

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated Centres under Health Act 2007



Centre name:	Cramers Court Nursing Home
Centre ID:	0218
Centre address:	Belgooly Co Cork
Telephone number:	021-4770721
Email address:	info@cramerscourt.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Inis Ban Ltd
Person authorised to act on behalf of the provider:	Theresa Downing
Person in charge:	Theresa Downing
Dates of inspection:	5 July 2012 and 6 July 2012
Time inspection took place:	Day 1-Start:09:00hrs Completion:17:00hrs Day 2-Start:09:00hrs Completion:17:00hrs
Lead inspector:	Geraldine Ryan
Support inspector:	Col Conway
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Date of last inspection:	1 September 2011

About inspection

The purpose of inspection is to gather evidence on which to make judgements 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* under 18 outcome statements. The outcomes set out what is expected in designated centres.

Outcome 1 <i>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.</i>
Outcome 2 <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i>
Outcome 3 <i>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</i>
Outcome 4 <i>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.</i>
Outcome 5 <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
Outcome 6 <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i>
Outcome 7 <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</i>
Outcome 8 <i>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.</i>
Outcome 9 <i>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 discreet and sensitive manner.</i>
Outcome 10 <i>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.</i>

<p>Outcome 11 <i>Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.</i></p>
<p>Outcome 12 <i>Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</i></p>
<p>Outcome 13 <i>The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Outcome 14 <i>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.</i></p>
<p>Outcome 15 <i>The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.</i></p>
<p>Outcome 16 <i>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).</i></p>
<p>Outcome 17 <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Outcome 18 <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</i></p>

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

The inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre:

Location of centre and description of services and premises

Cramers Court Nursing Home is located outside Belgooly village in Co Cork on the main Cork to Kinsale road. It is approximately 24 kilometres from Cork city.

Cramers Court Nursing Home is a three-storey building with a lift and stairs between the three floors. The designated centre is set in 14 acres of mature grounds. It was originally a period house, which has been converted and extended. At the time of inspection it was registered with the Authority to provide accommodation for up to 59 residents.

The bedrooms consist of:

- 16 single en suite rooms
- 13 twin-bedded rooms, four of which have en suites
- three three-bedded rooms, one of which has en suite
- two four-bedded rooms, one of which has en suite

All en suites contain a wash-hand basin, assisted toilet and assisted shower.

On the ground floor, additional to en suite facilities, there are three separate communal assisted toilets and wash-hand basins and two communal shower rooms that include an assisted shower, toilet and wash-hand basin. On the first floor, additional to en suite facilities, there is one communal shower room that includes an assisted shower, toilet and wash-hand basin.

Communal space for residents is on the ground floor and consists of a dining room and two sitting rooms, one of which has a conservatory attached. Outdoor space consists of an enclosed patio and garden as well as large mature gardens and lawns that are not enclosed. To the front of the building there is a parking area.

Date centre was first established:	1987
Date of registration:	13 April 2011
Number of registered places:	59
Number of residents on the date of inspection:	52*

* one resident was discharged on day two of inspection

Dependency level of current residents as provided by the centre:	Max	High	Medium	Low
Number of residents	24	15	6	7

Gender of residents	Male (✓)	Female (✓)
	27	25

Management structure

Cramers Court Nursing Home is owned by Inis Ban Ltd and has two directors, one of whom is Eileen Plunkett and she is nominated as the registered provider. Theresa Downing is the person in charge (PIC) and she reports to the off-site registered provider, Eileen Plunkett. All nursing and care staff report to the PIC and she is supported in her role by a deputy nurse manager. A chief executive officer works part time on site. Cleaning, laundry, administrative, maintenance and catering staff report to the chief executive officer, who in turn reports to the registered provider.

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	8	1	3	1	1

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report set out the findings of an unannounced inspection. This monitoring inspection took place over two days. As part of the inspection, inspectors met with residents and staff members. Inspectors attended part of the morning report on both days of inspection and observed practices, and reviewed documentation such as:

- care plans
- medical records
- accident/incident logs
- policies and procedures
- staff files.

On the days of inspection, 5 July 2012 and 6 July 2012, the PIC was unable to furnish an inspector with the dependency levels and diagnoses of the current cohort of residents. An inspector contacted the PIC on 12 July 2012 requesting this information in order to include it with the report. This information was received by the Authority 13 July 2012.

This was the designated centre's fourth inspection by the Authority. Inspectors followed up on progress of the action plan generated by the Authority from findings of the last inspection carried out on 11 September 2011.

The centre was not well organised with staff available in all areas, to provide care and supervision for residents. Inspectors noted that some staff did not participate and view mealtimes as an opportunity to communicate, engage and interact with the residents.

Housekeeping hours were inadequate and required immediate review.

Inspectors noted that call bells were not always answered in a timely fashion.

Recording of fire safety training, fire checks/procedure was not up to date.

Two action plans were issued by the Authority arising from the inspection of 5 July 2012 and 6 July 2012.

Immediate action plan:

An immediate action plan was issued to the provider by the Authority on 9 July 2012. This plan outlined the issues posing an immediate risk to residents and what the registered provider was required to do to about these risks. The timeframe for response, as set by the Authority, was 13 July 2012. The details of the immediate action plan are outlined at the end of this report.

Action plan:

The second action plan at the end of this report identifies areas where improvements are required to address deficits in the service and to comply 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*.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

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

References:

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

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

The following information was not included in the statement of purpose:

- the current professional registration, relevant qualifications and experience of any person in charge
- the name(s) of key senior managers
- the maximum number of residents who will be accommodated at the designated centre in accordance with the information provided by the applicant under the Health Act 2007 (Application for Registration of Designated Centres for Older People) Regulations 2009 was incorrect
- number of single en suite bedrooms was incorrect.

Outcome 2

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

References:

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

An inspector reviewed the level of audit carried out in the designated centre. The person in charge agreed that there was no robust review system in place that regularly evaluated the quality of care. There was no plan of audit for 2012.

Outcome 3

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

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

The centre had a complaints policy/procedure. However:

- the complaints procedure did not concur with the complaints procedure as outlined in the statement of purpose
- the complaints procedure was not displayed in a prominent place.

An inspector reviewed the record of complaints. The details of two complaints were recorded in 2012. One complaint referred to a resident's missing clothing. There was no evidence to indicate:

- the results of any investigations of the complaint
- any actions taken
- whether or not the resident was satisfied with the outcome of the complaint.

2. Safeguarding and safety

Outcome 4

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

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

The centre had a policy on and procedures in place for the prevention, detection and response to abuse. There was evidence that staff had attended training on elder abuse.

Most staff spoken with by an inspector were knowledgeable regarding appropriate action taken in response to allegations, disclosures or suspected abuse. However, one staff nurse was not able to advise inspectors of what action should be taken in the event of an allegation of abuse.

Outcome 5

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

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

The centre did have a health and safety statement. However, there was no evidence to indicate that staff had read the health and safety statement.

The centre had a risk management policy and procedures. However, the policy did not include measures in place to control risk of self harm, or arrangements for investigating and learning from serious incidents/adverse events involving residents.

Reasonable measures were not in place to prevent accidents, in that floor covering was torn in some areas of the centre.

Arrangements for reviewing fire precaution, for example, to ensure that the alarm panel was working/fire exits not blocked were not adequate in that they were not checked when the designated person was on annual leave. The fire records did not include up-to-date details of fire drills and fire alarm tests.

Infection control policy and procedures were not adhered to. This posed an immediate risk to residents and staff.

Inspectors noted and observed that:

- some walls, ceilings and floors were visibly dirty
- commode pans visibly soiled. Staff spoken with by inspectors on the day of inspection confirmed that there was no cleaning protocol for the decontamination of commode pans and urinals
- staff spoken with by inspectors had different methods and approaches to cleaning the zone of the centre they were working in
- used incontinent wear on floors of residents' bedrooms
- use of communal underwear and socks for residents
- residents' toothbrushes in shared bedroom en suites were not labelled
- residents' denture boxes in shared bedroom en suites were not labelled
- residents' razors not labelled and stored in a safe manner
- sinks/shower areas/extractors were visibly dirty
- dressing trolley was visibly dirty. Staff confirmed that there was no routine cleaning regime for the three-drawer dressing trolley. The trolley also contained out of date supplies, cleaning agents, tubs of creams which, a staff nurse confirmed, were used communally
- phlebotomy tray (a tray used to hold items required when procuring blood samples) was blood stained.

An inspector asked to see a planned maintenance schedule for the centre and was informed that there was none.

An inspector issued an immediate action plan to address infection control issues. During the first day of inspection the PIC arranged for extra housekeeping staff to come on duty.

Outcome 6

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

References:

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

There was evidence that medication was reviewed at least three-monthly. The administration record was maintained according to best practice guidelines. However, the actual prescription from the medical practitioner was not kept with the administration record as the supply sheet from pharmacy was used by nurses when administering medications. This was not in keeping with best practice as all medications must be administered from the actual prescription from the medical practitioner.

3. Health and social care needs

Outcome 7

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

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
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

Residents had timely access to general practitioner (GP) services and medical records indicated this. An inspector met with a GP attending the centre on day two of inspection. The GP confirmed that she visited the centre once/twice per week. The GP voiced that she had no concerns about the care given to residents by staff at the centre.

The night staff gave a report at 08:00hrs and a further report was given to staff at 09:00hrs. An inspector attended the part of the report at 09:00hrs on both days of inspection and it was noted, on day one of inspection, that all nursing staff attended the report at 09:00hrs. The result of this practice was that residents on the three floors remained unattended. On day two of inspection, inspectors noted that there was one staff member covering three floors, while the report was given at 09:00hrs. The PIC was informed by an inspector that adequate supervision and monitoring of residents should be provided at all times including during report. The PIC agreed with this.

During the report, the staff nurse made reference to a resident with challenging behaviour who was aggressive with staff the previous day. An inspector reviewed the resident's chart and noted that the last entry in the challenging behaviour chart was dated 16 March 2012. There was no evidence of any effort made by staff to ascertain the cause of the challenging behaviour, measures taken, or what plan was in place. The tool used to assess challenging behaviour was inadequate. Even though some staff had training in challenging behaviour, it was evident to the inspector that the centre's procedures for managing and responding to challenging behaviour was

inadequate in that there was no plan to meet the needs of the specific resident. Staff spoken with by an inspector had no knowledge of how to respond to the behaviours exhibited by the resident.

An inspector spoke with the activities coordinator who stated that she attended the centre three week days. Inspectors noted that the activity coordinator had 27 residents, on her own, during one group activity. This ratio was unsatisfactory. There was evidence of an activity programme. The activity programme consisted of:

- tea and chat daily
- games and card games twice to three times per week
- exercise and reflexology once per week
- reading of newspaper and magazines twice per week
- movie club twice a week
- bingo and sing-along mass, rosary and hymns once a week.

Inspectors met with the hairdresser who confirmed she attended the designated centre two days a week.

An inspector reviewed six residents' nursing care plans and they did not include an assessment of capacity of the residents which would determine the needs/wishes of the residents to participate in an activity programme. The PIC confirmed that assessments did not take place.

There was no evidence of regular meetings between the activities coordinator and the PIC to plan activities, assess residents for activities or report (written or verbal) on how a resident benefitted (or not), from an activity. The activities coordinator was previously employed as a care assistant at the designated and was of the opinion that her previous knowledge of residents was a benefit to her in her current role.

There was evidence that most aspects in the residents' nursing care plans were reviewed on a three-monthly basis and daily nursing notes were completed.

Outcome 8

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

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

The centre had an end-of-life policy. Staff had signed that they had read it. However, the following details were omitted from the policy: whenever possible that each resident's choice as the place of death, including the option of a single room or returning home, was identified and facilitated.

Outcome 9

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

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

An inspector met with the chef. The chef stated that the food menu was rotated on a monthly basis with different food choice seven days a week.

Refreshments were readily available during the day. Residents' dietary requirements were kept in a folder in the kitchen.

On day one of inspection, 13 residents dined in the dining room and 21 residents dined in the front conservatory. The designated centre had one sitting time for meals. Inspectors noted that there was inadequate seating and tables available in the dining room and in the conservatory, to accommodate all residents at the one sitting. As observed on inspection by inspectors, this resulted in some residents having to wait for their meal. This issue was discussed with the PIC on the day of inspection. The PIC agreed that there was an undue delay in serving dinner to some residents and was unable to furnish a reason for the delay experienced by the residents at mealtime.

Staff were present in the dining room during lunch as well as in the conservatory and an inspector observed some staff chatting to one another and not engaging respectfully with the residents whom they were assisting.

The malnutrition universal screening tool (MUST) was completed for residents and there was evidence of access to speech and language therapy and dietician services.

4. Respecting and involving residents**Outcome 10**

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

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

The centre had three admissions since September 2011 for continuing care. None of the three residents had signed contracts of care in place.

Outcome 11

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

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Residents were not consulted about how the centre was planned and run. Inspectors noted no residents' meetings were organised or facilitated in 2012.

Post inspection, the profile and dependency levels of the residents residing at the designated centre was posted to the Authority. An inspector noted from the profile of residents that 31 of the 52 residents residing at the designated centre had a diagnosis of a cognitive impairment.

Inspectors noted, on the day of inspection, that some staff did not participate in and view mealtimes as an opportunity to communicate, engage and interact with the residents. Some staff chatted with one another and did not involve residents in the conversation. It was evident to inspectors that the capacity of staff to communicate with residents with a cognitive impairment was inadequate.

There was no suitable facility provided for residents to meet visitors in a suitable private area which was separate from the resident's own private bedroom.

Outcome 12

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

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspectors noted and observed communal underwear and socks in use for residents. Inspectors were of the view that this practice was not acceptable and did not ensure

that the resident's privacy and modesty was respected at all times with particular regard to wearing his/her own clothing. The PIC was informed immediately and asked to remove all unlabelled clothing. An immediate action plan was issued by the Authority in relation to this matter.

Inspectors spoke with the staff member working in the laundry. The staff member stated that each resident had a laundry basket and that she labelled residents' laundry with a laundry pen. The staff member stated that all soiled linen was sluiced and bagged. However, on day one of inspection, inspectors noted soiled garments soaking in the sluice sink. These garments had not been sluiced. Staff spoken with by inspectors had no knowledge of how long the soiled garments were in the sink or to whom they belonged. This was not an acceptable practice and did not comply with infection control guidelines. There was no evidence of the soiled garment in the sluice sink on day two of inspection.

Inspectors noted in the complaints book a complaint regarding a resident's missing clothes. There was no evidence to indicate:

- the results of any investigations of the complaint
- any actions taken
- whether or not the resident was satisfied with the outcome of the complaint.

Wardrobes in shared bedrooms were labelled with white stickers. Some of the labelling pertained to residents no longer residing at the centre.

5. Suitable staffing

Outcome 13

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

The PIC was on duty on the two days of inspection. She was supported by two key senior managers. Both managers were on duty at various times throughout the two days.

Outcome 14

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

References:

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

An inspector reviewed staff rosters which indicated adequate nursing staff present over a 24-hour period. The centre accommodated 52 residents on the days of inspection. The centre had a capacity for 59 residents. The PIC stated that care assistant hours had been reduced by six hours to concur with reduced number of residents residing in the centre.

Cleaning hours had been reduced recently. Current staff rotas indicated two cleaning staff rostered six hours per day, over the seven-day period. There was no cleaner on duty from 15:00hrs in the afternoons. The poor standard of cleanliness of the centre, as noted on the days of inspection, indicated that the housekeeping staff hours required review. An inspector observed in minutes of staff meetings, that staff had aired concerns regarding the reduced housekeeping hours.

Cleaners informed inspectors that they attended to the cleaning of commode pans. This entailed rinsing of commode pans with water from the toilet flush. Pans were taken from the ground floor and second floor, to the sluice on the first floor for cleaning in the bedpan washer, every second day. This indicated that there were inappropriate infection control procedures in place with regard to the cleaning of urinal bottles and commode pans. This posed a high risk to residents, visitors and staff.

Inspectors identified issues concerning infection control practices and an inadequate housekeeping rota which posed an immediate risk to residents. These issues were included in the immediate action plan issued by the Authority on 9 July 2012.

6. Safe and suitable premises**Outcome 15**

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

References:

Regulation 19: Premises
Standard 25: Physical Environment

The centre was located on 14 acres of woodland and gardens complete with walkways and car parking.

The lift was been serviced on day one of inspection. On both days of inspection, inspectors identified issues concerning the premises which posed an immediate risk to residents. These issues were:

- window openings not secure in a safe manner thus posing a risk for vulnerable residents
- exposed wiring in bathrooms
- furnishings provided at the designated centre for use by residents in a poor state of repair
- inappropriate and insufficient seating for the number of residents registered to be accommodated at the centre.

The PIC was updated on issues deemed to pose an immediate risk to residents at the centre and was informed that an immediate action plan would be issued by the Authority. This plan was issued on 9 July 2012.

There were other notable issues pertaining to the premises:

- inadequate curtaining around beds in shared rooms
- some window curtains did not meet and close properly
- unsafe placement of televisions and DVD players on unsteady overbed tables
- presses under sinks in some bedrooms were visibly dirty
- water pressure in some of the taps in the bedroom sinks was too strong; when the taps were turned on, the water splashed over the rim of the sink onto the floor thus posing a risk to resident, visitors and staff
- sluice room located on the first floor was unlocked
- an electric heater was inappropriately stored in the sluice room
- holes were noted in the ceiling boxing on walls in the sluice room
- the outlet in the sluice sink was not in keeping with recommended guidelines
- some en suites had chipped sinks unsealed surrounds to sinks/chipped vanity presses
- shower flooring and surround in the assisted bathroom visibly excoriated and dirty
- cleaner's room visibly dirty and not maintained in a safe manner
- maintenance room was unlocked on day one of inspection and not maintained in a safe manner
- the staff toilet was also the staff changing facility (unlocked on day one of inspection); there was inappropriate storage of a cup and tea spoon in the staff toilet/changing room
- broken shower head holders noted in en suite bathrooms
- torn vinyl flooring in some bedroom en suites
- torn carpet flooring noted on corridor leading to staff changing/toilet
- torn upholstery on furnishings
- cleaning products stored in an unsecure manner and posed a risk to residents.

There was insufficient seating for residents in their bedrooms. Some two-bedded rooms had no chair for residents or a visitor. Some three-bedded rooms had one chair.

There was inappropriate lounge seating for residents with high to maximum dependency levels. Some seating provided for residents was visibly dirty, had torn upholstery and the timber surrounds in poor repair.

Inspectors noted some residents sitting in chairs inappropriate to their needs. The person in charge confirmed that these chairs were assessed for residents no longer residing at the centre and not assessed for the residents currently using them. During the inspection, there were ten residents sitting for long periods in transit wheelchairs. Inspectors noted one resident seated in a wheelchair that was too small for him. The resident was seated in a manner that was unsafe and posed a risk to the resident. This resident was held back in the transit wheelchair by an overbed table positioned in such a manner that it was a restraint. This was immediately brought to staffs' attention by inspectors and staff responded by ensuring the resident was safely relocated to another chair.

There was no evidence of an assessment of residents to ensure that they had appropriate seating suitable to their individual requirements.

A call-bell panel was located centrally on the floors, to which staff had to refer in order to identify the source of the call bell. Therefore, staff had to walk a considerable distance to identify the source of the call. Staff explained that they would walk outside each room and listen for a very low pitch sound which would indicate a bell rung in a particular room. In order to hear this low pitch sound the resident's door had to be open. An inspector rang a call bell, on behalf of a resident, three consecutive times, before staff arrived to attend to the resident. This resident was located on the second floor. Inspectors noted that there was no staff on this floor at the time.

The call-bell system in the designated centre was not adequate to address residents' needs, particularly at night with reduced staff numbers on duty.

Inspectors asked the person in charge and management to review and carry out an assessment of each room in the designated centre.

7. Records and documentation to kept at a designated centre

Outcome 16

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

References:

Part 6: 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

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

Some information was not contained in all the information detailed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended):

- an inspector reviewed four staff files; a third reference was missing from one staff file
- proof of identity of all staff.

Some information was not contained in all the information detailed in Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended):

- copy of recent inspection report was not in the Residents' Guide
- the complaints policy/ procedure was unclear/contained conflicting information and was not displayed in a prominent place.

An inspector noted, from minutes of a staff meeting, a staff member had been reprimanded for bullying. Management confirmed, at the feedback meeting at the end of the second day of inspection, this related to a staff member bullying other staff members. Management stated that bullying was not tolerated at the centre and that this was dealt with at the time. However, management were not able to provide the inspectors with any supporting documentation of how, and if, the allegations had been investigated and what the outcome was.

While there was a statement of the procedure to be followed in the event of a fire, or when a fire alarm is given, records of fire practices, drills, checks were not up to date.

There were adequate records of food provided for residents in relation to nutrition and special diets prepared for residents.

There was a statement of the procedure to be followed in the event of accidents or in the event of a resident going missing.

There was a record of all visitors to the designated centre.

The directory of residents had appropriate information relating to the residents.

Outcome 17

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspectors saw evidence that there was a log of all accidents and incidents that took place in the centre.

The person in charge had notified the Authority of the quarterly returns.

Outcome 18

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

References:

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

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

Standard 27: Operational Management

Inspection findings

There had been no periods where the person in charge was absent from the centre for 28 days and there had been no change to the person in charge.

Support and acting up arrangements were adequate. The key senior managers covered for the provider in her absence.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge, the person acting on behalf of the provider, and a key senior manager, to report on the inspectors' findings, which highlighted areas of good practice, where improvements were needed and areas of immediate risk.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents and staff during the inspection.

Report compiled by:

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

12 July 2012

Provider's response to immediate Action Plan*

Centre:	Cramers Court Nursing Home
Centre ID:	0218
Date of inspection:	5 July 2012 and 6 July 2012
Date of response:	12 July 2012

Requirements

These requirements set out what the registered provider must do as a matter of urgency to meet the Health Act, 2007 (as amended), 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*.

The timeframes are set by the Chief Inspector due to the immediacy of the actions required.

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

All parts of the designated centre are kept clean and suitably decorated.

Ensure current infection control guidelines are implemented and adhered to.

Action required:

Devise an immediate cleaning schedule with cleaning/housekeeping services to ensure that all areas are thoroughly cleaned according to best practice guidelines.

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

Ensure furnishings provided at the designated centre for use by residents are maintained in good repair.

Risk assessments of all window openings to ensure the safety of residents.

Exposed wiring should be addressed by a suitably qualified person.

Immediately ensure the proper disposal of incontinence wear.

Put in place procedures for the correct cleaning and decontamination of commodes and urinals.

Training of staff on infection control issues.

Ensure appropriate and sufficient seating for the number of residents registered to be accommodated at the centre.

Ensure there is an adequate housekeeping rota over a seven-day week period.

Reference:

- Health Act 2007
- Regulation 6: General Welfare and Protection
- Regulation 9: Health Care
- Regulation 19: Premises
- Regulation 31: Risk Management Procedures
- Regulation 32: Fire Precaution and Records
- Standard 23: Staffing Levels and Qualifications
- Standard 25: Physical Environment
- Standard 26: Health and Safety

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

Timescale:

Provider's response:

- | | |
|--|--------------|
| 1. The cleaning schedule has been revised to ensure that all areas are thoroughly cleaned according to best practise guidelines. | Completed |
| 2. Furnishings identified in the inspection have either been disposed off or are currently scheduled to be reupholstered and repaired by a specialist supplier using materials that are suitable for a healthcare environment. Replacement items have been purchased and are expected to be delivered by 16 July 2012. Additional items will be purchased as required. | 31 July 2012 |
| 3. Risk assessments of all windows is complete and all relevant window openings will be reduced to 100mm as requested. | 16 July 2012 |

<p>4. The nursing home was rewired in 2011. Some non-live wires were left exposed. All of these have been removed.</p>	<p>Completed</p>
<p>5. All incontinence wear is disposed off in Sanibins. Additional bins have been ordered to reduce carrying distance in the nursing home for incontinence wear.</p>	<p>Completed</p>
<p>6. Improved procedures are now in place for the correct cleaning and decontamination of commodes and urinals. Only disposable urinals will be used going forward.</p>	<p>Completed</p>
<p>Planning permission has been applied for in May 2012 to build an extension and to modify the existing facility. Once the planning, fire and disability certification has been granted a ground floor sluice room, which is in the plans, will be installed in the existing nursing home as a matter of urgency.</p>	<p>March 2013</p>
<p>7. In addition to inhouse instruction on infection control, a customised training course in infection control has been organised with St Lukes' Training Centre. The infection control instructor will visit the nursing home by Monday 16 July and having reviewed the facility will customise a training program to deal with our training needs. All staff and management will be required to attend the training.</p>	<p>16 August 2012</p>
<p>8. An occupational therapist will be engaged by the nursing home to review the seating requirements of our residents. Any additional seating required will be purchased once this review has been completed. Due to the number of residents that need to be assessed and the lead time from suppliers to deliver seating, if required, we plan to have this action completed by 31 August 2012.</p>	<p>Immediately</p>
<p>We will ensure that an adequate housekeeping rota is in place over the seven-day week to ensure that the revised cleaning schedule is adhered to.</p>	<p>Completed</p>

Any comments the provider may wish to make:

Provider's response:

We have taken immediate actions to deal with the above breaches of the regulatory requirement which we are confident will deal with shortcoming going forward.

Provider's name: Eileen Plunkett

Date: 12 July 2012

Provider's response to inspection report*

Centre:	Cramers Court Nursing Home
Centre ID:	0218
Date of inspection:	5 July 2012 and 6 July 2012
Date of response:	8 August 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*.

Outcome 1: Statement of purpose and quality management

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

The statement of purpose did not include all matters as 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:

The statement of purpose to include the following information:

- the current professional registration, relevant qualifications and experience of any person in charge
- the name(s) of key senior managers
- the maximum number of residents who will be accommodated at the designated centre in accordance with the information provided by the applicant under the Health act 2007 (Application for Registration of Designated Centres) Regulations 2009, is correctly identified as 59. Ensure the number of residents

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

<p>is correct in all pages of the statement of purpose document, with particular reference to page eight and page ten</p> <ul style="list-style-type: none"> the correct number of single en suite bedrooms. 	
<p>Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The statement of purpose will be amended to include names of key managers and their relevant qualifications and experience.</p> <p>Page three of statement of purpose states that the maximum number of persons that can be accommodated at the designated centre Cramers Court Nursing Home is 59</p>	<p>18 August 2012</p>

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

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>A system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals was not established and maintained.</p>	
<p>Action required:</p> <p>Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.</p>	
<p>Action required:</p> <p>Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.</p>	
<p>Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

<p>Provider's response:</p> <p>An individual quality of care audit program is being put in place and planned training for management in clinical audit has been booked for November 2012 at St Lukes Education Centre. Previous audit documentation have been deemed unacceptable by the inspectors. Full clinical audit will be in place by mid-December 2012.</p>	<p>15 December 2012</p>
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Outcome 3: Complaints procedures

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Ensure that the designated centre has written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspect of service, care and treatment provided in, or on behalf of a designated centre.</p>
<p>Action required:</p> <p>Provide clearly written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of, a designated centre.</p> <p>Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.</p> <p>Make each resident aware of the complaints procedure as soon as is practicable after admission.</p> <p>Display the complaints procedure in a prominent position in the designated centre.</p> <p>Make available a nominated person in the designated centre to deal with all complaints.</p> <p>Investigate all complaints promptly.</p> <p>Inform complainants promptly of the outcome of their complaints and details of the appeals process.</p> <p>Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.</p> <p>Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a resident's individual care plan.</p> <p>Make a person available, independent to the person nominated in Regulation 39(5),</p>

to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).	
Reference: Health Act, 2007 Regulation 39: Complaints procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The correct procedure is now in place and is displayed in a number of locations throughout the nursing home. All complaints are investigated and outcomes will be written up in the complaints and compliments book going forward	Completed

Outcome 4: Safeguarding and safety

4. The person in charge is failing to comply with a regulatory requirement in the following respect: Ensure all staff are aware of the policies and procedures for dealing with the general welfare and protection of residents.	
Action required: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 17: Training and Staff Development Standard 8: Protection Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Any new staff who have not been trained on elder abuse will be sent for training on 28 September 2012 and 29 September 2012. Our existing staff, who have already been trained, will be instructed to watch the DVD on elder abuse provided by the HSE.	30 September 2012

Outcome 5: Health and safety and risk management

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

Ensure a comprehensive written risk management policy is in place and ensure it is implemented throughout the designated centre.

Ensuring that all staff have signed that they have read all policies and procedures pertinent to risk and health and safety of the designated centre.

Action required:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Ensure that the risk management policy covers the precautions in place to control the specified risk of self-harm.

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Provide safe floor covering.

Immediately provide staff training on policies and procedures on infection control.

Make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals, when the designated person is on annual leave.

Provide suitable training for all staff in fire prevention and fire drills.

Review the recording of all fire alarm tests carried out at the designated centre together with the result of any such test and the action taken to remedy defects so that information is maintained in a manner to ensure completeness, accuracy and ease of retrieval.

Ensure fire records include up-to-date details of fire drills and fire alarm tests.

Reference:

Health Act, 2007

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire precautions and records

Standard 26: Health and Safety

Outcome 6: Medication management

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Put in place appropriate and suitable practices and written operational policies relating to the administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<p>Action required:</p> <p>Compile a medication management policy that contains guidelines on the administration of medications.</p>	
<p>Action required:</p> <p>Ensure appropriate staff are familiar with policies and procedures on medication administration.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The medication management policy is in place and was previously acceptable both at registration and at any subsequent inspection. Drugs are administered currently from a printed sheet supplied by the pharmacy containing a picture of each resident. The description, quantity and frequency of delivery of the drugs/medicine to the resident is also included on this sheet. The inspector stated that the actual prescription should be present with the administration record. When discussed with our pharmacy supplier they advised us that the prescription written by the doctor for the residents of Cramers Court Nursing Home must be passed onto the pharmacy so that the medication can be dispensed. These prescriptions are then processed and sent off to the HSE to enable reimbursement to the pharmacy. Taking the above into account and the inspector's comments we now download the doctors prescribed list of medicines from the resident's file and request the doctor to sign. We trust that this is acceptable to the inspector.</p>	<p>Completed</p>

Outcome 7: Health and social care needs

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

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Have appropriate staff numbers on duty to meet the assessed needs of residents particularly when residents are engaging in activities appropriate to his/her interests.

Action required:

Ensure the designated centre's policy on challenging behaviour provides guidance on understanding, investigating the cause(s) of, assessing and responding to behaviour that is challenging.

Action required:

Ensure all staff have up-to-date knowledge and skills, appropriate to their role, to enable them to manage and respond to behaviour that is challenging.

Action required:

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities and document this in the residents' care plan.

Action required:

Ensure staff have up-to-date knowledge and skills appropriate to the assessed needs of residents, particularly when residents are engaging in activities appropriate to their interests.

Action required:

Facilitate each resident's access to occupational therapy or any other services as required by each resident.

Reference:

- Health Act, 2007
- Regulation 6: General Welfare and Protection
- Regulation 8: Assessment and Care Plan
- Regulation 9: Health Care
- Standard 10: Assessment
- Standard 11: The Resident's Care Plan
- Standard 17: Autonomy and Independence
- Standard 18: Routines and Expectations
- Standard 21: Responding to Behaviour that is Challenging

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Assessments of all residents are completed upon admission and an appropriate care plan is put in place to match each resident's dependency level and needs. Care plans will be audited and reviewed by the PIC and her assistants to ensure they are up to date and reflective of the residents' current needs.</p> <p>An assessment of capacity will be put in place for residents taking part in activities which will take account of their needs and wishes.</p> <p>Activities will be organised in smaller groups going forward. The activities coordinators hours will be increased to five days a week from September 2012. The activities coordinator will complete a Sonas training course by October 2012 and will be assisted by other members of staff who have already completed the Sonas course.</p> <p>The policy on challenging behaviour will be updated.</p> <p>Staff who have not attended training on challenging behaviour to date will be trained at an appropriate course.</p> <p>The resident who demonstrated challenging behaviour during the Inspection is reviewed regularly by the GP and medication is altered, as required.</p> <p>Other residents who display challenging behaviour are reviewed by the GP or psychiatrist.</p> <p>Any resident who displays challenging behaviour that endangers other residents or staff and who fails to respond to treatment are transferred out of the nursing home to a suitable setting.</p> <p>Residents are facilitated with occupational therapy or other services as required or identified in their care plans.</p>	<p>Completed</p> <p>30 September 2012</p> <p>30 October 2012</p> <p>31 August 2012</p> <p>31 October 2012</p> <p>Ongoing</p>

Outcome 8: End of life care

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

The policy on end-of-life care was incomplete.

Action required:	
Ensure the policy on end-of-life care includes the following details: whenever possible that each resident's choice as to the place of death, including the option of a single room or returning home, is identified and facilitated.	
Reference:	
Health Act, 2007 Regulation 14: End of Life Care Standard 16: End of Life Care	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The end-of-life care policy is being updated to include advance care directives and residents' choices and options will be identified and facilitated. The centre is working with Professor William Molloy, along with other nursing homes, to develop a policy and an advanced care directive appropriate to nursing homes.	31 August 2012

Outcome 9: Food and nutrition

9. The person in charge is failing to comply with a regulatory requirement in the following respect:
By ensuring that appropriate assistance is given to residents who require such assistance with eating and drinking.
Action required:
Ensure staff offer assistance to residents at mealtime in a discreet and sensitive manner.
Action required:
Review timing of meals, in order to ensure all residents enjoy their dining experience at times convenient to them.
Reference:
Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All staff have been advised that when resident are dining they are to assist and communicate with the residents and refrain from conversing with colleagues.</p> <p>On the second day of the inspection a problem arose in the Kitchen which resulted in a unprecedented delay of lunch been served to a number of residents. Kitchen staff have been informed of the importance of serving food on time and have assured management that the problem encountered will not be repeated.</p> <p>We have attempted to introduce two sittings for lunch in the dining room however, this caused confusion and agitation amongst residents and the more cognitively aware residents asked for the normal routine to be continued.</p>	Completed

Outcome 10: Contract for the provision of services

<p>10. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Three residents did not have an agreed written contract which included details of the services to be provided for that resident and the fees to be charged.</p>	
<p>Action required:</p> <p>Agree a contract with each resident within one month of admission to the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Contracts of care are being brought up to date. All nursing staff have been advised that contracts of care must be completed and signed with one month of a resident's admission.</p>	15 August 2012

Outcome 11: Residents' rights, dignity and consultation

<p>11. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Residents are not consulted with and do not participate in the organisation of the centre. Residents are not facilitated to communicate and enabled to exercise choice and control over their lives and to maximise their independence.</p> <p>There is no facility for residents to receive visitors in private.</p>	
<p>Action required:</p> <p>Put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.</p>	
<p>Action required:</p> <p>Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.</p> <p>Provide facilities for residents to receive visitors in private separate from the resident's own bedroom.</p>	
<p>Reference:</p> <ul style="list-style-type: none"> Regulation 10: Residents' Rights, Dignity and Consultation Regulation 12: Visits Standard 2: Consultation and Participation Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence Standard 18: Routines and Expectations Standard 20: Social Contacts 	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The residents' advocate visits the centre on a regular basis and discusses any issue that residents may have. The advocate's contact details are provided on admission to residents and their families and all existing residents were given business cards with his contact details when he was appointed. The centre encourages residents and their families to meet with management whenever they feel it necessary to discuss any issues or concerns or changes on how they feel the centre should be run.</p> <p>We have asked the advocate to hold a formal residents' meeting before the end of August 2012 and, at a minimum, quarterly thereafter or more frequently if required or desired by the</p>	<p>31 August 2012</p>

<p>residents.</p> <p>All dividing curtains are being reviewed and replaced/upgraded where necessary to ensure they provide residents with adequate privacy.</p> <p>Residents receiving visitors who wish to speak in private are facilitated in the dining room and conservatory when not in use. The centre has applied for planning permission to extend and enhance its facilities for residents and their families and in order to be compliant with the standards by 2014. These plans include private and quiet areas for residents to meet with relatives and friends.</p>	<p>31 August 2012</p>
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Outcome 12: Residents' clothing and personal property and possessions

<p>12. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Not ensuring there are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</p>	
<p>Action required:</p> <p>Cease the use of communal underwear and socks in the designated centre's use.</p>	
<p>Action required:</p> <p>Ensure all residents' clothing is adequately labelled.</p>	
<p>Action require:</p> <p>Ensure all residents' personal clothing is returned to the correct owner.</p>	
<p>Action required:</p> <p>Ensure infection control guidelines are adhered to for the laundry/slucing of soiled clothing.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

<p>Provider's response:</p> <p>All linens and towels are professionally laundered by a laundry company. Any unnamed items of clothing have been disposed of. Families have been advised to label all clothing that they bring in for their relatives at the centre, or give to laundry staff to label. Infection control training has addressed the laundry and sluicing of soiled clothing.</p>	<p>Completed</p>
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Outcome 14: Suitable staffing

<p>13. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Ensuring that staff have up-to-date mandatory training and access to education and training to meet the needs of residents.</p> <p>Ensuring that there is an up-to-date record of all staff training.</p> <p>Ensuring that all staff are supervised on an appropriate basis pertinent to their role.</p>	
<p>Action required:</p> <p>Ensure that staff have up-to-date mandatory training and access to education and training to meet the needs of residents and to enable staff to provide care in accordance with contemporary evidence-based practice.</p>	
<p>Action required:</p> <p>Ensure that there is an up-to-date record of all staff training.</p>	
<p>Action required:</p> <p>Supervise all staff members on an appropriate basis pertinent to their role.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The Centre is committed to ensuring that all staff are suitably trained to perform their duties and meet the needs of residents. Comprehensive records of training by staff member were provided to the inspector. Any additional training records are included in this</p>	<p>Completed</p>

file as and when received.

At the date of inspection fire training certificates were not available as they had been mislaid. Copy certificates were provided to the inspectors within one week of the inspection.

All managers and supervisors have been instructed to continue to supervise staff members on an appropriate basis pertinent to their role.

Outcome 15: Safe and suitable premises

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

To provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

Action required:

Ensure the premises are kept in a good state of repair.

Maintain the equipment for use by residents in the designated centre in good working order.

Keep all parts of the designated centre clean and suitably decorated.

Provide suitable facilities for residents to meet visitors in a suitable private area which is separate from the residents' own private rooms.

Provide suitable provision for storage in the designated centre.

Provide necessary sluicing facilities on each floor.

Provide suitable changing and storage facilities for staff.

Check the water pressure in all wash-hand basins.

Put in place adequate arrangements for the proper disposal of swabs, soiled dressings, instruments, disposable syringes and sheets and other similar substances and materials.

Put in place adequate arrangements for the proper disposal of incontinence wear.

Review the adequacy of the designated centres' call bell system.

<p>suitable pressure level. Any taps that cannot be adjusted will be replaced.</p> <p>A contract with a hazardous waste company for the disposal of swabs, soiled dressings, instruments, disposable syringes, sheets and other similar substances and materials has been in place at the centre since October 2007. All of the above are disposed of by this company who provide the nursing home with certificates of collection and destruction.</p> <p>All incontinence wear is disposed of in Sanibins. Additional Sanibins have been put in place to reduce travel distances.</p> <p>A contract is in place with a specialised company the maintenance of the call bell system. We have requested the company to inspect the call system and to ensure all bells are ringing at the required level.</p>	<p>Completed</p> <p>Completed</p> <p>31 August 2012</p>
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Outcome 16: Records and documentation to be kept at a designated centre

15. The provider and person in charge are failing to comply with a regulatory requirement in the following respect:

Not maintaining records to be kept in a designated centre in a manner so as to ensure completeness, accuracy and ease of retrieval.

Not ensuring records to be kept in a designated centre are up to date and in good order.

Action required:

Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Supply a copy of the Residents' Guide to the Chief Inspector.

Supply a copy of the Residents' Guide to each resident.

Review and update documents listed in Schedule 2 (Documents to be held in respect of persons working at the designated centre).

Ensure all Schedule 4 (general records) are available to the resident to whom the records refer and made available at all times for inspection and monitoring purposes under the Act.

Maintain all documentation of inspections relating to fire inspections, fire training in

the designated centre.

Maintain, in a safe and accessible place, a record of each drug and medicine administered in respect of each resident, giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by a medical practitioner and the nurse administering the drugs and medicines in accordance with any relevant professional guidelines.

Review and update all of the written and operational policies listed in Schedule 5.

Reference:

- Health Act, 2007
- Regulation 21: Provision of Information to Residents
- Regulation 22: Maintenance of records
- Regulation 24: Staffing Records
- Regulation 25: Medical Records
- Standard 10: Assessment
- Standard 14: Medication Management
- Standard 22: Recruitment

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

Timescale:

Provider's response:

The Residents' Guide will be updated to include the additional items now required. Once the above additional items have been added a copy of the Residents' Guide will be sent to the Chief Inspector.

31 August 2012

Once the Authority confirms that they are happy with the new Residents' Guide a revised copy will be provided to each resident.

15 September 2012

Any items missing re Schedule 2 will be obtained and filed in the individual's personnel file.

31 August 2012

All records under Schedule 4 are available to residents and inspectors as required.

Completed

All documentation of inspections by fire officers, fire training in the designated centre are kept in the centre.

Completed

A record of each drug and medicine administered is maintained at the centre. The name of the drug/medicine and dosage are signed and dated as they are administered by the nurse administering in accordance with relevant guidelines.

Written and operational policies will be updated as required.

Ongoing

Any comments the provider may wish to make:

Provider's response:

The issues identified during the inspection and the subsequent reports have and are being addressed within the stated timelines.

Provider's name: Eileen Plunkett

Date: 8 August 2012