

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Maryborough Nursing Home
Centre ID:	0248
Centre address:	Maryborough Hill
	Douglas
	Cork
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Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Vivienne O’Gorman
Person in charge:	Vivienne O’Gorman
Date of inspection:	20 September 2011 and 21 September 2011
Time inspection took place:	Day-1 Start: 09:00hrs Completion: 18:00hrs Day-2 Start: 08:30hrs Completion: 16.15hrs
Lead inspector:	Vincent Kearns
Support inspector(s):	Gerry Mc Dermott
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 in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Maryborough Nursing Home was purpose-built 22 years ago and is a single-storey building with accommodation for 35 older people.

There are 23 single and two twin-bedded rooms, all with shower en suite. There are also four twin-bedded rooms without en suite. There are two assisted shower rooms that do not include a bath. There is a communal toilet within close proximity to the dining and sitting areas.

The kitchen is adjacent to the dining room and there are three separate sitting rooms. Additional seating is located in the main entrance and in an area off a corridor leading to bedrooms. There are double doors leading from a main corridor onto a secure central courtyard with permanent outdoor furniture.

There are two laundry rooms, sluice facilities, four storage rooms, a staff toilet and coat room. Car parking is available outside the main entrance door.

Date centre was first established:			1989	
Number of residents on the date of inspection:			34	
Number of vacancies on the date of inspection:			1	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	8	7	10	9
Gender of residents			Male (✓)	Female (✓)
			8	26

Management structure

Vivienne O'Gorman is both the Provider and the Person in Charge (PIC). All nurses, care, catering, cleaning and maintenance staff report to her.

Aileen Stringer is the senior staff nurse who deputizes for the PIC.

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 the 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.

Inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. A fit person interview was carried out with the provider who was also the person in charge, who 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.

There had been considerable improvements since the last inspection and there was evidence that residents received a good standard of care. Daily life in the centre endeavoured towards maximising residents' capacity to exercise choice and personal autonomy and their views were sought and listened to. Residents and visitors with whom the inspectors met spoke highly of the service and staff, and the inspectors noted that staff treated residents with respect and courtesy.

Staff with whom inspectors spoke were knowledgeable about residents' individual health needs, and this was confirmed by the care practices observed.

The physical environment was generally suitable for its stated purpose and was clean, homely, comfortable, and well maintained.

Practice in relation to the health and safety of residents and the management of risk did sufficiently promote and ensure the safety of residents, staff and visitors. All staff were trained in fire safety and evacuation. There was a centre-specific risk management policy, and evidence of hazard identification and control measures having been taken. Staff were trained in manual handling of residents and there was an emergency plan in place.

There were a number of improvements required to enhance the findings of good practice. These are described under the outcome statements and related actions which are set out in the action plan under the relevant outcomes. Among these issues are the signing of residents' contracts, the storage of items in the laundry rooms and in the sluice room, the policy and risk assessments in relation to residents smoking and the transcribing of medicines. The provision of suitable care to maintain each resident's welfare and accessing allied healthcare services, maintaining residents' privacy, providing staff with access to education and training. There were requirements to provide further information and documents as specified in Schedule 2, Schedule 5 of the Health Act 2007 and in the Resident's Guide and to provide safe external grounds and suitable changing and storage facilities for staff.

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

A written Statement of Purpose was available and it broadly described the services and facilities provided in the centre. Inspectors observed that the centre's capacity to meet the diverse needs of residents, as stated in the Statement of Purpose, was reflected in practice. During her fit person interview with inspectors, the provider informed inspectors that she encourages and facilitates a person-centred approach from staff in their interactions with residents. This was evidence by inspectors who observed the inclusive, respectful and reassuring manner in which residents were engaged in the activities and life of the centre.

Inspectors were informed that the Statement of Purpose was kept under review by the provider and was made available to residents on admission, and following review. However, the Statement of Purpose did not meet all of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) as it required more detail in relation to fire precautions and the section on complaints was not adequate.

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

Since the previous inspection the provider had established regular residents' committee meetings, to facilitate residents in discussing issues of common interest with their representatives, and this meeting was chaired by an independent advocate. The provider confirmed that any matters in relation to reviewing and improving the quality and safety of care, and the quality of life of residents could be discussed. There were minutes of these meetings and inspectors viewed examples of how changes occurred following resident's committee meetings which included changes to the activities schedule, inclusion of gardening activities and changes to the contents of the menu.

Residents' care plans had been computerized since the previous inspection, they were comprehensive and centre specific with the involvement of residents and or relatives were possible. The provider confirmed that the residents' care plans were reviewed at three-monthly intervals or sooner if appropriate. The provider in consultation with her staff had undertaken a comprehensive quality review activity which included the following:

- an audit of care planning/nursing notes resulting in structured implementation and development of clinical assessment tools
- an audit of the incidence of falls that included the number and context of falls among residents
- a medication management audit conducted in conjunction with the pharmacist who enhanced the development and introduction of safer medication storage and administration system
- an audit of the incidence of infections occurring in the centre that included the use of antibiotics.
- an audit of the complaints received
- monitoring of the uptake in vaccinations among residents.

The audits viewed by inspectors did include analysis and further corrective actions. However, they were not adequate as some of the audits viewed were not signed by the authors, not dated when completed, did not name a responsible person for implementing any corrective action and did not contain stated timelines for when the audits had been conducted.

There was a quality assurance policy which was centre specific. However, it was not satisfactory as it did not contain the required information including the timelines or names of responsible persons in relation to ensuring corrective actions were taken following completion of the quality audits. There were not adequate arrangements to make a report in respect of any review conducted by the provider for the purposes of Regulation 35(1), and make a copy of the report available to residents.

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

Residents, their relatives and staff reported to inspectors that they had easy access to the provider and that she was the named complaints officer to whom they could openly report any concerns. There was an up-to-date, user friendly complaints policy containing the required information and a copy was overtly displayed near the main entrance to the centre, in the Statement of Purpose and the resident's guide. The provider gave inspectors examples of practices that had been subject to review and change following residents' complaints. Inspectors reviewed records of complaints that had been made and there was appropriate documentation detailing any complaints, the actions taken, the outcomes and any learning that was required.

Of particular note was the advocacy service provided in the centre. Inspectors viewed copies of detailed advocacy reports in relation to a number of issues taken by the advocate on residents' behalf. These reports included details of the issues, their effective resolution and the level of residents' satisfaction with each outcome.

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 were policies and procedures in place for the prevention, detection and response to elder abuse. The provider and her staff had received appropriate training and staff interviewed by inspectors were able to confirm their understanding of the features of elder abuse and their reporting obligations.

Residents spoken with confirmed to inspectors that they felt safe in the centre and spoke positively about their care and the consideration they received. They described the staff and especially the provider as being readily available to them if they had any concerns.

The provider informed inspectors that she monitored safe-guarding practices in the centre by regularly speaking to residents and relatives, reviewing the systems in place to ensure safe and respectful care. She monitored the management of

complaints focusing on ensuring satisfactory outcomes for complainants. The provider stated that she ensured that staff understood the centre's policy and procedures in relation to elder abuse, including reporting procedures, and this was further evidenced by the contents of the minutes of staff meetings and records of elder abuse training. Staff spoken with confirmed that the provider was readily accessible to all, which was also confirmed by the inspectors' observations.

While the centre's policy on residents' contracts states that on admission the signature from a resident and/or their representative as appropriate, will be obtained within one month of their admission, in practice residents' accounts were recorded electronically and the signatures of residents were not evident from the sample of contracts/accounts viewed by inspectors.

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

The environment was kept clean and well maintained, with flooring and lighting in good condition. Inspectors viewed a centre-specific written operational policy and procedures relating to the health and safety of residents, staff and visitors. There were measures in place to prevent accidents and facilitate residents' mobility, including safe and appropriate floor covering.

The provider had submitted a satisfactory fire certificate in relation to the centre. Fire safety and evacuation training was provided regularly and staff spoken with confirmed that such training was provided by two in-house fire wardens who had obtained further fire prevention training. Records confirmed that fire equipment and fire prevention checks were up to date, and all staff had attended regular fire safety training.

Records indicated that equipment such as hoists and wheelchairs were checked and maintained regularly. Records also indicated that staff had received manual handling training and this was further evidenced by satisfactory practice observed by inspectors.

There were measures in place to control and prevent infection, including arrangements in place for the segregation and disposal of waste, including clinical waste. Staff spoken with had received training and gave satisfactory responses to inspectors in relation to providing effective infection control measures. This was further evidenced by practice observed by inspectors. There were adequate supplies

of latex gloves and disposable aprons and the inspectors observed staff using alcohol hand gels which were available throughout the centre. However, inspectors observed unsatisfactory storage of the kitchen floor brush in the clean laundry room and inspectors noted that a total of 35 clean large feeding bibs were stored in the dirty laundry room, thereby compromising cross contamination precautions.

There was a working call bell system in place; however, on the second day of inspection one of the five call bells randomly tested did not work.

There was a risk management policy in place. However, it was not centre specific and did not include precautions to be put in place to control specified risks of accidental injury to residents or staff, aggression and violence and self-harm or transfer to, or out of, the centre.

Adequate sluice room facilities were available. However, inspectors noted that cleaning equipment was inappropriately stored in the sluice room and presented a risk of cross contamination.

On the first morning of the inspection inspectors observed that there were bottles of unidentified cleaning solution located in each of the three assisted toilets. Inspectors requested the provider to store these bottles in a suitably safe location and the provider immediately complied with this request.

There was a written emergency plan. However, it was not satisfactory as it did not provide sufficient details in relation to responding to an unexpected event or an emergency. The emergency plan did not include the specific names, titles and contact details of relevant persons to contact in the event of an emergency.

Inspectors noted that there was a designated smoking room for residents which was ventilated to the external air by natural and mechanical ventilation. It was located so as to allow for supervision of smokers. Inspectors observed one resident who smoked. However, the written smoking policy was not adequate and following a review of this resident's needs, inspectors formed the view that the resident's risk assessment in relation to smoking was not satisfactory and the current control measures were not adequate to address the fire hazards identified.

Outcome 6

Each resident is protected by the designated centre's policies and procedures for medication management.

References:

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

Inspection findings

There was a medication policy with procedures for prescribing, administering, recording and storing of medication. Review of records and observation of practice

indicated that these procedures were implemented. However, the policy in relation to transcribing of medication was not adequate and inspectors noted that the records of transcribed medication had not been signed or dated by the transcribing nurse.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines. Inspectors viewed the processes in place for the handling of medicines, including controlled drugs, as being safe, secure and in accordance with current guidelines and legislation. Nursing staff spoken with demonstrated an understanding of appropriate medication management and adhered to professional guidelines and regulatory requirements.

All residents had photographic identification in place. There was a medication fridge which was safely located in the clinical room and kept medication at the appropriate temperature. Inspectors viewed records of regular monitoring of the medication fridge temperature.

Controlled drugs were stored safely in a double locked cupboard and stock levels were taken at the end of each shift and recorded in a register in keeping with best practice.

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

Since the last inspection the centre had implemented a computerised care planning programme which contained centre specific and comprehensive resident care plans that were also person centred. Care plans were reviewed at three monthly intervals and the provider informed inspectors that staff endeavoured to involve residents as much as possible in the care planning process. Inspectors noted signed consent for the use of residents' photographs in the care plans. Care plans were allocated to named staff and responsibility was rotated between staff to allow for learning and the development of familiarity with all residents' needs.

There was evidence of a range of assessment tools being used and ongoing monitoring of falls, weights and, where appropriate, fluid and dietary intake. Through speaking with residents, relatives and staff, and reviewing a range of documentation – including care plans – inspectors were satisfied that each resident's wellbeing and welfare was maintained by a good standard of evidence-based nursing care.

Residents confirmed that chiropody was available every two weeks or on demand, and a hairdresser attended the centre weekly or as required.

Challenging behaviour was appropriately addressed and there was evidence of the use of an advocate to safeguard the interest of residents.

There was a satisfactory restraint policy which aimed for a restraint free environment and included a direction to consider all other options prior to its use. While bed rails were in use, their use followed an appropriate assessment, and inspectors noted that signed consent from residents was secured where possible and the use of bedrails discussed with family members as appropriate. Relatives with whom inspectors spoke confirmed that this was the practice in relation to the use of bed rails. The provider monitored the use of bed rails and reclining chairs and provided inspectors with an up-to-date audit of their use.

The provider confirmed that there were no residents with pressure sores and there were records maintained in relation to those residents identified as being at risk of developing pressure sores and required to be repositioned regularly. However, on the first day of inspection at 18:00 hrs one resident informed inspectors that she was uncomfortable and inspectors noted that this resident had not been repositioned since 15:00 hrs. In addition the chair that this resident occupied appeared unsuitable for the purpose of supportive sitting for long periods. The provider informed inspectors that this resident had not been assessed by an occupational therapist in relation to the use of a specialised chair.

There was evidence in residents' care plans and medical notes of some allied healthcare referrals including physiotherapist, dietetics and speech and language therapy. Inspectors were informed that psychiatric consultation was available from the Health Service Executive (HSE) for residents who have been admitted from the mental health services, and the HSE elder care social worker was available on request. However, inspectors noted from a sample of the medical notes taken of the eight residents availing of specialised seating, appropriate referrals in relation to

occupational therapy had not been made and no seating assessments were available in relation to these residents.

Inspectors were informed that residents may retain their general practitioner (GP) or transfer to a local GP if they wish. The centre had sufficient GP cover, and the GPs provided out-of-hours services. Review of residents' medical notes showed that GPs visited the centre regularly and the provider informed inspectors that the GPs were available by phone out of hours through Southdoc. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals.

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 viewed the centre's policy on end-of-life care which was centre specific and comprehensive. Religious preferences were accommodated and this was extended to the end-of-life phase. A visiting Roman Catholic priest and a Church of Ireland minister attended the centre as required. Roman Catholic mass was provided every Saturday and inspectors observed a Roman Catholic prayer meeting being held in the centre on the first day of the inspection.

The provider informed inspectors that, where required, the services of a hospice and palliative care team were available. The majority of residents were accommodated in single rooms and the provider confirmed that great latitude was offered to relatives to visit at any time and to stay overnight if required. Residents spoken to expressed satisfaction with the end-of-life care provided in the centre.

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

The kitchen was equipped to an adequate standard and the inspectors noted that all requirements of a recent environmental health inspection dated 26 August 2011 had been met. Inspectors observed that access to the kitchen was restricted to kitchen staff and protective white coats and hair nets were provided to staff prior to entering the kitchen area.

Dining table settings were pleasant and included condiments, matching sugar bowls and milk jugs and appropriate place settings with napkins for all residents. Inspectors noted that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and with staff. Inspectors observed staff discussing the menu options for dinner with residents, and also observed staff sitting and providing appropriate, dignified and supportive assistance to residents who needed assistance with eating and drinking. The dining experience was a pleasant, unrushed occasion located in two rooms with staff talking with residents and encouraging discussion amongst them. Residents explained that they had provided information earlier about gravy and other preferences when selecting menu options. Staff asked residents if they were satisfied with their meals and offered them tea or coffee and biscuits afterwards. Inspectors saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions.

The weight records examined showed that residents' weights were checked on a three-monthly basis or more regularly if required. Staff had received training in nutritional care and nutritional assessments were used to identify residents at risk of malnutrition as part of a comprehensive nursing assessment.

Inspectors saw residents being offered a variety of snacks and drinks throughout the day. Jugs of water and a variety of juices were available in common areas and staff regularly offered drinks to residents.

Inspectors who met the chef discussed the special dietary requirements of individual residents and observed that she kept information on residents' dietary needs and preferences in the kitchen. The chef said she got her information from residents and nurses whom she met in the dining room. Inspectors advised the provider to ensure that such dietary needs and preferences should be documented in written form and updated accordingly and inspectors noted that this was immediately rectified.

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

The provider confirmed that each resident's contract deals with the care and welfare of the resident in the centre and includes details of the services to be provided for that resident and the fees to be charged. Inspectors requested the provider to review sections of the wording of the resident's contract in some areas.

Inspectors viewed a sample of the residents' contracts and the centre's policy on completing contracts which stated that residents' contracts will be agreed with each resident within one month of admission. However, from the sample of contracts viewed none of the contracts were completed within the specified month time period.

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

The centre had an open visiting policy and over the course of the two days of inspection, inspectors noted that relatives called casually at a time convenient to them. This was also confirmed by relatives with whom inspectors spoke, who stated that they were always made to feel welcome when they visited.

Inspectors observed staff taking the time to reassure residents with dementia, speaking slowly, clearly and sensitively, and repeating the information to residents to ensure that the resident understood what was being said to them. The provider informed inspectors that one of the health care assistants each afternoon assumed the role of activities coordinator and inspectors observed staff interacting with small groups of residents, with music and the knitting group being popular activities.

Staff spoken with understood their responsibilities in circumstances where confidential and/or sensitive information was being discussed (including details of medical condition or treatment). Inspectors noted in staff files that all staff had signed a confidentiality clause committing staff to maintaining confidentiality in relation to residents' care.

Staff were able to articulate the importance of maintaining the dignity, modesty and privacy of each resident through the manner in which they addressed and communicated with residents, and by ensuring appropriate discretion when discussing the resident's medical condition or treatment needs. All residents were dressed well and according to their individual choice. Inspectors observed staff knocking before entering residents' bedrooms, waiting for permission before entering, and curtains being used in semi-private rooms to ensure that privacy and dignity was maintained. However, there were six bedrooms which directly looked out onto the enclosed patio area and inspectors formed the view that this potentially compromised residents' privacy to the extent that each resident in these bedrooms was unable to undertake personal activities in private.

The centre had a notice board located centrally on a corridor near to the main sitting room. This notice board was updated daily with an outline of the events and activities in the centre for each day. Inspectors were also informed that newspapers were readily available as were televisions and radios, and the provider confirmed that a mobile telephone was also available for residents' use. However, inspectors noted there was not adequate information provided in relation to current affairs, local matters, voluntary groups, community resources or events.

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

There was an adequate policy on residents' personal property and possessions and inspectors reviewed the management of personal funds and found it to be transparent and adequately documented.

All residents' personal possessions were checked and signed for by two members of staff. Some residents had brought in their own furniture and some had also decorated their room to their particular choice.

Laundry was done on site in the centre except in the case of items requiring dry cleaning or specialist care. Inspectors spoke to laundry staff who confirmed that they had received training in infection control and caring for residents' possessions. Residents and relatives confirmed that clothing was well looked after and returned to residents' cupboards after it had been cleaned.

All residents had adequate storage space for clothes and personal possessions. Furnishings supplied were adequate to meet the comfort, safety and assessed needs of the residents. However, each resident did not have access to a lockable storage space.

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

There was a full-time provider who was also the person in charge and she was a registered nurse with the required experience and clinical knowledge in the area of nursing older people. The provider demonstrated an adequate working knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Throughout the two days of inspection the provider demonstrated a willingness and commitment to the delivery of person-centred care and to meeting the regulatory requirements. This was further evidenced by a number of quality initiatives that she had instigated in consultation with her staff since the last inspection.

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

Residents, relatives and staff spoken with confirmed that the provider had a daily presence in the centre and she was available to answer any queries or concerns. There was evidence that regular staff meetings were held and chaired by the provider and minutes were kept of the issues that were discussed. A sample of these minutes showed that the topics discussed included the introduction of new practices, auditing of care and outcomes, provision of activities, training opportunities, standards and legislation requirements. Staff spoken with confirmed that such meetings were held on a regular basis.

Staff with whom inspectors spoke were able to articulate clearly the management structure and reporting relationships in the centre. Inspectors noted that copies of the Regulations and the Standards were readily available in the centre and staff also confirmed that copies had been made available to them. Staff spoken with demonstrated an adequate understanding of the Regulations and Standards.

There was evidence of the participation of staff in some training such as elder abuse, manual handling and fire training and that this training had been signed off by the participants as fully understanding these procedures. While staff members had been provided with access to some education and training, there was no training schedule in place to enable staff to provide care in accordance with contemporary evidence-based practice.

There was a detailed policy for the recruitment, selection and vetting of staff and staff files revealed that there were references for staff and the provider. The provider outlined the recruitment process and how references were verified. There was evidence of appropriate full employment history of all files reviewed. However, from the sample of staff files reviewed not all the information as required under Schedule 2 was available. There was evidence that not all staff had been Garda Síochána vetted, were physically and mentally fit for the purposes of the work that they were to perform; not all staff had three written references, not all registered nurses had

relevant current registration certificates and not all staff had provided a copy of their birth certificate.

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

The provider reported that the centre offered a homely and generally comfortable environment which was confirmed by residents and relatives who spoke with inspectors. Communal areas such as the day rooms had a variety of pleasant furnishings and comfortable seating. The premises were adequately clean, well lit and well ventilated in the communal areas and in the corridors.

The external area of the centre contained some potted plants, garden seating, small lawns, trees and hedging. However, the outdoor area of the centre was generally unsafe and unsuitable for use by residents unaccompanied as the centre was located off a busy road and there was no gate at the entrance. There was an enclosed patio area with decking and ample supply of comfortable outdoor furniture. However, inspectors were informed that the decking surface became slippery if wet and therefore was frequently unsafe and unsuitable for use by residents.

Inspectors were informed by the provider that a number of residents had established a small raised vegetable bed in the enclosed patio area. However, there were six bedrooms which directly looked out onto the patio area and this compromised residents' privacy to the extent that each of these residents was unable to undertake personal activities in private. This issue has been dealt with under outcome heading number 11. In addition, there was an unsecured door from the enclosed patio area into a boiler room which also contained hazardous materials.

There was a room for staff to hang their coats that also contained a toilet and wash hand basin. However, it was not suitable as a staff changing facility as the room was too small and it did not contain any storage areas or lockers for staff use.

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*

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

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*

Staffing records

Substantial compliance

Improvements required*

Medical records

Substantial compliance

Improvements required*

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

Notifications have been sent as required to the Authority and the centre retained an incident book which was viewed by the inspector and which recorded incidents, their management and outcome. Incidents were also recorded in a computerised system in the centre.

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

Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, her business partner, and two senior staff nurses 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:

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

30 September 2011

Provider's response to inspection report*

Centre:	Maryborough Nursing Home
Centre ID:	0248
Date of inspection:	20 September 2011 and 21 September 2011
Date of response:	25 October 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 1: Statement of purpose and quality management

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

To provide a Statement of Purpose that meets all of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Update the Statement of Purpose so as to include all of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Reference:

Health Act 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

* 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:
Provider's response: The statement of purpose has been updated to include all the requirements of the Schedule 1 of the Health Act 2007.	Completed

Outcome 2: Reviewing and improving the quality and safety of care

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To establish and maintain an adequate system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.</p>	
<p>Action required:</p> <p>Make suitable arrangements for the establishment and maintenance of an adequate system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our quality assurance policy has been amended to include responsible persons for carrying out quality audits. It also details who is responsible for insuring corrective actions are taken and timelines for completion set. Audits are now being signed and dated. We have commenced our annual review of systems and practices against the standards starting with Standard 1, 2 and 5.	Amendments to policy completed; Auditing commenced

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To make a report in respect of any review conducted by the registered provider for the purposes of Article 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.</p>	
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Action required:	
Make a report in respect of any review conducted by the registered provider for the purposes of Article 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.	
Reference:	
Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
It is now our policy to make a report of quality audits/reviews and any corrective actions implemented; reports will be available to staff, residents and their representatives.	Commenced and ongoing

Outcome 4: Safeguarding and safety

4. The provider is failing to comply with a regulatory requirement in the following respect:	
To make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse by ensuring all contracts are signed within one month of admission.	
Action required:	
Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse by ensuring all contracts are signed within one month of admission.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
All current residents have their contracts of care signed. We will have contracts of care signed within a month of admission for all new residents.	Completed

Outcome 5: Health and safety and risk management

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To put in place a comprehensive written risk management policy and implement this throughout the designated centre to ensure that only appropriate items/equipment are stored in the clean and dirty laundry rooms.</p>	
<p>Action required:</p> <p>Put in place a comprehensive written risk management policy and implement this throughout the designated centre to ensure that only appropriate items/equipment are stored in the clean and dirty laundry rooms.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>A comprehensive risk management policy is in operation. Staff have been updated on cross contamination at a meeting where infection control policy has been discussed in detail. Kitchen floor brush/mop is no longer stored in the clean laundry room. All laundry rooms have been fitted with code locks. New separate designated places of storage will be provided for kitchen, bathroom and general purpose mops/buckets. No clean laundry will be left in dirty laundry room.</p>	<p>9 November 2011</p>

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by not ensuring that there was a working call bell system in place.</p>	
<p>Action required:</p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by ensuring that there is a working call bell system in place.</p>	

Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The call bell system has been checked and the faulty bell has been replaced. Call bell system will be checked on weekly basis and this will be documented.	Completed

7. The provider is failing to comply with a regulatory requirement in the following respect: To ensure that the risk management policy covers the precautions in place to control the following specified risks: assault; accidental injury to residents or staff; aggression and violence; and self-harm and transfer of residents to or out of the centre.	
Action required: Ensure that the risk management policy covers the precautions in place to control the following specified risks: assault; accidental injury to residents or staff; aggression and violence; and self-harm and transfer of residents to or out of the centre.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our risk management policy will be updated to include the precautions in place to control the risk of assault, accidental injury to residents or staff; aggression and violence; self-harm and transfer of residents to or out of the centre.	31 October 2011

<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To put in place a comprehensive written risk management policy and implement this throughout the designated centre to ensure that only appropriate items/equipment is stored in the sluice room.</p>	
<p>Action required:</p> <p>Put in place a comprehensive written risk management policy and implement this throughout the designated centre to ensure that only appropriate items/equipment is stored in the sluice room.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</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>New separate designated places of storage will be provided for kitchen, bathroom and general purpose mops/buckets.</p>	<p>30 November 2011</p>

<p>9. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To put in place an emergency plan for responding to emergencies that includes the specific names, titles and contact details of relevant persons to contact in the event of an emergency.</p>	
<p>Action required:</p> <p>Put in place an emergency plan for responding to emergencies that includes the specific names, titles and contact details of relevant persons to contact in the event of an emergency.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management</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>Our emergency policy will be updated to include the specific names, titles and contact details of relevant persons to contact in the event of an emergency. Staff will be asked to familiarise themselves with the updates.</p>	<p>31 October 2011</p>
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10. The provider is failing to comply with a regulatory requirement in the following respect:

To take adequate precautions against the risk of fire, including the provision of a suitable documented smoking policy.

Action required:

Take adequate precautions against the risk of fire, including the provision of a documented smoking policy.

Reference:

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
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<p>Provider's response:</p> <p>A documented smoking policy which details the smoking related fire hazards and controls implemented to minimise the risk is now in place.</p>	<p>Completed</p>
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11. The provider is failing to comply with a regulatory requirement in the following respect:

To take adequate precautions against the risk of fire, including the provision of appropriate risk assessments in relation to the fire hazards identified.

Action required:

To take adequate precautions against the risk of fire, including the provision of appropriate risk assessments in relation to the fire hazards identified.

Reference:

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Our risk management policy will be updated to include the provision of appropriate risk assessments in relation to all fire hazards identified, particularly smoking in the building outside designated smoking room. The policy now includes robust control of cigarettes when residents repeatedly smoke outside the smoking room.</p>	Completed

Outcome 6: Medication management

<p>12. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To put in place appropriate and suitable practices and written operational policies relating to the transcribing of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<p>Action required:</p> <p>Put in place appropriate and suitable practices and written operational policies relating to the transcribing of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>It is now our practice to have two nurses check and sign any necessary transcribing. Our policy reflects this and a staff meeting took place when the new policy was discussed with all staff nurses.</p>	Completed

Outcome 7: Health and social care needs

<p>13. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.</p>	
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Action required:	
Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 9: Health Care Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All our staff are aware of the importance of regular repositioning. It was our policy to document repositioning when nurse/carer had time or end of shift. The inspection highlighted that this on paper looked unsatisfactory. We have since changed our policy so staff document repositioning immediately. All staff are aware of change. We are going to extend our computerised system next month so as to allow electronic recording of repositioning which will cut down time spent on documenting.	Completed

14. The provider is failing to comply with a regulatory requirement in the following respect:	
To facilitate each resident's access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.	
Action required:	
Facilitate each resident's access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.	
Reference:	
Health Act, 2007 Regulation 9: Health Care Standard 13: Healthcare Standard 15: Medication Monitoring and Review Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>Referrals for seating assessments have been sent by residents' GPs. In the meantime a new chair has been purchased by the nursing home to replace the chair that was found to be unsuitable.</p>	<p>Completed and ongoing</p>
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Outcome 10: Contract for the provision of services

<p>15. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To agree a contract with each resident within one month of admission to the designated centre.</p>	
<p>Action required:</p> <p>Agree a contract with each resident within one month of admission to the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>We will have contracts of care signed within a month of admission for all new residents. All residents on admission will be advised that the contract of care has to be signed within a month.</p>	<p>As of new admission</p>

Outcome 11: Residents' rights, dignity and consultation

<p>16. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To ensure that the residents who occupy the six bedrooms looking directly out onto the enclosed patio area are provided with privacy to the extent that each resident is able to undertake personal activities in private.</p>	
<p>Action required:</p> <p>Make suitable arrangements to ensure that the residents who occupy the six bedrooms looking directly out onto the enclosed patio area are provided with privacy to the extent that each resident is able to undertake personal activities in private.</p>	

Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Privacy film has been fitted to the bedroom windows looking directly on to the patio.	Completed

17. The provider is failing to comply with a regulatory requirement in the following respect: To provide residents with information concerning current affairs, local matters, voluntary groups, community resources and events.	
Action required: Provide residents with information concerning current affairs, local matters, voluntary groups, community resources and events.	
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 20: Social Contacts	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Staff member is rostered to read newspapers and local papers including parish newsletter. We have contacted volunteers from the community to play cards and teach art to residents. Garda Síochána vetting is being organised for the volunteers.	Ongoing

Outcome 12: Residents' clothing and personal property and possessions

18. The provider is failing to comply with a regulatory requirement in the following respect: To provide adequate space for a reasonable number of each resident's personal possessions and ensure that residents retain control over their personal possessions.

Action required:	
Provide adequate space for a reasonable number of each resident's personal possessions and ensure that residents retain control over their personal possessions.	
Reference:	
Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
We are currently researching suitable lockable deposit boxes for residents and management of same.	30 November 2011

Outcome 14: Suitable staffing

19. The provider is failing to comply with a regulatory requirement in the following respect:	
To provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.	
Action required:	
Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.	
Reference:	
Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
In consultation with staff we have a three-monthly schedule for staff to attend training courses. The schedule of in-house and outside training is now in place and is displayed in the office for all staff information. Please see a copy of the schedule attached. In-house scheduled training/education with updates on our policies takes place every second Friday. There will be additional training on medication management for staff nurses on 17 November given by the pharmacist from a local	Commenced and ongoing

<p>pharmacy.</p> <p>All staff will have "Nutrition and Older Person in the nursing home environment" training on 9 December.</p> <p>All staff will have training on Continence on 20 January 2012.</p> <p>All staff will have in-house fire training on 27 January 2012.</p> <p>One of care assistants will have second part of her Sonas training in December 2011; one of staff nurses starts six months Wound Care course in January 2012.</p> <p>Staff are informed about current courses in St. Lukes Education Centre and will avail of them as requested or advised by the person in charge.</p>	
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<p>20. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.</p>	
<p>Action required:</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 have been obtained in respect of each person.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment</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>All staff who did not have three written references have been asked to provide same by 15 November 2011.</p> <p>The one staff member who did not provide a copy of birth certificate has now same of file.</p> <p>All nine nurses are registered with An Bord Altranais. The nurse in question was first registered in November 2010 and is due for first renewal in November 2011.</p> <p>All staff have been asked to obtain a certificate of their fitness to work from their GP by 30 November 2011.</p> <p>Garda Síochána vetting for one member of staff who was vetted by another institution before commencing work at the nursing home is now being processed.</p>	<p>30 November 2011</p>

Outcome 15: Safe and suitable premises

<p>21. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To provide and maintain external grounds including the decking of the enclosed patio area are suitable for, and safe for use by, residents.</p>	
<p>Action required:</p> <p>Provide and maintain external grounds including the decking of the enclosed patio area are suitable for, and safe for use by, residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The wooden decking has been replaced with a non slip concrete surface. Unsecured boiler room door has been fitted with a code lock.</p>	<p>Completed</p>

<p>22. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To maintain the equipment for use by residents or people who work at the designated centre, including the call bell system, in good working order.</p>	
<p>Action required:</p> <p>Maintain the equipment for use by residents or people who work at the designated centre, including the call bell system, in good working order.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</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>All equipment is checked on regular basis. Call bell system is now being checked on weekly basis and this is documented.</p>	<p>Completed</p>

<p>23. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To provide a sufficient number of assisted baths, having regard to the dependency of residents in the designated centre.</p>	
<p>Action required:</p> <p>Provide a sufficient number of assisted baths, having regard to the dependency of residents in the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</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>We did have an assisted bath which we removed some time ago. We have purchased an assisted bath and will have it installed in the main bathroom by 30 November 2011.</p>	<p>30 November 2011</p>

<p>24. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To provide suitable changing and storage facilities for staff.</p>	
<p>Action required:</p> <p>Provide suitable changing and storage facilities for staff.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</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>Storage lockers have been purchased and a builder is engaged to modify staff changing room to facilitate changing area, lockers, shower, toilet and wash basin. This will be completed by 14 December 2011.</p>	<p>14 December 2011</p>

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

<p>25. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To produce a resident's guide which includes 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 and the most recent inspection report.</p>	
<p>Action required:</p> <p>Produce a resident's guide which includes 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 and the most recent inspection report.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The Resident's Guide has been updated to comply with regulatory requirements of the Health Act 2007.</p>	<p>Completed</p>

<p>26. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To put in place all of the written and operational policies listed in Schedule 5 including a written operational policy in relation to the temporary absence and discharge of residents.</p>	
<p>Action required:</p> <p>Put in place all of the written and operational policies listed in Schedule 5 including a written operational policy in relation to the temporary absence and discharge of residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

Provider's response:

We have now in place a written operational policy on temporary absence and discharge of residents as well as all other policies required and listed in Schedule 5.

7 November 2011

Any comments the provider may wish to make:

Provider's response:

I found the inspection to be fair and thorough and carried out most professionally.

Provider's name: Vivienne O'Gorman

Date: 25 October 2011