

Health Information and Quality Authority  
Social Services Inspectorate

Regulatory Monitoring Visit Report  
Designated centres for older people



<b>Centre name:</b>	College View Nursing Home
<b>Centre ID:</b>	0128
<b>Centre address:</b>	Clones Road Cavan
<b>Telephone number:</b>	049 4372929
<b>Fax number:</b>	049 4372931
<b>Email address:</b>	collegeviewnursinghome@eircom.net
<b>Type of centre:</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered providers:</b>	College View Ltd
<b>Person in charge:</b>	Martina Jameson
<b>Date of inspection:</b>	3 and 4 April 2012
<b>Time inspection took place:</b>	<b>Day-1 Start:</b> 11:50 hrs <b>Completion:</b> 18:00 hrs <b>Day-2 Start:</b> 10.00 hrs <b>Completion:</b> 15:20 hrs
<b>Lead inspector:</b>	Marie Matthews
<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"/> Regulatory Monitoring Visit Report

## 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 on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- 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 received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

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

College View Nursing Home is a private 70 bed residential care unit providing long-term, convalescent and respite care for older people.

It is a purpose-built with all but one bedroom on the ground floor. There are four units comprising 64 single rooms and three double rooms. Most bedrooms have en suite bathroom facilities. One of the units is a self-contained secure special care unit which accommodates 12 residents with dementia. Close circuit televisions monitor the entrance and corridor areas.

The centre has a large well furnished and maintained reception area which also serves as a sitting area. Comfortable sitting rooms/dining rooms are also provided in each unit. A separate dining room, visitor's room, a smoking room and a small interdenominational oratory are located off the reception area. Corridors are wide and provided safe areas for walking with secure handrails fitted and both walls. Two treatment rooms are available and there are good facilities for staff to change and have to have their breaks. There is a well equipped hairdressing room available and two hairdressers visit the centre. Laundry facilities are provided on site and are well equipped.

The building is located on an elevated site surrounded by landscaped gardens and patio areas that residents can freely access. A car park for visitors and staff is provided at the front of the centre.

### Location

The centre is located on the outskirts of Cavan town on the Clones road within walking distance of the local shops and amenities.

<b>Date centre was first established:</b>	February 2000
<b>Number of residents on the date of inspection:</b>	70 (3 in hospital)
<b>Number of vacancies on the date of inspection:</b>	0

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	20	21	21	8

## Management structure

The centre is owned and operated by College View Ltd. Therese McGarvey is the nominated person on behalf of the Provider. The Person in Charge, Martina Jameson, is supported by a team of staff nurses, care assistants, domestic, catering, administrative and maintenance staff.

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	13	4	4	2	1*

\* maintenance staff

## Summary of findings from this inspection

This report set out the findings of a monitoring inspection, which took place on 3 and 4 April 2012. This was the fifth inspection of the centre by the Health Information and Quality Authority (the Authority).

The inspector 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.

Overall, the inspector found evidence of good practice in many areas. The premises provided good quality accommodation that enabled residents have privacy and they enjoy a choice of communal space. There was a range of appropriate assistive equipment provided.

The inspector saw that the health needs of residents were assessed and there was evidence that most were reviewed regularly. Residents had access to general practitioner (GP) services and to a range of other health professional. Residents described a good quality of life in the centre. They said was good consultation with them, they well cared for, enjoyed a good range of activities and that the menus reflected their choices.

There was a commitment by the person in charge and her team to continually work to improve the quality of service that residents received. The inspector observed staff engage with residents in positive manner and generally residents were observed to have good access to staff and be appropriately supervised.

The action plan at the end of this report identifies improvements that must be made to meet the requirements 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*. These improvements include a need to improve aspects of care for residents with dementia, review staffing levels in this area, improve the review of care of those residents who had a fall, aspects of wound care and improvements to the way some documentation is completed, for example, restraint records. There was also a need to review some policies and procedure documents in line with current national guidelines and so that they guided staff appropriately and include the relevant contacts.

## Comments by residents and relatives

Some residents were unable to verbally express their views due to the complexity of their cognitive impairment. Others were keen to talk with the inspector about the day to day routine in the centre.

Those spoken with were unanimously positive in the feedback they gave about the centre. They described caring staff who were attentive and responsive and described the person in charge as very dutiful but approachable and helpful.

They commented on the choice of areas available within the centre to relax and were complementary regarding their bedroom accommodation. They said they meals provided were of a very good standard and said they particularly enjoyed the selection of home baked cakes.

Residents said they saw their GPs regularly and were referred to other support services they needed.

The inspector spoke with some relatives also who echoed the comments of residents and described good care, good staffing and good communication with staff about their loved ones.

## Governance

### Article 5: Statement of Purpose

A comprehensive statement of purpose was available which accurately set out the services and facilities provided in the designated centre. It included a copy of the most recent inspection report by the Authority. It required revision to meet all the requirements of Schedule 1 of the Regulations. Details of the type of specialist nursing care provided were omitted and also the current professional registration, qualifications and experience of the provider and the person in charge.

### Article 15: Person in Charge

The person in charge is a registered general nurse. She works at the centre from 8.00 am until 7.00 pm four days a week. Two experienced registered nurses deputise for her on the other three days of the week and the provider provides cover for her during planned holidays.

The person in charge leads a team of nursing, care assistants, housekeeping, kitchen and administrative staff and both staff and residents confirmed that she provides strong leadership and support. She attends the daily nurses' handover meetings and told the inspector she uses this opportunity to keep up-to-date on resident issues and to update staff on events. She could describe the needs of residents and specific clinical matters being dealt with.

The person in charge told the inspector that there is a good management structure was in place to support her. The provider visits the centre weekly and used a number of audit tools to ensure the quality of the service. These included audits of the environment, care planning, infection control and clinical practice. The inspector was told that minutes of these meetings are not maintained.

## **Article 16: Staffing**

The inspector viewed the staff duty rota and found that the planned staff rota matched the staffing levels on duty on the day of inspection. The staff rota detailed the position of each member of staff and included their full name. There were registered nurses on duty at all times. The inspector reviewed three personnel files randomly selected from the rota. Each file contained all of the information identified in Schedule 2 of the regulations.

A staff training and development programme was in place to maintain the skills and meet the changing needs of residents. Staff had completed mandatory training in fire safety, moving and handling and prevention of elder abuse. In addition staff had recently received training in infection control, behaviour that challenges, basic food hygiene, communication, pressure wound prevention, CPR, restraint use and incontinence care. Records of training dates and the names of staff who attended were maintained by the person in charge in a notebook and the inspector was able to verify that training was attended by reviewing staff files. Staff who could not attend training due to illness or holidays were facilitated to attend a training session later in the year. Although the person in charge had ensured all staff attended the mandatory training required, there was no easy reference system in place to assist her to ensure that minimum mandatory training requirements were met for all staff or help identify those staff whose training was due for renewal.

Staff nurses attended a handover at the start of their shift. The inspector observed the handover for one unit and observed a good level of detail was relayed to the staff nurse coming on duty. Care assistants did not attend the handover and the inspector saw that a communication book was used to communicate important information to staff changing shift. The inspector observed the night care staff coming on duty spending time reading this book at the start of their shift.

The person in charge said the number of staff on duty was determined by the needs of the residents. Dependency levels were reviewed every three months. Residents interviewed told the inspector that call bells were answered promptly and said there were adequate staff on duty to attend to their needs. The inspector spent time in the 12 bed dementia unit during the inspection. There were two care assistants and one nurse on duty. The nurse was also covering another unit and was assisting the inspector with a review of care plans. The inspector observed that when one of the residents became agitated, two care staff were required to assist this resident. This impacted negatively on the other residents to whom these staff had been providing direct care as they had to continuously stop what they were doing to attend to this resident. The inspector formed the judgement that the deployment of staff to this unit required further review to ensure the needs of all of residents were fully met. This was relayed to the person in charge who told the inspector that an additional

care assistant had been employed from 2.00 pm until 10.00 pm as a result of recommendations following the last inspection report to work between the units according to where additional help was required. The person in charge agreed to keep staffing levels and deployment under review.

### **Article 23: Directory of Residents**

The register of residents was examined by the inspector who found that it was up-to-date and all the required information required in Schedule 3 of the Regulations was accurately recorded. The person in charge advised that records were kept in a secure store room upstairs for a period of seven years.

### **Article 31: Risk Management Procedures**

A risk assessment was in place in relation to all risks related to the centre. This was completed well and detailed an assessment of the risk and the controls necessary to minimise the risk.

A falls prevention policy was available to guide staff and accident and incident forms were detailed, clear and fully complete. Good records were kept detailing all falls which occurred which included the time of the fall and the staff supervising at the time. The person in charge carried out three-monthly audits of falls and the falls risk assessments were reviewed following a fall. The inspector saw in one care plan reviewed where night sedation medication had been reduced on one such review.

There was a centre-specific risk management policy which was reviewed in March 2011. The inspector reviewed this policy. There was good guidance provided for staff in a range of specified areas and this was contained in a number of separate policies. However, they were not referenced from the centres overall policy on risk and the inspector was concerned that this may make this document more difficult for staff to follow. The policies addressed most of the Regulations but did not contain the procedures to follow in the event of risks associated with assault.

The inspector reviewed the centres infection control policy which addressed a number of infectious disease including influenza and winter vomiting bug. Good preventative and control measures were identified for each. Although the person in charge described good liaison with the community infection control nurse, the policy did not guide staff to inform the HSE Health Surveillance Unit or include any contact numbers for public health to be used in the event of a suspected outbreak of an infectious disease.

A comprehensive emergency plan was in place to guide staff in responding to untoward events. The plan outlined a clear procedure to follow in the event of a number of emergencies and contingency arrangements were provided should it be necessary to evacuate residents from the building to a nearby hotel. Staff had attended training in cardio pulmonary resuscitation (CPR). However, the emergency policy did not reference the procedure to follow in the event of medical emergencies.

## **Article 39: Complaints Procedures**

A complaints policy/procedure was in place which clearly described the process of making a complaint. It was displayed on the back of each resident's bedroom door. The policy set out the procedures for making, handling and investigating complaints and identified the person in charge as the person who oversees complaints and the provided the independent person. The inspector reviewed the complaints log. A low level of complaints was evident. The person in charge advised that most complaints were dealt with informally by staff. Relevant information about complaints was recorded in the log and the investigation and the outcome was detailed.

A residents committee met every four to six weeks and was chaired by a woman independent of the centre. Inspectors reviewed the minutes of previous meetings and saw that issues discussed by the committee influenced practice, for example, suggestions for meals, outings and activities, which had been addressed by the staff. The person in charge gave details of an advocacy service available to residents, however, details of this service or contact numbers were not displayed in the centre.

## **Article 36: Notification of Incidents**

The person in charge was aware of her responsibilities regarding notifications and had notified the Authority appropriately of all required and accidents or incidents.

## **Resident Care**

### **Article 9: Health Care**

The inspector saw that residents' blood pressure, pulse and weights were monitored and recorded monthly. Eight GPs attended the centre and an out-of-hours service was provided by NEDOC (North-East Doctor on Call). Most residents confirmed that they could continue their care with their own GP. One resident who came from outside of the geographical area had transferred to a local GP who attended the centre. The Psychiatry of old age team visited the centre regularly and there was regular evidence of review of these residents.

An appropriate range of evidence-based assessment tools had been used by staff to assess residents. The Inspector reviewed a sample of four care records. In general the inspector found that residents' health and social needs were well assessed on admission and reviewed on at a three-monthly basis or more frequently in response to the changing needs of residents. However, in one care plan, reviews were overdue and social care was not addressed.

Evidence-based practice tools were used to complete assessments in a range of areas that included mobility, risk of falls, moving and handling, tissue viability, continence, nutrition and weight loss. There was evidence of appropriate referrals to allied support services. The inspection found that linkage from the assessment to implementation of the care plan was varied and where assessments had been reviewed this was not always reflected in changes in the care plans. For example, there was no evidence that the care plan of one resident, who had sustained a fall, had been altered or suggested modifications made to reduce the risk of subsequent falls. Generally care planning reflected a person centred approach, however, one care plan reviewed had no information recorded on the residents interests prior to admission.

A number of residents had care plans in place for wounds/pressure sores. These had been appropriately reported to the Authority. Residents were nursed on appropriate pressure relieving mattresses and advice had been obtained from a tissue viability specialist at Cavan General Hospital. One resident had also been referred to a pain specialist. Residents had been seen by a dietician and were receiving nutritional supplements. Wound care charts were in place. However, the inspector saw that these did not comply with best practice in that there were no photographs available to inform staff of changes to the wound and measurements did not include wound depth. There was a centre-specific policy to guide staff. This referred to the use of both photographs and measurements. It also referred staff to the European Ulcer Advisory Panel as a reference for grading wounds. However, the inspector found that the practice was to use an alternative to the reference.

The person in charge said that she was in the process of adopting the National Policy on the use of restraints. Some restraint measures were in place including bedrails and tables placed in front of residents. The person in charge explained that many of these were in place at the request of the resident. She explained that they she intended to reduce the use of restraints in line with the National Policy on Restraint. In case files reviewed there was not always a clear justification that the restraint in use was as an enabler and there was no narrative that the restraint measure was in the best interest of the resident or that other less restrictive options had been considered.

An activities coordinator was employed five days a week and she told the inspector she divided her time between each unit. There was a good range of activities available and residents spoken with gave a good account of the variety of activities available. Carers were also involved in individual activities such as hand massage. Local and national newspapers were available and several residents said the person in charge ordered their preferred paper which was delivered to the centre.

One resident was receiving end-of-life care and a member of the palliative care team was with this resident at the time of inspection. The person in charge described very good links with the palliative care team. The availability of single rooms made it possible to provide appropriate privacy, respect and dignity to residents and the inspector was told that families were encouraged to be involved and to spend as much time as they wished with residents at this time. The inspector found that while there was information recorded in residents' care records indicating end-of-life wishes, this related only to residents wishes in relation to resuscitation in times of

illness or medical crisis. The end-of-life policy needed review to indicate the information staff needed to enable them to compile more complete end-of-life care plans that reflected residents' wishes including preferences to remain in the centre or return home if this was feasible and or any details of any particular people the resident would like present at this time.

### **Article 33: Ordering, Prescribing, Storing and Administration of Medicines**

The inspector reviewed the medication management policy and noted that it included the procedure for administering, recording and safekeeping of medications. Staff were adhering to safe practice. All medication was individually prescribed and the inspector saw that these were reviewed every three-months by GPs. The local pharmacy had carried out a number of audits. The inspector saw that the person in charge regularly reviewed the administration of medication and had also conducted her own audit. Areas reviewed included for the number of residents on sedation.

The inspector reviewed the Kardex system in use which was due to be replaced by a new system as it did not have a column to record if medication was withheld or refused by the resident. Photographs of each resident were kept in a photograph album with the medication trolley which was used to ensure the correct identity of each resident prior to administering medication. The inspector saw a template of the new Kardex that had been ordered which included a space for a photograph of each resident and a column for staff to record commentary regarding withholding medication or refusal to take medication.

Medications that required special control measures were carefully managed and kept in a double locked cupboard cabinet. A register was maintained and these medications were counted by two nurses and recorded at the change of each shift which was in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982.

### **Article 6: General Welfare and Protection**

Inspectors found that measures were in place to protect residents from being harmed or suffering abuse. All staff had received training on Adult Protection to ensure that they could identify and respond appropriately to allegations of abuse. Staff spoken with displayed knowledge of the different forms of abuse and were clear on reporting procedures. Residents spoken with stated that they felt safe in the centre and there were adequate measures in place to protect them from harm.

A centre-specific elder abuse policy was in place to guide staff on how to respond to a suspicion of abuse. The inspector reviewed the policy which contained the names and numbers of the appropriate authorities. However, the inspector formed the opinion that the advice in the policy was directed more at protecting the staff member from an allegation of abuse than protecting the resident and asked the person in charge to review the wording of this part of the policy.

## **Article 20: Food and Nutrition**

The inspector visited the kitchen and spoke with the chef who demonstrated a good awareness of each resident's dietary needs and preferences. Menus were reviewed by a dietician for nutritional content and were rotated every four weeks. There was a good choice of food available. The inspector saw that residents' likes and dislikes were recorded and those with swallowing difficulties had been assessed by a speech and language therapist and were provided with modified diets accordingly. Residents requiring a soft diet were also given a choice of dishes and their meal was individually pureed prior to serving.

There were two sittings for the main meals. The inspector sat with residents at the second sitting. The menu was clearly displayed and residents could choose between two main courses. The food was freshly cooked, hot and nutritious and gravy or sauces were offered separately. The tables were nicely set and there was a friendly relaxed atmosphere. Snacks were available mid morning and in the evening in addition to the main meals and several residents said they enjoyed the home made tray bakes served.

## **Environment**

### **Article 19: Premises**

The inspector found the centre was clean, well maintained and odour free throughout. There were several sitting rooms and communal areas where residents could sit all of which were used by residents. A large well furnished and maintained reception area also serves as a sitting area which was well used by residents and visitors. Corridors throughout are wide and provide safe areas for walking, with secure handrails fitted to both walls. There was an adequate amount of equipment such as hoists, pressure relieving mattresses and mobility aids available to meet residents' needs and the inspector saw evidence of regular servicing of equipment. The centre has a well equipped hairdressing room used by residents. All of the bedrooms have en suite toilet and wash-hand basins and bedrooms in the newest wing also have en suite and shower facilities.

The inspector visited some bedrooms with residents' permission and found that residents were encouraged to bring in their personal possessions and there was adequate storage for their belongings with a locked cupboard for valuables. Over-bed lights and emergency call bells were provided in each bedroom and en suite facility.

Landscaped gardens surrounding the centre and provided a pleasant backdrop and there were tables and chairs provided for residents to enjoy any good weather outside the front door of the centre. An enclosed courtyard was also provided which could be accessed from all units. However, the inspector observed that the doors leading to this area were locked on each unit and could not be opened without staff deactivating the fire alarm. The person in charge said that the alarm is deactivated on this particular door in good weather, however, the inspector felt that this restriction may make residents, especially those in the dementia unit less likely to use this area.

Although the centre was generally very well maintained the inspector noted a small number of areas that needed attention:

- there was no where for residents to dispose of disposable hand towels in the assisted toilet in the dementia unit as the waste paper bin had been removed and an alternative method of disposal was not provided
- the surface of the assistive hand rails around the toilet was rusting at the floor junction and required repainting.

### **Article 32: Fire Precautions and Records**

Arrangements were in place for detecting, containing and extinguishing fires and documentary evidence confirmed that fire fighting equipment including alarms, extinguishers, emergency lighting and hose reels had been recently serviced. The person in charge advised that the practice of sounding the fire alarm weekly had ceased as this was found to be distressing some of the residents. The alarm was now sounded quarterly during routine servicing of the other fire equipment. A member of staff employed as a maintenance man was a member of the local fire station. Fire evacuation instructions were clearly displayed throughout the centre.

There were records to indicate that all of the staff had attended training on fire prevention and procedures and also records showed that residents had attended fire training to ensure that they knew the procedures to follow in the event of fire.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge 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:***

Marie Matthews

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

11 April 2012

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

<b>Centre:</b>	College View Nursing Home
<b>Centre ID:</b>	0128
<b>Date of inspection:</b>	3 and 4 April 2012
<b>Date of response:</b>	8 June 2012

### 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 person in charge has failed to comply with a regulatory requirement in the following respect:

Staffing were not adequately deployed to meet the needs of all residents in the dementia unit.

#### Action required:

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

#### Reference:

Health Act, 2007  
Regulation 16: Staffing  
Standard 23: Staffing Levels and Qualifications

\* 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>As noted in the report an additional staff was employed to work in any are as the need arose. It is the staff nurse on duty who is responsible to allocate staff accordingly to meet the needs of the residents. Staffing levels are constantly reviewed.</p>	<p>immediate and ongoing</p>

<b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
<p>The policy did not guide staff to inform the HSE Health Surveillance Unit or include any contact numbers for public health to be used in the event of a suspected outbreak of an infectious disease.</p>	
<b>Action required:</b>	
<p>Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.</p>	
<b>Reference:</b>	
<p>Health Act, 2007  Regulation 27: Operating Policies and Procedures  Standard 29: Management Systems</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>This information will be added to all relevant documentation.</p>	<p>completed and ongoing</p>

<b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
<p>The risk management policy did not addressed the procedures to follow in the event of risks associated with assault and did not include the procedure to follow in the event of medical emergencies.</p>	
<b>Action required:</b>	
<p>Ensure that the risk management policy covers, but is not limited to, the identification and assessment of all risks throughout the designated centre and the precautions in place to control the risks identified.</p>	

<b>Action required:</b>	
Include the procedure to follow in the event of medical emergencies in the centres emergency plan.	
<b>Reference:</b>	
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
A policy associated with assault will be formulated and will include information regarding procedure to follow in the event of a medical emergency from existing policies in place.	1 month

<b>4. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>
Care plans were not always reviewed on a three-monthly basis and linkage from the assessment to implementation of the care plan was not always evident. Where assessments had been reviewed this was not always reflected in the care plans.
Resident's needs in relation to social care were not always set out in an individual care plan which was developed and agreed with the resident and their significant other.
There was variable linkage between the implementation of the care plan and the assessment of the needs of the resident.
Wound care was not in accordance with best practice.
<b>Action required:</b>
Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances as and no less frequent than at three-monthly intervals.
<b>Action required:</b>
Set out each resident's social care needs in an individual care plan developed and agreed with the resident.

<b>Action required:</b>	
Put in place appropriate and suitable practices relating to wound care.	
<b>Reference:</b>	
Health Act, 2007 Regulation 8: Assessment and Care Plan Regulation 6: General Welfare and protection Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<b>Provider's response:</b>	
Documentation will be reviewed according to nursing home policy.  Care plans for social care needs will continue to be formulated for all residents.  All Nurses reminded of wound care Policy and documentation.	three months and ongoing

<b>5. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>	
Details of each resident's choice as to the place of death, including the option of a single room or returning home were not recorded in their care plans.	
<b>Action required:</b>	
Identify and facilitate each resident's choice as to the place of death, including the option a single room or returning home.	
<b>Reference:</b>	
Health Act, 2007 Regulation 14: End of Life Care Standard 16: End of Life Care	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

Provider's response:  Where possible and appropriate this will be discussed with residents or next of kin.	Immediate and ongoing
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<b>6. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>  Risk assessments in relation to restraint did not provide a consensus judgement that the intervention was in the best interests of the resident, was the least restrictive solution and was being put in place as previous less restrictive interventions had failed in all care plans reviewed.	
<b>Action required:</b>  Put in place appropriate and suitable practices relating to all restraint measures in use at the centre.	
<b>Reference:</b> Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  As noted in the report we are in the process of adopting the National Policy on the use of restraints.	1 month

<b>7. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>  There was no where for residents to dispose of disposable hand towels in the assisted toilet in the dementia unit as the waste paper bin had been removed. An Alternative method of disposal was not provided.  The surface of the assistive hand rails around the toilet was rusting at the floor junction and required repainting.	
<b>Action required:</b>  Put in place adequate arrangements for the proper disposal of swabs, soiled dressings, instruments, disposable syringes and sheets, incontinence wear and other similar substances and materials.	

<b>Action required:</b>	
Keep all parts of the designated centre clean and suitably decorated.	
<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 this is a dementia unit residents are known for moving items. Bin located in a resident's bedroom.  Handrail has been painted.	Immediate and ongoing

<b>8. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>	
The centres policies on abuse, infection control and emergencies and risk required reviewing to reflect best practice to sufficiently guide staff and reflect best practice.	
<b>Action required:</b>	
Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.	
<b>Reference:</b>	
Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All policies will reflect best practice.	Immediate and ongoing

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

The statement of purpose required revision to meet all the requirements of Schedule 1 of the Regulations. Details of the type of specialist nursing care provided were omitted and also the current professional registration, qualifications and experience of the provider and the person in charge.

**Action required:**

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

**References:**

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:

Will be addressed.

1 month

## Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 29: Management Systems	Identify the designated person to contact in the event of all foreseeable emergencies.
	<p>Provider's response:</p> <p>Emergency contact list readily available in the nursing home.</p>
Standard 24: Training and Supervision	Long standing care staff have their competency and skills assessed to determine their need for further training and suitable arrangements are put in place to meet their identified training needs.
	<p>Provider's response:</p> <p>Staff appraisals are carried out in the home. Training remains ongoing. Currently staff in dementia care undertaking university training.</p>
Standard 25: Physical Environment	Allow residents in the dementia unit easy access to the enclosed courtyard garden by keeping the external doors unlocked.
	<p>Provider's response:</p> <p>The courtyard is open and available to use in suitable weather.</p>

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

**Provider's response:**

None received.

**Provider's name:** Mrs T McGarvey

**Date:** 8 June 2012