

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Madonna House
<b>Centre ID:</b>	0247
<b>Centre address:</b>	Station Road
	Ballincollig
	Co Cork
<b>Telephone number:</b>	021-4873750
<b>Email address:</b>	madrath@hotmail.com
<b>Type of centre:</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered provider:</b>	Cana Retirement Services Ltd
<b>Person in charge:</b>	Mary Clarke
<b>Date of inspection:</b>	2 February 2011
<b>Time inspection took place:</b>	<b>Start:</b> 08:00hrs <b>Completion:</b> 17:45hrs
<b>Lead inspector:</b>	Col Conway
<b>Support inspector:</b>	Cathleen Callanan
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<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 on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate 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

This centre was closed by the provider on 15 April 2011.

Madonna House Nursing Home has been in operation since 1990 and provides continuing and respite care for up to 16 residents. The centre is a two-storey building and accommodation for residents is provided only on the ground floor. On the day of inspection there were four residents with dementia and one resident under 65 years of age.

Private space consists of two three-bedded rooms each with a wash-hand basin, two twin bedrooms each with a wash-hand basin and six single bedrooms each with a wash-hand basin. There are two communal wheelchair accessible assisted shower rooms that include an assisted shower, assisted toilet and a wash-hand basin. There is also a communal toilet with wash-hand basin that is not assisted.

There is a communal sitting room, a dining room that has two external doors and a room that is available for residents to meet visitors.

Outdoor space consists of a small open patio on one side of the main sunroom and a fenced grass and patio area on the other side of the main sunroom. There is a car park available at the side of the centre.

### Location

Madonna House Nursing Home fronts directly on to a main road located close to the town centre of Ballincollig in Co Cork. Churches, shops and other local amenities are all within easy walking distance.

<b>Date centre was first established:</b>	1990
<b>Number of residents on the date of inspection</b>	13
<b>Number of vacancies on the date of inspection</b>	3

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	0	9	3	1

## Management structure

Cana Retirement Services operate the centre and the nominated Registered Provider is Maurice Duane. Mary Clarke is the acting Person in Charge and she commenced in the post for a temporary capacity on 22 January 2011. All of the registered nurses, care assistants and cleaning staff report to the Person in Charge and she in turn reports to Maurice Duane. The chef and catering assistant also report to the Registered Provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning staff	Admin staff	Other staff
<b>Number of staff on duty on day of inspection</b>	*1	**2	***3	****2	1	0	*****1

\* From 11:00hrs until 13:00hrs

\*\* One nurse from 08:30hrs until 17:30hrs  
One nurse from 14:30hrs until 20:30hrs

\*\*\* One care staff from 09:00hrs until 15:00hrs  
One care staff from 09:00hrs until 13:00hrs  
One care staff from 15:00hrs until 20:30hrs

\*\*\*\* One catering staff from 09:30hrs until 14:00hrs  
One catering staff from 15:00hrs until 19:00hrs

\*\*\*\*\* Provider

## Background

Madonna House Nursing Home has had five inspections carried out by the Health Information and Quality Authority. The first inspection by the Authority was on the 14 October 2009 and 15 October 2009, it was unannounced and inspectors found that the provider 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* in a number of areas. The inspection report included 26 actions, seven of which were issued in an urgent action plan, as well as four best practice recommendations.

A second inspection occurred on 30 November 2009, it was an unannounced follow-up inspection and it was in relation to the seven urgent actions. Inspectors found that three of the seven urgent actions had been satisfactorily addressed with three further actions partially met. A letter of warning was issued to the provider on 30 November 2009 concerning his failure to appoint a person in charge.

A third inspection was carried out by the Authority on 20 May 2010, 21 May 2010 and 25 May 2010 and it was an announced registration inspection. Inspectors followed up on the actions and recommendations from the inspection on 14 October 2009 and 15 October 2009. Inspectors found that many of the actions had not been addressed by the provider within the timeframes that he had identified. An urgent action plan was issued to Madonna House Nursing Home on 22 May 2010 with a three day timeframe for the three urgent actions to be completed. Inspectors found on the third day of the registration inspection, that the three urgent actions had been adequately addressed. The inspection report for the registration inspection included 52 required actions as well as two best practice recommendations.

The fourth inspection was carried out by the Authority on 7 October 2010, it was an unannounced follow-up inspection and it focused on the 52 required actions. Inspectors found that 40 of the 52 required actions had not been adequately addressed. On the day of inspection there was evidence that improvements had been made in the areas of medication management, daily nursing notes and record keeping of resident's money kept for safe keeping. However, areas that had not been adequately addressed related predominantly to governance issues, quality of the service, provision of healthcare, the premises and staff. The follow-up inspection report included 40 required actions.

This inspection report outlines the findings of a fifth inspection, which was an unannounced follow-up inspection undertaken by the Authority on 2 February 2011. The inspection focused on 39 required actions from the previous follow-up inspection.

## Summary of findings from this inspection

Inspectors found the provider had not adequately addressed the majority of the required improvements. On the day of inspection there was evidence that the majority of the 39 required actions remained outstanding. An urgent action plan was issued to Madonna House Nursing Home on the 4 February 2011 with a seven day timeframe for the actions to be completed. The three urgent actions are the first three actions in the Action Plan at the end of this report.

Improvements that had been made since the previous inspection were, provision of height adjustable beds, restricted staff access to the kitchen and provision of an overnight facility for relative's if a resident was receiving end-of-life care.

Actions that had not been adequately addressed related to governance issues, quality of the service, provision of appropriate healthcare, the premises and staff. There was strong evidence that the provider was not meeting the regulatory requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and adhere to the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The provider demonstrated non-compliance by not ensuring adequate provision of:

- a full-time person in charge
- suitable and sufficient care to maintain residents' wellbeing
- a high standard of evidenced-based nursing care
- appropriate healthcare
- opportunities for residents to participate in activities appropriate to their interests and capacities
- suitable premises, equipment and infection control practices
- comprehensive risk management processes
- records listed under Schedule 3 and Schedule 4.

The 37 required actions at the end of this report identifies areas where improvements are needed to meet the requirements 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*.

## Issues covered on inspection:

The findings of the follow-up inspection on 2 February 2011, in relation to 39 required actions from the previous inspection on 7 October 2010 are set out below.

## Actions reviewed on inspection:

### 1. Action required from previous inspection:

Ensure that the person in charge is full time with a minimum of three years experience in the area of geriatric nursing within the previous six years and is a fit person to participate in the management of the centre.

The acting person in charge informed inspectors that she was working part-time as she was not in a position to work full-time and the provider informed an inspector that this was an interim measure until he could appoint a full-time person in charge.

### 2. Action required from previous inspection:

Put precautions in place at the entrances and exits to the premises to control the specified risks of residents' absent without leave, assault and accidental injury.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection, that external doors would be kept locked at all times and new gates at the main entrances would be installed. Inspectors found the front entrance door was locked and a door bell had been installed, a gate had been installed at the front entrance area and the entrance door at the back of the building was also locked. Staff confirmed that keeping the main external doors locked was the usual practice. However, no gate had been installed at the entrance to the back of the building where there was direct access to the main road and a shared car park to the adjacent apartment complex.

### 3. Action required from previous inspection:

Make all necessary arrangements by training of staff, aimed at preventing residents being harmed or suffering abuse.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection that training was ongoing regarding preventing residents from being abused. The provider explained to inspectors that he had asked staff to watch a DVD on elder abuse and then complete a questionnaire on the subject to test their knowledge. An inspector found that while staff had signed a sheet to indicate they had watched the elder abuse DVD, there was only one completed elder abuse questionnaire in one of the 10 staff files that were examined by the inspector. The provider confirmed that not all staff had completed the questionnaires.

#### **4. Action required from previous inspection:**

Ensure each resident has their needs set out in an individual care plan and keep it under formal review, no less frequently than at three-monthly intervals or as required by the resident's changing needs or circumstances.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection that all residents' care plans would be updated. However, an inspector found there were not up-to-date nursing care plans for residents' individual needs and in some cases there were no written nursing care plans. There were instances where daily nursing notes were not in accordance with professional guidelines and in some cases they did not contain accurate details about an individual resident's status and there was not written evidence that nursing staff undertook appropriate assessments of residents on a regular basis. The medical records and medicine prescriptions that were read by an inspector also confirmed that not all residents had their medicines reviewed at least every three months. There was also no written evidence that all residents had a medical care plan that was reviewed as required by the resident's changing needs or circumstances.

An inspector found that one resident who had a range of medical conditions, a history of falls and challenging behaviour did not have written nursing care plans detailing the required nursing care. The acting person in charge confirmed that while she had phoned this resident's general practitioner (GP) two days previous to the inspection to inform him that she suspected the resident had a chest infection, the resident had not been medically reviewed at the time of inspection. The date on the prescription chart for this resident's medicines was approximately five months before the date of inspection and there was no evidence that the resident's medicines were reviewed consistently at least every three months. There was evidence that nursing staff were not adhering to professional requirements in regard to medication management. The acting person in charge informed an inspector that the GP had faxed the pharmacy a prescription for an antibiotic for this resident, the pharmacy had supplied the medicine and nursing staff were administering the medicine without the prescription available to them. An inspector found that it was common practice for nursing staff to administer medicines without having up-to-date prescription from a medical practitioner. An inspector found that many residents had more than one prescription chart and it was not always clear which chart was current. This posed a potential risk for medication error. The acting person in charge also confirmed that the dose that was prescribed for one of the medicines was not what was actually being administered by nursing staff.

An inspector found another resident who had a history of falls and an infected wound, also did not have written nursing care plans detailing the required nursing care. There was no evidence of an up-to-date written assessment of the resident's potential risk of falling and any identified actions to reduce the risk of the resident falling. There was evidence of an inadequate standard of nursing practice in regard to this resident's wound management. While there were written records of wound dressing changes, a nurse confirmed that the written record was not accurate. The



nurse informed the inspector that there was significant discharge from the wound and this was not recorded in the care records and there was no evidence that the resident's GP had reviewed the wound since a laboratory result dated 8 December 2010 confirmed the wound infection. The wound dressing technique and dressing type that was being used, which was described to an inspector by one of the nursing staff, could pose a risk of cross contamination to the resident's other wound as well as to other residents. Nursing staff also confirmed that no specialist advice had been sought on how best to manage the wound.

#### **5. Action required from previous inspection:**

Provide the required documents for every staff member as specified in Schedule 2 of the regulations.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection that staff records would be updated with the required Schedule 2 documents as required. However, in the 10 staff files reviewed by an inspector full employment histories, three written references and records of qualifications were not on file for some of the staff. Inspectors raised a query with the provider over the authenticity of written references for one staff member and the provider confirmed that he had not checked the authenticity of the references. The provider also confirmed that he was awaiting Garda Síochána vetting for four staff.

#### **6. Action required from previous inspection:**

Ensure that suitable and sufficient care to maintain each resident's welfare and wellbeing is provided by undertaking comprehensive risk management practices.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection that new processes and staff training had been put in place to address inadequate infection control practices. He stated this was in relation to cleaning and sterilising communal bedpans, laundry procedures and general cleaning procedures. Inspectors found that the sluice facility and the laundry remained combined in the same room. The sluice equipment remained inadequate as it was a toilet bowl and it had no function to adequately sterilise the communal bedpans that were used in the communal commodes. Staff had no other option available to them but to empty and clean the bedpans in the combined sluice and laundry room. Having a combined sluice and laundry room continued to pose an infection control risk as appropriate processes could not be implemented.

A laundry trolley had been purchased that consisted of a bag attached to a mobile unit that could be used to gather and store dirty laundry and baskets were available for clean laundry. However, inspectors observed that clean laundry was being dried on radiators in the hallway.

Inspectors found a new cleaning trolley was being used and separate mops and cloths were identified for use in toilets, washing facilities, bedrooms and general

living areas and written cleaning schedules had been completed by cleaning staff. However, infection control training had not been completed by all cleaning staff, care staff and nurses.

**7. Action required from previous inspection:**

Monitor and record all residents' weights.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection that residents' weights were monitored and written in residents' care plans every month. However, inspectors found there was not written evidence that all residents had their weight consistently monitored and recorded. Staff informed an inspector that there was a standing weighing scale but no sitting weighing scale and this meant that if a resident could not stand they were unable to be weighed. The acting person in charge confirmed that one resident had not been weighed for five years.

**8. Action required from previous inspection:**

Employ effective communication strategies for residents with dementia or cognitive impairment.

There was no evidence of any improvements since the previous inspection in regard to communication with residents who had cognitive impairment. The provider and the acting person in charge confirmed that staff had not commenced training in dementia care.

**9. Action required from previous inspection:**

Identify risks throughout the centre and put the necessary precautions in place to control any risks identified.

The provider informed an inspector that he had undertaken a review of cleaning and laundry practices and as a result he had purchased a cleaning trolley and a laundry trolley. However, he confirmed that he had not undertaken an assessment of any possible risks throughout the entire centre.

**10. Action required from previous inspection:**

Provide residents with the required height adjustable beds.

The inspectors observed that height adjustable beds had been purchased for the residents that required them.

**11. Action required from previous inspection:**

Restrict access to the kitchen.

Signs were seen by inspectors on the kitchen doors, notifying of restricted access, kitchen doors were closed and inspectors did not see nursing or care staff entering the kitchen during the inspection.

**12. Action required from previous inspection:**

Ensure there is a record of any occasion on which restraint is used, the nature of the restraint and its duration.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection that a restraint record was in place in the residents' care plans for those residents who required the use of a restraint. While there was a written record in residents' care records of when bedrail restraint was used, there was no relevant care plan detailing the safe use of bedrail restraint for individual residents and no documented reassessment of the need for bedrail restraint for individual residents.

**13. Action required from previous inspection:**

Residents must be accommodated in bedrooms, the occupancy of which meets the requirements of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

While two bedrooms were set up to accommodate three residents in each bedroom, inspectors found there were no more than two residents sharing in either of the bedrooms as there were three vacancies on the day of inspection.

**14. Action required from previous inspection:**

Provide appropriate chairs in residents' bedrooms for their own use.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection, that new chairs had been provided in residents' bedrooms for residents and their visitors' use. Inspectors found that only some bedrooms had suitable chairs for residents as the chairs that had been provided were dining chairs and did not provide residents with comfortable chairs with arm supports.

**15. Action required from previous inspection:**

Provide an adequate size communal sitting area for the residents.

The communal sitting area remained inadequate as the layout of the room did not provide sufficient space between all of the residents' chairs. Inspectors observed that three of the tray tables that were used by residents were in a poor condition.

**16. Action required from previous inspection:**

Provide an adequate size communal dining area for the residents.

The communal dining area remained inadequate as the layout of the room did not provide sufficient space for enough tables and seats for all residents to use. The room was also being used by a resident as an indoor smoking area and a full ashtray of cigarette butts was found on one of the tables. This posed a potential health and safety risk.

**17. Action required from previous inspection:**

Provide suitable ventilation in the dining area and the family room.

Inspectors found the ventilation in the dining area inadequate as there was a strong odour of stale cigarette smoke.

**18. Action required from previous inspection:**

In so far as reasonably provide overnight facilities for family when their relative is dying.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection that an overnight room facility had been made available for residents' relatives to stay overnight if their relative was receiving end-of-life care. Inspectors observed a room on the first floor of the building that was identified for relatives to use if required and it was appropriately furnished and decorated.

**19. Action required from previous inspection:**

Provide suitable facilities for residents to meet visitors.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection that a visitor's room was available for residents to meet their relatives. The room did not have appropriate seating, the carpet was dirty and stained, stationary supplies were stacked in the corner and the room was lit by one lamp which gave inadequate light and therefore there was very poor visibility outside daylight hours.

**20. Action required from previous inspection:**

Provide adequate storage space for equipment and communal supplies.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection that a storage area for equipment and supplies would be available by the end of 2010. However, inspectors found inadequate space remained for storage of equipment as unused wheelchairs continued to be stored in the communal sitting room, commodes were left in bedrooms during the day and a mobile hoist was stored in a resident's bedroom.

**21. Action required from previous inspection:**

Provide adequate storage space for cleaning equipment.

While a new cleaning trolley was in use and cleaning chemicals were stored in a locked compartment of the trolley, there was no dedicated cleaning room with an adequate storage area for cleaning equipment. The cleaning staff member on duty confirmed she had received no training on the use of cleaning products.

**22. Action required from previous inspection:**

Provide an additional wheelchair accessible toilet facility identified for use by visitors.

Inspectors found no evidence of work progressing on providing a toilet facility for visitors.

**23. Action required from previous inspection:**

Provide the required sluice facilities.

Inspectors found the infection control risk remained in the sluice facility as the toilet bowl that was being used for sluicing remained in the same room as the laundry facility.

**24. Action required from previous inspection:**

Provide the required laundry facilities.

Inspectors found the infection control risk remained in the laundry facility as it was in the same room as the sluice facility.

**25. Action required from previous inspection:**

Provide external grounds which are suitable for, and safe for use, by residents.

Inspectors found that the external grounds were unsuitable for the use by residents as there was no suitable outdoor furniture for residents to use in the enclosed area and there remained no external hand-rails to assist residents with exiting safely from the building onto the grassed and patio area.

**26. Action required from previous inspection:**

Ensure there is choice of food at each mealtime.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection that residents were given choice at mealtimes as a new system of choice had been put in place. The provider and cook explained to inspectors that each resident was offered a choice of main meal if they did not like what was on the menu. However, inspectors observed that there was not a menu on display in the dining or sitting areas. There was a seven day written menu posted on the kitchen wall and the cook confirmed that there was a rotating seven day menu and it had not been changed since mid December 2010.

**27. Action required from previous inspection:**

Ensure the food that is provided takes into account any special dietary requirements and is consistent with each resident's individual needs.

The cook confirmed that he was aware of the residents whom had diabetes, however, there was no written evidence in residents care records of nutritional screening and the cook confirmed there was no dietician involvement in menu planning.

**28. Action required from previous inspection:**

Ensure staff are aware of the Health Act 2007 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) in regards to their roles, the statement of purpose and the policies and procedures dealing with the welfare and protection of residents.

Inspectors found no evidence of any staff information sessions in relation to the Health Act 2007 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) or training in regards to the required policies and procedures dealing with the welfare and protection of residents.

**29. Action required from previous inspection:**

Ensure residents have opportunities to participate in activities that reflect the resident's preferences, interests and abilities.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection that an activity coordinator was discovering the activities residents like and a variety of activities were provided for residents. However, inspectors did not find any evidence that an activity coordinator was employed in the centre or that regular activities were expertly facilitated to suit each individual resident's preferences, interests and abilities. There was no evidence that residents had an opportunity to partake on a regular basis in a resident's committee.

**30. Action required from previous inspection:**

Ensure that a record is kept of each resident's personal property, signed by the resident and the records are kept up-to-date.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 follow-up inspection that a record of residents' personal belongings was in residents' care plans. However, none of the five residents' records that were read by an inspector had a record kept of the resident's personal property.

**31. Action required from previous inspection:**

Develop the required policies and procedures as specified in Schedule 5 of the regulations.

An inspector found there was not the required policy on provision of information to residents.

**32. Action required from previous inspection:**

Provide access to relevant education and training for staff.

The provider stated to the Authority in his written response to the Action Plan from the October follow-up inspection, that training DVD's in the areas of adult abuse protection, dementia care, infection control, nutrition and diet and quality assurance were available to staff. Inspectors found no evidence that staff had received relevant training or education in the area of caring for the older person. The acting person in charge and the provider confirmed that apart from elder abuse training there had been no ongoing relevant education and training for staff since the previous inspection.

**33. Action required from previous inspection:**

Ensure a record of all complaints is maintained.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 inspection that all complaints were recorded and kept at the centre. However, inspectors found no evidence that minor complaints were recorded such as when residents complained about the temperature of a room or when they could not find their clothes. The acting person in charge and the provider confirmed that minor complaints were not recorded.

**34. Action required from previous inspection:**

Ensure the complaints procedure contains an independent appeals process.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 inspection that there was an advocate as well as an independent appeals officer and that residents were informed of the complaints process at residents' meetings. However, inspectors found the written complaints procedure that was framed was out of date and contained incorrect information and there was no evidence of residents' committee meetings. Inspectors could not find any evidence that an advocate provided a service to residents and the provider confirmed there was not a formal agreement with an advocate, they had not been vetted and there was no ongoing advocacy service provided to residents. The provider also confirmed there was no formal arrangement for anybody to independently deal with appeals to complaints.

**35. Action required from previous inspection:**

Ensure records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Inspectors found that not all of the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) were available at the time of inspection.

**36. Action required from previous inspection:**

Put in place arrangements for the investigation and learning from serious or untoward incidents or adverse events involving residents.

The provider stated to the Authority in his written response to the Action Plan from the October 2010 inspection that a procedure had been put in place to identify the



cause of serious incidents involving residents and how to prevent them from occurring as well as a risk management review of the centre. While there was an incident record book in place with a record of incidents that had occurred, inspectors could not find any evidence of a risk management review.

**37. 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.

There was no evidence of any activity in regard to reviewing the quality and safety of care and the quality of life of residents. The person in charge and provider confirmed there had not been any evaluation of practices.

**38. Action required from previous inspection:**

Provide a written statement of purpose that includes all of the required information and make it available to residents upon request.

Inspectors found there was a written statement of purpose and function available in the centre; however, it contained incorrect information. For example, it stated there was an advocate for residents when in fact the provider confirmed that wasn't actually the case, a full time activities coordinator was listed when one was actually not employed, it described how a residents committee met every three months and inspectors found no evidence of this and it stated there were televisions in every room when the provider confirmed that residents had to bring their own televisions. The description of the communal living space was misleading as it listed the sunroom and dining room as two separate rooms when they were in fact one room.

**39. Action required from previous inspection:**

Produce a written Resident's Guide that contains all of the required information.

Inspectors found there was a written Resident's Guide available; however, it contained the same incorrect information as the statement of purpose and function.

**Report compiled by**

Col Conway

Inspector of Social Services

Social Services Inspectorate

Health Information and Quality Authority

4 February 2011

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
14 October 2009 and 15 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
30 November 2009	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
20 May 2010, 21 May 2010 and 25 May 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
7 October 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

**Any comments the provider may wish to make:**

**Provider's response:**

None received

**Provider's name:** Maurice Duane

**Date:** Non Applicable