

**Health Information and Quality Authority
Social Services Inspectorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007**



Centre name:	Our Lady's Manor
Centre ID:	0080
Centre address:	Bullock Harbour
	Dalkey
	Co. Dublin
Telephone number:	01-2806993
Email address:	ourladysmanor1@eircom.net
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Our Lady's Manor Incorporated
Person authorised to act on behalf of the provider:	Sr. Bernadette Murphy
Person in charge:	Sr. Bernadette Murphy
Date of inspection:	16 October 2012
Time inspection took place:	Start: 08:40 hrs Completion: 18:00 hrs
Lead inspector:	Angela Ring
Support inspector(s):	Gary Kiernan
Purpose of this inspection visit:	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

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.

Regulation has two aspects:

- Registration: 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.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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 inspection report sets out the findings of a monitoring inspection, in which 13 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with regulations and standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input checked="" type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input checked="" type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, inspectors found that ongoing improvements were made in the centre since the last inspection. The provider and her management team were committed to providing a good quality service to residents and ensuring that the premises were maintained and decorated to a high standard. Residents and their relatives were, without exception, complementary of the care received, the dedication of the person in charge and the staff and the standard of the premises.

Section 41(1)(c) 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*.

Theme: Governance, Leadership and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

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

Outstanding action required from previous inspection:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

Inspection findings

Some improvements were required in updating the statement of purpose. This included the addition of the conditions of registration and clarification of the appeals process in the complaints procedure.

Inspectors found that the statement of purpose accurately described the service that was provided in the centre. They were satisfied that the service met the diverse care needs of residents, as stated in the statement of purpose which was kept under review by the provider.

Outcome 2

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors reviewed a sample of contracts and found that some improvements were required in the wording of the contracts given to residents. The contract needed to include details of the services to be provided for the resident and the fees to be charged.

Outcome 3

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated an adequate knowledge of her responsibilities as outlined in the Regulations demonstrated good organisational skills. She was supported in her role by clinical nurse managers (CNMs). Inspectors found that the person in charge was knowledgeable about residents' needs and was observed engaging well with residents throughout the day of inspection. The person in charge told inspectors that she had completed a leadership and management course in recent months and there was documentary evidence to support this.

Outcome 4

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:

Regulations 21-25: The records to be kept in a designated centre

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:

Residents' Guide

Substantial compliance

Improvements required *

These areas for improvement are discussed in more detail in Outcome 13.

Directory of Residents

Substantial compliance

Improvements required *

Inspectors reviewed the directory of residents and found that it included the information specified in Schedule 3 of the Regulations - this was addressed since the last inspection.

Staffing Records

Substantial compliance

Improvements required *

These areas for improvement are discussed in more detail in Outcome 18.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that measures were in place to protect residents from being harmed or abused. There were records to indicate that staff had received training on identifying and responding to elder abuse and were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge. Residents spoken to confirmed to inspectors that they felt safe in the centre.

Inspectors reviewed the centre's policy on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse, the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse.

Inspectors did not review the procedures in place for managing residents' finances during this inspection. Residents' finances were reviewed during the registration inspection in July 2010 and were found to be satisfactory.

Outcome 7

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that practice in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors.

Inspectors reviewed the emergency plan and found that it was comprehensive and sufficient to guide staff in the event of an emergency. The person in charge explained that there were regular health and safety meetings, clinical governance meetings and risk management meetings where clinical and environmental safety issues were highlighted and discussed and there was documentary evidence to support this.

There was a health and safety statement developed in 2009, which identified some of the risks in the centre.

There was a risk management policy in place and a risk register which highlighted the risks and potential risks in the centre. The risk management policies addressed the risks identified in the Regulations such as self harm, residents going missing, procedures to follow in the case of accidental injuries to residents and staff, violence and aggression and assault.

There was a system in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. Inspectors reviewed the incidents that occurred and found that there were a relatively low number of falls during the previous months with a small number resulting in serious injury. Incident forms were completed for each incident and there was evidence of residents being monitored following an incident. Inspectors found that there was a policy in place on the prevention and management of falls. There was a system in place for the overall analysis of falls to determine patterns. Falls were discussed at regular meetings of the clinical governance committee, risk management committee and the health and safety committee. However, inspectors found that there were inadequate risk assessments and care plans developed for residents at high risk of falling. These are discussed in more detail in Outcome 11.

There was safe floor covering and handrails throughout the centre. Inspectors noted that infection control practices were adequate. Wall mounted dispensers containing hand sanitising gel was located at the entrance door and throughout the building. The medical officer had recently reviewed infection control procedures within the centre and had provided training to staff. There was documentary evidence to support this.

The procedures for fire detection and prevention were in place. Inspectors reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were regularly serviced. Inspectors read records which showed that daily inspections of fire exits were carried out and the fire exits were unobstructed. There were training records which confirmed that staff had attended training on fire prevention and response. Inspectors found that all staff spoken with were clear about the procedures to follow in the event of a fire. Fire procedures were prominently displayed throughout the centre.

Outcome 8

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

References:

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

Outstanding actions required from previous inspection:

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.

Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

The actions required from the previous inspection were not satisfactorily implemented.

Inspection findings

Overall, medication was well managed. However, there were some improvements identified.

There was a medication management policy which generally provided guidance to staff. However, inspectors noted that some improvements were required in the policy as it did not address the procedures to follow for prescription writing and the procedure for prescribing and administering PRN (as required) medication.

The CNM told inspectors that regular audits of medication practices were carried out and there was documentary evidence to support this. Inspectors observed nurses administering medication in line with best practice guidelines.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

Outcome 9

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

Outstanding action(s) required from previous inspection:

Give notice to the Chief Inspectors without delay of the occurrence in the designated centre of any serious injury to a resident.

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date, and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector by the person in charge. This had been addressed since the last inspection.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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

Outstanding action(s) required from previous inspection:

Provide a high standard of evidence-based nursing practice in the use of restraint.

The action required from the previous inspection was not satisfactorily implemented.

Inspection findings

The healthcare needs of residents appeared to be met. However, significant improvements were required in ensuring that resident's care plans were Person centred and reflected each resident's individual needs.

Inspectors found that staff knew residents well and could describe the care required by and given to residents. However, inspectors reviewed a sample of residents' nursing notes and found that they did not include all residents' identified needs and care plans were not developed for all residents needs in particular for residents admitted for respite and convalescence. For example, there was inadequate care plans developed for residents who had frequent falls as they did not identify the

preventative strategies in place. There were also inadequate care plans in place for residents who experienced pain. Assessments and care plans were not consistently reviewed every three months and or when there was a change in the resident's condition or when a resident returned from hospital.

There was one resident with a wound on the day of inspection. Inspectors found that there was a wound management policy in place and the person in charge stated that there was access to a wound specialist nurse when required. There were assessments completed for the wound and a treatment plan in place. Specialist pressure relieving equipment was in place for residents.

Inspectors found that residents' weights were recorded each month and the nursing staff monitored any changes such as significant weight loss. Nutritional risk assessments were used to identify residents at risk. Records showed that residents were being prescribed supplements where necessary.

Inspectors found that there were a small number of residents with behaviours that challenged on the day of inspection. Inspectors found that there was a policy on managing behaviour that challenged in place to guide staff but it was not being carried out in practice. There was inadequate documentation of the triggers to the residents' behaviour and the strategies used to address the behaviour and meet the residents' needs.

Inspectors found that significant improvements were required in the use of restraint. There was still a high number of bedrails used. The centres policy on restraint was comprehensive and based on national policy and guidelines. However, it was not being used to guide practice. There was very little evidence to demonstrate that restraints were used as a last resort and that all alternatives had been tried prior to its use. This had not been addressed since the last inspection.

Residents had good access to medical and allied health professionals. There was documentary evidence of residents being reviewed by medical practitioners, psychiatry of old age, dental, chiropody, dietetics and physiotherapy. The person in charge explained that the general practitioners (GP's) visited regularly and were available anytime if necessary and this was observed by inspectors on the day of inspection and from a review of residents medical notes.

There was a record of the resident's health condition and treatment given, completed on a daily basis. There was evidence of the involvement of residents and their families in the development and review of their care plans.

There were arrangements in place for the provision of meaningful engagement for all residents. Inspectors found that there were opportunities for residents to participate in activities appropriate to their interests and capacities. There was evidence that residents engaged in activities such as live music sessions, bingo, pet therapy, art and walks outside. Some residents also told inspectors that they used their laptops in their bedrooms which they enjoyed. There were individual sessions provided for residents with high dependency needs and these included massage and Sonas (a therapeutic activity based on communication). Some residents told inspectors that they go out regularly with family and friends.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that the centres complaints policy was displayed in a prominent place and it included the name of the independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint. However, inspectors found that the complaints policy and the procedures in the statement of purpose and the Residents' Guide did not clearly state the appeals process.

Inspectors found that residents and relatives knew who to complain to. They all stated that they had never had to complain as there was a high level of satisfaction reported by all.

Inspectors reviewed the complaints log that was used to record verbal complaints from residents and relatives and found that there were adequate records maintained of all complaints detailing the investigation and outcome of the complaint.

Outcome 14

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was one resident receiving end-of-life care on the day of inspection. Inspectors found that there were adequate procedures in place to ensure that appropriate end-of-life care could be provided when necessary. There was a policy on end-of-life care and the person in charge explained that they accessed the services of the local palliative care team who provided support and advice and there was documentary evidence to support this. There were overnight facilities available for relatives if necessary. There was documentary evidence of several staff receiving training on end of life care in April 2011.

Outcome 15

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors were satisfied that residents received a nutritious and varied diet that offered choice. Mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and with staff.

Inspectors spent time in the two main dining rooms and found that it was quiet, unhurried and relaxed. Inspectors noted that meals were hot, well presented and tasty. Residents all expressed satisfaction with their meals. Staff were seen assisting residents discreetly and respectfully if required. Inspectors saw residents being offered a variety of drinks throughout the day.

Residents who needed their food served in an altered consistency, such as pureed, had the same menu options as others and the food was presented in appetising individual portions. Catering staff were very aware of and knowledgeable about all residents' preferences, likes and dislikes as well as those requiring modified diets.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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

Outstanding action required from previous inspection:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

Inspection findings

Inspectors found that the provider was compliant with most issues relating to staff recruitment, training and maintenance of files.

Inspectors reviewed the roster and found that there were adequate staffing levels on duty to ensure that residents' needs were met. Staff, residents and relatives agreed that there were adequate staff on duty.

Inspectors reviewed the recruitment policy and found that it complied with the requirements in the Regulations. Inspectors examined a sample of the files of staff members and found that they contained most of the information required by the Regulations with the exception of the required three references for three staff members. These staff members had only two references on their file.

Staff performance was monitored and staff were supported through the use of a staff appraisal system. Inspectors found that all nursing staff had up-to-date registration with An Bord Altranais for 2012.

Inspectors carried out interviews with staff members and found that they were knowledgeable of the residents' individual needs, the centre's policies, fire procedures and the guidelines for reporting alleged elder abuse. Additional training had been provided on other areas such as infection control.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the medical officer, social worker and the clinical nurse manager 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:

Angela Ring

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

25 October 2012

Health Information and Quality Authority Social Services Inspectorate

Action Plan



Provider's response to inspection report *

Centre Name:	Our Lady's Manor
Centre ID:	0080
Date of inspection:	16 October 2012
Date of response:	6 November 2012

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*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose did not consist of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A statement of purpose has been completed which includes all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	Completed 02/11/2012

Outcome 2: Contract for the provision of services

The provider is failing to comply with a regulatory requirement in the following respect: Each resident's contract did not include details of the services to be provided for the resident and the fees to be charged.	
Action required: Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.	
Reference: Health Act, 2007 Regulation: 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Resident's contract of care and welfare updated to include details of the services provided and fees to be charged for residents.	Completed 01/11/2012

Outcome 4: Records and documentation to be kept at a designated centre

The provider is failing to comply with a regulatory requirement in the following respect: The Residents' Guide did not include a full summary of the complaints procedure provided for in Regulation 39.
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Action required:	
Produce a Residents' Guide which includes a summary of the complaints procedure provided for in Regulation 39, and the address and telephone number of the Chief Inspector.	
Reference:	
Health Act, 2007 Regulation: 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Residents' Guide updated to include a summary of the complaints procedure provided for in Regulation 39, and the address and telephone number of the Chief Inspector.	Completed 28/10/2012

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect:	
The medication management policy did not include the procedures for prescription writing and the prescribing and administration of PRN (as required) medication.	
Action required:	
Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.	
Reference:	
Health Act, 2007 Regulation 25: Medical Records Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
A written policy and procedure has been created for the handling and disposal of unused or out of date medicines.	Completed 02/11/2012

A policy for prescription writing and the prescribing and administration of PRN (as required) medication has been created. Staff have received training on the new policies and procedures.	
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Theme: Effective care and support

Outcome 11: Health and social care needs

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

Each resident's needs were not identified in an individual care plan developed and agreed with the resident.

Each resident's care plan was not kept under formal view as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.

The use of restraint was not in line with the centres policy.

The documentation of residents with behaviours that challenged was not in line with the centres policy.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

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.

Action required:

Provide a high standard of evidence based nursing practice in the use of restraint and behaviours that challenge.

Reference:

Health Act, 2007
Regulation: 8: Assessment and Care Plan
Regulation 6: General Welfare and Protection
Standard 13: Healthcare
Standard 21: Responding to Behaviour that is Challenging
Standard 10: Assessment
Standard 11: The Resident's Care Plan

Outcome 18: Suitable staffing

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

Staff files did not contain all of the information indentified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

Reference:

Health Act, 2007
Regulation: 18: Recruitment
Standards 22: Recruitment

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

Timescale:

Provider's response:

Recruitment procedures are in place to ensure no staff member is employed unless the person is fit to work at the designated centre

An audit will be conducted of all staff files to ensure that all information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person

21/12/2012

Any comments the provider may wish to make:

Provider's response:

We would like to thank the inspectors for their courtesy and professionalism.

Provider's name: Sr. Bernadette Murphy

Date: 6 November 2012