

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Mill Race Nursing Home
Centre ID:	0361
Centre address:	Bridge St.
	Ballinasloe
	Co. Galway
Telephone number:	090 9646120
Fax number:	090 9646123
Email address:	millracenh@yahoo.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Mill Race Nursing Home Ltd
Person in charge:	Rita English
Date of inspection:	20 October 2011
Time inspection took place:	Start: 08:30 hrs Completion: 16:15 hrs
Lead inspector:	Finbarr Colfer
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 complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

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

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

Additional inspections take place under the following circumstances:

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

Mill Race Nursing Home is a purpose-built, two-storey centre which opened during March 2008. There are places for 61 residents providing long-term, convalescence and respite care to mostly older people, 15 of whom have dementia. At the time of inspection, 54 residents were living there; four of them were between the ages of 45 to 65 and had disabilities. Three residents were in hospital and one resident was on holidays. The manager informed the inspector that a day-care facility is provided subject to staffing levels and space. There are independent living units located in two apartment blocks on the same site as the centre.

The entrance door leads to a large foyer area which contains seating. The reception desk and nurses' station are at the back of the foyer and the administration office is behind these. The staff room is to the right of the reception desk.

Communal space on the ground floor includes a large day room and a small day room, a hair salon and a dining room. Since the previous inspection the small family/visitors' room has been opened up to form part of the day room. The library now has multiple functions and is also used as the visitors' room and a quiet room for residents. An oratory is also located on the ground floor.

On the first floor, there is a sitting room and an activities room with a dividing partition. These can be used as one room if required. A designated smoking room is also provided on this floor. There is a passenger lift and four staircases connecting the ground floor and first floor.

Residents' accommodation is located on both floors and consists of 56 bedrooms. There are 52 single bedrooms with en suite shower, toilet and wash-hand basin. Four of the single bedrooms have a kitchenette. There are also four two-bedded rooms with en suite shower, toilet and wash-hand basin.

There is one assisted bathroom with a bath and shower on each floor. An additional shower room is also available for residents' use on the first floor.

The laundry is located at the end of the right hand corridor on the ground floor and the maintenance person has a storeroom at the end of the corridor on the left. There is a cleaning room and a sluice room on each floor.

A large enclosed garden is located to the rear of the nursing home. There is ample parking at the front and side of the building.

Location

The centre is located in a residential complex on the east side of Ballinasloe, County Galway, and is within walking distance of the town centre.

Date centre was first established:	1 March 2008
Number of residents on the date of inspection:	48 including one in hospital
Number of vacancies on the date of inspection:	13

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	11	22	15

Management structure

The Provider is Millrace Nursing Home Ltd and Stephanie Earles, one of the Directors is the nominated contact person for the Provider. Gerry Gallen is the Manager of the centre and is responsible for business planning. The Person in Charge of Millrace Nursing Home Ltd is Rita English and she reports to the Manager. In her absence, one of the senior nurses deputise for her. Care assistants report to the nurse on duty on each floor. Nurses and catering staff report to the Person in Charge. The Maintenance Person reports to the Manager. Administrative support is provided by Rosin Waters and Ann Marie Waters and they report to the Manager.

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*	3 in am 2 in pm	6 in am 4 in pm	1 cook and 1 kitchen assistant	3	2	3**

* Senior nurse deputising for the person in charge, who was on annual leave

** Provider, Manager and the Maintenance Worker

Background

This centre had its registration inspection on 1 February 2011. The reports for previous inspections can be found on www.hiqa.ie.

On the registration inspection, the provider was found to have met the needs of residents and the requirements of the Regulations in a significant number of areas. However, areas for improvement included arrangements for the person in charge to meet her governance duties, staffing levels, staff training, care planning processes and responding to specific needs of residents such as managing behaviours that challenge and managing restraint.

The provider submitted an action plan following that inspection which provided details of how he intended to address the areas of non-compliance identified in the inspection report.

Summary of findings from this inspection

This focus of this follow up inspection was to confirm the progress on the action plan from the previous registration inspection.

In general, the inspector found that substantial progress had been made on the previous action plan, that residents' health and social needs were being met and that the provider was in substantial compliance 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*.

Most of the actions from the previous inspection had been completed or substantial progress had been achieved. Four areas of non compliance with the Regulations were identified during the follow up inspection:

- Fire precautions - fire drills were no longer being held regularly
- care plans did not provide sufficient direction to staff on the management of behaviour that challenged
- there was a risk of scalding from the hot water supply
- the Resident's Guide did not meet the Regulations.

The completed actions and the outstanding areas of non-compliance are discussed further in the body of the report and areas for improvement are identified in the Action Plan at the end of this report.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide suitable training for staff in fire prevention.

Provide to the Chief Inspector, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

The provider had completed the action contained in the previous inspection report but the inspector identified a further issue with fire precautions.

Prior to the inspection, the provider had submitted a letter from a competent person confirming that the centre met the statutory fire and building control regulations.

The inspector reviewed staff training records and found that all staff had received formal fire training from an external trainer by September 2011. Further staff had been employed since then and the external trainer had been booked to provide training to these staff in November 2011. The person in charge had provided instructions on fire precautions to newly appointed staff as part of their induction training. The inspector interviewed some of these staff and found that they were familiar with the fire arrangements for the centre and they told the inspector of upcoming training in November with an external trainer.

However, while the records indicated that fire precautions such as sufficient fire extinguishers and the servicing of fire equipment were in place, the inspector found that fire drills were no longer being held regularly. The most recent fire drill was in January 2011, 10 months prior to the inspection. There had been a fire drill in July 2010, and prior to that, fire drills were being held on a monthly basis.

2. 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 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.

Provide training for staff in the moving and handling of residents.

This action had been completed.

Adequate supervision for residents in the day room had been identified as an issue in the previous inspection. The provider had changed the staffing arrangements to ensure that there was always a staff member in the day room to tend to residents. He had introduced a sign off book for staff to confirm the times that they were in the

day room. If a staff member had to leave the day room, another staff member provided cover. The inspector saw that there was a staff member in the day room throughout the day. The staff member spent time chatting with residents and responding to their requests, as well as enhancing the social interaction for residents.

Overcrowding in the day room was another issue that had been identified. Since the previous inspection, the provider had converted a bedroom near the reception area into a small sitting room. The room was furnished with armchairs and a TV and was warm and homely. The inspector saw several residents using the room during the day. The provider had also removed double doors that led to an annex in the main day room. This had provided additional space in the room. There was no evidence of over crowding on the day of inspection, and residents told the inspector that they found the room comfortable and enjoyed chatting with other residents there.

During the previous inspection, some staff had been observed using poor moving and handling techniques while assisting residents to mobilise. On this inspection, the inspector found that staff used appropriate manual handling techniques, and also used hoists when appropriate to transfer residents from wheelchairs to seats. The inspector reviewed training records and found that all staff had received moving and handling training from an external trainer. The most recent training had been provided the weekend before the inspection.

On the previous inspection, staff were not familiar with the emergency plan. On this inspection, the inspector read the emergency plan which had been updated and found that it provided clear guidance to staff on what to do in an emergency. The inspector interviewed a number of staff and they were aware of the emergency plan and where it was stored.

Ventilation in the smoking room was insufficient on the previous inspection and the smell of smoke was very strong in the adjoining corridor and communal rooms. The provider had installed a new mechanical ventilation fan and on this inspection, there was no smell of smoke in the surrounding areas.

3. Action required from previous inspection:

Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

This action had been completed.

Inspectors on the previous inspection found that staff in the centre were responsible for responding to calls for assistance from the independent retirement homes adjacent to the centre. This would have depleted the staffing available in the centre. The provider had put in place alternative arrangements. Three staff members now lived in one of the retirement homes and were on call to the residents in the apartments when they were not on duty as part of their living arrangements.

A staff nurse in the centre showed the inspector a policy which gave clear instructions to staff that if anyone from the independent apartments required assistance, staff were to contact one of the three nominated staff, and their phone numbers were included in the policy.

The inspector found that there were sufficient staff on duty on the day of the inspection to respond to the needs of residents in a timely manner. The inspector reviewed a sample three weeks from the rota and found that the levels of staffing were consistent with the staff available on the day of inspection.

4. Action required from previous inspection:

Ensure that the person in charge can engage in the governance, operational management and administration of the centre on a regular and consistent basis.

This action had been completed.

The person in charge worked full-time, was no longer included on the rota as the nurse on duty and was additional to the rostered staffing levels. She was on annual leave on the day of inspection and her role was being covered by a senior nurse.

5. Action required from previous inspection:

Put in place 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. Ensure that their care plan is based on a high standard of evidence based nursing practice, and that the use of restraint measures reflects this.

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

Significant progress had been made on this action.

The inspector reviewed a sample of residents' assessments and care plans, including those who used bedrails and lap belts. On the day of inspection, 24 residents were using bedrails and one was using a lap belt.

A new restraint management policy had been introduced and was in the process of being implemented. All residents who used bedrails had been assessed with a new assessment tool. This included a risk assessment on the use of bedrails and the care plan included guidelines on how to manage any risks that had been identified.

The person in charge was using the new process to try to reduce the use of bedrails. For example, the care plan of one resident included an assessment of the requirement for bedrails. The records indicated that the resident had both of his bedrails removed and was being checked regularly during the night. His care plan for bedrails had been reviewed on a weekly basis for six weeks and then monthly after

that. The withdrawal of the bedrails was successful, the resident had no incidents of falls and the resident stated that he was very pleased that the bedrails were no longer needed. This was also reflected in other care plans that were reviewed.

In addition, the manager stated that he was trying to source training for staff on the management of restraint. He showed the inspector a nurse training prospectus and was awaiting the provision of a date from the trainer.

6. Action required from previous inspection:

Provide a high standard of evidence based nursing practice in relation to behaviours that challenge.

Progress had been made on this action, but further improvements were required.

The inspector observed a number of residents who had behaviour that challenged. On a number of occasions during the inspection these residents became agitated, were sometimes quite loud and also tried to grab and pinch staff. The inspector saw staff responding in a calm and respectful manner, avoiding physical contact with the residents where appropriate and ensuring that the impact on other residents was minimised.

Some residents who presented with behaviour that challenged had also been diagnosed with mental health issues. The residents' records indicated that the mental health services continued to provide support to these residents. In addition, the provider had recently recruited two new nurses who had a mental health qualification to enhance the staff team's capacity to respond to the needs of these residents.

The inspector found that each of the residents had a care plan on the management of the behaviours and some residents also had a behaviour monitoring chart. The care plans were written in a respectful manner and gave general guidelines on how to respond to incidents. However, the care plans did not contain sufficiently detailed information. For example, one resident's agitation increased during showers. The care plans did not identify this as a trigger time and did not provide specific guidance to staff on how to manage these situations. The behaviour monitoring charts were being used to record significant incidents but were not being used to inform learning or the development of specific care plans.

In the last action plan, the provider stated that training would be provided to staff on the management of behaviour. The manager showed the inspector a letter from a trainer cancelling the recently planned training. The manager stated that he was seeking another training date and showed the inspector resources that had been purchased for use following the training.

7. Action required from previous inspection:

Facilitate each resident's access to occupational therapy, or any other services as required by each resident.

This action was in progress but had not yet been completed.

Since the previous inspection, the manager had engaged an occupational therapist (OT) to assess a number of residents. The inspector reviewed correspondence with the OT to confirm this. The OT had paid one visit to the centre to identify the work that was required. However, copies of emails reported that the OT had since secured a contract elsewhere and was no longer available to assess residents in the centre. The manager showed the inspector information about another OT that had been identified to provide the service and copies of correspondence with that OT.

The provider had also retained the regular services of a physiotherapist since the previous inspection. The inspector met the physiotherapist who told him that he spent one day a week in the centre. Initially, he did a basic assessment on all residents and had started to develop programmes with residents to promote their mobility and well being. He had prioritised residents who were at risk of falling and re-assessed these residents after any falls. His notes were available to staff and he passed on recommendations to the nurses in relation to promoting safe mobility of residents.

The inspector also saw information in residents' files about appointments with the Speech and Language Therapy services in the local hospital.

8. Action required from previous inspection:

Set out each resident's needs in an individual care plan.

Notify each resident of any review of his/her care plan and revise each resident's care plan, after consultation with him/her.

This action had been completed.

The inspector reviewed a sample of care plans. All residents had an individual care plan kept in a separate folder in the office. The care plans were based on validated assessment tools. Assessments were being reviewed monthly and care plans were being adjusted to record any change in care interventions.

The inspector saw records where residents or their family members confirmed that they had been consulted on the care plans. One of the residents was able to describe her care plan to the inspector and said that the nurses had spoken to her about it.

9. Action required from previous inspection:

Make all necessary arrangements aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

This action had been completed.

Training records indicated that training had been provided to staff on recognising and responding to abuse in June and July 2011. The inspector spoke with staff and noted they were knowledgeable about the policy on the protection of residents from abuse and they were clear about the action they would take if they suspected abuse.

10. Action required from previous inspection:

Put a system in place to ensure that staff have access to education and training to enable them to provide care in accordance with contemporary evidenced based practice.

Progress had been made on this action.

Since the previous inspection, the provider had prioritised the area of staff training. Regular training on manual handling was being provided. Further Education and Training Awards Council (FETAC) Level 5 training in care of the elderly was being provided to care assistants in conjunction with another centre. On the day of this unannounced inspection, an external trainer called to the centre to plan training for nurses on management skills and on dementia care. Training in behaviour management and in restraint management was also planned.

The manager had appointed a senior nurse on a temporary basis to support new staff, such as the new nurses with mental health qualifications, during their induction period. She was also responsible for reviewing documentation and ensuring that learning from the training events was put into practice.

11. 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.

This action had not been completed.

During the previous inspection, infection control risks had been identified in the management of soiled laundry and the cleaning routine. A risk of scalding due to the temperature of the hot water in the kitchen had also been identified.

The manager had taken measures to manage the risk of cross infection in the laundry. Staff were now using alginate laundry bags to transport soiled or infected laundry. These are bags, which can be placed directly into the washing machine, reduce the need to handle the laundry and thereby reduce the risk of cross infection. The inspector spoke with the laundry worker who was clear on how to use the alginate bags and the appropriate temperatures for the laundry.

Handrails were now being cleaned and disinfected on a daily basis rather than weekly as noted in the previous inspection report. The cleaners were observed cleaning the handrails and this duty had been added to their daily checklist. The inspector reviewed the checklist and found that cleaning staff were signing to confirm that this had been done on a daily basis.

On the last inspection the inspector found that the hot water temperature in the kitchen presented a risk of scalding. The manager stated that this risk had been resolved immediately following the previous inspection by replacing the thermostatic controls on the boiler and servicing the boiler. However, on this inspection, the inspector found that the temperature of the water in the kitchen continued to present a risk of scalding. The inspector then checked the hot water temperature in residents' bedrooms and found that this also presented a risk of scalding. Staff told the inspector that water temperatures sometimes ranged from very cold to scalding hot.

The provider acknowledged that the water temperatures were not being adequately managed and had a contractor on site on the afternoon of the inspection to carry out work to address this. The day after the inspection, the inspector received a copy of a letter from an external contractor to state that new thermostatic control valves were being installed on all hot water outlets within five days.

12. Action required from previous inspection:

Provide greater social interaction and opportunities for residents to participate in activities appropriate to his/her interests and capabilities.

This action had been completed.

A new activities coordinator had been appointed and had carried out a social care needs assessment with residents. These were sensitively written and recorded the individual disposition, likes and dislikes of each resident. They were being updated regularly and it was possible to see the various activities that individual residents chose to participate in.

A variety of individual and group activities had been organised based on the assessments and included the needs of residents with dementia. These included bingo, music sessions, discussion of newspaper articles and flower arranging. The Sonas programme which focused on promoting communication by stimulating the five senses, had been introduced and the most recent session had been on 17 October 2011.

Records were kept to indicate the level of participation and enjoyment of these activities, particularly for residents who had a cognitive impairment. The events for the day were displayed on a large white board in the day room.

As well as the activities coordinator, care assistants also took a lead in responding to the social care of residents. The inspector read about events undertaken with individual residents that were organised by care assistants such as a trip to the pub or trips to the shopping centre. Residents had also been supported to attend some of the events at the recent Ballinasloe Horse Fair.

13. Action required from previous inspection:

Compile a Statement of purpose that describes the facilities and services which are provided for residents.

This action had been completed.

As part of the registration process, the provider had updated the Statement of Purpose and submitted it to the Authority following the previous inspection.

14. 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 had been completed.

The complaints procedure was clearly displayed in a prominent location in the reception area. The contact details of the independent appeals person were included in the procedure.

15. Action required from previous inspection:

Develop and implement all the written operational policies and procedures in accordance with Schedule 5 of the Regulations to inform practice.

This action had been completed.

The inspector reviewed a sample of the policies and found that they had been adapted to reflect the arrangements in the centre. The inspector asked staff about a range of policies and they were aware of where the policies were located and the general content of policies such as the nutrition policy, the prevention of abuse policy and the restraint management policy. The inspector saw minutes of staff meetings which recorded that policies had been discussed with staff.

16. Action required from previous inspection:

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

This action had been completed.

The inspector was provided with a copy of the rota on arrival in the centre. The rota accurately reflected the staffing arrangements for the day.

17. Action required from previous inspection:

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

This action had been completed.

The person in charge and a senior nurse had attended a two day training course on auditing in October 2011. Key areas for review had been identified and staff were collecting information on a range of areas such as restraint, use of psychotropic medication, complaints and falls.

The inspector reviewed the auditing of falls documentation and found that good quality information was being recorded on the time of falls, the types of falls and other relevant information in a comments section. The information was being used to raise awareness amongst staff and prioritise the work of the physiotherapist.

18. 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 had been completed.

The inspector reviewed a sample of the contracts of care in residents' files. They had been signed and dated by the manager and by the resident. Schedule 2 in the contract stated the fee to be charged, what was included in the fee and it also listed other services that were available which had an additional charge.

19. Action required from previous inspection:

Maintain an up to date record of each resident's personal property that is signed by the resident.

This action had been completed.

The inspector reviewed a sample of residents' property lists. They had been reviewed periodically to ensure that they were up-to-date. They listed the residents' personal property and the residents had signed them. Where a resident was unable to sign, a note was made on the property list explaining why and was signed by a member of staff.

The inspector also reviewed the management of residents' personal money and found that good practices were in place to protect residents' finances. Residents had a locked cupboard in their bedrooms so that they could manage their own finances if they wished. When they needed assistance, small sums of money were kept in envelopes in a locked safe. A record was kept of all transactions in a separate book for each resident. The inspector reviewed a sample of the records and found that transactions were being signed by the resident and by a staff member. When a resident was unable to sign, the transactions were signed by two staff members. The balances in the record books matched the balance of money in each resident's envelope.

20. Action required from previous inspection:

Produce a Residents' Guide which includes a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

This action had not been completed.

The manager stated that copies of the Residents' Guide were kept in common areas and freely available to residents. Each resident had not been given a copy of the guide. The inspector spoke with residents and they were not aware of the guide. Staff told the inspector that a copy was usually kept in a holder in the hallway. There was no copy in the holder at the time of inspection.

The manager gave the inspector a copy of the combined statement of purpose and Residents' Guide which was kept in the administration office and the inspector found that it did not meet the requirements of the Regulations. Some information was incorrect. For example, it stated that a physiotherapist was available at an additional charge twice a week. The physiotherapist was actually available once a week and the service was included in the fee. The guide did not contain a copy of the most recent inspection report, but did contain a copy of an earlier report.

Report compiled by:

Finbarr Colfer

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

7 November 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
11 November 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
26 May 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
1 January 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Millrace Nursing Home
Centre ID:	0361
Date of inspection:	20 October 2011
Date of response:	1 December 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:

Fire drills were not being held regularly.

Action required:

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Reference:

Health Act, 2007
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Fire drills carried out on 25 October 2011 and 18 November 2011 and will be held once a month.</p>	Completed

<p>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The care plans did not contain sufficiently detailed information and did not provide specific guidance to staff on how to manage incidents of behaviour that challenged.</p>
<p>Action required:</p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Since the inspection, the residents who present with episodes of challenging behaviour have had their care plans reviewed, re-assessed and re-written to provide clear guidance on how to respond to these episodes. The care plans also give guidance on how approach the residents during different aspects of their care with an aim to prevent episodes of challenging behaviour. The care plans state the need to rule out any physical cause of the behaviour e.g. pain, hunger, tiredness, infections, constipation or the need to go to the bathroom, before the medication route is used.</p> <p>New behavioural monitoring charts were obtained and implemented. The charts were obtained from the psychiatric nurse liaison nurse from St. Brigids. These charts help to establish a pattern of behaviour.</p>	

<p>A Consultant Psychiatrist of Psychiatry of Later Life gave a lecture on challenging behaviour on 15 November 2011 and 30 staff members attended. She will be doing a follow up lecture on dementia in the new year. She has also agreed to come and review any residents with challenging behaviours that we are concerned about.</p>	<p>Completed</p>
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<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The temperature of the hot water in the kitchen and in residents' bedrooms presented a risk of scalding.</p>	
<p>Action required:</p> <p>Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 28: Purpose and Function</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>Thermostatic control valves fitted and hot water checked daily. Boilers service and all thermostatic values checked and serviced.</p>	<p>Completed</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The Residents' Guide did not meet the requirements of the Regulations and each resident had not been provided with a copy of the guide.</p>	
<p>Action required:</p> <p>Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.</p>	

Supply a copy of the Resident's Guide to the Chief Inspector.	
Supply a copy of the Resident's Guide to each resident.	
Reference: Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Residents' Guide reviewed to meet Regulation 21.	
Copy supplied to each Resident.	31/12/2011
Copy sent to chief Inspector.	31/12/2011

Any comments the provider may wish to make:

Provider's response:

None

Provider's name: Gerry Gallen

Date: 30 November 2011