

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



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|--|--|
| <b>Centre name:</b>                      | St. Columba's Nursing Home   |
| <b>Centre ID:</b>                        | 0390   |
| <b>Centre address:</b>                   | Cloughballymore  |
|  | Ballinderreen  |
|  | Co Galway  |
| <b>Telephone number:</b>                 | 091 796188   |
| <b>Fax number:</b>                       | 091 796758   |
| <b>Email address:</b>                    | aideen@scnh.ie   |
| <b>Type of centre:</b>                   | <input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>  |
| <b>Registered providers:</b>             | Rushmore Nursing Home Ltd.   |
| <b>Person in charge:</b>                 | Carol Russell  |
| <b>Date of inspection:</b>               | 31 May 2011  |
| <b>Time inspection took place:</b>       | <b>Start:</b> 09:20 hrs <b>Completion:</b> 14:40 hrs   |
| <b>Lead inspector:</b>                   | Mary Costelloe   |
| <b>Support inspector:</b>                | N/A  |
| <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<br><input type="checkbox"/> Notification of a significant incident or event<br><input type="checkbox"/> Notification of a change in circumstance<br><input type="checkbox"/> Information received in relation to a complaint or concern<br><input checked="" type="checkbox"/> Follow-up inspection |

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

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

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

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

## About the centre

### Description of services and premises

St. Columba's Nursing Home is located in a 17th century Georgian building. The building was originally the Blake family home, who were one of the ancient tribes of Galway. It was subsequently bequeathed to a religious order and became a seminary. It was first established as a designated centre in 1981. It has three storeys and the current providers carried out major renovations to the building in 2007. Parts of the building are not in use at present and are scheduled for future development. The centre provides long and short-term and palliative care to residents over 18 years. There are 36 places and on the day of inspection there were 20 residents.

There is a driveway from the main road to the front of the building through an extensive well maintained garden and lawn. The front of the building has an ornate front door and period windows. There is a secure paved patio with seating available for residents' use. There is a swimming pool at the back of the building, which is not in use and is in an area which is cordoned off from the grounds.

To the front of the building there is a large reception hall. The hall leads to a central area, where the nurses' station, the day-room and the administrative offices are located.

There is a bright, spacious day-room on the ground floor, which residents use during the day. There is also an additional sitting room and a smaller day-room, known as the library on this floor. The dining room is adjacent to a kitchenette from which meals are served. The kitchenette is serviced from the main kitchen which is located in the lower ground floor. There is also a smoking room for residents use.

Bedroom accommodation consists of six single bedrooms on the lower ground floor, 15 single bedrooms on the ground floor, three twin and five single bedrooms on the first floor. All these rooms have en suite wash-hand basins, shower and toilet facilities. There are two twin bedrooms with no en suite facilities on the first floor. There are three additional assisted bathrooms with showers, toilets and wash-hand basins in the building for residents' use and one additional toilet with wash-hand basin. There is no bath available to residents.

Staff sanitary and changing facilities are also provided, with the staff changing room and shower on the first floor and staff toilets in the lower ground floor area. There is also separate visitors' toilet.

The original church is retained within the main building and is used by residents and relatives for prayer and reflection.

The building is wheelchair accessible, and there is a lift servicing all floors. There is ample car parking for staff and visitors to the front of the building.

## Location

St. Columba's Nursing Home is located in a rural setting close to the small village of Ballinderreen in County Galway, within easy distance of a shop, church and bars. The larger villages of Kinvara and Kilcolgan and the town of Gort are also easily accessible.

|   |              |
|---|--------------|
| <b>Date centre was first established:</b>             | 1 April 1981 |
| <b>Number of residents on the date of inspection:</b> | 20           |
| <b>Number of vacancies on the date of inspection:</b> | 16           |

| Dependency level of current residents | Max | High | Medium | Low |
|---------------------------------------|-----|------|--------|-----|
| <b>Number of residents</b>            | 0   | 2    | 10     | 8   |

## Management structure

Rushmore Nursing Home Ltd. trading as St. Columba's Nursing Home is owned by the providers Aideen and Justin Scanlon. Carol Russell is the Person in Charge and Sunil Varghese, who is a nurse, is the Deputy Manager and they report directly to the Provider. Aideen Scanlon is involved in the overall administrative management of the centre while the Person in Charge is the clinical manager. Justin Scanlon is also involved in the administrative management and has overall responsibility for maintenance. The nurses report to the Person in Charge while the care assistants, cook, cleaning and laundry staff report to the nurse on duty, who in turn reports to the Person in Charge.

| Staff designation                                   | Person in Charge | Nurses | Care staff | Catering staff | Cleaning and laundry staff | Admin staff   | Other staff |
|---|------------------|--------|------------|----------------|----------------------------|---------------|-------------|
| <b>Number of staff on duty on day of inspection</b> | 1                | 1      | 3          | 1              | 1                          | 1<br>Provider | * 1         |

\* Maintenance Operator

## Background

St. Columba's Nursing Home was first inspected by the Health Information and Quality Authority (the Authority) on 27 and 28 April 2010. Inspectors found that the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were met. Inspectors were satisfied that residents' nursing, medical and healthcare needs were adequately met.

The action plan identified areas of significant concern such as lack of fire safety training for all staff, issues relating to medication management, limited access to regular, meaningful and appropriate activities for residents and the absence of an emergency plan. Other areas that required improvements included the recording of complaints and the revision of the statement of purpose to accurately reflect the aims, objectives and ethos of the centre.

The inspection report can be found at [www.hiqa.ie](http://www.hiqa.ie) under centre number 0390

This additional inspection report outlines the findings of a follow up inspection that took place on 31 May 2011. The inspection was unannounced and focused on the actions of the inspection of 27 and 28 April 2010.

## Summary of findings from this inspection

Overall, the inspector was satisfied that the provider had implemented many of the actions required within the agreed timeframes. Some actions had been partially addressed but both the provider and person in charge were positive in their attitude and were committed to ensuring completion of all actions in a timely manner.

The key measures taken by the provider since the previous inspection were as follows:

- issues relating to medication management had been addressed
- the provider and person in charge had strived to provide meaningful recreational activities to suit the interests and capabilities of residents. An activities coordinator had been employed five days a week
- the person in charge ensured that residents in the day room were supervised throughout the day
- an emergency plan had been provided
- the person in charge had involved the resident/representatives in the care planning and review process
- arrangements were in place to facilitate residents' religious rights and mass took place daily
- new screening curtains were provided in shared bedrooms
- the staff recruitment policy had been reviewed to comply with the Regulations
- staffing files were updated to include the required documentation
- auditing of incident/accidents had commenced
- a complaints log was introduced
- a system was in place to facilitate the auditing of complaints
- a choice of drinks was offered at lunch time
- contracts of care were updated to include the fee charged
- the statement of purpose had been reviewed and updated in line with the Regulations
- the Residents' Guide had been reviewed and updated.

Actions requiring further work included the risk management policy, fire safety training, documentation of the care planning process and updating of policies.

## **Actions reviewed on inspection:**

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

Make arrangements for persons working at the designated centre to receive suitable training in fire prevention.

This action had been partially addressed.

Following the previous inspection all staff received fire safety training on 8 July 2010. Staff spoken to confirmed attendance and training certificates were maintained in staff files. Two staff members who had since been recruited had not had formal fire safety training. The person in charge told inspectors that fire safety training was included as part of the staff induction training programme and formal fire safety training for all staff was due but not yet scheduled. She told the inspector that she would be arranging this immediately and agreed to forward the dates when scheduled, she confirmed that staff would not be scheduled on night duty until formal training was completed.

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

Arrange for medications requiring strict controls to be counted and signed off at each change of shift.

Introduce a formal process to record medication errors.

Put in place arrangements to ensure that each medication prescribed has a separate GP signature and date.

This action had been addressed.

The inspector reviewed the controlled drug register and noted that medications requiring strict controls were being counted and signed by two nurses at each change of shift.

The person in charge had introduced a medication error report sheet which included actions recommended, outcome of error, managerial review and action plan. There had been two errors recorded since the last inspection and both had been documented in accordance with the medication policy.

The inspector reviewed a number of medication prescribing charts and found that all medications including medications which required to be crushed had been individually prescribed, signed and dated by the General Practitioner (GP).

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

Provide opportunities for residents to participate in activities appropriate to his or her interests and capacities.

This action had been addressed.

The inspector noted that the provider and person in charge had strived to provide meaningful recreational activities to suit the interests and capabilities of all residents. An activities coordinator had been employed five days a week. A social history including residents hobbies, interests and past occupations were recorded in residents' files.

A varied weekly activities plan had been documented and all events/activities which took place had been recorded. Photographs of the residents were displayed on a large board in the front reception room and others were filed in photograph albums in the day room. A variety of social events had been recently organised including a street party to celebrate the recent visit of the Queen and an American BBQ to celebrate the visit of President Obama. Residents spoken to confirmed that they enjoyed the occasions. The person in charge showed the inspector the Christmas/December diary of events which included baking mince pies, trimming the Christmas tree, writing of cards, remembrance mass and Christmas carols by local school children as well as Santa's visit to all residents. Other special events celebrated during the year included, Valentines Day, St. Patrick's Day and Easter.

A musical show 'Lights, Camera, Action' had been performed by a visiting group on the evening prior to the inspection and residents confirmed that they had enjoyed singing along to and listening to old time musical hit songs. The provider and person in charge told the inspector of how they had encouraged and tried to improve links with the local community. They told the inspector that a number of residents were facilitated to attend a weekly coffee morning in the local village. A knitting club had been introduced and was facilitated by local women who visited one evening a week and assisted residents to knit. A yoga class was also scheduled to commence on the evening of inspection.

All residents had been facilitated to attend 'Silver Surfers Club' training on the use of computers. The provider told the inspector that a local man had donated three computers for residents' use, these were provided in various quiet locations throughout the building - she said that two residents availed of and regularly used the computers. The provider outlined other up coming events that were planned including a day trip to Knock and an open/family fun day scheduled for 31 July 2011. Residents spoken to were satisfied with the variety of activities taking place.

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

Maintain in respect of each resident, a record of any occasion on which restraint is used, the nature of the restraint and its duration.

This action was not fully addressed.

The person in charge told the inspector that bedrails were in use for a number of residents. The inspector reviewed a number of those residents' files and found that an assessment for the use of restraint had been completed. However, in all cases consultation with the residents and relatives was not documented. There were no details of the duration for which the restraint was to remain in place.

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

Undertake a current comprehensive assessment for each resident and record in the resident's file.

Review each resident's care plan with the resident or their representative not less than every three months and make the care plan available to the resident or their representative.

Record review dates for care plans and identify goals and objectives on all residents' files.

Keep wound care charts updated to accurately record any residents' wounds and an account of wound healing progress.

This action was partially addressed.

The inspector reviewed a sample of residents' files including a resident with a wound, indwelling catheter and a resident on antibiotic treatment.

There was no comprehensive nursing assessment completed in respect of those residents.

The inspector noted some inconsistencies in regard to care planning. Care plans that were in place for example relating to maintaining a safe environment, communication, breathing, eating and drinking, mobilisation were well written and provided person centred information. However, there were no care plans in place for specific healthcare issues such as wounds, indwelling catheter and short-term antibiotic use.

The person in charge showed the inspector a new care planning template which included goals and objectives but stated that she was still in the process of considering this for implementation.

The inspector noted that risk assessments were completed and up-to-date and care plans had been reviewed three-monthly. The person in charge had involved the resident/representatives in the care planning and review process, documentary evidence was provided on file to support this.

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

Provide for residents suitable and sufficient care to maintain the resident's welfare and wellbeing, having regard to the nature and extent of the resident's dependency and needs as set out in their care plans.

This action had been addressed.

This action had referred to limited or no supervision in the day-room at certain times of the day. During the inspection, the inspector noted that a member of staff was present at all times with residents in the day-room. The nurses' station was located beside the main day-room. The provider and person in charge told the inspector that the day-rooms were supervised throughout the day.

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

Provide staff members with training in using specialist cushions and mattresses in accordance with best practice, to enable them to provide care in accordance with contemporary evidence based practice.

This action had been addressed.

The inspector reviewed the updated tissue viability policy which included details on the correct use of specialist cushions and mattresses in accordance with manufacturer's guidelines/best practice. This information was also included with the Waterlow Assessment Tool to act as a reminder/reference for nursing staff.

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

Put in place an emergency plan for responding to emergencies.

This action was partially addressed.

The inspector reviewed the emergency plan dated 17 June 2010 but noted that it required further development. For example, there was no clear guidance for staff as to what their specific role might be in the event of various emergencies and there was no guidance included in the event of a fire related emergency, it stated to refer to the fire policy. The plan did outline arrangements in place for alternative accommodation and transportation should evacuation of the building be required.

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

Provide a sufficient number of baths and showers having regard to the number of persons in the designated centre and provide a sufficient number of assisted baths and showers, having regard to the dependency of persons in the designated centre.

Provide suitable provision for storage of cleaning equipment and supplies.

Maintain all parts of the centre in a good state of repair externally and internally.

Provide suitable facilities for staff.

This action was partially addressed.

There was still no bath provided, the provider told the inspector that there were currently no residents who wished/preferred to have a bath but that all bathrooms were plumbed for a bath.

A cleaner's room had been provided on the lower ground floor for use by the kitchen staff and a separate cleaner's room was located on the ground floor for use by the cleaning/housekeeping staff. Cleaning chemicals were securely stored and the cleaner's trolley was stored in a corner of the large laundry room. Key coded pads had been provided to the doors of all cleaning rooms.

Works had commenced to resurfacing and levelling of the rear stairs. The door to the rear stairs was kept closed and a notice was posted on the door advising residents, staff and all visitors that works were in progress and to use the main stairs or lift.

Staff rest room and sanitary facilities were still located on two separate floors. However, the provider had agreed that staff could use vacant en suite toilet facilities on the second floor near the staff room as an interim measure. Facilities including a kettle, toaster and microwave oven were available for staff to prepare or reheat a meal in the staff room.

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

Maintain a comprehensive written risk management policy and implement it throughout the designated centre.

This action was partially addressed.

The risk management policy was reviewed and the inspector noted that the precautions in place to control specified risks such as resident absent without leave, assault, accidental injury to residents or staff, aggression, violence and self-harm were not included.

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

Put written policies and procedures in place relating to the recruitment, selection and vetting of staff and obtain in respect of all staff the information and documents specified in Regulations.

Acquire for of each staff member and record in the staff files, full and satisfactory information in respect to the matters set out under Schedule 2 of the Regulations.

This action had been addressed.

The inspector reviewed the staff recruitment policy which was found to be in compliance with the Regulations.

The inspector reviewed a sample of staff files and found them to contain the documentation as required by Schedule 2 of the Regulations.

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

Make arrangement, insofar as is reasonably practicable, for residents to exercise their civil, political and religious rights.

This action had been addressed.

The person in charge told the inspector that all residents were currently Roman Catholic. Mass now took place each day in the church by a resident priest. Another resident prepared and organised flowers for the alter. The Rosary had been typed up in large print for residents and was led by one of the residents every day before mass. Residents spoken to told the inspector that they enjoyed and looked forward to daily mass and rosary. The provider told the inspector that arrangements were in place for residents of other religions and that some residents had availed of these in the past.

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

Review arrangements and provide facilities to ensure that residents are able to undertake personal activities in private.

This action had been addressed.

The inspector viewed the new screening curtains that had been provided to shared bedrooms - the curtains fully enclosed around each bed and ensured adequate privacy to residents.

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

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

Maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life for residents in the designated centre at appropriate intervals.

This action had been addressed.

The person in charge had commenced auditing of incidents/accidents on a three monthly basis, the last audit had taken place on the 4 April 2011. There were five falls recorded in the past three months. The person in charge had identified those residents at high risk of falls and interventions in place to reduce falls had been documented.

The person in charge advised the inspector that there had been no complaints received since the last inspection and showed the template she had devised to audit complaints.

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

Offer each resident choice at each mealtime.

This action had been addressed.

The inspector observed the lunch time dining experience. A choice of drinks was offered to all residents including, milk, water, juices and soft drinks. A selection of drinks was also available in the day-room.

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

Record all complaints in line with the requirements of the Regulations.

This action had been addressed.

A complaints register was maintained, but the person in charge told the inspector that there had been no complaints received since the last inspection.

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

Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

This action was partially addressed.

The inspector reviewed the updated risk assessments including risk assessments relating to the rear stairway and swimming pool, these had not been signed or dated. All risks throughout the centre had not been identified such as risk of needle stick injury. The person in charge and deputy person in charge had attended a training workshop 'Risk Management and Audit within the Nursing Home' on 30 March 2011. They told the inspector that they were working on identifying all risks in the building and completing a comprehensive risk assessment. The inspector has requested a copy of the risk assessment once completed.

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

Put in place all the written and operational policies listed in Schedule 5 of the Regulations and review all operational policies and procedures to reflect the practices in the centre.

This action was partially addressed.

All policies listed in Schedule 5 of the Regulations were in place, while some policies had been recently reviewed, other policies were due to be reviewed in April 2011. Some policies did not reflect practice in the centre. For example, the end-of-life policy did not reflect the good practices which were outlined by the person in charge such as facilities and services offered to both residents and families. There were no residents receiving end-of-life care at the time of inspection therefore this information could not be confirmed.

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

Compile a written statement to include all the matters listed in Schedule 1 of the Regulations.

This action was complete.

The updated statement of purpose had been submitted to the Authority following the previous inspection.

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

Agree a contract with the resident which shall include details of the fees to be charged.

This action was completed.

The inspector reviewed a sample of contracts of care, they were found to be in compliance with the requirements of the Regulations and included the fees to be charged.

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

Revise the residents guide to include all items specified in the Regulations and provide a copy to all residents and to the Chief Inspector.

This action was completed.

The revised Residents' Guide had been submitted to the Authority following the previous inspection and found to be in compliance with the Regulations.

***Report compiled by:***

Mary Costelloe

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

1 June 2011

| Chronology of previous HIQA inspections |  |
|---|--|
| Date of previous inspection:            | Type of inspection:  |
| 27 and 28 April 2010                    | <input checked="" type="checkbox"/> Registration<br><input type="checkbox"/> Scheduled<br><input type="checkbox"/> Follow-up inspection<br><br><input checked="" type="checkbox"/> Announced<br><input type="checkbox"/> Unannounced |

## Provider's response to inspection report \*

|                            |                            |
|----------------------------|----------------------------|
| <b>Centre:</b>             | St. Columba's Nursing Home |
| <b>Centre ID:</b>          | 0390                       |
| <b>Date of inspection:</b> | 31 May 2011                |
| <b>Date of response:</b>   | 24 June 2011               |

### Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

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

Two new staff members had not had formal fire safety training.

#### Action required:

Provide suitable training for staff in fire prevention.

#### 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:**

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

|  |            |
|--|------------|
| Provider's response:<br><br>Fire training has been scheduled for 8 July 2011 | 08/07/2011 |
|--|------------|

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

There was no written consent form completed for the use of restraint in all cases. There were no details of the duration for which the restraint was to remain in place.

**Action required:**

Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

**Reference:**

Health Act, 2007  
Regulation 25: Medical Records  
Standard 21: Responding to Behaviour that is Challenging

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

**Timescale:**

Provider's response:

Written consent forms are in progress and when all complete maintained, in a safe and accessible place. These forms which you viewed on your inspection keep a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident. All forms will be completed by 27 June 2011.

27/06/2011

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

A comprehensive nursing assessment was not completed for all residents.

There were no care plans in place for specific healthcare issues such wounds, indwelling catheter and short term antibiotic use.

**Action required:**

Set out each resident's needs in an individual care plan developed and agreed with the resident.

|   |                   |
|---|-------------------|
| <b>Reference:</b><br>Health Act, 2007<br>Regulation 8: Assessment and Care Plan<br>Standard 10: Assessment<br>Standard 11: The Resident's Care Plan   |                   |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>   | <b>Timescale:</b> |
| Provider's response:<br><br>A comprehensive nursing assessment has been completed for all residents. There are care plans in place for specific healthcare issues such wounds, indwelling catheter and short term antibiotic use. | Complete          |

|  |                   |
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| <b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b><br><br>The emergency plan required further development. For example, there was no clear guidance for staff as to what their specific role might be in the event of various emergencies and there was no guidance included in the event of a fire related emergency, it stated to refer to the fire policy. |                   |
| <b>Action required:</b><br><br>Put in place an emergency plan for responding to emergencies.   |                   |
| <b>Reference:</b><br>Health Act, 2007<br>Regulation 31: Risk Management Procedures<br>Standard 26: Health and Safety<br>Standard 29: Management Systems  |                   |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>  | <b>Timescale:</b> |
| Provider's response:<br><br>Detailed emergency plan for responding to emergencies in place.  | Complete          |

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| <b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b><br><br>The precautions in place to control specified risks such as resident absent without leave, assault, accidental injury to residents or staff, aggression, violence and self-harm were not included in the risk management policy. |  |
|---|--|

The updated risk assessments including risk assessments relating to the rear stairway and swimming pool had not been signed or dated. All risks throughout the centre had not been identified such as risk of needle stick injury.

**Action required:**

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

**Action required:**

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified. The inspector has requested a copy of the completed risk assessment to be forwarded to the Authority by 30 July 2011.

**Reference:**

- Health Act, 2007
- Regulation 31: Risk Management Procedures
- Standard 26: Health and Safety
- Standard 29: Management Systems

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

**Timescale:**

Provider's response:

Work in progress, as requested a copy will be forwarded to the Authority by 30 July 2011.

30/07/2011

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

Some policies were due to be reviewed in April 2011. Some policies did not reflect practice in the centre. For example, the end-of-life policy did not reflect the good practices which were outlined by the person in charge such as facilities and services offered to both residents and families.

**Action required:**

Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

|  |                   |
|--|-------------------|
| <b>Reference:</b><br>Health Act, 2007<br>Regulation 27: Operating Policies and Procedures<br>Standard 29: Management Systems   |                   |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>  | <b>Timescale:</b> |
| Provider's response:<br><br>The two policies, which were due to be reviewed in April 2011, have been reviewed. The end-of-life policy has been amended to reflect the good practices services and facilities which are offered to both residents and families. | Complete          |

|   |                   |
|---|-------------------|
| <b>7. The provider has failed to comply with a regulatory requirement in the following respect:</b><br><br>There was still no bath provided for residents, therefore residents did not have a choice of bath or shower.   |                   |
| <b>Action required:</b><br><br>Provide a sufficient number of baths and showers having regard to the number of persons in the designated centre and provide a sufficient number of assisted baths and showers, having regard to the dependency of persons in the designated centre.   |                   |
| <b>Reference:</b><br>Health Act, 2007<br>Regulation 19: Premises<br>Standard 25: Physical Environment   |                   |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>   | <b>Timescale:</b> |
| Provider's response:<br><br>All clients prior to admission are encouraged to visit our facility and are made aware of our facilities. None of our current residents require bathing facilities. We have adequate space and plumbing provided in all our assisted facilities to enable us to add a bath at very short notice if a client has requested same. We are currently researching types of baths available to us and once the correct bath is identified budget will be made available and bath will be installed. | December 2011     |

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

**Provider's response:**

The St. Columba's Nursing Home team have been working to meet the standards as required by the Authority and we believe we continue to deliver quality of care for all our residents.

We welcome further inspections at any time.

We would encourage anyone interested in our service to visit and talk to our residents and see for yourself the quality of care we deliver.

**Provider's name:** Aideen Scanlon

**Date:** 26 June 2011