

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Pilgrims Rest Nursing Home
Centre ID:	0376
Centre address:	Barley Hill Westport, Co. Mayo
Telephone number:	098 27086/27152
Fax number:	098 27086/27152
Email address:	inmarl@yahoo.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Noel Marley
Person in charge:	Noel Marley
Date of inspection:	14 October 2011
Time inspection took place:	Start: 12:40 hrs Completion: 18:40 hrs
Lead inspector:	Patricia Tully
Support inspector:	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
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 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 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

Pilgrims Rest Nursing Home is a private 34-bedded residential care centre providing long term, convalescent and respite care. It is a purpose-built bungalow style facility operational since 1998.

The entrance to the centre opens unto a reception area with a nurses' station, two sitting rooms, dining room and a kitchen located within close proximity. There is a third sitting room located to the back of the centre which is also used as a visitors' room. The bedrooms, store areas, staff rest room, changing facilities and laundry facilities all lie along corridors extending from the front of the building.

Accommodation includes eight twin bedrooms and 18 single bedrooms. All single bedrooms with the exception of one have en suite facilities which include a toilet and wash-hand basin. The remaining single room has a dedicated wash hand basin and toilet facility directly across the corridor. Four of the twin bedrooms have en suite facilities which include a toilet and wash-hand basin. Residents have access to three assisted bathroom/showers and five toilets, one of which is wheelchair accessible.

An enclosed garden area is available for residents use. There is ample car parking available for residents, staff and visitors.

Location

Pilgrims Rest Nursing Home is located on an elevated site in Barley Hill, on the Newport road, which is a rural location, approximately 2 kilometres north of Westport, Co. Mayo.

Date centre was first established:	10 April 1998
Number of residents on the date of inspection:	29 + 2 in hospital
Number of vacancies on the date of inspection:	3

Dependency level of current residents	Max	High	Medium	Low
Number of residents	8	15	8	0

Management structure

Pilgrims Rest Nursing Home is owned by a husband and wife partnership, Noel Marley and Pauline Mulroy. Noel Marley is the Provider and Person in Charge (PIC) of Pilgrims Rest Nursing Home. His wife who is a registered nurse also works in the centre. She deputises in his absence. The Provider advised that the post of Person in Charge was advertised tentatively in September/October 2011, with a view to checking availability of suitable candidates. The Provider does not plan to vacate the post of PIC which he currently holds for the foreseeable future. A team of nurses, carers, an activity coordinator, cleaning and catering staff, supports him in his role.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty Morning	1	2	5	2	1 cleaning 1 laundry	1	0
Number of staff on duty Afternoon	1	1	4	1	1	0	1*
Number of staff on duty Evening	0	1	4	0	0	0	0
Number of staff on duty Night	0	1	1 +**	0	0	0	0

* activity coordinator

** Post for additional carer at night currently advertised to address gap identified between 23:00 hrs – 08:00 hrs.

Background

This inspection report outlines the findings of the un-announced inspection on the 14 October 2011. This was the fourth inspection of the centre by the Health Information and Quality Authority (the Authority). The focus of this inspection was to follow up on actions from the previous inspections, review notifications submitted to the Authority and ongoing monitoring of compliance with the Health Act 2007(Care and Welfare of residents in Designated Centres for Older People) regulations 2009 (as amended).

Inspections reports can be found on www.hiqa.ie.

Summary of findings from this inspection

The inspector reviewed 27 actions from the previous inspection and found that 23 actions were completed and four were partially completed. Four new actions areas were identified based on the findings as set out below.

The inspection process included discussion with residents, the person in charge/provider and staff. Documentation examined included staff rosters, the complaints register, risk assessment documentation, care plans, medical records, policies and procedures, accident and incident records, audit documentation, residents register, notifications received by the Authority and staff files.

The inspector found that there had been a marked improvement in the level of documentation maintained in the centre in line with requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. These improvements included, a review of weekend staffing levels, amendment to the contract of care and insurance policy and implementing controls identified; replacing loose carpet to minimise risk of trips or falls and remove door wedges found to be in use. The provider agreed to desist from using wedges in fire doors forthwith.

There was evidence that residents received a good standard of care and the inspector noted that staff treated residents with respect and courtesy. Residents spoken to were praiseworthy of the provider/person in charge and the care and attention they received from staff.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provider to complete a comprehensive assessment of staffing levels required for these hours using recognised assessment tools and contemporary evidence based practice, to ensure the needs of the residents are met and the safety of the residents is not compromised.

This action is partially completed. An on call roster is available to staff as advised by the provider. Staffing levels rostered between 23:00 hrs and 08:00 hrs has been reviewed by the provider and a gap identified. An additional carer is to be added to the night duty roster and recruitment process has commenced. The provider agreed to advise the inspector of the start date of this member of staff.

Adequacy of staffing at weekends is considered by the inspector to be under resourced as the nursing staff compliment is reduced by over 50% at weekend. Shortfall is taken up by the provider as evidenced by the provider's presence in the centre as recorded on the actual roster. In discussions with the inspector, the provider did recognise the demands of the building layout in providing safe care to all residents especially at night.

Areas of this action not completed are repeated at the end of this report.

2. Action required from previous inspection:

Provider to ensure that they are satisfied that procedures are in place to safely evacuate the residents at all times taking into consideration the residents specific needs and dependency levels.

This action is complete. The provider confirmed to the inspector that each resident is assessed in terms of the most effective means of moving them in an emergency and this is documented in their risk assessment which all staff are familiar with.

Staff have been made aware of the policy and procedures relating to fire prevention, detection and evacuation. Fire training for all outstanding staff was held in August 2011.

3. Action required from previous inspection:

Maintain a planned and actual rota, showing staff on duty at any time during the day and night.

This action is partially complete. Planned and actual rotas are now maintained separately as reviewed by the inspector. However, as the 24 hour clock was not used it is difficult to ascertain who is rostered for what period during the 24 hours.

Areas of this action not completed are repeated at the end of this report.

4. Action required from previous inspection:

Put procedures in place whereby all professional and legislative requirements and standards are met for all areas of medication prescribing, administration, storage and record keeping in the centre.

This action is complete. Medication prescribing procedure has been reviewed with each nurse working in the centre so that on every occasion that a doctor prescribes he/she attends the centre to write up the medication in the medication administration chart. Included in the prescription are maximum PRN Doses.

The provider confirmed during inspection that a copy of each prescription is held on record and that he has updated the drug administration records to include a photo and drug allergy information where not in place.

5. Action required from previous inspection:

Put a program of training in place on medication management within the centre for all staff involved in the administration of medicines.

This action is complete. Informal training on policies and procedures has taken place on site and staff awaiting formal training are booked to attend the next Medication Management course in January 2012 through the CNME, Castlebar.

6. Action required from previous inspection:

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

Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

This action is complete. The provider outlined to the inspector a number of reviews that have been carried out including the quality of service in the dining room which resulted in changes in the seating arrangement and instruction to care assistants to always sit down when assisting residents at mealtimes. Resident questionnaires have also been completed. Shortfalls were identified in how residents were made to feel by staff. The findings have informed staff training and discussion at staff meetings. A policy on autonomy and independence was developed as a result.

Documentation made available for review by the inspector included audits on medication management; hand-washing and the condition of the wheelchairs in use in the centre. Further audits and reviews are planned as advised by the provider such as the care in bedrooms during the morning routine.

7. Action required from previous inspection:

Residents and/or their significant other should be involved in the completion and review of their care plan. Written evidence should be available of this.

This action is complete. The provider confirmed during inspection that when residents are unable to participate in assessment and care planning, a relative is always consulted. While this may not always have been documented in the past, the current practise is to document who was involved in the assessment and care plan review. Of care plans reviewed on inspection, the involvement of relatives was found to be documented.

8. Action required from previous inspection:

Ensure assessment findings are reflected in the implementation and planning of care and care plans are updated in light of revised assessments. This to include assessments and recommendations made by allied health care professionals.

This action is complete. The provider confirmed during inspection that care plans are updated in light of revised assessments and this was found to be the case in the plans reviewed on inspection.

9. Action required from previous inspection:

Ensure that a resident who is subject to a restraint measure has a comprehensive person-centred care plan in place which reflects good practice.

This action is complete. The provider confirmed during inspection that assessments and care plans covering restraint including the use of bedrails is in place and that the national policy on restraint is being implemented.

10. Action required from previous inspection:

Put in place process whereby personal and social care needs are assessed and reflected in the residents care plan.

This action is complete. The computerised care Management system (CMS) in operation in the centre was demonstrated by the provider to the inspector. Social care needs are assessed as part of CMS system using the likes/dislikes component which includes preferred activities and food and documents emotions and the findings on assessment are reflected in the residents' care plans as reviewed by the inspector.

11. Action required from previous inspection:

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances as and no less frequent than at 3-monthly intervals.

This action is complete. The CMS system (computerised documentation) has the facility to input the residents' history, healthcare assessments; risk assessments; care plans; and accidents and incidents which inform the residents care plan. It includes a facility to review these at various intervals. Review prompts are built into the system which the provider states ensures that timely assessments and care planning reviews takes place. The system is used to plan care according to results of the assessments. Reviews of care plans are carried out at 3 monthly intervals or sooner in the event of changing needs. The provider stated that there is ongoing training to ensure staff carry out this function and that the system is being properly utilised.

12. Action required from previous inspection:

Develop and implement a communication policy providing instruction to staff on all aspects of communication within the centre.

This action is complete. The communication policy was reviewed by the provider and amended to include instruction to staff on all aspects of communication.

13. Action required from previous inspection:

Provide staff training on communication policy and the use of communication aids.

This action is complete. Staff have been informed of the revisions to the communication policy as confirmed by the provider. A policy and procedural guidelines have been developed on dealing with people with dysphasia and staff have been informed of it's content. Communication with residents is included in staff training sessions and discussed at staff meetings to remind staff to always communicate appropriately with residents.

14. Action required from previous inspection:

Provide residents who have difficulty in communicating verbally with appropriate aids and cues to assist them to move around the centre knowledgeably with ease and confidence.

This action is complete. Communication aids in the form of two booklets covering diet and care were available and appropriate signage was in place as cues to residents. Large sized playing cards were in use by residents during the inspection. The provider is to request the speech and language therapy service to carry out a review of the residents and make recommendations in regard to further improve communication with those who have speech difficulties.

15. Action required from previous inspection:

Ensure informed consent is obtained from the resident where possible and where the resident is incapacitated the best interest of the resident is always protected.

This action is complete. The provider confirmed during inspection that care plans dealing with restraint includes the consent of the resident or the next of kin as appropriate and that the national policy on restraint is being implemented.

16. Action required from previous inspection:

Put processes in place where residents have an in-depth assessment of the necessity of restraint and ensure where restraints are used it is as a last resort measure for the least amount of time and are continually monitored.

This action is complete. The provider confirmed during inspection that the use of restraint is continuously under review and monitored. Care plans reviewed by the inspector recorded the assessment carried out by the multidisciplinary team, the type of restraint in use and release times.

17. Action required from previous inspection:

Provide staff with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

This action is complete and ongoing. The provider confirmed that there is an ongoing staff training programme in which he encourages and assists staff to avail of up to date training relevant to care of elderly. The CNME, Castlebar is a resource which has been accessed by staff who have attended training in challenging behaviour, medication management and dementia care. Training in moving and handling, elder abuse prevention, infection control, life saving and fire training are facilitated in house.

The provider advised the inspector that he continuously reviews the level and standard of training achieved and required by each member of staff.

18. Action required from previous inspection:

Identify and facilitate each resident's choice as to the place of death, including the option of a single room or returning home.

This action is complete. Care plans reviewed by the inspector documented end of life comments or the residents ability or willingness do discuss end of life care as well as recording any actual end of life wishes. The provider has given an undertaking to residents to comply with their wishes wherever possible.

19. Action required from previous inspection:

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 2 have been obtained in respect of each person.

This action is complete. The provider confirmed that each file was reviewed and updating for compliance with legislative requirements. Staff files reviewed were found to contain all required documentation.

20. Action required from previous inspection:

Remove inappropriate equipment from the sluice area.

This action is complete. Sluice room was observed by inspector to be utilised as sluice facility only and inappropriate equipment had been removed.

21. Action required from previous inspection:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Ensure when accidents occur that appropriate health care is provided.

Where a resident falls un-witnessed or is at risk of a head injury due to an accident neurological observations to be recorded.

This action is partially complete.

Neurological observations had been recorded in the incident records reviewed by the inspector.

While a perimeter fence has been erected there were other risks identified during the course of the inspection. The carpeted floor covering along the corridor opposite the main entrance had become loose in places which poses a trip risk to residents. The cushions in some of the chairs had bottomed out and required replacement to ensure residents comfort and avoidance of tissue trauma. Residents were observed to be sitting in chairs without appropriate postural supports and footrests. No recent seating assessments had been carried out.

Areas of this action not completed are repeated at the end of this report.

22. Action required from previous inspection:

Ensure that the risk management policy includes the arrangement for identification, recording, investigating and learning from serious or untoward incidents involving residents.

This action is complete. The policy has been amended to include the arrangement for identification, recording, investigating and learning from serious or untoward incidents involving residents. Audits of accidents and incidents have been carried out. The provider stated that the findings have informed staffing levels and the training of staff.

23. Action required from previous inspection:

Provide written operational 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 a designated centre.

This action is complete. The inspector reviewed the written operational policies and procedures relating to the making, handling and investigation of complaint which now satisfactorily meets the regulations.

24. Action required from previous inspection:

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

This action is partially complete. The inspector reviewed the written operational policies and procedures which now outlines an independent appeals process and how it operates. A record of all complaints is maintained however, complainants' satisfaction with the outcome is not included.

Areas of this action not completed are repeated at the end of this report.

25. Action required from previous inspection:

Inform complainants promptly of the outcome of their complaints and details of the appeals process.

Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

This action is complete. The provider advised that complainants are informed of the outcome of their complaints and this is documented in the complaints log.

The inspector reviewed the written operational policies and procedures which identifies an independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

26. Action required from previous inspection:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

This action was partially completed. An addendum to the contract had been issued to all residents or their relatives to address the shortfalls in the contract and the majority of the contracts addendums had been returned signed. The contract did not meet the regulations as the addendum which specifies the services to be provided does not clearly set out the cost in accordance with the regulations and did not accurately reflect the ethos of the centre in regard to charges.

The provider has confirmed in writing that residents' effects are covered up to a maximum amount of €1,000 per item per resident. However, this is subject to an aggregate figure.

The amended clause in the addendum of the contract in relation to insurance cover does not comply with current legislation.

Areas of this action not completed are repeated at the end of this report.

27. Action required from previous inspection:

Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

This action is complete. The directory reviewed by the inspector contains the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

Closing the visit

At the close of the inspection visit, the inspector gave feedback to the provider, to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Patricia Tully

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

17 October 2011

Chronology of previous HIQA inspections

Date of previous inspection:	Type of inspection:
24/25 May 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
9 November 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
2 August 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
14 October 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre Name:	Pilgrims Rest
Centre ID:	0376
Date of inspection:	14 October 2011
Date of response:	28 November 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:

The number of staff on duty from 23:00 hrs until 08:00 hrs has been identified as not sufficient to meet the assessed needs and dependencies of the residents and the design and layout of the centre.

The number of staff/skill mix on duty at weekends required review to ensure it is appropriate to meet the assessed needs and dependencies of the residents, the design and layout of the centre and objectives as outlined in the statement of purpose.

Action required:

Provider to advise of start date of increased WTE carer between 23:00 hrs – 08:00 hrs to ensure the needs of the residents are met.

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

Action required:

Provider to determine staffing levels at weekends using recognised assessment tools and contemporary evidence based practice, to ensure the needs of the residents are met and the safety of the residents is not compromised.

Reference:

Health Act, 2007
 Regulation 6: General Welfare and Protection
 Regulation 9: Health Care
 Regulation 16: Staffing
 Standard 23: Staffing Levels and Qualifications

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

Provider's response:

Additional WTE carer on duty between 23:00 hrs – 08:00 hrs commenced.

We ensure that there is adequate skill mix and staff numbers to meet the resident's needs at all time in the home
 Our Current Dependencies(25 November 2011) using Barthel's Index are
 Maximum 8
 High 14
 Medium 7
 Total 29 residents.

Pilgrims Rest current Staffing Ratios ;
 Minimum over 7 days at 34 residents.

Shift	Ratio; Staff	Resident
08 00 -14 00 hrs	1	5.6
14 00 – 16 00 hrs	1	6.8
16 00 – 20 00 hrs	1	6.8
20 00 – 08 00 hrs	1	11.3

Note;

Weekday staffing includes an extra Registered Nurse over this minimum number from 08 00 – 16 00 hrs. To attend to greater administrative work load on weekdays including; scheduled medical reviews, scheduled care plan and medication reviews. Visits by other practitioners e.g. psychiatry, physiotherapist, chiropody, residents appointments, planned admissions, and other nursing admin done primarily on weekdays.

28 November
 2011

In place
 28 November
 2011

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

As the 24 hour clock was not used in the planned and actual rotas, it is difficult to ascertain who is rostered for what period during the 24 hours.

Action required:

Maintain, in a safe and accessible place, appropriate weekly duty rosters covering 24 hour periods.

Reference:

Health Act, 2007
Regulation 16: Staffing
Regulation 24: Staffing Records
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications

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

Timescale:

Provider's response:

The duty rosters have been amended to show the 24 hour clock from October 2011.

25 November 2011

3. The provider is failing to comply with a regulatory requirement in the following respect:

To maintain premises and equipment in a good state of repair. A number of risks were identified for example the carpeted floor covering along the corridor opposite the main entrance had become loose in places. Chairs used by some residents were not in a good state of repair.

Action required:

Ensure the premises are kept in a good state of repair externally and internally.

Action required:

Maintain the equipment for use by residents or people who work at the designated centre in good working order.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment
Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>As part of our planned improvements the entire carpeted area of flooring (All corridors) are being replaced with laminate wood flooring this work commenced on Friday 25 November.</p> <p>Chairs identified as being in need of repair were sent to upholstery specialist for upgrading and have been repaired.</p>	<p>30 November 2012</p> <p>25 November 2012</p>

<p>4. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Did not facilitate each resident's access to multidisciplinary assessments as required by residents. In particular some residents were observed to be sitting in chairs without appropriate postural supports and footrests. No recent seating assessments had been carried out.</p>	
<p>Action Required:</p> <p>Facilitate each resident's access to physiotherapy, chiropody, occupational therapy, speech and language therapy or any other services as required by each resident.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 9: Health Care Standard 13: Healthcare</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A system has been put in place where residents will be referred to specialist services/assessment by the GP when their assessed condition requires it.</p> <p>Three residents have been referred to speech and language therapy for swallowing assessment.</p> <p>Three residents have been referred to occupational therapist for seating assessment.</p>	<p>25 November 2011</p>

<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The complaint record does not include all aspects of the complaints handling process as outlined in the Regulations.</p>	
<p>Action required:</p> <p>Include the complainants satisfaction or otherwise with the outcome of the complaint in the complaints record.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 39: Complaints Procedures Standard 6 : Complaints</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>The complaint book has been amended to show complainants response to outcome of complaints.</p>	<p>31 October 2011</p>

<p>6. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The contract of care did not meet the Regulations.</p>	
<p>Action required:</p> <p>Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 28:Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions</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>A Schedule of fees has been included in the contract which has been circulated for signing to each resident/relative as appropriate.</p>	<p>We expect to have all contracts signed by: 15 December 2011</p>
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7. The provider is failing to comply with a regulatory requirement in the following respect:

To put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

Action required:

Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

Reference:

Health Act, 2007
 Regulation 26: Insurance Cover
 Standard 31: Financial Procedures

Please state the actions you have taken or are planning to take with timescales:	Timescale:
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<p>Provider's response:</p> <p>Insurance cover is in place as follows; residents' effects are covered up to a maximum amount of €1,000 per item per resident subject to an aggregate figure of €35,000.</p> <p>This is the Insurance cover provided. Our insurers inform us that to insure each resident for €1000 for each loss with out limit is not possible as there would be no limit to indemnity.</p> <p>I have made representation to the DoHC to have this part of the Health Act (Regulation 26.2) reviewed.</p>	<p>Current position</p> <p>25 November 2011</p>
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8. The provider is failing to comply with a regulatory requirement in the following respect:

To make adequate arrangements for containing fires including adherence with fire regulations in relation to the management of designated fire doors.

Action required:	
Remove all door wedges in fire doors and make adequate arrangements for containing and extinguishing fires including adherence with fire regulations in relation to the management of designated fire doors.	
Reference:	
Health Act, 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures 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:
<p>Provider's response:</p> <p>All door wedges have been removed from fire doors. Fire doors in the building which separate fire zones are held open by magnetic door holders which release when activated by the fire alarm. Doors to bedrooms and sitting rooms will be fitted with Door guard devices which will act in the same way releasing the door to the closed position on the sounding of the alarm.</p> <p>I am currently getting prices on this and arranging for fitting.</p>	20 December 2011

Any comments the provider may wish to make:

Provider's response:

None supplied

Provider's name: Noel Marley
Date: 28 November 2011