

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Carysfort Nursing Home
<b>Centre ID:</b>	0022
<b>Centre address:</b>	7 Arkendale Road
	Glenageary
	Co. Dublin
<b>Telephone number:</b>	(01) 2850780
<b>Fax number:</b>	N/A
<b>Email address:</b>	edwardpakenham@carysfortnursinghome.com
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered providers:</b>	Breda and Edward Pakenham
<b>Person in charge:</b>	Liny Raju
<b>Date of inspection:</b>	26 October 2011
<b>Time inspection took place:</b>	<b>Start:</b> 08:45 hrs <b>Completion:</b> 18:00 hrs
<b>Lead inspector:</b>	Linda Moore
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

## About the inspection

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

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

Additional inspections take place under the following circumstances:

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

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

Carysfort Nursing Home has 52 places for older people. It has been in operation since 1959 and the building is over 100 years old.

The accommodation is on three floors and consists of 16 single bedrooms, five of which have en suite toilets, nine twin bedrooms, two three-bedded rooms and three four-bedded rooms. There is a chair lift to each floor. Other facilities include a drawing room, a sitting room, which is also used as a dining room and a conservatory area there is also a dining/sitting room upstairs. The main reception area is welcoming and homely in appearance with comfortable chairs and domestic furniture. The residents can avail of a hairdressing service on the first floor. There are two showers and five toilets on the ground floor. Two bathrooms have a shower and toilets on first floor and there is one separate toilet on the first floor. There is a bathroom with shower and toilet on the second floor.

The home is surrounded by well maintained gardens with a secure garden to the rear and a garden area at the front. There is ample car parking available for relatives and other visitors.

On the day of the follow up inspection, there were 50 residents in the centre – 25 residents had a cognitive impairment and there was one resident an intellectual disability.

### Location

Carysfort Nursing Home is located in a quiet cul de sac near Dalkey village, County Dublin and close to local amenities.

<b>Date centre was first established:</b>	1959
<b>Number of residents on the date of inspection:</b>	50 + 1 in hospital*
<b>Number of vacancies on the date of inspection:</b>	1

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	8	22	8	13

\* Dependency levels include resident in hospital

## Management structure

This is a family run business. The Providers are Breda and Edward Packinham. The Person in Charge, Liny Raju, reports to the Providers. Breda Packinham works as a member of the catering staff. Edward Packinham works in the centre daily and is responsible for the finance, the maintenance of the building and fire safety. The Person in Charge is supported in her role by a Deputy Director of Nursing, who deputises in the absence of the Person in Charge. The staff nurses, care staff and household staff report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3	10	2*	4	0	1**

\* one of the providers is a chef

\*\* the second provider

## Background

This was the sixth inspection of Carysfort Nursing Home carried out by the Health and Information Quality Authority (the Authority). The first inspection was a triggered inspection on 25 August 2009 which raised concerns about the management of one resident who was restrained. This was followed by a registration inspection on 22 and 23 March 2010. The action plan from that inspection report highlighted 15 issues to be addressed and made four recommendations. A follow up inspection was carried out on 9 December 2010 and 18 areas for improvement were identified. There were some areas of significant risk to residents identified and inspectors met with the provider following this inspection to discuss their concerns.

An unannounced inspection was carried out on 3 March 2011 to review the actions required from the inspection of 9 December 2010 found that the provider had completed 11 actions, partly addressed six actions and had not addressed one action. However, Inspectors remained concerned about the safety of residents while being assisted with their meals and supervision of care. After the inspection, the provider and person in charge were required to put in place systems to ensure the safe delivery of quality care to residents and ensure that all residents are reviewed in relation to these two issues. A timely response plan was found to be satisfactory. An inspection carried out on 28 April 2011 focused on resident safety. Inspectors found that the actions were met to an appropriate standard but the processes needed to be embedded.

The previous action plan from inspection 3 March 2011 identified areas where improvements were required to comply with the requirements of 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*, as:

- all residents with cognitive impairment did not have opportunities to participate in activities appropriate to his or her interests and capacities
- appropriate assistance was not provided to residents with eating and drinking
- there was a lack of supervision of residents
- staff were not knowledgeable in the management of residents with behaviours that challenge
- audits had not been used to improve the service.

This additional inspection report outlines the findings of a follow up inspection that took place on 26 October 2011. The inspection was unannounced and focused on the actions of the inspection of 3 March 2011. The inspector met the provider, person in charge and a number of staff, residents and relatives.

## Summary of findings from this inspection

This was an unannounced follow up inspection which focused on areas identified for improvement at the inspection in March 2011 and to monitor compliance with the Regulations.

Inspectors found that the provider had been proactive in responding to the action plan from the previous inspection. Four of the eight actions identified had been fully completed and significant progress had been made with the remaining four actions. Some of the outstanding items were not completed within the time specified or were ongoing issues.

Improvements made by the provider since the previous inspection included:

- appropriate assistance provided to residents at meal times
- formalised arrangements for the supervision of residents
- training provided in the areas of behaviours that challenge, dementia and infection control
- space for residents should they display behaviours that challenge or wish to walk about unimpeded
- allocation of additional domestic staff to release carers from cleaning duties
- improvement to the system for reviewing the quality of care provided at the centre

The inspector met residents, relatives, the providers, the person in charge and staff on duty. Records were examined including care plans, medical records, staff records including training records, staff files and policies.

Improvements were still required in the management of restraint as well as activation and stimulation for residents with a cognitive behaviour. Areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

## **Issues covered on inspection**

### **Statement of Purpose**

The inspector were satisfied that the statement of purpose accurately described the service that was provided in the centre and met requirements of Schedule 1 of the Regulations. The statement was kept under review by the provider and person in charge and was made available to residents on admission, and following review.

### **Complaints Management**

The inspector found evidence of good complaints management practices. Management of complaints was comprehensive and learning from complaints was reflected in practice. The complaints policy was read by the inspector and details of the complaints procedure were posted publicly and described in the Residents' Guide and the statement of purpose. The procedure provided clear guidelines on how to make a complaint or express a concern, and how these would be addressed. A named complaints officer was identified. The policy also identified an appeals process in the event that a complainant was not satisfied with the outcome. The providers and person in charge confirmed that they met with residents and relatives on a daily basis and usually resolved any issues raised before they became a source of discontent. Residents and relatives agreed that this was the case and records showed the number of complaints to be very low. The inspector reviewed the complaints log, which recorded one complaint in 2011 and detailed how this had been resolved, including details of the complainant's level of satisfaction with how the complaint was managed.

### **Protection**

Overall, the inspector were satisfied that measures were in place to protect residents from being harmed or suffering abuse, but there were areas for improvement in relation to the policy on the protection of vulnerable adults. There was a centre-specific policy which guided staff in most regards, but this did not include the need to notify the Authority or how to contact the HSE elder abuse officer if required.

All staff had attended training on identifying and responding to elder abuse provided by the person in charge. The person in charge and staff spoken to displayed sufficient knowledge about different forms of elder abuse and they were clear on reporting procedures.

Residents spoken to confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times and the locking system on the entrance doors.

The person in charge monitored safeguarding practices in the centre. She regularly spoke with residents and relatives, reviewed the systems in place to ensure safe and respectful care and monitored the management of complaints. Both staff and residents spoken to confirmed that she was accessible to all. In addition, the providers visited each resident on a daily basis and enquired about their well-being and if they had any complaints. The inspector saw this happening and residents confirmed that they were visited each morning and evening and could discuss any

issues or worries. Residents said that "Breda was always available", and that this reassured them.

### **Health and Safety**

The health and safety of residents, visitors and staff was promoted and protected in many aspects of the centre, but there were areas for improvement. The safety of residents was prioritised by the provider and person in charge. Detailed records were maintained of all accidents and incidents. Records viewed showed a low incidence of falls in 2011. Records of incidents included information on incidents and the actions taken in response to them. All of the records were appropriately completed to include relevant information relating to each incident. The inspector noted that person in charge had reviewed the reports for each resident to improve individual safety and she had audited the reports to improve the general safety of residents.

The risk management policy was reviewed by the inspector and it met the requirement of the Regulations. The health and safety statement was centre-specific. This identified risks in the environment and in work practices and provided control measures to manage those risks. It had been reviewed in June 2011 and was signed off by the provider. The inspector reviewed the insurance documentation and found that it was current and reflected the Regulations.

The provider had taken adequate fire precautions but some improvements to staff fire training were required. Fire extinguishers and equipment were kept in good working order and were serviced regularly. The emergency lighting and fire alarms were checked weekly by the provider. Fire notices and the evacuation plans were posted prominently on all corridors. There was a record of fire drills and evacuation training. The most recent evacuation training had been on 7 January 2011 and a fire drill took place on 7 July 2011. The inspector noted that the new staff members had not attended formal fire training in the past year but the induction did include in-house training. The person in charge stated that she would inform the inspector of the next formal fire training date.

There was an emergency plan which provided staff with directions on what to do in the event of emergencies. This did not provide contact details of alternative accommodation for residents or information about how residents would be transported there.

### **Medication Management**

The inspector found evidence of good medication management processes but there were some areas for improvement. While there were medication management policies which provided guidance to staff, this needed to reflect more accurately the local practices in place.

The inspector observed the nurses on part of their medication rounds and found that medication was administered in accordance with An Bord Altranais guidelines. However, there were two areas for improvement. The inspector noted that the nurse did not refer to the prescription for the administration of Warfarin and medications were not administered at the times stated on the prescription sheet. This could have negative outcomes for residents.

## Directory of Residents

The inspector read the register and noted that it was not up-to-date. For example, this did not reflect the resident that had been recently transferred to hospital. There was no current list of residents available, which may be necessary in the event of fire. The person in charge addressed this during the day of the inspection.

## Actions reviewed on inspection:

### 1. Action required from previous inspection:

Provide appropriate assistance to residents, dependant on their abilities at meal times.

This action was addressed.

The inspector was satisfied 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 staff.

There were now two sittings at the main meal and this improved the atmosphere in the room. Three residents were assisted with their meal in the front sitting room and four residents chose to eat their meal in their bedrooms. Staff were seen to assist residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. However, one resident could have benefited from using specialised equipment to assist her to be independent with her meal as the food fell from her plate and she did not have a plate guard in place. One of the providers was the chef and he spent time chatting with residents and ensuring they were satisfied with their meals.

The inspector noted that there were a small number of areas in the dining experience that could be improved. The writing on the menu was very small and could be difficult to read.

The inspector observed that the meals were nicely presented when they came from kitchen but one staff member mixed all foods together prior to assisting the resident and therefore it may be difficult for the resident to taste the flavours of each of the foods and it also made the meal visually less appealing.

### 2. Action required from previous inspection:

Take measures to prevent accidents to any person in the centre by formalising the process of supervision.

This action had been addressed.

The inspector noted that an appropriate process of supervision was established and implemented since the previous inspection. A senior staff nurse or assistant director of nursing deputised in the absence of the person in charge. An additional nurse was recruited since the last inspection and the inspector noted there was appropriate supervision of residents during the inspection. Each of the dining rooms was appropriately supervised by a nurse during the meal times. All nurses and healthcare assistants were allocated to an area during the day and all staff spoken with were aware of their roles and responsibilities. An additional domestic staff member was allocated from 1.00 pm to 5.00 pm to replace the care assistants who previously undertook cleaning tasks as part of their role. Care assistants told the inspector they now had more time to spend with the residents. The person in charge told the inspector that she had not reviewed the new rota and allocation of staff and she planned to do this shortly.

### **3. Action required from previous inspection:**

Provide opportunities for residents to participate in development of activities appropriate to his her interest and capacities.

This action was partly completed.

A staff member was allocated to provide activities to residents during the day, this included the residents who remained in their bedrooms. The inspector noted that hand massage, music and board games were provided. A schedule of activities was available on a weekly basis. While there was sufficient activation for the more able residents during the day, inspectors noted that residents with dementia and residents on bed rest were under stimulated and did not have the same opportunity as other residents to avail of the opportunities for fulfilment. The person in charge said she planned to have staff trained in the Sonas programme, (a therapeutic communication activity which focuses on sensory stimulation) but this had not been booked at the time of the inspection.

### **4. Action required from previous inspection:**

The need of each resident based on a comprehensive assessment process is to be set out in an individual care plan developed and agreed with each resident.

This action was partly addressed.

The inspector found a good standard of evidence-based nursing care and appropriate medical and allied healthcare. However, some improvements were still required in the development of care plans and the management of restraint.

Pre-admission assessments were completed by the person in charge to ensure the needs of the potential resident could be met. The person in charge told inspectors how she went to the hospital or home to meet prospective residents and the inspector read the most recent assessment completed.

The centre had sufficient general practitioner (GP) cover. Out-of-hours GP services were provided by an on-call service. Review of residents' medical notes showed that GPs visited the centre regularly and the person in charge informed the inspector that GPs were available by phone any time to offer advice to staff. 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.

Residents could access a range of additional health services such as physiotherapy, speech and language therapy, dietician, chiropody and optical care. Access to some of these services required an additional charge. The inspector reviewed residents' care plans and they contained details of referrals and appointments with the various health services. For example, one included a recent assessment by a dietician and speech and language therapy to ensure a holistic approach to the management of the resident's weight loss and swallowing difficulties.

Residents who were at risk had a falls risk assessment completed and a care plan to guide the care delivered. Residents attended a fortnightly exercise class and residents were seen walking about during the day. A review of residents' records showed that residents were reassessed following a fall.

All residents had a care plan which included a range of risk assessments such as falls risk, pressure sore and weight loss. While care plans had been improved since the previous inspection, inspectors read a number of care plans and noted that they did not always guide the care to be delivered. The assessments and care plans were reviewed on a three-monthly, but, were not updated to reflect the residents changing needs and circumstances.

The inspector reviewed the practice in relation to the use of restraint. From a review of resident's records and talking to staff, it was noted that restraint management required some improvement. Bedrails were in use for a number of residents and there were three residents seated in specialised chairs in the reclining position at times during the day. The person in charge told the inspector that the national policy on the use of restraint was being rolled out. She had completed training in this policy and planned to train all staff. Inspectors noted that monitoring of the use of bedrails at night time was well documented, residents were checked hourly over night and documented checks were completed every two hours. The three residents using recliner chairs and residents in bed during the day were checked every half hour. Residents had a consent form for restraint signed by the nurse, GP and family or resident. There were assessment forms for bedrails and lap belts but these had not been consistently completed and the alternatives tried prior to the commencement of these restraints were not documented. Each resident who required restraint had a care plan but these were not specific enough to guide the care delivered.

The inspector read a number of residents' progress notes in their files and noted that they were not completed in line with the An Bord Altranais recording clinical practice, guidance to nurses and midwives. For example, the time of the entry was not recorded.

## **5. Action required from previous inspection:**

Ensure there is a plan in place that all staff have access to education and training to enable them to provide care in accordance with contemporary evidenced based practice, pertinent to their role.

This action was completed.

The inspector examined a sample of staff files of those recruited since the previous inspection. They contained all of the information required by the Regulations.

Formal induction arrangements for newly employed staff were in place. The inspector read the annual appraisal that was completed for 13 of the staff. Areas for development were identified and this informed training plans. For example, staff identified that they required training in infection control and this was planned.

The provider and person in charge were committed to providing ongoing training to staff. In-service sessions had been undertaken in 2011 including training on medication management, management of nutrition and the management of behaviours that challenged and dementia. All staff were up-to-date on training in the protection of vulnerable adults and manual handling. Since the last inspection, seven care assistants had undertaken or were in the process of undertaking Further Education and Training Awards Council (FETAC) Level 5. Staff said they enjoyed doing this course and described how it helped them in their work.

## **6. Action required from previous inspection:**

Review the physical design and layout of the premises to ensure it meets the needs of each resident.

Provide suitable storage at all times.

This action was partly addressed.

Since the inspection the provider had changed the layout of the front sitting room and provided an area which residents can avail of if they were agitated or wished to wander. There were no residents using this area during the inspection.

The lack of storage continued to be an issue. While the storage of equipment did not pose an immediate risk to residents as it did in the previous inspection, the inspector observed hoists and commodes stored in a bathroom and commodes stored in bedrooms when not in use.

There were limited storage and changing facilities for staff. The catering staff shared the same toilet as other staff to change.

**7. Action required from previous inspection:**

The provider shall ensure there is appropriate sluicing for the equipment used by residents.

This action was partly completed.

The inspector met the staff member whose was responsible for cleaning the commodes. While the practice had improved since the previous inspection, in that all bedpans and commodes are thoroughly cleaned, the staff member was not aware that there was a need to use the bedpan washer which was available.

**8. Action required from previous inspection:**

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

This action was addressed.

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis. There was a system in place to collect clinical data to identify possible trends and for the purpose of improving the quality of service and safety of residents. The person in charge planned to use this information to improve the service provided.

The person in charge had put a system in place to gather and audit information related to privacy and dignity, pressure ulcers, catering, medication management and continence. The person in charge showed the inspector how the results of the audits were discussed at the quality and safety committee meetings. While there were areas for improvement identified in these audits, these improvements were not routinely implemented. The person in charge said she planned to re audit every six months and to include an audit of the care plans.

Inspectors read the results of a recent resident satisfaction survey, the results of which were positive and there were no suggestions for improvement. The provider continued to chair the residents committee, the minutes of the meetings showed that residents were satisfied with the service.

**Report compiled by:**

Linda Moore

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

27 October 2011

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
25 August 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
22 and 23 March 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
9 December 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
3 March 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
28 April 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

## Provider's response to inspection report \*

<b>Centre:</b>	Carysfort Nursing Home
<b>Centre ID:</b>	0022
<b>Date of inspection:</b>	26 October 2011
<b>Date of response:</b>	22 November 2011

### Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### 1. The provider has failed to comply with a regulatory requirement in the following respect:

The policy on and procedures for the prevention, detection and response to abuse did not guide practice.

#### Action required:

Revise the policy and procedures for the prevention, detection and response to abuse to guide practice.

#### Reference:

Health Act, 2007  
Regulation 6: General Welfare and Protection  
Standard 8: Protection

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

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The policy on and procedures for the prevention, detection and response to abuse has been amended since the last inspection to include the need to notify the Authority and how to contact the HSE elder abuse officer if required. All staff nurses have been informed regarding the same by the person in charge.</p>	<p>Completed</p>

<p><b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The operational policies relating to the ordering, prescribing, storing and administration of medicines did not guide the practice.</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>

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Person in charge spoke to all staff nurses regarding the ordering, prescribing, storing and administration of medicines, and advised to read the medication management policy once again. Since the inspection, Warfarin is only administered after receiving the written orders from the resident's GP (faxed prescription or the original prescription). Medications are now administered only at the times stated on the prescription sheet by the GP.</p>	<p>Completed</p>

**3. The provider has failed to comply with a regulatory requirement in the following respect:**

A high standard of evidence based nursing practice was not in place in relation to restraint.

**Action required:**

Provide a high standard of evidence based nursing practice.

**Reference:**

Health Act, 2007  
Regulation 6: General Welfare and Protection  
Standard 13: Healthcare

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

**Timescale:**

Provider's response:

We continue to assess the residents need for bedrails and recliner chairs prior to the commencement of the restraints. Alternatives tried prior to the commencement of the restraints were documented in the care plans and in some restraint assessment forms. Now we document these in all the restraint assessment forms. Care plans are updated to guide the care delivered.

Completed

**4. The person in charge has failed to comply with a regulatory requirement in the following respect:**

Care plans were not reviewed as required by the resident's changing needs or circumstances.

**Action required:**

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

**Reference:**

Health Act, 2007  
Regulation 8: Assessment and Care Plan  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan

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

**Timescale:**

<p>Provider's response:</p> <p>All the assessments and care plans are reviewed every three months and are updated to reflect the residents changing needs and circumstances. Person in charge spoke to all the staff nurses regarding the importance of updating the care plans when there is a change in resident's condition or circumstances. All care plans have been reviewed this month to guide the care to be delivered.</p>	<p>Ongoing</p>
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<p><b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Residents with a cognitive impairment were not always provided with opportunities to participate in activities appropriate to his/her interests and capacities.</p>	
<p><b>Action required:</b></p> <p>Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 6: General Welfare and Protection  Standard 13: Healthcare  Standard 18: Routines and Expectations</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>One staff member is assigned to provide activities for all the residents from 8.30 am to 4.00 pm every day. Activities are provided according to the activities list. Two staff members have been booked to attend the upcoming Sonas programme.</p>	<p>February 2012</p>

<p><b>6. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Suitable changing and storage facilities for staff were not available.</p>	
<p><b>Action required:</b></p> <p>Provide suitable changing and storage facilities for staff.</p>	

<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We have an architect coming to the home in the new year to look at the building and draw up plans to incorporate a new changing and storage area for staff. As soon as draft drawings are completed we shall contact the Authority. We cannot provide a time scale at present as these plans may need planning permission.	

<b>7. The provider failed to comply with a regulatory requirement in the following respect:</b>  There was a lack of storage throughout the centre.	
<b>Action required:</b>  Ensure the physical design and layout of the premises meets the needs of each resident.	
<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  As mentioned early, we have an architect coming to the home in the new year to look at the building and draw up plans to incorporate a new changing and storage area for staff. As soon as draft drawings are completed we shall contact the Authority. We cannot provide a time scale at present as these plans may need planning permission.	

**8. The provider has failed to comply with a regulatory requirement in the following respect:**

The practice to clean commodes was not in line with best practice.

**Action required:**

The provider shall ensure there is appropriate sluicing for the equipment used by residents.

**Reference:**

Health Act, 2007  
Regulation 19: Premises  
Standard 25: Physical Environment

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

**Timescale:**

Provider's response:

The staff member in question was spoken to by the providers and the person in charge regarding the need to use the bed pan washer while cleaning the commodes. All the domestic staff received the infection control training.

Completed

**9. The person in charge has failed to comply with a regulatory requirement in the following respect:**

The directory of residents was not up-to-date date in relation to every resident in the designated centre.

**Action required:**

Establish and maintain an up-to-date directory of residents in relation to every resident in the designated centre in an electronic or manual format and make this information available to inspectors as and when requested.

**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:**

<p>Provider's response:</p> <p>Person in charge spoke to all the staff nurses regarding the need to update the transfers of the resident in the directory of residents. A current list of residents is available at the nurses' station.</p>	<p>Completed</p>
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**10. The provider has failed to comply with a regulatory requirement in the following respect:**

The emergency plan did not guide practice.

**Action required:**

Put in place an emergency plan for responding to emergencies.

**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:
<p>Provider's response:</p> <p>We have updated our emergency plan. We have entered into an arrangement with four local nursing homes to facilitate our residents in an emergency situation. We have a written agreement with these homes.</p>	<p>Completed</p>

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

**Provider's response:**

We would like to thank Ms Moore for her courteous and professional manner to both residents and staff.

**Provider's name:** Breda Pakenham and Edward Pakenham

**Date:** 22 November 2011