

**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:	Aras Mathair Phoil Community Nursing Unit	
Centre ID:	0652	
Centre address:	Castlerea	
	County Roscommon	
Telephone number:	094 9620506	
Fax number:	094 96 21278	
Email address:	nora.beirne@hse.ie	
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public	
Registered provider:	Health Service Executive	
Person in charge:	Nora Beirne	
Date of inspection:	27 January 2011	
Time inspection took place:	Start: 10:40 hrs	Completion: 17:30 hrs
Lead inspector:	Mary Mc Cann	
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 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

Aras Mathair Phoil Community Nursing Unit is a purpose-built single-storey facility, operational since 1982. The centre provides care for 30 dependent residents who require long term care, respite care, convalescent care or have dementia/cognitive impairment care needs. All residents were over 65 years of age on the day of inspection.

The front door is open from 09:00 hrs to 21:00 hrs. On entry there is a reception area with administration and management personnel offices. Bedrooms and the main sitting area are to be found off this area. There are two sitting rooms, one located close to the main entrance and the other adjacent to the dining room which is beside the kitchen. There is a smoking room close to the dining and sitting room. A physiotherapy room is also available.

Accommodation consists of 19 single bedrooms and five triple bedrooms. All single rooms have a sink and each triple room has an en suite sink, toilet and shower. There are two communal bathrooms, six showers and nine toilets available for residents' use. There are five staff toilets and four staff showers which include facilities for kitchen staff and visitors.

The centre is rectangular in design with an enclosed courtyard-style garden. There is a car park to the front of the building.

Location

Aras Mathair Phoil is situated in a housing development in Knockroe, Castlerea, adjacent to the train station. The services of Castlerea Town are within walking distance. A petrol station/shop is within close proximity of the centre.

Date centre was first established:	1982
Number of residents on the date of inspection	29 (plus one in hospital)
Number of vacancies on the date of inspection	None

Dependency level of current residents	Max	High	Medium	Low
Number of residents	10	11	9	0

Management structure

The Provider is the Health Service Executive. The person appointed on behalf of the provider is Frank Murphy, Local Health Manager.

The Person in Charge is the Director of Nursing, Nora Beirne who reports to Frank Murphy. She is supported in her role by Catriona Newman, Clinical Nurse Manager grade 2 (CNM 2). The nursing, administration and maintenance staff, report to the Person in Charge. The catering staff report to the head chef, Fintan Dockery. The carers/multi task attendants report to the nursing staff.

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	5	3	0	2	1

Background

This was an unannounced follow up inspection and the second inspection of this centre by the Health Information and Quality Authority (the Authority). The purpose of this inspection was to review the required actions of the previous inspection carried out on 1 and 2 December 2009. Notifications provided by the person in charge to the Chief Inspector's office were also reviewed as part of this inspection.

The first inspection of Aras Mhathair Phoil was undertaken on the 1 and 2 December 2009. The Action Plan at the end of that report identified 43 areas where improvements were needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, and the National Quality Standards for Residential Care Settings for Older People in Ireland. The actions included, for example, improvement of the range of activities available, revision of policies, review of documentation and an assessment on the utilisation of communal space. This report is available at www.hiqa.ie under centre number 0652.

Immediately following that inspection, the provider was required to make improvements to heating, the provision of emergency care and training for staff in responding to emergencies. Other areas which required significant improvement included policy review and development, staffing levels, risk management, provision of meaningful activity and adequate storage facilities.

Summary of findings from this inspection

Following the last inspection, the Authority was satisfied that the provider had responded in a timely manner to the Action Plan. The heating system had been repaired, regular monitoring of environmental temperatures was taking place, emergency equipment was in place and staff had accessed training in responding to medical emergencies.

The provider and the person in charge had also completed a review of staffing levels, introduced a key worker system, reviewed and reorganised case files, introduced documentation in relation to restraint and ensured staff had accessed a range of training to ensure they effectively met the needs of the residents. A system of review of the quality of the care provided to residents has also been introduced.

The inspector found that 41 of the required 43 actions were adequately met, with the remaining two partially completed. The Action Plan at the end of this report identifies the two outstanding areas where improvements were required to comply with 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 relate to the maintenance of staff files in accordance with legislation and the provision of newspapers.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide documentary evidence that adequate heating for residents is provided.

Record temperatures and ensure that there is suitable and sufficient heating with a minimum temperature of 18 degrees centigrade (65 degrees Fahrenheit) in bedroom areas and 21 degrees centigrade (70 degrees Fahrenheit) in day areas and in bedrooms where residents sit out during the day.

This action was completed. The heating system had been examined by the maintenance department and a system was in place to monitor and record temperatures at different locations throughout the unit on a daily basis. Records were available of this daily monitoring. The inspector reviewed the records, checked the thermometers and found that temperatures were 22°C in all areas on the day of inspection. The daily monitoring records available confirmed that temperatures complied with current Health Information and Quality Authority standards.

2. Action required from previous inspection:

Provide essential emergency equipment to respond to medical emergencies.

Individual plans to be devised for each resident to address their wishes and to ensure sufficient care to maintain each resident's welfare and wellbeing.

This action was completed. The centre had purchased a defibrillator, emergency masks and a self-reinflating bag to be used during resuscitation. Oxygen was also available on site.

Documentary evidence was available in all residents' medical files in relation to their resuscitation status. This had been signed by the resident's general practitioner.

An end of life care plan was available for each resident in their case notes detailing his / her wishes. Where this was not possible to complete with the resident the resident's significant other had been involved with the residents consent.

3. Action required from previous inspection:

Implement a programme of mandatory education and training for staff and introduce a means of monitoring training to ensure it is maintained and kept up-to-date. Furnish the inspection team with a copy of this programme and proposed monitoring system.

4. Action required from previous inspection:

Develop and implement an education programme which ensures all staff have access to education and training to enable them to provide care in accordance with contemporary evidenced based practice.

5. Action required from previous inspection:

All staff to receive training on preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

6. Action required from previous inspection:

Ensure staff have access to education and training in order to develop an understanding and skills required to care for all residents

7. Action required from previous inspection:

A training schedule to be implemented to focus on the Health Act 2007 and related regulations and standards. Copies of all relevant documents to be made available to staff.

These actions were completed. Nursing staff had completed a basic life support course. All non-nursing staff had completed the 'Heart-Saver' course with the exception of two staff on long-term sick leave.

Revalidation of these courses had been completed on a three-monthly basis throughout 2010. Updates were planned on a six monthly basis for 2011. The person in charge is a trainer in this area. Documentary training in relation to attendance at these courses had been received by the Authority.

Training on elder abuse and protection had been delivered to all staff. Staff had also received training in risk management, basic life support, infection control and 'best practices in dementia care and management of challenging behaviour'.

All staff received training on the Health Act 2007, regulations and standards in March 2010. The person in charge informed the inspector that the legislation was also discussed at staff meetings. Copies of the regulations and the standards were available to the staff.

8. Action required from previous inspection:

Using appropriate evidence-based tools review the staffing levels on night duty, taking into account the size and layout of the centre, the number of residents, their dependencies and ensure that residents can be safely evacuated in case of fire.

This action was completed. The person in charge had met with the provider and discussed this matter. An emergency plan was in place detailing procedures to be adapted in the event of fire or other emergencies such as utility failure.

Records were made available to the inspector confirming that all staff had up to date training in fire prevention, detection and evacuation procedures. The person in charge stated that as a result of the procedures that were in place in relation to fire compartmentalisation, she was confident that staff would be able to safely evacuate the centre. Furthermore, the centre is located in close proximity to the local fire station.

9. Action required from previous inspection:

Develop and implement a comprehensive centre specific written risk management policy which assesses all risks throughout the designated centre and identifies the precautions, controls and monitoring arrangements required to control those risks.

This action was completed. A centre-specific risk management policy and risk register had been developed. This document detailed a description of the risk and the action required to eradicate or minimise the risk. Controls were in place, for example, greater supervision by staff post-falls, assessment by the physiotherapist, education and discussion with the resident and provision of hip protectors.

The risk management policy addressed issues such as residents' absconding, assault, and accidental injury. The emergency plan detailed procedures to be adopted in the case of fire, utility failure and loss of heating. The place of safety identified in the plan was the local health centre. The person in charge confirmed that a key was available for these premises. The person in charge also informed the inspector that she had liaised with colleagues in other local designated centres and had agreed some common risks in relation to the provision of services to dependent persons. Controls, such as encouraging the use of call bells, use of hip protectors and review by the physiotherapist were documented.

10. Action required from previous inspection:

Provide a programme of meaningful activity which is specific to residents' needs and is inclusive in nature. This programme should be clearly displayed to enable residents to choose what to attend.

This action was completed. A staff nurse has taken a lead in this area. The centre has chosen to use the Pool Activity Level (PAL) programme. Individual assessments had been carried out for each resident. A comprehensive folder on activity provision was made available to the inspector. A variety of activities were available which included hand massage, bingo, walking, reminiscence therapy, mass and the rosary. The physiotherapist runs an exercise group each week

A notice board was available in the main sitting area detailing the daily activity schedule. A life story document had been prepared for each resident. These were very well completed and instantly gave a clear view of the resident's past together with his/her personal preferences.

11. Action required from previous inspection:

Devise an alternative communication system that ensures that all residents are facilitated and encouraged to communicate enabling them to participate in the activities and running of the centre.

This action was completed. A comprehensive communication policy had been developed. This policy included guidelines on communication with residents with communication difficulties including specific guidance in relation to hearing /speech impairment and communicating with residents with language / cognitive impairment. The person in charge informed the inspector that staff had received training on this policy.

Signage and notice boards were in place. Larger numbers have been erected on each bedroom door at eye level. A4 size signs in relation to the toilets; kitchen and bathroom areas have been completed. Laminated copies of these were in place. Further copies were in the process of being made more permanent.

12. Action required from previous inspection:

Care plans to be developed and agreed with each resident. Where residents are cognitively impaired, care plans should be developed in consultation with residents' representatives.

13. Action required from previous inspection:

Review care files of all residents and ensure easily accessible. Care plans to be reviewed three monthly.

14. Action required from previous inspection:

All residents' needs including personal and social needs to be set out in an individual care plan.

These actions were completed. A sample of care files was reviewed by the inspector. Care plans have been updated and evidence was available that they had been discussed and agreed with the resident and /or their significant other. The consent of the resident was supported by a narrative in the file detailing his/her agreement and that the care plan had been discussed with the resident.

The centre had developed a new system in relation to care files. An individual care file was available for each resident. Care files contained care plans, assessments and daily record sheets. A key worker system had been developed where three residents were allocated to each nurse. The key nurse was responsible for reviewing the care documentation.

The inspector found that care plans were reviewed on a three-monthly basis or more frequently if clinically indicated. The person in charge informed the inspector that this system was to be audited periodically.

A social care assessment tool had been adapted by the centre. A detailed assessment of each resident's personal and social care needs was available. Person-centred care plans were available addressing the specific requirements of each resident. A life history was available for each resident. These were comprehensively completed and staff had worked with significant others to complete same. They had obtained photographs and incorporated these into the life histories.

15. Action required from previous inspection:

Residents to be consulted and given freedom and choice in all aspects of their daily lives provided such freedom does not impinge on the rights of others.

This action was completed. An individualised approach to care had been adopted to all aspects of residents' daily lives. Residents could choose to attend activities or not and have their breakfast in bed or in the dining room. A choice of food was available at all meal times and there was choice around how residents spent their day.

16. Action required from previous inspection:

Ensure availability of staff to distribute, assist and administer fluids to residents and are aware of the importance of this.

This action was completed. The person in charge informed the inspector that the importance of encouraging residents to accept fluids had been highlighted to all staff. On the day of inspection, the inspector noted residents being encouraged and assisted with fluids and that fluids were freely available throughout the centre. Catering staff were observed offering fluids to residents on a number of occasions throughout the day.

17. Action required from previous inspection:

Provide daily and weekly local newspapers for residents.

This action was partially completed. The provider had refused to supply a daily newspaper for residents. The activities schedule included aspects of current affairs where it would be difficult to run this session without an up to date daily national newspaper. A Sunday newspaper was provided. The person in charge informed the inspector that if a resident requested a newspaper, staff had purchased same for him/her. This action is restated at the end of this report.

18. Action required from previous inspection:

Develop a policy in accordance with current legislation in relation to end of life care.

This action was completed. A policy on end of life care was available. The person in charge informed the inspector that she had written to all general practitioners (GP) requesting their co-operation in relation to certification of death. She also stated that the procedure and education in relation to verification of death by nurses is being researched by the Regional Older Persons Service Policy group. She informed the inspector that the centre will enact the recommendations of this review.

19. Action required from previous inspection:

Implement a system to review accidents and incidences. Provide for consultation with residents and representatives.

20. Action required from previous inspection:

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

These actions were completed. A system to review accidents and incidents had been developed. Health and Safety committee meetings were held monthly at the centre. All incident and accident records had been reviewed at the end of each month. Minutes of these minutes are available to all staff.

Resident's representative committee meetings had been reactivated at the centre. The person in charge had been informed that an advocate from the National Advocacy Programme Alliance would be allocated to the centre. A resident satisfaction survey had been completed and a suggestion box was in place.

A system to review the quality and safety of care provided to residents had been developed. The Clinical Nurse Manager was taking a lead on auditing in the centre. The results of all audits were discussed at staff meetings. The inspector viewed a recent audit in relation to incidents. This documented, for example, location and time of incident. As a result of the audit, controls such as review by the physiotherapist, encouraging the resident to use the call bell and the provision of hip protectors were in place. A review of medication management was planned for February 2011.

21. Action required from previous inspection:

Revise laundry arrangements to ensure that infection control policies are adhered to.

This action was completed. The inspector reviewed the laundry on inspection and found it to be well organised. A new closed trolley for dirty laundry had been purchased. Space was allocated for clean laundry.

A policy on management of linen and laundry was in place. The person in charge informed the inspector that staff had been inducted on this policy.

22. Action required from previous inspection:

Risk assessment of flooring to be carried out and recommendations implemented.

This action was completed. Risk assessment was carried out and recommendations identified. These areas had been repaired.

23. Action required from previous inspection:

Put in place a system for supervision and support to the person in charge.

This action was completed. A schedule of meetings was in place with the person in charge and the manager of older people's services. Regular meetings were also scheduled with the Local Health Officer.

24. Action required from previous inspection:

Ensure the needs of residents are met and that continuity of care is taken into consideration when allocation of work is planned.

This action was completed. The person in charge informed the inspector that she constantly reviewed staffing levels to ensure the needs of residents were met. Staff working times had been revised and a new shift pattern of working 09:00 hrs to 18:00 hrs was in place. All residents had been assigned key workers to promote continuity of care. Staff were allocated on a monthly basis as opposed to a daily basis where possible. Evaluation of this took place at staff and resident meetings. This was viewed as a positive development by the staff.

25. Action required from previous inspection:

On each occasion that restraint is used, record the nature of the restraint and its duration. Use of restraint measures must be continually reviewed.

No records were available in relation to risk assessment prior to use of any restraint measure.

These actions were completed. Current restraints in use included bed rails, tracking bracelets for residents who wander and tilt chairs. A risk assessment was carried out prior to the use of any restraint measure and a record was kept of each occasion restraint was used. This included the nature of the restraint and its duration. This was reviewed daily. The person in charge informed the inspector that they had reduced the

use of bedrails as a result of the overall review of restraint practices. She stated that the centre was moving towards a restraint-free environment. She also said that the centre had obtained a copy of the National HSE policy on restraint but this had not been implemented to date at the centre as staff required training on this policy prior to implementation. She confirmed that they had a centre-specific restraint policy in place which was used to guide and inform their practice.

26. Action required from previous inspection:

Revise current medication policy to include administration of all medicines.

27. Action required from previous inspection:

Revise medication policy to reflect the procedure for nurses to follow on night duty for the checking, preparation and administration of MDA schedule two drugs.

These actions were completed. The medication policy had been reviewed and updated to include guidelines for crushing, the administration of PRN (as required) medication and to reflect the procedure for the administration of Misuse of Drugs Acts (MDA) Schedule 2 drugs. A discussion on the medication policy had taken place with nursing staff in February 2010.

The procedure for the administration of MDA Schedule 2 drugs on night duty was discussed. The person in charge informed the inspector that MDA Schedule 2 drugs were not prescribed to be administered by night staff. When a resident was assessed by a doctor out-of-hours and a Schedule 2 drug was prescribed, this was administered by the prescribing medical doctor.

28. Action required from previous inspection:

There was no formal on call arrangements in place out of hours.

This action was completed. The person in charge or the clinical nurse manager was on call out-of-hours. This was reflected on the staff roster.

29. Action required from previous inspection:

Ensure residents are fully informed of the complaints procedure.

30. Action required from previous inspection:

Provide policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of the centre.

These actions were completed. All residents had been informed that a complaints procedure is available to them. The complaints policy was on display in the centre. It has been reviewed and complied with current legislation. The person in charge confirmed that staff had been inducted on this policy.

31. Action required from previous inspection:

Record minutes of all staff meetings and make them accessible to all relevant staff.

This action was completed. Minutes of all meetings occurring at the centre are recorded and made available to staff. The inspector viewed samples of these minutes. The person in charge informed the inspector that she tried to ensure that minutes of meetings were available within one week of the meeting occurring.

32. Action required from previous inspection:

Ensure that suitable provision is made for storage of equipment within the centre.

This action was completed. Two vacant rooms had been allocated for storage of equipment. Any equipment not in use was stored in the basement.

33. Action required from previous inspection:

Residents' medical records were stored in an unsecured office.

This action was completed. Medical records were now stored in a secure safe area. When there was no staff in the office it was locked.

34. Action required from previous inspection:

Thermometer in clinical fridge to be repaired or replaced. Temperature of the clinical fridge to be monitored and a record kept of same on a daily basis.

This action was completed. A new fridge had been obtained and the temperature was recorded daily. Records of daily temperatures were made available to the inspector and were seen to be in order.

35. Action required from previous inspection:

Furnish the Chief Inspector with a report detailing any and all incidents listed under Regulation 36(4) Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

This action was completed. Mandatory notifications had been forwarded to the Authority.

36. Action required from previous inspection:

A cleaning and hygiene roster to be put in place to ensure all areas are kept clean. Monitoring of this system to take place and a record kept.

This action was completed. A cleaning and hygiene schedule was in place for all areas. Sign off sheets on cleaning toilets and bathroom areas were reviewed by the inspector. These were signed off four times per day. There was also a cleaning schedule in place

for bedroom areas. On the day of inspection the centre was clean and odour free throughout.

37. Action required from previous inspection:

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

This action was completed. Copies of all documents required to be in place by Schedule 5 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were available.

38. Action required from previous inspection:

Obtain copies or originals of all staff personnel files from human resources and ensure compliance with current legislation, regulations and Standards.

This action was partially completed. Original copies of personnel files of staff had been obtained from the HSE human resources department. Staff files inspected by the inspector complied with current legislation. However the person in charge informed the inspector that while Garda Síochána vetting had been applied for in relation to all staff, clearance had not been received for all staff. This action is restated at the end of this report.

39. Action required from previous inspection:

Revise statement of purpose and ensure it complies with current legislation. In particular it must comply contain all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

This action was completed. The statement of purpose had been revised to ensure compliance with current legislation.

40. Action required from previous inspection:

Certificate of insurance cover to be displayed in prominent position in centre.

This action was completed. The insurance certificate was observed by the inspector to be on display in the sitting room area.

41. Action required from previous inspection:

A contract of care that details the services to be provided and the fees to be charged must be provided for each resident.

This action was completed. A contract of care was now in place for all residents.

42. Action required from previous inspection:

Revise resident's guide and ensure compliance with current legislation.

This action was completed. A residents' guide, brochure of the centre and statement of purpose was available. Copies of all three documents had been given to each resident.

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 2: Consultation and Participation	<p>A Residents' committee to be established as soon as possible to ensure the residents have a say in the running of the centre. Issues raised by residents or their representatives should be acknowledged, and a record maintained of all actions taken in response to issues raised.</p> <p>Review: A resident's committee was in place. This commenced in February 2010. Minutes of these meetings were available to all residents.</p>
Standard 4: Privacy and Dignity	<p>Staff stated that there were flaws in the current system of identification of personal clothing. Consideration to be given to reviewing this system and implementing any recommendations from review.</p> <p>Review: A new machine for labelling clothes had been purchased. Staff were complimentary of the new system.</p>
	<p>Fit locks to all bathroom and toilet doors to ensure residents privacy and dignity.</p> <p>Review: All bathrooms and toilets had locks in place.</p>
Standard 5: Civil Political and Religious Rights	<p>Advocacy services should be provided for residents.</p> <p>Review: The centre had been involved in the National Advocacy Programme Alliance and an advocacy service was available to residents.</p>
Standard 18: Routines and Expectations.	<p>Life history profile documents, which are currently planned for implementation, should be given priority. Information set out in these documents should inform care planning and activities.</p> <p>Review: Life histories had been recorded for each resident. A person-centred activity programme was in place.</p>
	<p>A review should be undertaken of all communal area to address institutional practices and ensure that each resident has a lifestyle that</p>

	<p>is consistent with his/her previous routines, expectations and preferences. In particular, the layout of dayrooms should be revised to reduce the institutional feel and create a more domestic style living environment.</p> <p>Review: The layout of the large day rooms had been revised and due to the arrangement of seats was much more domestic in nature. A second 'home style' sitting room was also available.</p>
Standard 23: Staffing levels and qualifications	<p>Revise the present system of two handovers. Inspectors attended both and found that similar issues were discussed.</p> <p>Review: This practice had ceased and one handover occurred where all staff attend.</p>
Standard 24: Training and Supervision	<p>Develop a system of staff supervision and appraisal.</p> <p>Review: Nursing Staff completed a course on 'Supervision and Delegation of Health Care Attendants'. The person in charge planned to develop a supervision and appraisal system.</p>
Standard 25: Physical Environment	<p>The visitor/recreation room should be organised in a way that provides a pleasant, safe and comfortable space for residents and their relatives.</p> <p>Review: This room had been reorganised and a fireplace as a focal point had been installed. It also contained a 'china cabinet'. It now provided a pleasant, safe and comfortable space for residents and their relatives.</p>

Report compiled by:

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

10 February 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
1 and 2 December 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Action Plan

Provider's response to additional inspection report*

Centre:	Aras Mathair Phoil
Centre ID:	0652
Date of inspection:	27 January 2011
Date of response:	07 March 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:

No daily or provincial newspaper was available to residents.

Action required:

Provide daily and local provincial newspapers for residents.

Reference:

Health Act 2007
Regulation 11: Communication
Standard 20: Social Contacts

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: Daily and provincial newspaper will be made available to residents.	7 March 2011
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2. The provider is failing to comply with a regulatory requirement in the following respect:

Personnel files that were available did not contain copies of birth certificates, a recent photograph of the person, evidence of Garda Síochána vetting, a full employment history, three written references and other documents detailed in Schedule 2, (*Care and Welfare of Residents in Designated Centres for Older People*) Regulations 2009.

Action required:

Obtain copies or originals of all staff personnel files from human resources and ensure compliance with current legislation, regulations and Standards.

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:

Copies of originals of all staff personnel files have been obtained from human resources. These are currently being inspected to ensure they comply with Authority requirements. Any outstanding documentation will be requested from relevant staff members. Any outstanding certification of Garda vetting has been requested and we await same.

31 May 2011

Any comments the provider may wish to make:

Residents, staff and families are encouraged by this report and will continue to work with the Authority to provide a high standard of services for our residents.

Provider's name: Catherine Cunningham

Date: 07 March 2011