

Health Information and Quality Authority  
Social Services Inspectorate

Registration Inspection report  
Designated Centres under Health Act  
2007



Centre name:	Caiseal Geal Nursing Home
Centre ID:	0326
Centre address:	Castlegar
	Galway
Telephone number:	091 757609
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Email address:	ajstan@iol.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Elsden Associates Ltd.
Person authorised to act on behalf of the provider:	Thomas J. Stanley
Person in charge:	Aideen Stanley
Date of inspection:	30 and 31 August and 1 September 2011
Time inspection took place:	<b>Day-1 Start:</b> 10:00 hrs <b>Completion:</b> 17:30 hrs <b>Day-2 Start:</b> 10:00 hrs <b>Completion:</b> 17:30 hrs <b>Day-3 Start:</b> 14:00 hrs <b>Completion:</b> 19:30 hrs
Lead inspector:	Jackie Warren
Support inspector:	Finbarr Colfer (day 3)
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

## About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on [www.hiqa.ie](http://www.hiqa.ie) in keeping with the Authority's values of openness and transparency.

## About the centre

### Location of centre and description of services and premises

Caiseal Geal Nursing Home is located in a rural area, approximately two miles from the centre of Galway. It is a family run centre with 23 residential places and there were 13 residents on the day of inspection. It is a split-level bungalow with a lower level floor which accommodates storage space and staff facilities. A flight of steps leads to the front door and there is a wheelchair accessible entrance at the rear of the centre. The communal areas include two day rooms and a sun room which also serves as a dining room. Bedrooms are located on two corridors. There are four single rooms, eight two bedded rooms and one three bedded room. Each room has a wash-hand basin and each resident has a wardrobe and lockable cupboard.

None of the bedrooms have en suite facilities. Residents share two toilets with wash-hand basins, one bathroom with an assisted bath, shower, toilet and wash-hand basin and another bathroom with a shower wash-hand basin and toilet. There is also a staff toilet with wash-hand basin. An external room to the main centre serves as the laundry, sluice room and cleaning room. There is a small covered smoking area with seating outside the back door.

The centre has a large landscaped garden, which residents can access during fine weather. There is also a secure patio with garden furniture adjoining the conservatory, where residents can sit out. There is parking to the front and rear of the building.

<b>Date centre was first established:</b>			1981	
<b>Number of residents on the date of inspection:</b>			13	
<b>Number of vacancies on the date of inspection:</b>			10	
<b>Dependency level of current residents:</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	4	3	2	4
<b>Gender of residents</b>			<b>Male</b> (✓)	<b>Female</b> (✓)
			✓	✓

### Management structure

Thomas J. Stanley is the person authorised to act on behalf of the Provider, Elsdon Ltd. His wife, Aideen Stanley is the Person in Charge. Nurses, care assistants and the cook report to the person in charge, who in turn reports to the Provider. Currently, household and cleaning duties are part of the duties of care assistants.

**Summary of compliance with 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*.**

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act, 2007.

This was an announced registration inspection, and the centre's third inspection by the Health Information and Quality Authority (the Authority). The reports for previous inspections can be viewed on the Authority's website: [www.hiqa.ie](http://www.hiqa.ie).

Inspectors met with residents, relatives, and staff members over the three day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Inspectors found substantial compliance with the Health Act 2009 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Standards for Residential Care Settings for Older People in Ireland*. This was reflected in the positive outcomes for residents which were confirmed by residents and relatives and evidenced throughout the inspection. Overall, inspectors found that residents' wellbeing was central to service provision. The services and facilities outlined in the statement of purpose were reflected in practice and served to meet the diverse needs of residents, including residents with a cognitive impairment.

Residents received dignified and respectful care, were protected from abuse, and received a high standard of evidence-based nursing care, medical and allied healthcare. Daily life in the centre maximised the residents' capacity to exercise choice and personal autonomy and their views were sought and listened to. Sufficient staff of appropriate grades were employed to provide care to residents.

Evidence of good practice was found in all areas of the service. Residents were supported to practice their religious beliefs as they wished. Their civil rights were respected and the person in charge had organised for a polling station to be set up in the centre so that residents could vote at elections. A residents' committee had been established as a means of consulting with residents on the running of the centre. There was a high standard of catering and residents were offered choices at mealtimes and snacks and drinks were available at all other times.

Some aspects of the physical design, layout and size of rooms were not adequate for residents' individual and collective needs and did not comply with Regulations and the Standards. The laundry was in need of refurbishment, some bedrooms were of

inadequate size, there was no private place for residents to meet with visitors, and the corridors were narrow. The provider acknowledged these issues and had been granted planning permission to make alterations to the building to address them. However, the building was warm, clean, and well furnished, with a variety of comfortable communal space for residents. There was a variety of day space including two sitting rooms and a conservatory, which were comfortably furnished and domestic in character.

Inspectors identified some improvements that were required in the areas of care planning, management of residents' property, fire safety, medication management and recruitment and vetting of staff.

The required improvements are included in the Action Plan at the end of this report and are set out under the relevant outcomes.

## **Section 50 (1) (b) of the Health Act 2007**

**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*.**

### **1. Statement of purpose and quality management**

#### **Outcome 1**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

#### **References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

### **Inspection findings**

Inspectors were satisfied that the statement of purpose accurately described the service provided in the centre and met the requirements of Schedule 1 of the Regulations.

Inspectors found that the service's capacity to meet the diverse needs of residents, as outlined in the statement of purpose, was reflected in practice. There was a commitment to ongoing education and training to ensure that staff were competent to provide high quality holistic care. In particular inspectors noted the focus on health promotion. The provider had arranged for a weekly occupational therapy service for residents and person in charge and staff encouraged residents to exercise and to remain independent.

Copies of the statement were made available to residents and visitors in the sitting rooms.

**Outcome 2**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

**Inspection findings**

Inspectors were satisfied that the level of care and quality of life experienced by the residents was monitored and developed on an ongoing basis. The person in charge showed the inspector an audit system which she had developed to review the safety of care and quality of life for residents. Eleven auditing measures had been introduced which included a weekly food satisfaction audit, three-monthly hand-washing audit and a manual handling audit, a care plan audit and an annual medication audit. The inspector reviewed the auditing systems and found the reviews to be comprehensively recorded, signed and dated.

To promote awareness and involvement, staff were asked to take turns collecting and presenting the audit information for the areas identified and the results of the audits were discussed at the regular staff meetings. The person in charge kept the quality of safety and care under review by her presence and observations in the centre and her ongoing interaction with residents, relatives and staff.

There was an annual audit of the accidents and incident book to check that the required information was being correctly recorded, that all relevant information was included and that appropriate action had been taken and recorded.

The person in charge also planned to introduce a complaints audit at a later date.

**Outcome 3**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**References:**

Regulation 39: Complaints Procedures  
Standard 6: Complaints

**Inspection findings**

There was a detailed complaints policy which was signed and up-to-date. It contained guidance for staff on how to record and investigate complaints.

The complaints procedure was framed and clearly displayed in the main hallway. The procedure outlined how to make a complaint and named the people that complaints should be addressed to. It also outlined an independent appeals process. Details of how to make complaints were also included in the statement of purpose, copies of which were available in both of the day rooms. Residents and relatives knew how to

make a complaint and told the inspector that they felt confident that any issues discussed with the person in charge or nursing staff would be addressed.

The inspector read the complaints register in which details of complainants, nature of the complaint, response, action and final outcome were comprehensively recorded, although no complaints had recently been entered. The person in charge explained that she was vigilant about recording complaints, and that the register was up-to-date as there had been no complaints made for a long time.

The provider and person in charge told inspectors that they were present in the centre every day and knew the residents and their needs very well, and that this, coupled with close interaction with and supervision of staff, was the reason why there had not been any complaints for a long time. They explained that they were closely involved the provision and monitoring of the service. Staff and visitors confirmed that this was the case. The provider and person in charge said that they would consider tracking any comments of dissatisfaction to make the system more robust.

## **2. Safeguarding and safety**

### **Outcome 4**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

#### **References:**

Regulation 6: General Welfare and Protection  
Standard 8: Protection  
Standard 9: The Resident's Finances

### **Inspection findings**

There was a comprehensive, centre-specific policy on detecting and reporting abuse in place.

The provider and person in charge had taken measures to protect residents from being harmed or suffering abuse. During the fit person interviews both the provider and person in charge were very clear about how they would respond to allegations of abuse. They had arranged training in detecting and reporting elder abuse for all staff. Staff confirmed that they had watched a DVD and regularly discussed detecting abuse with the person in charge. Staff who spoke with inspectors were aware of their responsibilities, were clear on reporting procedures and were knowledgeable about recognising different types of abuse. Residents told inspectors that they felt safe in the centre and that staff were kind and caring to them at all times.

The policy and procedure for the management of residents' finances and valuables was examined by the inspector. This process was not robust or in line with the Regulations. While some resident's managed their own finances, the provider held small amounts of resident's money for safekeeping. Inspectors reviewed the process for managing residents' finances. Residents' money was stored in separate labelled

containers in a securely locked area. Handwritten records of financial transactions were maintained in a ledger with each resident's cash balance recorded. Transactions were signed by a nurse, but were not signed by the resident, or witnessed by another person to ensure accountability.

There was a property book, which recorded each resident's clothing on admission. The lists were not detailed and did not provide enough information to identify residents' individual items if required. There was no record maintained of other property such as pictures, ornaments or items of furniture.

Records of residents' valuables, such as jewellery were retained in a separate book, which was well managed. It recorded whether residents were in possession of their own valuable items or if they had been entrusted to staff for safekeeping. All exchanges of valuables were recorded and signed by the resident and a staff member, as well as a witness.

Some residents' pensions were paid into an account which was managed by the provider. He managed this income through a computerised system and maintained records of each resident's income, outgoings and balance, which he showed to the inspector. On examining these records the inspector found that the provider was not complying with the Regulations relating to protecting residents property. Some practices were not effective in safeguarding residents' finances and required a review.

There was an insurance policy which was up-to-date and provided adequate cover for residents' property.

#### **Outcome 5**

*The health and safety of residents, visitors and staff is promoted and protected.*

#### **References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

#### **Inspection findings**

There were systems in place relating to the health and safety of residents but these systems did not sufficiently promote or ensure the safety of residents, staff and visitors.

The inspectors viewed the fire records which showed that all fire equipment had been regularly serviced. The fire extinguishers had been serviced in November 2010 and the fire alarm system had been serviced in May 2011. Monthly checks of the fire alarm system were carried out. Fire orders were clearly displayed in the building and all fire exits were clear.



Annual training in fire safety and evacuation had been provided and this was confirmed by staff and in the training records. However, one staff member who had been in her post for over a year had not received fire safety training. Two new staff members had commenced their posts within the past two weeks and were awaiting fire training. The provider said that fire safety training would take place within the next two weeks and that these staff would be in attendance.

Regular fire drills were not taking place and staff members who spoke with an inspector were not sufficiently clear on the action to take in the event of a fire.

The provider explained to the inspector that written confirmation from a competent person confirming that the centre was in substantial compliance with all fire and building control statutory requirements was not yet available. He stated that the building had been inspected by a fire safety consultant and that some necessary works were in progress to achieve full compliance. He anticipated that the required remedial works would be completed and that the certification would be issued in mid September 2011.

There were additional measures in place to promote the health and safety of residents' and the management of risk was well addressed. There was an up-to-date risk management policy, which explained risks, hazards and risk ratings, and outlined the process for carrying out risk assessments. The risk management policy met the requirements of the Regulations.

Records demonstrated that clinical and environmental risks throughout the building had been identified and managed, and measures were in place to control risks, including the specific risks outlined in the Regulations. There was an up-to-date health and safety manual available.

There was an emergency plan which included evacuation procedures, temporary accommodation which would be used in the event of an evacuation and the arrangements for transporting residents to emergency accommodation. Telephone numbers of those who would need to be contacted in the event of an emergency were included in the emergency plan.

Measures were in place to reduce accidents and promote residents' mobility including staff supervision, safe floor covering and handrails on both sides of the corridors to promote independence. Residents were observed moving about the building during the day, some of whom were being supported by staff. Staff told the inspector that they had received manual handling training and this was confirmed by training records. Staff were observed using safe and appropriate manual handling techniques with residents.

The provider and person in charge had put in place adequate controls to monitor all visitors to the building. A visitors' book was maintained and completed daily.

**Outcome 6**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

**References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

**Inspection findings**

The processes in place for the management of medication were generally safe, but a number of areas for improvement were identified. There was an up-to-date medication policy which reflected practice in the centre and provided comprehensive guidance to staff. It contained procedures for prescribing, administration, recording and storing of medication.

The inspector accompanied a nurse on the mid-day medication round. The nurse demonstrated her competence and knowledge when outlining the procedures and practices on medication management and administration. The nurse recorded and signed to confirm each medication administered.

However, the inspectors identified some medication management practices that did not ensure the safety of residents, increased the risk of medication error and were not in line with professional nursing guidelines. For example:

- the nurse informed the inspector that some residents required their medications crushed. Inspectors reviewed the medication prescribing charts and files of these residents and noted that general practitioners (GPs) had provided signed notes recommending that the resident's medication be crushed but did not sign each individual prescription and there was a risk that some medications would be crushed which are not suitable for this process
- residents' medications were securely stored in a locked press in the office which was also locked when not occupied. Medication requiring temperature control was stored in a designated compartment in the refrigerator in the kitchen and the temperature was monitored daily and recorded. This area was not secure as neither the refrigerator nor the kitchen were kept locked and were readily accessible
- prescribed medications were transcribed from the original prescriptions by nurses. This information was checked and signed by the GP, but was not signed by the transcribing nurse to ensure accountability
- some medications were not administered at the prescribed times and the reason for the change was not being recorded. For example, the nurse explained that a resident's morning medication was administered two and a half hours later than usual as he had chosen to stay in bed later and would accordingly have the next dose administered at a later time. The later times and the explanation were not

recorded in the administration chart to explain the change

- the times of administration were not indicated on the prescriptions, although the number of times the medication was to be administered was stated. The nurse stated that the nurses decided on the times to administer the medication and these were agreed during verbal consultation with the GP. This did not comply with professional guidelines and posed a medication dosage risk to residents
- maximum dosage of medication administered as required (PRN) was indicated on some residents' administration charts, but was not on others
- some discontinued medication was not signed by the GP
- the system for the recording of medication error was not clear. The policy stated that errors were recorded in the incident book, while the nurse on duty said that she had not encountered any medication errors but that she would record them in the communication sheets in the resident's files if necessary. The person in charge confirmed that errors were recorded in both the incident book and in the communication sheets.

### **3. Health and social care needs**

#### **Outcome 7**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

#### **References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

## **Inspection findings**

Overall, the health needs of residents were met. Residents had good access to GP and healthcare professionals and there were high levels of recreational opportunities and social inclusion provided to all residents, including residents with dementia and cognitive impairment. However, care plans were poorly documented and did not reflect the care provided to residents or provide sufficient information to guide staff.

The centre had sufficient GP cover, and there was an out-of-hours medical service available. Residents were encouraged to retain their own GP, but where this was not possible the person in charge assisted them to transfer to a local GP. A review of residents' medical notes showed that GPs visited the centre regularly. Relatives told inspectors that residents had access to their GP when necessary and they felt their health needs were well monitored. The GPs reviewed each resident's prescriptions every three months and re-issued them following consultations with the staff.

The person in charge arranged for private chiropody and physiotherapy services for residents when they needed them at an additional cost to the resident. Residents had good access to audiology services. GPs referred residents to the ear, nose and throat department of the local hospital. An optical service was provided annually in the centre, or as required. There was limited access to occupational therapy and speech and language therapy, which were accessed by GP referral. At the time of inspection there were no residents in need of these services. The person in charge explained that she and the staff promoted mobility and assisted residents to remain active and engage in gentle exercise plans.

Every resident had a care plan. Staff who spoke with the inspector were familiar with the residents' clinical and social needs and spoke competently of how these needs were addressed and appropriate care delivered. However, many of the care plans did not adequately reflect the current needs of the residents.

The inspector reviewed the care planning system and read a sample of residents' files. There were colour photographs of each resident on the covers of their files, for which residents had signed a consent form. The person in charge and staff explained that care plans were discussed with residents and relatives, and relatives confirmed this to be the case.

The information for each resident included biographical information, core assessments, plans for personal care, additional assessments, care plans and communication sheets. The core assessments were informative and provided information on residents' past lives, families, interests, likes, dislikes and preferences. There was also a folder for each resident with additional information such as medical notes. Comprehensive assessments were undertaken on admission using recognised assessment tools and reviews were up-to-date. Additional risk assessments were undertaken for falls prevention, mobility, nutrition, skin integrity and dependency level and were reviewed and up-dated on a three monthly basis.

However, the inspector read some care plans and noted that they did not include plans of care to address some of the identified needs of residents in sufficient detail and did not provide clear and adequate guidance for staff to deliver care. For example, care planning for wound management and weight management and use of

restraint was inadequate and did not provide sufficient information to ensure the consistency of care. Interventions required to manage behaviour that is challenging, catheter care, arrangements to implement a resident's exercise plan and care plans for personal care were not clearly detailed in a resident's care plans.

The management of wounds was not consistent with the centre's wound care policy, which stated that all wounds should be assessed, measured, photographed and a care plan developed. The inspector reviewed the care plan of a resident who was identified as having wounds and found that information relating to the care of the wound was disorganised and was not sufficient to guide staff in the delivery of care. A comprehensive wound assessment had not been carried out, the wounds had not been photographed and a wound chart had not been developed. There was no care plan for the management of the wounds in the resident's file. There was a wound care routine described in one of the communication sheets and the GP also recorded that the care interventions were effective in the communication sheets.

The inspector read the care plans for some residents who were identified as being nutritionally at risk and found that there was not sufficient information recorded to guide staff in providing appropriate nutritional care. Nutritional assessments and weight monitoring were not being consistently carried out and appropriate care plans had not been developed for some of these residents.

Inspectors reviewed the use of restraint, as some residents used side rails while in bed. Nursing staff carried out an assessment of residents prior to the use of bedrails. The assessment was in a tick-box format and was not comprehensive or detailed. Risk assessments identifying the risks associated with the use of bed rails for each resident had not been undertaken and the intended durations of the restraint were not being recorded. There was no evidence that other options to the use of bedrails had been explored.

The nursing notes were recorded in the communication sheets. Those which the inspector read were informative about residents' conditions and progress, but they were not recorded daily, as required by the Regulations. In some instances there were three to eight days between entries.

There were interesting things for residents to do each day. All staff members had a role in organising both formal and informal activities. The inspector saw light exercise sessions taking place on both days of the inspection and many of the residents took part. The exercise session was accompanied by a tape with music and interactive commentary.

At other times residents watched DVDs featuring past life and engaged in reminiscence with staff. One afternoon a staff member joined residents and encouraged a discussion about where they went dancing when they were younger. A lively discussion developed and residents had fun and laughed as they recalled tales from the local dancehalls. A part-time activity therapist spent one day a week in the centre and she had developed a programme of occupational therapy exercises through fun and games. As there were two sitting rooms, residents who chose to partake in other activities such as reading or watching television were free to do so.

The person in charge was particularly focused on ensuring that all residents were involved in appropriate activities that they enjoyed. She had created a rummage box for residents with dementia, communication cards for residents with cognitive impairment and used sensory techniques such as scented oils and gentle music and soft materials to stimulate residents. The person in charge had completed a Sonas course and had shared this knowledge with other staff members. Sonas is Gaelic for 'well-being' and is a programme of therapeutic activity focused on promoting communication, especially for people with dementia.

### **Outcome 8**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

#### **References:**

Regulation 14: End of Life Care

Standard 16: End of Life Care

### **Inspection findings**

Inspectors were satisfied that caring for a resident at their end of life was regarded as an integral part of the care service provided in the centre. This practice was informed by the centre's policy on end-of-life care which included guidance on providing care for a resident approaching end of life and care following the death of a resident.

An inspector spoke with a nurse who was able to outline the care given at end of life. She stated that whenever it was possible the resident who was nearing end of life was nursed in a single room. She also outlined the arrangements for spiritual support from the local priest and from ministers of other denominations as required. The local palliative care team provided support and advice when required.

At the time of inspection there were no residents receiving end-of-life care.

### **Outcome 9**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

#### **References:**

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

### **Inspection findings**

Residents received a nutritious and varied diet that offered choice and mealtimes were a lively and interactive experience.

The quality, choice and presentation of the meals were of a high standard and the residents confirmed this to be the norm. The inspectors joined the residents for lunch

and found the food to be well presented, hot and tasty and the meal was an unrushed, sociable occasion. Residents were offered a choice at lunch and evening meals each day and the inspector observed second helpings being offered to residents. The staff brought a dessert trolley carrying a selection of desserts to the dining room and residents could choose what they wanted from it. The daily menu was displayed in the sitting rooms and the meal choices were also discussed with the residents each morning when they chose what they would like for their lunch.

Table settings were pleasant and included lace tablecloths, condiments, matching crockery and place settings with table mats and serviettes. Staff members chatted with residents and encouraged discussion.

Some residents needed assistance with dining and the inspector saw staff sitting with these residents and assisting them respectfully. Some residents required modified diets and this was provided for them. Inspectors noted that they had the same choices as other residents and the food was presented in appetising individual portions.

Most residents had their lunch in the dining room which was bright and presented views of the garden, the road and the adjoining countryside, some chose to eat in the sitting room, while one resident liked to dine in her bedroom.

Inspectors noted that residents were offered a variety of snacks and drinks throughout the day, including home-made cake and healthy snacks such as fresh fruit. Jugs of water were available in the sitting rooms and in all bedrooms from which residents, staff and visitors could help themselves to drinks. The inspector noted that all residents were offered a variety of drinks with their meals and residents were encouraged to take drinks throughout the day. The cook told an inspector that she stocked the fridge with a selection of snacks, including cold meat and salads for making sandwiches, cakes, yogurts, pancakes and drinks every evening for residents after she went off duty. Residents confirmed that they could have snacks and drinks at any time.

The inspector met with the cook who was knowledgeable regarding residents' likes, dislikes and special dietary needs. She maintained a comprehensive record of this information in the kitchen. She told the inspector that when a resident was admitted to the centre, a nurse initially told the cook about any dietary requirements. The cook said that she also met with the resident to speak to them about their food preferences. She had developed a two week rolling menu based on her knowledge of the residents' likes and dislikes, and explained that the menus were changed every five to six weeks. She said that she regularly chatted with the residents and asked them if there was anything that they would like. Residents confirmed this saying that they could have anything they wished.

There was a weekly food audit conducted every Wednesday after lunch, when a staff member discussed the week's meals with the residents to establish their level of satisfaction and to find out if there was anything that they would like done differently. The inspector viewed the records of the food audits which indicated that residents were very satisfied with their meals.

An inspector read the nutrition policy which was informative and up-to-date and included guidance on management of malnutrition. Staff were knowledgeable of residents' nutritional requirements and all staff had received training in nutritional screening in September 2009.

#### **4. Respecting and involving residents**

##### **Outcome 10**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

##### **References:**

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

##### **Inspection findings**

Each resident had a contract of care which was appropriately signed and agreed. The contracts outlined the services which residents would expect to receive, clearly identified what was not included in the fee, and outlined the terms and conditions.

##### **Outcome 11**

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

##### **References:**

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

##### **Inspection findings**

Residents received dignified and respectful care. Their capacity to exercise personal choice and autonomy was maximised and their views were sought and listened to.

Residents and staff informed inspectors that there was a residents' committee through which residents had a say in the day-to-day organisation and running of the centre and that monthly meetings were held. The provider had explored ways to maximise the participation of residents. The meetings were organised around afternoon tea which allowed for informal chatting around a variety of topics. The



meetings were normally attended by eight to ten residents and were chaired by a staff member at the request of the residents. The inspector read the minutes of the recent meetings which recorded the issues discussed. At each meeting staff encouraged residents to discuss issues associated with the centre and to make suggestions and comments. The minutes covered such topics as discussions about how residents could make complaints if they wished. One resident had said that he would like to have a certain brand of sauce that he had enjoyed while he was at home and it had been purchased for him.

The person in charge and the provider had close links with the residents and they knew them very well. They were present in the centre every day and spent some of this time interacting with residents and encouraging them to voice their views. Throughout the inspection they were seen chatting with individual residents. They saw this as an opportunity to discuss any suggestions or concerns that residents may have in an informal manner. Residents told the inspectors that they knew the provider and person in charge well and would raise any issues with them. Residents also said that they could talk to any member of the staff.

Inspectors found that residents' privacy and dignity were respected by staff. Inspectors observed staff knocking on the doors of occupied rooms and waiting for permission to enter. Residents were dressed well and according to their individual choice. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred names. Inspectors observed good interactions between staff and residents who chatted with each other in a comfortable way. Relatives told inspectors that they felt well informed and were kept up-to-date about residents' healthcare and general well-being. The parish priest acted as an advocate for the residents. He called to see them at least once a week when he listened to their views and discussed local news.

Residents' religious and political rights were upheld and supported. The person in charge outlined the in-house and external voting arrangements for residents. She had organised for a polling station to be set up in the centre so that residents could vote at elections. While the majority of residents generally used this option, she provided lifts for residents who wished to attend the local polling station. Mass took place in the centre every Saturday and Sunday mass from the local parish church was relayed to the centre and broadcast on television in the sitting room. Arrangements had been made for a Eucharistic minister to come from the church to the centre to distribute Holy Communion to residents at the same time as it was being distributed at mass. Residents could also watch daily mass from the parish church on television if they wished. The priest also administered the sacrament of the sick every six weeks or as required. One resident led a group of residents in reciting the rosary every afternoon in one of the sitting rooms.

All the residents were Roman Catholics at the time of inspection, but the person in charge said that all religious denominations would be supported to practice their religious beliefs.

The person in charge explained how she promoted links with the local community. She had arranged for some members of the Franciscan Order to visit the residents every week, when they chatted, prayed with residents, provided spiritual guidance and heard confessions.

The person in charge told inspectors how some transition year students visited the centre for afternoon tea and a chat with residents and that local primary school children came to the centre to meet the residents twice or three times each term. They also visited the residents and sang Christmas Carols and brought greeting cards for them at Christmas time. A local youth group also performed a concert for the residents at Christmas and a local choir came to sing carols. A hairdresser called to the centre once a month or as required.

Residents' independence was promoted by staff. Inspectors saw staff members assisting residents to walk to the dining room at a leisurely pace. Residents were encouraged to eat their meals independently and were given plenty time to enjoy their food. Inspectors found that residents had flexibility in their daily routines and residents said they could decide when to get up and go to bed and whether to participate in activities available to them.

Residents had access to a range of information sources. There was a plentiful supply of books and newspapers for the residents to read and televisions were available in the sitting rooms. Several residents were reading newspapers and magazines during the day. Orientation boards were displayed in both of the sitting rooms displaying the day, date and weather and providing information on what was happening for the day.

The person in charge was particularly committed to enhancing interaction with residents who have communication difficulties. She had developed a selection of flash cards which were used as communication aids. The cards were used to depict a range of topics such as food choices, going to bed and going outside to the garden.

Contact with family members was encouraged and arrangements were in place for residents to receive visitors in private. Although there was no designated visitors' room, the conservatory could be used outside mealtimes as a quiet place where residents could meet with visitors in private if they wished. There were no restrictions on visits. Residents also had the use of a portable telephone and they could make and receive telephone calls in locations of their choice.

#### **Outcome 12**

*Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

#### **References:**

Regulation 7: Residents' Personal Property and Possessions  
Regulation 13: Clothing  
Standard 4: Privacy and Dignity  
Standard 17: Autonomy and Independence

### **Inspection findings**

Residents were encouraged to personalise their rooms and those who wished had displayed personal belongings, photographs and ornaments in their rooms. All residents had adequate storage space for clothes and personal possessions and lockable storage space for valuables was also provided.

Residents' clothing was regularly laundered, ironed and returned to their bedrooms. There was a system for the discreet labelling of residents' clothing on admission. Residents and relatives expressed satisfaction with the laundry service provided and confirmed that clothing did not get lost.

### **5. Suitable staffing**

#### **Outcome 13**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

#### **References:**

Regulation 15: Person in Charge

Standard 27: Operational Management

### **Inspection findings**

The post of person in charge was full time and held by a registered nurse with the required experience in the area of nursing older people. She had thirty years experience as person in charge, having established the centre with the provider in 1981. The inspectors found that she had a strong and friendly presence in the centre and demonstrated good leadership. The person in charge's knowledge of the Regulations and Standards and her statutory responsibilities were well demonstrated to inspectors both during the fit person interview and during the inspection. The person in charge was very involved with the residents and she knew them very well, both clinically and personally. Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by ongoing learning and review of practice. All documentation requested by the inspector was readily available.

The person in charge had kept her clinical knowledge up-to-date and demonstrated a commitment to continuous professional development. She had a qualification in gerontology and had completed a Masters Degree in training and education, as well as a range of ongoing training including Sonas and management training.

The person in charge worked closely with the provider in the day-to-day running of the centre.

**Outcome 14**

*There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

**Inspection findings**

The inspector found that the staffing levels and skill-mix at the centre were sufficient to meet the needs of residents. The person in charge told the inspector that staffing levels were based on the assessed health, social and personal needs of residents using a validated tool and her own clinical judgment. The inspector observed staff being attentive to residents and performing their duties in a timely manner. Staff members, residents and relatives told inspectors that they felt there was enough staff and that they could respond to residents' needs promptly.

The inspector noted that staff were knowledgeable about residents and had established good relationships with them. Staff were clear about their roles and responsibilities and they understood the management structure and reporting relationships. Many of the staff had been working at the centre for many years and told the inspector that they had become friends with the residents and had a close working relationship with the provider and person in charge. During the three days of the inspection, the deputy person in charge who was on annual leave and the cook who was off duty, volunteered to come to the centre each day to support the provider and the person in charge, to spend time with the residents and to meet the inspectors and attend the feedback meeting.

The provider and person in charge were committed to providing ongoing training to staff. Extensive training had been undertaken in 2011 including training on medication management, occupational first aid, abuse awareness and prevention, infection control and wound management. Five of the care assistants had completed Further Education and Training Awards Council (FETAC) Level 5 Care of the Elderly training. The person in charge undertook an annual performance appraisal with all staff, to identify staff strengths or weaknesses and to inform training needs. One outcome of an appraisal was that the person in charge had organised for a staff member to attend English language classes to improve her level of communication with residents and other staff.

The inspector viewed the recruitment, selection and vetting of staff process and some staff personnel files and found that most of the files were up-to-date and included the required criteria. However, some files did not contain all of the information required in Schedule 2 of the Regulations such as three references, evidence of qualifications, photographic identification and evidence of the physical and mental fitness of staff to do the work required.

## **6. Safe and suitable premises**

### **Outcome 15**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **References:**

Regulation 19: Premises

Standard 25: Physical Environment

### **Inspection findings**

Some aspects of the physical design, layout and size of rooms were not adequate for residents' individual and collective needs and did not comply with Regulations and the Standards. Although there was evidence of good practice, the inspector noted that the laundry was in need of refurbishment and gave rise to infection control issues.

The kitchen was well equipped and clean. A food safety management system was in place and catering staff had received training in food safety.

There was a staff/visitors toilet on the ground floor and separate staff changing facilities and a staff bathroom with a toilet, bath and wash-hand basin in the basement of the building.

There was a small secure patio area which overlooked the landscaped garden. It was furnished with tables and chairs and residents and relatives used this area to sit out when the weather was nice. New railings had been provided around the garden since the last inspection.

There was appropriate assistive equipment provided to meet the needs of residents, including hi-low beds, a hoist, specialised mattresses and transit wheelchairs. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order. Equipment was appropriately and safely stored when not in use.

A hygienic environment was maintained and there were ample supplies of hand sanitising gels for staff, residents and visitors to use. There was an up-to-date infection control policy, which provided guidance to staff on several aspects of infection control such as hand-washing, barrier nursing and types of infection and

how inspection is spread. A staff member explained the colour coded cleaning system and processes for management of soiled or contaminated clothing to the inspector.

The existing building was clean, comfortable and well furnished. There was a variety of day space including two sitting rooms and a conservatory. The sitting rooms were comfortably furnished and domestic in character. Since the previous inspection, the provider had placed a new flame effect gas fire in the sitting room which created a cosy atmosphere. Bedroom accommodation was comfortable and all residents had call bells, adequate wardrobe space and bedside lockers with lockable drawers.

However, although the communal space was adequate for the current number of residents, if the centre was at full capacity, this space would not be sufficient. Some bedrooms did not meet the size requirements as set out in the Standards.

The number of assisted showers/baths available to residents was insufficient and did not meet with the requirements of the Standards. While there were a sufficient number of shower/bath facilities to meet the needs of the current residents they would be insufficient for the full compliment of 23 places.

The structure and layout of the laundry area posed an infection control risk in that:

- the laundry room was structurally unsuitable. The internal surfaces were in poor repair and were not readily cleanable
- the facilities in the laundry area were inadequate and segregation of clothing, sluicing and storage of cleaning equipment was carried out in the same area giving rise to the risk of cross infection
- there was a hole in the wall of the laundry which could allow rodents or other pests to readily access this area.

There was a lack of wheelchair accessibility at the entrance to the building and there was no designated private place for residents to meet with visitors. The corridors were narrow and this restricted movement for staff when assisting residents or when a resident with a wheelchair or walking aid used the corridor.

The provider acknowledged these issues and was committed to addressing them. Planning permission had been granted to the provider for the demolition of the existing building and the construction of a new centre in its place, although no date had been identified for the commencement of the project.

## **7. Records and documentation to kept at a designated centre**

### **Outcome 16**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**References:**

Regulation 21: Provision of Information to Residents  
Regulation 22: Maintenance of Records  
Regulation 23: Directory of Residents  
Regulation 24: Staffing Records  
Regulation 25: Medical Records  
Regulation 26: Insurance Cover  
Regulation 27: Operating Policies and Procedures  
Standard 1: Information  
Standard 29: Management Systems  
Standard 32: Register and Residents' Records

**Inspection findings**

*\* Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

**Resident's guide**Substantial compliance Improvements required\* 

The provider had prepared an information pack containing the residents guide, a copy of the contract of care and the most recent inspection report. However, the Residents' Guide did not lay out the terms and conditions in respect of accommodation to be provided to residents, a summary of the complaints procedure and the address and telephone number of the Chief Inspector.

**Records in relation to residents (Schedule 3)**Substantial compliance Improvements required\* 

Records relating to residents healthcare needs were not fully comprehensive and this is discussed further under outcome seven.

**General records (Schedule 4)**Substantial compliance Improvements required\* **Operating policies and procedures (Schedule 5)**Substantial compliance Improvements required\* **Directory of residents**Substantial compliance Improvements required\*

A directory of residents was maintained but did not include all the required information listed in Schedule 3 of the Regulations. Staff had not recorded the sex of the residents and contact details for some doctors or next of kin. However, the directory was up-to-date and recorded comprehensive details of residents' transfers from the centre.

### **Staffing records**

Substantial compliance

Improvements required\*

Some staff files did not contain all the information required in Schedule 2 of the Regulations, as detailed under Outcome 14.

### **Medical records**

Substantial compliance

Improvements required\*

As stated in Outcome 7, there were significant issues identified in relation to residents' files.

### **Insurance cover**

Substantial compliance

Improvements required\*

### **Outcome 17**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

#### **References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

### **Inspection findings**

Practices in relation to management and notifications of incidents were satisfactory.

The inspector reviewed the accident and incident record log book. Details of each accident/incident, observation and treatment, and outcomes were recorded in an accident/incident report book and signed by a nurse.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents, accidents and changes of the person in charge. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.



**Outcome 18**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**References:**

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

**Inspection findings**

The provider demonstrated a good understanding of his responsibility to notify the Chief Inspector of the expected or unexpected absence of the person in charge and the arrangements in place for the management of the designated centre during her absence. The provider had submitted notifications as required earlier in 2011 when the person in charge had been absent.

**Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, the deputy person in charge and the cook 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:***

Jackie Warren

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

16 September 2011

### Provider's response to inspection report\*

<b>Centre:</b>	Caiseal Geal Nursing Home
<b>Centre ID:</b>	0326
<b>Date of inspection:</b>	30 and 31 August and 1 September 2011
<b>Date of response:</b>	4 November 2011

### Requirements

These requirements set out the actions that must be taken to meet 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*.

#### ***Outcome 4: Safeguarding and safety***

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

The process for the management of residents' finances and valuables was not robust or in line with the Regulations.

#### **Action required:**

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

#### **Reference:**

Health Act, 2007  
Regulation 7: Residents' Personal Property and Possessions  
Standard 9: The Resident's Finances

\* 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>Residents' property records are currently being revised to be more specific regarding person clothing and other personal items. Ongoing.</p> <p>Records of personal finances are under revision and more robust controls put in place. Ongoing.</p>	<p>30/11/2011</p> <p>30/11/2011</p>

***Outcome 5: Health and safety and risk management***

<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The provider had not sufficiently prioritised the safety of residents in the event of fire.</p>	
<p><b>Action required:</b></p> <p>Provide suitable training for staff in fire prevention.</p>	
<p><b>Action required:</b></p> <p>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.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Fire training has been held for two new members of staff and one member of staff who was previously absent.</p> <p>A schedule of regular fire training is being developed with an external fire consultant. Ongoing.</p> <p>Fire drills involving the use of the fire alarm system are being carried out every month and simulated evacuations are being undertaken every three months.</p>	<p>Completed</p> <p>30/11/2011</p> <p>Completed</p>

***Outcome 6: Medication management***

<p><b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Some medication management practices were not appropriate to safeguard residents and increased the risk of medication error.</p>	
<p><b>Action required:</b></p> <p>Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  Standard 14: Medication Management</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>GPs are being consulted to obtain their cooperation in signing off on medicines being crushed and medicines being discontinued. Signing off by transcribing nurses is under revision. Ongoing.</p> <p>A fridge specifically for storing medicines has been installed in the nurses' office. Morning medication times have been adjusted to achieve a regular recorded administration time. Any medical errors are recorded in both the incident book and communication sheets. Maximum dosage of PRN medication is now recorded in all residents' charts.</p>	<p>31/12/2011</p> <p>Completed</p>

***Outcome 7: Health and social care needs***

<p><b>4. The person in charge is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Care plans did not include plans of care to address the identified needs of some residents in sufficient detail and did not provide clear and adequate guidance for staff to deliver care.</p> <p>Wound care was not well managed. Information relating to the care of the wound was disorganised, and was not sufficient to guide staff in the delivery of care.</p>
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<p>The use of restraint was not well managed according to evidence based nursing practice.</p>	
<p><b>Action required:</b></p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 8: Assessment and Care Plan  Standard 18: Routines and Expectations  Standard 10: Assessment  Standard 11: The Resident's Care Plan  Standard 13: Healthcare</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Care plans, wound care and use of restraint are all undergoing careful revision on a day-to-day basis together with particular focus at staff meetings. Ongoing.</p>	<p>29/02/2012</p>

***Outcome 14: Suitable staffing***

<p><b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Some staff files did not contain all the information required in Schedule 2 of the Regulations for the recruitment, selection and vetting of staff.</p>	
<p><b>Action required:</b></p> <p>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 of the Regulations have been obtained in respect of each person.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 18: Recruitment  Standards 22: Recruitment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>

Provider's response:  All staff files are being checked as to the requirements under Schedule 2. Some references are still awaited for most recently recruited staff. Ongoing	29/02/2012
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***Outcome 15: Safe and suitable premises***

<p><b>6. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Some aspects of the physical design, layout and size of rooms were not adequate for residents' individual and collective needs and did not comply with Regulations and the Standards.</p> <p>The structure and layout of the laundry area posed an infection control risk.</p>
<p><b>Action required:</b></p> <p>Ensure the premises are of sound construction and kept in a good state of repair externally and internally.</p>
<p><b>Action required:</b></p> <p>Provide adequate sitting, recreational and dining space separate to the residents' private accommodation.</p>
<p><b>Action required:</b></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><b>Action required:</b></p> <p>Provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area which is separate from the residents' own private rooms.</p>
<p><b>Action required:</b></p> <p>Provide necessary sluicing facilities.</p>
<p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>Health Act, 2007</li> <li>Regulation 19: Premises</li> <li>Regulation 30: Health and Safety</li> <li>Regulation 31: Risk Management Procedures</li> <li>Standard 25: Physical Environment</li> <li>Standard 28: Purpose and Function</li> </ul>

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>Current size and layout of rooms and toilet/shower provision are adequate for the number of residents currently catered for. Any increase in numbers of residents will be monitored in this regard within the context of the time frame of 2014.</p> <p>The sluice/laundry facility is to be upgraded within the next six months.</p>	<p>Ongoing</p> <p>May 2012</p>

***Outcome 16: Records and documentation to be kept at a designated centre***

<p><b>7. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The Residents' Guide did not lay out the terms and conditions in respect of accommodation to be provided to residents, a summary of the complaints procedure and the address and telephone number of the Chief Inspector.</p>	
<p><b>Action required:</b></p> <p>Produce a resident's 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>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 21: Provision of Information to Residents  Standard 1: Information</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The Residents' Guide now also contains terms and conditions regarding residents' accommodation and a summary of the Complaints procedure including the address and telephone number of the chief inspector.</p>	<p>Completed</p>

***Outcome 16: Records and documentation to be kept at a designated centre***

**8. The person in charge is failing to comply with a regulatory requirement in the following respect:**

The directory of residents did not include all the required information listed in Schedule 3 of the Regulations.

**Action required:**

Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.

**Reference:**

Health Act, 2007  
Regulation 23: Directory of Residents  
Standard 32: Register and Residents' Records

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

**Timescale:**

Provider's response:

The Residents' Directory now contains all residents' gender, and contact details of GPs and next of kin.

Completed

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

**Provider's response:**

Management and staff acknowledge the professionalism of the inspectors who treated all those with whom they had contact with courtesy and respect. We understand that all concerned are going through a learning process in a cooperative project which can produce a consistent improvement in the quality of life for those in our care.

**Provider's name:** Thomas J Stanley

**Date:** 3 November 2011