injury to the resident who smokes in their bedroom.

Reference:

Health Act 2007
Regulation 31: Risk Management Procedures

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The resident in question insists that the room is their private personal space and refuses to go to the designated smoking area. There have been ongoing discussions with the resident, nominated family representatives and the senior care giving team since their admission. We have implemented fire prevention strategies specific to that room and this issue is on our ongoing risk monitoring programme. Please note that due to the design, layout and fire safety measures in place, the risk of fire in Cúil Dídin is minimal and the risk of injury to others is negligible.</p>	<p>Immediate</p>

Outcome 15: Safe and suitable premises

<p>2. The provider/person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>There was inadequate ventilation in the corridor in block b.</p> <p>There was insufficient screening around one of the beds in the shared twin-bedded rooms.</p>	
<p>Action required:</p> <p>Provide suitable ventilation in the corridor in block b.</p>	
<p>Action required:</p> <p>Provide sufficient screening around all of the beds in the shared twin-bedded rooms.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Regulation 19: Premises Standard 4: Privacy and Dignity Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Inadequate ventilation: At the end of block b is our designated smoking room which has mechanical extraction and natural ventilation with a self closing mechanism on the door. During the inspection process a certain</p>	<p>Ongoing</p>

resident wedged the smoking room door open (as they always insist on doing) which allowed a smell of smoke into the corridor. We are monitoring and encouraging that this door remains closed at all times.

Screening in twin-bedded rooms:
New screening system to be put in place

September 2011

Any comments the provider may wish to make:

Provider's response:

I would like to thank the inspection team for their commitment, promotion and support of services for the older person living in long term care. Their attention to detail and the letter of the regulation was outstanding. We are proud to be part of the whole cycle of continuous improvement and endeavour to meet all standards, regulation and assessed needs.

Thank you for observing the needs of all who live here and for your non-intrusive inspection techniques to the daily running of Cúil Dídin.

The above conveys the summary feedback from management, staff, service providers, residents and relatives.

Provider's name: Catriona O' Connor

Date: 22 August 2011