

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:	Ballymote Community Nursing Unit
Centre ID:	0330
Centre address:	Ballymote
	Co Sligo
Telephone number:	071-9183195
Fax number:	071-9183944
Email address:	patgaughan59@eircom.net
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Nazareth House Management Limited
Person in charge:	Lorraine Sheridan McDonagh
Date of inspection:	15 February 2011
Time inspection took place:	Start: 09:00 hrs Completion: 16:00 hrs
Lead inspector:	P.J Wynne
Support inspector(s):	N/A
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

The centre is a single-storey building which was built in 1985 with an extension added in 1995 to include facilities for day services.

The centre has bed capacity for 27 residents and provides long term for 24 residents and respite care for three people. A day care service is provided five days a week. The accommodation consists of one single room, two twin rooms, one room accommodating three residents and one room for four residents. There are four bedrooms accommodating five residents. All multiple occupancy bedrooms are en suite to include a toilet and wash-hand basin. There is one suitably adapted bathroom with a shower.

Other facilities include a day sitting room for residents and another larger day sitting room utilised for people attending for day care. There is a private visitors' room, dining room with a large hatch which opens to the kitchen, a treatment room and a chapel.

There is an enclosed courtyard provided with decking accessible by residents where seating has been provided.

The external grounds provide ample car parking space for visitors.

Location

The centre is located within the town of Ballymote. It is set in landscaped grounds which are shared with 24 sheltered housing units. There is a pedestrian footpath leading to the shops, train station and business facilities in the immediate vicinity of the centre.

Date centre was first established:	1985
Number of residents on the date of inspection	26 (plus 1 in hospital)
Number of vacancies on the date of inspection	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	7	9	4	6

Management structure

The Provider is Nazareth House Management Limited, a voluntary organisation managed by a board of eight directors.

The Person in Charge is Lorraine Sheridan McDonagh who reports to the nominated registered provider Pat Gaughan, who is the chairperson of the board of directors.

All nursing grades, care assistants, cleaning, laundry and maintenance report to 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	2	3	3	2	1	2*

* One physiotherapist and one maintenance

Background

The purpose of this inspection was to follow up on the action plan agreed with the provider from the inspection, which took place on the 9 and 10 February 2010. The report from this inspection is published on the Authority's website and can be viewed at www.hiqa.ie. This inspection focused on the areas of practice that required improvement, as outlined in the action plan of that report. While inspectors were satisfied at that time of a commitment by the management team to continually improve the quality of the service to residents, the action plan contained 36 requirements. The provider replied within the specified timeframe with an appropriate response to the action plan, which was agreed with the inspector to address the issues identified.

The key findings from the previous inspection identified fire safety risks. A letter was sent to the provider outlining immediate action to be undertaken to ensure compliance with fire safety. The provider responded within the agreed time scale with suitable proposals to address the issue identified.

Additional improvements identified included a review of staffing levels, an accountable system to indicate ownership of residents clothing and the need to establish a system to review the quality of life and care to residents, including the provision of additional policies to guide and inform best practice. The complaints procedure, the Residents' Guide and the statement of purpose required review to comply with the regulations.

Summary of findings from this inspection

This follow up inspection was unannounced and focused on those areas of practice that required improvement as set out in the action plan of the inspection report. A new person in charge had commenced in post on the 10 January 2011. The person in charge told the inspector, her priority since appointment had been to work to complete the actions outlined in the inspection report. The inspector viewed evidence a number of actions had been completed since her appointment.

In all, 16 of the 36 actions had been completed, five were partially progressed and 15 had not been completed. Improvements to the service included the implementation of a new system to ensure all clothing was identifiable to each resident. Policies to guide practice on end of life care and medication management had been reviewed. Appropriate insurance cover was provided and all records were stored securely.

The Action Plan at the end of this report restates the actions partially addressed or not addressed from the previous inspection 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*. These include a review of staffing levels and skill mix to ensure the needs of all residents are fully met.

The provision of a sufficient number of bathing facilities and storage space for equipment. Enhancement of the activity program to ensure the need of all residents is met also requires improvement.

Actions reviewed on inspection:

1. Action required from previous inspection:

Ensure all fire doors are readily accessible by residents in the event of fire whilst also ensuring exit doors are secure and do not pose a risk of residents with dementia from exiting the building.

Ensure the safety of the residents throughout the centre whilst not impinging on their autonomy and independence.

This action was completed. The inspector viewed the three fire exit doors and noted locks had been changed. The locks were secure to prevent residents with cognitive impairment from leaving the building, and simultaneously were easily accessible in the event of a fire or other emergency. The doors were not capable of being opened from the outside restricting access and ensuring the safety of the residents.

2. Action required from previous inspection:

Provide details of the arrangements which have been made for the management of the centre and details of the name, address and qualifications of the person currently in charge.

This action was completed. A notification of the absence of the person in charge had not been notified to the Authority at the time of inspection. The notification was received retrospectively and recorded.

3. Action required from previous inspection:

Provide an adequate number and skill mix of staff to meet the assessed needs of residents, the size and layout of the designated centre.

This action was partially completed. A review of the staff rota for a four week period indicated nurse staffing levels had increased during the week and over the weekend period since the last inspection. However, the inspector identified none of the nurses worked in a whole time equivalent capacity. There were insufficient resources available to cover staff absences to include both planned and unexpected leave.

Furthermore, this inspection identified there was an insufficient number of care staff to meet the needs of the residents. There were three care assistant rostered from 08:00 hrs until 15:00 hrs to meet the needs of 27 residents. Seven residents were rated as maximum dependency and nine as highly dependent. However, there were only two care assistants available to care for residents from 10:00 hrs until 15:00 hrs, as one care assistant was relocated to work in the day care service provided by the centre. There was insufficient care staff available to meet the care needs of the residents during this time.

4. Action required from previous inspection:

Provide a sufficient number of baths and shower having regard to the number of residents accommodated.

This action was not completed. A sufficient number of bathing facilities had not been provided to meet the needs of the residents. Residents did not have a choice of bathing facilities. A bath had not been provided. The inspector spoke with the provider who indicated a plan had not been devised to date to provide an additional number of bathing facilities, including a bath to meet the requirements of the Authority's standards.

5. Action required from previous inspection:

Theoretical fire training must be reinforced by routine fire drills and practices.

Develop fire escape plans to clearly show the escape route and locate plans at strategic points within the centre and ensure designated fire escape routes are clear and unobstructed.

This action was partially completed. The inspector viewed plans to show the designated means of escape to the nearest fire exit door. The plans were displayed throughout the building. Fire exit doors were unobstructed and clear.

Staff had been trained in fire safety. The inspector viewed documentation of the most recent fire safety training event. Twenty staff had been trained in fire safety in January 2011 and further training was planned for the remainder of staff. Fire evacuation sheets were fitted to the beds of all residents. The fire alarm was tested and equipment was checked to ensure it was intact and operational. However, fire training was not being reinforced through routine fire drill practices to include simulated evacuation.

6. Action required from previous inspection:

Hot water is stored at a temperature of at least 60°C in water storage tanks

This action was completed. The inspector checked the temperature of the water storage. It was noted to be stored at the required temperature to reduce the risk of Legionella contamination. The temperature of the water at the point of contact by residents' did not pose a scald risk.

7. Action required from previous inspection:

Ensure areas containing chemicals are secure and not accessible by unauthorised persons.

This action was partially completed. Locks has been fitted to cupboards in storage rooms to ensure residents did not have access to any products which maybe harmful. However, the sluice and laundry were accessible as the entrance doors were not secured. These rooms contained equipment which may pose a risk to resident safety.

8. Action required from previous inspection:

Implement a clear accountable system to ensure traceability of residents' clothing.

This action was completed. A new system for tagging clothes had been implemented. The person working in the laundry explained the system to the inspector. The inspector viewed clothing in the laundry and in residents' wardrobes, which was discreetly marked to indicate ownership. Residents expressed satisfaction to the inspector regarding their clothing stating 'that their clothes were well taken care of by staff and clothes were laundered and returned quickly'.

9. Action required from previous inspection:

Provide suitable storage facilities.

This action was not completed. There was a lack of suitable storage space for equipment. Commodes were stored in the sluice room posing a risk of cross infection. There was no space to store assistive devices in a safe and discreet manner. Specialist custom chairs and wheelchairs were stored in communal areas.

10. Action required from previous inspection:

Ensure residents records are maintained in a safe secure manner ensuring confidentiality.

This action was completed. A records storage room was available to store all records. The room was viewed by the inspector and noted to be kept locked. Current records in daily use to include residents' care plans and medical notes were noted stored securely at the nurses' station.

11. Action required from previous inspection:

Ensure the practice of recording administration of medicines complies with the centre's policy on medication management and professional regulatory requirements.

This action was completed. The inspector observed the medication round. The inspector noted the nurse dispenses all medications and record the administration of the drug after it had been taken by the resident. The administration sheets viewed included space to record any occasion where a resident may refuse to take their medication.

12. Action required from previous inspection:

Provide opportunities for participation in purposeful and meaningful activities for residents of all levels of dependency on an on going basis.

This action was not completed. The inspector noted there was an activity schedule devised each day and residents confirmed this to the inspector. While there was a variety of group based activities for residents, there was a need to review the choice of activities to ensure all residents' needs were met. The inspector observed there was limited individually facilitated activity for some residents.

13. Action required from previous inspection:

Ensure access to services to meet the personal needs of residents.

This action was not completed. The person in charge confirmed to the inspector the hair dresser attends the centre on a monthly basis only. The person in charge told the inspector she had identified another hairdresser to visit the centre to meet the needs of residents. The person in charge was finalising arrangements for this service to be implemented.

14. Action required from previous inspection:

Develop a policy on the administration of PRN medication.

This action was completed. The inspector reviewed the medication management policy which included a procedure to govern the administration of PRN (as needed) medication.

15. Action required from previous inspection:

Ensure the resident or their representatives are involved in their care plan.

This action was not completed. The inspector reviewed care plans and noted each resident or their representative was not involved in their plan of care.

16. Action required from previous inspection:

Ensure information concerning residents is conveyed in a manner which ensures their privacy and dignity is maintained.

This action was not completed. Personal information was not communicated in a manner to ensure residents' privacy and dignity was maintained. Notices were displayed over a resident's bed. The notices contained information on the resident's dietary requirements.

17. Action required from previous inspection:

Implement auditing of medication to ensure safe practices.

This action was completed. The inspector reviewed the most recent medication management audit. The audit examined how medication was stored, administered to the resident and how accurately medication records were maintained. The audit identified the need for staff training in medication management. The person in charge informed the inspector two nurses had commenced training in medication management.

18. Action required from previous inspection:

Provide a comprehensive emergency plan for responding to emergencies

Designate within the emergency plan a person within the management structure to contact in the event of an emergency.

This action was not completed. The person in charge informed the inspector the emergency plan had been reviewed and was being redrafted presently to include procedures to respond to untoward events. The person in charge told the inspector the plan would contain the contact details of a senior person within the management structure to call within the event of any emergency.

19. Action required from previous inspection:

All residents are to be provided with a written contract outlining the details of their care, provision of services and fees.

This action was not completed. A new contract had been drawn up outlining the terms and condition of occupancy, which was viewed by the inspector. The person in charge told the inspector the new contract had recently being finalised. However, the contract of care had not been signed by each resident or their representative and the provider of the service.

20. Action required from previous inspection:

Provide adequate insurance cover against loss or damage to the property of residents.

This action was completed. The provider had valid insurance cover against accidents and injuries to residents, staff and visitors. The insurance cover was reviewed by the inspector and seen to include indemnity for the personal property of residents which was reflective of the regulations.

21. Action required from previous inspection:

All staff members are supervised on an appropriate basis pertinent to their role.

This action was completed. A review of the rota indicated there were three staff members who worked on night shifts permanently. The person in charge worked nights to supervise staff who did not work day shifts. Staff who worked nights attended the centre for training to keep their skills up to date. Mandatory training required by the regulations had been completed by these staff members.

22. Action required from previous inspection:

Develop and implement a system of staff appraisals.

This action was not completed. The person in charge informed the inspector she had not met with staff individually. A professional development plan to reference each staff member's professional development and educational goals had not been undertaken.

23. Action required from previous inspection:

Ensure residents have access to independent advocate/advocacy services.

This action was not completed. Residents did not have access to an independent advocate/ advocacy service to assist residents when making decisions relating to consent to treatment or care.

24. Action required from previous inspection:

Further ascertain the personal and social care needs of residents and ensure their needs are met on a daily basis through their care plan.

This action was completed. The inspector reviewed the daily nursing communication sheet in care plans. The communication sheet gave a good representation of the physical and psychosocial wellbeing of the resident. The communication sheet included detailed comments to describe aspects of physical care given and social participation by the resident. A 'key to me' was included in care plans reviewed which outlined the residents' like and dislikes and past interest and hobbies.

25. Action required from previous inspection:

Missing person drills are to be undertaken on a routine basis.

Include a completed missing person profile description record with photographic identification

This action was partially completed. Photographic identification was available for residents and a missing person policy was in place. However, a profile description sheet had not been included alongside the photographic identification available for residents. A missing person's drill had not been undertaken to ensure staff were familiar with procedure to follow should a resident be reported as missing.

26. Action required from previous inspection:

Provide a program of training for staff that care for residents with dementia and challenging behaviour.

This action was not completed. There was no evidence available to indicate staff had been trained in caring for residents with dementia and behaviours that challenge.

27. Action required from previous inspection:

Develop and ensure an up to date property list is available in respect of each resident.

This action was completed. The inspector reviewed the property lists maintained in respect of residents. A property list was reviewed by the inspector for the most recent residents admitted for respite. The list identified each type of item and the number of personal belongings. The list was signed by the resident or their next of kin and the nurse on duty at the time of admission. All clothing was marked to ensure it was identifiable to each resident.

28. Action required from previous inspection:

Ensure staff are familiar with the contents and knowledgably of their duties and responsibilities as required by the health and safety statement

This action was not completed. While a health and safety policy was in place there was no evidence staff were familiar with the contents of the health and safety procedures. There was no evidence to indicate staff had been trained in the health and safety policy. Staff had not signed to indicate they had read and understood the health and safety procedures outlined in the policy.

29. Action required from previous inspection:

Develop a policy in accordance with current legislation in relation to end of life care.
Implement a procedure for nurses to verify death.

This action was completed. A policy on the end of life care had been developed which was viewed by the inspector. The policy included clinical procedures to verify death.

30. Action required from previous inspection:

Put in place a system for reviewing the quality of documentation to ensure the safety of care and the quality of life of residents.

This action was not completed. An overall system to review the quality of care and the quality of life of residents at appropriate intervals was not in place. There was no overall auditing or analysis of information apart from the medication audit, to guide quality improvements. While the details of each accident were recorded to include falls by residents, audits had not been completed to identify trends and determine the root cause, such as clinical or environmental factors.

31. Action required from previous inspection:

Draft the complaints policy to ensure all aspects of the complaints procedure are managed and as required by the regulations.

Display the complaints policy in the centre.

This action was completed. The inspector viewed the complaints procedure which was displayed by the main entrance. The inspector reviewed the complaints policy. The policy contained all procedures as required by the regulations to include, a named person to whom complaints can be made, and an independent appeals process if the complainant is not satisfied with the out come of their complaint. The complaints procedure included timescales to investigate a complaint and to respond to the complainant. The policy outlined clear procedures for investigating and recording the complaint details.

32. Action required from previous inspection:

Provide all information as required by Schedule 2 of the regulations.

This action was not completed. The inspector reviewed staff files. The files did not contain all the information as required by the Schedule 2 of the regulations, namely three written references and evidence each staff member was physically and mentally fit for the purpose of their work.

33. Action required from previous inspection:

Ensure there is a nominated person in charge for each 24-hour period on the off duty rota.

This action was completed. The inspector viewed the staff duty rota for a four week period. The rota showed the staff complement on duty over each 24 hour period. The rota indicated there was a registered nurse on duty at all times. The rota clearly identified the person in charge for each 24 hour period.

34. Action required from previous inspection:

Maintain an up to date the directory of residents reflective of the requirements of the regulations.

This action was completed. The inspectors examined the directory of residents which was up to date and contained all information concerning residents as required by the regulations. The inspector viewed the documenting of information for the most recent transfer to hospital. All required information concerning the transfer was recorded in the directory of residents.

35. Action required from previous inspection:

Produce a residents' guide in line with regulations.

This action was partially completed. A residents' guide was available which contained a summary of the statement of purpose. However, the residents' guide did not include other information required by the regulations namely the most recent inspection report and a summary of the complaints procedures. The contact details of the office of the Chief Inspector were not included.

36. Action required from previous inspection:

Revise the statement of purpose to include all matters outlined in Schedule 1 of the regulations.

This action was not completed. The inspector reviewed the statement of purpose and noted it had not been revised to include all information required by Schedule 1 of the regulations. The statement of purpose did not outline the qualifications and experience of the registered provider and other staff participating in the management of the centre to include their name and position. The reporting lines within the management structure were not clearly evident in the documentation reviewed. The type of nursing care provided and the range of needs was not clarified. The number and sizes of all rooms was not specified. The complaints procedures, fire precautions and associated emergency procedures were not detailed. The arrangement for reviewing care plans and the details of day care facilities were omitted.

Report compiled by:

P.J Wynne
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

Date 24 February 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
9 and 10 February 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

Action Plan

Provider's response to additional inspection report*

Centre:	Ballymote Community Nursing Unit
Centre ID:	0330
Date of inspection:	15 February 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:

Staffing levels and skill mix were not appropriate to meet the assessed needs of the residents during the day.

Action required:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents.

Reference:

Health Act, 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

* 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:
Provider's response: Nazareth Management Ltd appointed a Director of Services in March with responsibility for the Nazareth Nursing Home in Sligo and the Ballymote Community Nursing Unit. A number of staff working at the unit have increased their hours from part-time to full time. One additional full time nurse was assigned to the unit in April. Two full time care assistants will be assigned to the unit by the middle of June.	June 2011

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>A sufficient number of bathing facilities had not been provided to meet the needs of the residents. Residents did not have a choice of bathing facilities.</p>
<p>Action required:</p> <p>Provide a sufficient number of bathing facilities to meet the needs of the residents including a choice of shower or bath.</p>
<p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 19: Premises Regulation 10: Residents' Rights, Dignity and Consultation Standard 25: Physical Environment Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Nazareth Management Ltd has established a steering group to devise a plan for structural change in the medium term. The first meeting of this group is scheduled for the end of May 2011.	End May 2011

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Fire training was not being reinforced through routine fire drill practices to include simulated evacuation.</p>
<p>Action required:</p> <p>Ensure, by means of fire drills and fire practices at suitable intervals that the staff are aware of the procedure to be followed in the case of fire.</p>

Reference: Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Further fire training will be provided throughout the year and fire drills have commenced since March 2011.	Immediate

4. The person in charge has failed to comply with a regulatory requirement in the following respect: There was no evidence available to indicate staff had been trained in caring for residents with dementia and behaviours that challenge. There was no evidence to indicate staff had been trained in the health and safety policy.	
Action required: Provide training for staff in caring for residents with dementia and behaviours that challenge.	
Action required: Ensure staff are aware of the health and safety policy and associated procedures.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Staff have been briefed on their responsibilities under Health and Safety legislation by the person in charge and a Health and Safety committee has been set up within the unit. Training in dementia care and behaviours that challenge has been sourced and will be taking place at the end of May.	End June 2011

<p>5. The provider has failed to comply with a regulatory requirement in the following respect: The sluice and laundry were accessible as the entrance doors were not secured. These rooms contained equipment which may pose a risk to residents' safety.</p>	
<p>Action required: Secure the sluice and laundry to minimise risks to residents and visitors.</p>	
<p>Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: Keys have been provided for sluice and laundry room doors. These doors now remain locked.</p>	<p>Immediately rectified</p>

<p>6. The provider has failed to comply with a regulatory requirement in the following respect: There was a lack of suitable storage space for equipment.</p>	
<p>Action required: Ensure suitable storage space for equipment and assistive devices.</p>	
<p>Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: Nazareth Management Ltd has established a steering group to devise a plan for structural change in the medium term. The first meeting of the steering group is scheduled for the end of May 2011.</p>	<p>End May 2011</p>

<p>7. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was limited individually facilitated activity for some residents.</p>	
<p>Action required:</p> <p>Provide opportunities for participation in purposeful and meaningful activities for residents of all levels of dependency and on an ongoing basis.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 18: Routines and Expectations</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>In conjunction with residents, their families and their key workers an individualised purposeful and meaningful person centred activity plan for each resident is being developed on the unit. A reflexologist attends on a regular sessional basis. The local craft shop is commencing weekly craft sessions and the new local library is facilitating the unit with a book lending service. The unit has a dedicated volunteer who helps out at the unit on a daily basis. The staff on the unit use every opportunity to help the residents remain included in the community by helping to maintain their social and cultural links. Volunteer singers, musicians and dancers provide music and dance sessions on the unit a few times a month. Most of the residents place huge value on the excellent, supportive, voluntary, pastoral care service which is provided to the unit.</p>	<p>Ongoing</p>

<p>8. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The care planning documentation did not show evidence of residents' involvement or his/her representative in all care plans.</p>	
<p>Action required:</p> <p>Ensure the resident or their representatives are involved in their plan of care.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: Resident's Care Plan</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response: A key and co-worker system is in place where each resident is supported by identified staff members. Each residents care plan is discussed, explained and reviewed on a three monthly basis with them. The outcome of the review is agreed, documented and signed by them. In situations where a resident is unable to fully participate in their own plan of care. The review will be completed with identified member/s of the resident's circle of support (family member, partner, next of kin). Where possible, this person will be identified by the resident. Again the outcome of the review is documented, agreed and signed by the residents support.</p>	<p>Immediate</p>

<p>9. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Personal information was not communicated in a manner to ensure residents' privacy and dignity was maintained.</p>	
<p>Action required:</p> <p>Ensure information concerning residents is conveyed in a manner which ensures their privacy and dignity is maintained.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response: Immediately rectified at time of inspection.</p>	<p>Immediate</p>

<p>10. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was no signed contract of care in place between the provider of the service and each resident.</p>	
<p>Action required:</p> <p>Provide each resident with a contract of care which includes details of the services to be provided for that resident and the fees to be charged.</p>	

Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A contract of care has been devised and is currently being discussed with the relevant stakeholders and the HSE. When the contract has been agreed, it will then be made available for residents and/or their support for signing.	End of June 2011

11. The provider has failed to comply with a regulatory requirement in the following respect: There was not a system established to review the quality and safety of care and life.	
Action required: Establish and maintain a system for improving the quality of care provided and the quality of life of residents in the centre.	
Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A quality audit and risk management system is been devised and will be in place.	End of May

12. The provider has failed to comply with a regulatory requirement in the following respect: There was no emergency plan in place for responding to emergencies.	
Action required: Develop an emergency plan for guiding actions in responding to emergencies.	

Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: An emergency plan had been developed and will be made available for staff by end April 2011.	End of April 2011

13. The provider has failed to comply with a regulatory requirement in the following respect: Information as required by the Schedule 2 of the regulations, namely three written references and evidence each staff member was physically and mentally fit for the purpose of their work was not available for each staff member.	
Action required: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule two have been obtained in respect of each person.	
Reference: Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All staff have been contacted in writing by the person in charge to provide the required information as per Schedule 2 of the regulations.	End of May 2011

14. The provider has failed to comply with a regulatory requirement in the following respect: The statement of purpose did not contain all the required information required by Schedule 1 of the (Care and Welfare of Residents in Designated centres for Older People) Regulations 2009 (as amended).	
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Action required:	
Revise the statement of purpose to include all the information required by Schedule one of the regulations.	
Reference:	
Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The statement of purpose has been revised and is now compliant with Schedule 1 of the Health Act, 2007.	Immediate

15. The provider has failed to comply with a regulatory requirement in the following respect:	
The residents' guide did not include all the information required by the regulations.	
Action required:	
Revise the residents' guide to include all the information required by the regulations.	
Reference:	
Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Residents' guide now contains all the relevant information as required by the regulations.	Immediate

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 18: Routines and Expectations	<p>Ensure frequent visits by the hairdresser to meet the needs and expectations of the residents.</p> <p>Providers Response; The hairdressing service is now being provided on a regular basis to meet the needs of the residents.</p>
Standard 29: Management Systems	<p>Ensure there is a designated person to contact in event of all emergencies included in the emergency plan.</p> <p>Providers Response; The emergency plan has been updated, it now includes a designed person to contact in the event of all emergencies</p>
Standard 24: Training and Supervision	<p>Complete a personal development plan with all staff to identify their strengths, to ensure continuous professional development.</p> <p>Providers Response; The process of personal development planning is commencing on the Unit. Staff are given an opportunity to reflect on their professional development to date. Aspects of their previous learning that could be applied to the unit to enhance the current service to the residents (e.g. service improvement modules). Areas of professional interest that individuals would like to further develop.</p>
Standard 3: Consent	<p>Provide residents with access to an independent advocate/advocacy service.</p> <p>Providers Response; The residents are now being provided with an independent advocate who visits the unit regularly, participates in consumer group meetings, is known and trusted by the residents.</p>

<p>Standard 29: Management Systems</p>	<p>Undertake a missing person drill to ensure staff are familiar with the procedures to be followed to locate a resident who maybe reported as missing. Complete a missing person profile description sheet for each resident.</p> <p>Providers Response; A missing person profile drill will be completed. The missing person profile sheet has been completed on each resident and is maintained on the unit.</p>
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Any comments the provider may wish to make:

Provider's response:

We welcome the report and have taken steps to address it. A revised management structure has been introduced since the last inspection. We are determined that issues that can be addressed in the short term will be addressed, in the time frames set out. A steering committee has been established. It is our intention to have a viable plan for this service. The plan will outline how the service intends to proceed to ensure that it will be structurally compliant in the medium to longer term.

Provider's name: Mr Pat Gaughan

Date: 19 April 2011