

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Douglas Nursing and Retirement Home
Centre ID:	0223
Centre address:	Moneygourney
	Douglas
	Cork
Telephone number:	021-4364264
Fax number:	021-4890087
Email address:	douglasnh@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Golden Nursing Homes Limited
Person in charge:	Janet Woodward
Date of inspection:	16 May 2012
Time inspection took place:	Start: 09:35hrs Completion: 17:45hrs
Lead inspector:	Geraldine Ryan
Support inspector:	Col Conway
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

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

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

Additional inspections take place under the following circumstances:

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

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

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

About the centre

Description of services and premises

Douglas Nursing and Retirement Home is a purpose-built single-storey private nursing home which first opened in 1980. It was purchased by the current provider in 1998 and is registered to accommodate 37 residents. Accommodation is provided for long-term residential/continuing care and short-term convalescence, palliative and respite care for older people. At the time of inspection there were 35 dependant residents residing at the centre.

The building is single storey with the entrance door leading into a spacious reception area. The kitchen and nurses' station are located directly off reception, but does not have direct visual of the main entrance door. Left of the reception lobby is the administrator's office, residents' bedrooms, communal dining room with hatch access to main kitchen, communal sitting rooms, conservatories, utility rooms, and a seating area. Right of the reception lobby are residents' bedrooms, assisted bathrooms and a store for hoists.

The new extension accommodates the centre's laundry facilities. A store room is located off the laundry room. This store room is accessed via the laundry.

The provider has added a smaller conservatory which is a designated area for smokers. This smaller conservatory is accessed via a small lobby from the main conservatory and has door access to external gardens. This conservatory is ventilated to the external air by natural and mechanical ventilation.

There are a total of 36 bedrooms; 35 single bedrooms and one twin room. Twenty-five of the single bedrooms have a shower, wash-hand basin and toilet en suite. In addition there are five assisted bathrooms: three with a toilet, shower and wash-hand facilities and two with bath, shower, toilet and wash-hand facilities. One of the assisted bathrooms is used by the hairdresser. Another of the assisted bathrooms contains a reclining height adjustable sit bath with side entry access, which the person in charge states is no longer in use. This assisted bathroom is now used as a locked store room for the housekeeping staff.

The grounds are well maintained with a level pathway that surrounds the building. Some ground work was being carried out outside the main conservatory area. The person in charge/provider informed the inspectors of plans to install a barbeque area and raised garden beds to facilitate residents who like gardening.

Car parking space was adequate.

Location

Douglas Nursing and Retirement Home is located approximately six kilometres east of the village of Douglas, Co Cork.

Date centre was first established:	1980
Number of residents on the date of inspection:	35 plus 1 resident in hospital
Number of vacancies on the date of inspection:	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	13	6	6	10

Management structure

The Registered Provider is Golden Nursing Homes Ltd. There are two directors, one of whom is Janet Woodward, and she is the person nominated to act on behalf of the company. She is also the person in charge and the nursing and support staff report to her. Catering and cleaning staff report to the other director, David O'Sullivan, who is the Administrator of the centre.

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*	2	4	2	1	1**	1***

*Director of Nursing
08:00hrs to 17:00hrs Monday, Tuesday, Wednesday and Friday

**Administrator
09:00hrs – 17:00hrs Monday to Friday

*** Maintenance – 1 day per week. This is increased if required.

Background

This was the centre's third inspection by the Health Information and Quality Authority (the Authority). It was an unannounced follow-up inspection. The first inspection was for the purpose of registration. This inspection was completed on 22 June 2010 and 23 June 2010. An Action Plan containing 19 actions and four best practice recommendations were issued to the provider/person in charge. The provider/person in charge had identified timeframes for the completion of all actions from the June 2010 inspection.

The second inspection was a follow-up on inspection, carried out on 17 November 2010. The inspector noted that eight of the 19 actions issued from the first inspection were satisfactorily addressed and completed within the planned timeframe, two actions were partially addressed and nine actions remained unaddressed. Three of the four best practice recommendations were completed. The timeframes for the conclusion of actions as submitted by the provider/person in charge had been exceeded. This third inspection focused on the 11 actions outstanding from the second inspection on 17 November 2010. On checking with the provider on 16 May 2012, the inspector noted that five of the 11 actions were partially completed and six actions remain unaddressed. The timeframes for the conclusion of actions as submitted by the provider/person in charge had been exceeded.

These actions were:

- the development of a comprehensive risk management policy
- staff training and a staff training plan
- provide adequate communication methods and supports for those with communication difficulties in order to facilitate and encourage all residents to communicate and participate in daily life
- review complaints procedure so that they detail the internal arrangements for handling complaints to include referral to the independent appeals person
- establish and maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life of, residents at appropriate intervals
- review the activities programme and ensure that the activities are informed by individual needs and preferences, particularly for those with cognitive impairment, and reflect the social needs as addressed in care plans
- the use of bedrails and the assessment for the use of bedrails
- the provision of adequate laundry facilities, staff facilities, smoking room, and adequate storage for equipment and cleaning chemicals
- ensure all operational policies are sufficiently comprehensive, evidence based, and always reflect practice
- the Resident's Guide
- staff files.

This inspection report outlines the findings of an unannounced follow-up inspection on 16 May 2012.

Summary of findings from this inspection

This was an unannounced inspection by the Authority. The inspection was carried out over one day. The provider/person in charge and the administrator were on duty.

On the day of the inspection, the centre was adequately staffed. Good levels of cleanliness were noted by inspectors throughout the centre.

Inspectors found that the provider/person in charge had made some improvements. For example, the provision of a new laundry room, store room and a conservatory room for residents who smoke, décor programme for the centre, a computer desk was installed in the 'new' sitting room. The provider/person in charge stated that she had plans to arrange computer classes for interested residents.

However, inspectors found evidence that five of the 11 actions arising from the Action Plan issued by the Authority from the follow-up inspection of 17 November 2010 were partially completed and six actions remained unaddressed. The timeframes for the conclusion of actions as submitted by the provider/person in charge had been exceeded.

These actions are re-issued in the Action Plan at the end of this report.

Additional regulatory requirements were addressed by the inspectors. These findings are outlined in the section of the report titled "issues" covered on inspection and cover:

- management of an allegation of abuse
- staff duty rosters and staffing levels
- statement of purpose (an updated statement of purpose was forwarded to the Authority post inspection)
- care plans.

At the close of the inspection a feedback meeting was held with both the provider/person in charge and the administrator.

The Action Plan at the end of this report identifies all the areas where improvements are needed 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 2009.

Issues covered on this inspection

1. Management of an allegation of abuse

The provider/person in charge informed inspectors that there had been an allegation of abuse against a resident. It was evident that there was not a full and proper record of the investigation into the allegation, the monitoring of the said matter, and any actions taken on foot of the allegation. There was no evidence of robust processes in place to protect residents. The Authority had not been notified of the allegation as per the Regulations.

2. Staff duty rosters and staffing levels

An inspector reviewed planned and actual duty rosters. It was unclear to the inspector as to what time the shifts commenced and concluded. The actual roster stated the hours a staff member worked, not the time a staff member commenced and concluded a shift.

3. Statement of Purpose

On the day of inspection, the content of the statement of purpose did not fully meet the requirements 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). The provider/person in charge has since forwarded an updated statement of purpose to the Authority.

4. Care plans

Residents' care plans were reviewed at three-monthly intervals; but not always in consultation with the resident.

Actions reviewed on inspection:

1. Action required from previous inspection:

Develop a comprehensive risk management policy, to include the "open door" policy, and ensure that it is implemented throughout the centre.

Not Completed

While the provider/person in charge had a written policy referring to the practice of leaving all external doors unlocked, a comprehensive risk management policy had not been developed since the previous inspection.

2. Action required from previous inspection:

Ensure staff receive training in key areas such as person-centred care, dementia care, challenging behaviour, wound management, infection control and continence promotion.

Develop an ongoing training and development programme for purposes of maintaining skills and developing competencies for all staff.

Partially completed

There was evidence that since the previous inspection, opportunities had been provided for some nursing and care staff to attend training in end-of-life care/elder abuse/care of older adult/dementia/nursing documentation and pain management.

However, the provider/person in charge confirmed that a staff training and development plan was not in place.

3. Action required from previous inspection:

Provide adequate communication methods and supports for those with communication difficulties in order to facilitate and encourage all residents to communicate and participate in daily life.

Partially Completed

The provider/person in charge informed inspectors that an advocate was providing a service to the centre. The provider/person in charge gave examples of how suggestions emanating from meetings had been acted upon. However, inspectors noted that there was no evidence in the reports, of the actions taken by the provider/person in charge in response to issues raised by residents' committee/advocate.

Inspectors noted that some suggestions were reoccurring at meetings such as corn served too often, requests for the evening newspaper, and change of music.

The advocate confirmed to the inspector that she attended the centre one day per week to facilitate activities. The advocate stated that she attends the centre one other day per month to do activities with those residents who have dementia and are unable to participate in the weekly activity. She stated that she compiled a report after each meeting and presented it to the provider/person in charge.

4. Action required from previous inspection:

Review complaints procedure so that they detail the internal arrangements for handling complaints to include referral to the independent appeals person.

Not Completed

The written complaints procedure in the centre did not include time frames for the internal handling of complaints.

The provider/person in charge stated that the advocate was also the independent appeals person.

5. Action required from previous inspection:

Establish and maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life of residents at appropriate intervals.

Partially Completed

There was some evidence of audits such as falls, drug administration, care plans and assessments of residents. However, these audits were infrequent and inconclusive. The inspector found no evidence that a robust quality review system had been put in place. The provider/person in charge confirmed that a regular review and evaluation of the overall care, service and quality of life of residents had not been implemented.

6. Action required from previous inspection:

Review the activities programme and ensure that the activities are informed by individual needs and preferences, particularly for those with cognitive impairment, and reflect the social needs as addressed in care plans.

Partially Completed

There are some activities in the centre such as Sonas (Sonas is a multi sensorial way of activating potential for communication in the older person through song, music, passive exercises, massage, listening to poetry and joining in proverbs), ball games

and painting. It was not clear if these activities were linked to individual resident's capacity. The provider/person in charge confirmed that no assessment of any residents' capabilities for stimulating activities, and no activity care plans had been put in place for individual residents since the previous inspection.

The advocate confirmed that she attended the centre one day per week to facilitate activities. The advocate stated that she attends the centre one day per month to do activities with residents who have a cognitive impairment that would inhibit their participation in the weekly activity.

7. Action required from previous inspection:

Maintain a record that documents the assessment identifying the specific medical symptom to be treated by the use of such a restraint and evidence that a restraint would benefit the symptom, the alternative measures taken and with what results, and the risks involved in using bedrails.

Maintain a record of when bedrails are used as an enabler and when requested by the resident.

Revise the restraint policy to ensure it is sufficiently comprehensive.

Not Completed

The provider/person in charge confirmed that 23 residents out of the 35 residents living in the centre on the day of inspection used bedrails. She also confirmed there was no individual assessment undertaken of residents identifying the specific medical symptom to be treated by the use of such a restraint, evidence that a restraint would benefit the symptom, the alternate measures taken, and with what results and the risks involved in using the bedrails.

Some residents' records did state that the bedrail was requested by the resident. However, there was no evidence of residents' consent, no indication of the period of restraint and no monitoring of individual residents whenever bedrails were used. The restraint policy had not been reviewed to ensure it is sufficiently comprehensive.

8. Action required from previous inspection:

Provide adequate laundry, staff and smoking facilities, adequate storage for equipment and cleaning chemicals and implement a programme for the routine decoration of the premises.

Partially Completed

Laundry

The new extension accommodates the centre's laundry facilities. However, on the day of inspection, inspectors noted that this room remained open and was periodically unstaffed. Washing detergents were stored on the floor. Inspectors noted a box of items including unused creams were stored in an open box on the floor. The provider/person in charge stated that these items were for return to pharmacy. There was a single drainer stainless steel sink in the laundry. This sink was for general use. There was no designated staff wash-hand facility in the laundry room.

Staff facilities

The staff toilet remained the designated staff changing facility.

Smokers' area

A new smoking room had been developed since the last inspection. It is accessed via a small lobby from the main conservatory, and has door access to external gardens. This conservatory is ventilated to the external air by natural and mechanical ventilation.

Storage

Inspectors noted that adequate storage facilities were provided in the centre. A new storage area/lobby had been established for the storage of equipment and a storage room for supplies had been developed off the new laundry room.

Decoration of the premises

Routine decoration was in progress. Rooms had been painted. The provider/person in charge stated that residents were involved in colour choice for their bedrooms. Curtains were being replaced.

9. Action required from previous inspection:

Operational policies as listed in Schedule 5 of Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were not sufficiently comprehensive, evidence based, and did not always reflect practice.

Not Completed

An inspector reviewed the written operational policies. The staff sign off sheet indicated that five off the staff had read the operational policies for the centre. Not all policies were sufficiently comprehensive, evidence based and some did not have a review date.

10. Action required from previous inspection:

Revise the Resident's Guide to include a summary of the statement of purpose, a standard form of contract for the revision of services and facilities, the most recent inspection report and a summary of the complaints procedure.

Not Completed

The Residents' Guide did not contain a standard form of contract, the address and telephone number of the Chief Inspector, the most recent inspection report, details on how to access the advocate, or a summary of the centre complaints procedure.

11. Action required from previous inspection:

Ensure all staff have on file a full employment history, three written references, and an assessment of their mental and physical fitness.

Not Completed

An inspector reviewed a selection of staff files. Staff files did not have the required documents as set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Report compiled by:

Geraldine Ryan

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

18 June 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
22 June 2010 and 23 June 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
17 November 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report

Centre:	Douglas Nursing and Residential Home
Centre ID:	0223
Date of inspection:	16 May 2012
Date of response:	11 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 provider/person in charge has failed to comply with a regulatory requirement in the following respect:

The policies and procedures in place for effective risk management were not adequate.

Action required:

Develop a comprehensive and robust risk management policy.

Action required:

Ensure that policies contain information that is required in the regulations.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The risk management policy had been improved and expanded greatly since the last inspection, but the inspectors feel it is still not adequate. Further work is therefore being done on it.</p>	<p>31 October 2012</p>

<p>2.The provider/person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Training was insufficient in enabling staff to provide care in accordance with contemporary evidence-based practice.</p>	
<p>Action required:</p> <p>Ensure staff receive training in key areas such as person-centred care, dementia care, challenging behaviour, wound management, infection control, continence promotion and the use of restraint.</p>	
<p>Action required:</p> <p>Develop an ongoing training and development programme for purposes of maintaining skills and developing competencies for all staff.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All staff are aware that training is part of their job description and opportunities are advertised constantly. A training plan is being drawn up to bring all staff up to standard in relevant areas. This is being implemented.</p>	<p>Training plan 30 September 2012</p> <p>Training - ongoing</p>

<p>3.The provider/person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Each resident's rights to consultation and participation in the organisation of the residential care settings and his/her life within it are reflected in all policies and practices.</p>	
<p>Action required:</p> <p>Provide adequate communication methods and supports for those with communication difficulties in order to facilitate and encourage all residents to communicate and participate in daily life.</p>	
<p>Action required:</p> <p>Ensure issues raised by the resident representatives' group are acknowledged, responded to and recorded including the actions taken in response to issues raised.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 11: Communication Standard 2: Consultation and Participation</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 residents are facilitated to communicate in Douglas Nursing Home at all times. We are a small facility and so all staff have time to communicate with residents and their relatives at all times. All residents are invited to and enabled to attend the residents' committee meetings and are assisted in participating if needed.</p> <p>All issues raised are acknowledged and responded to. Not all issues can be dealt with to everyone's satisfaction, as there can be conflicting views on certain items such as: some like sweet corn and some do not, everyone has the option to refuse any food on offer. The issue with this resident is he/she says it is offered too often. The evening papers are not offered as the national treatment purchase fund (NTPF) will not cover the cost; and the resident in question does not wish to pay either.</p>	<p>Ongoing</p>

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

The complaints procedures were not fully compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Revise the procedures so that they detail the time frames for internal arrangements for handling complaints.

Action required:

Revise the procedures so that they detail the name of the independent person nominated to act as the independent appeals person.

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 procedures now state a time frame.

The procedure already states the independent appeals person and this is acknowledged by the inspectors in the body of the report.

Completed

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

A quality system had not been established to review and improve the quality and safety of care provided, including residents' quality of life.

Action required:

Establish and maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life of residents at appropriate intervals.

Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The PIC is doing an online course in clinical audit, and an audit plan is being drawn up for the next 12 months to audit all aspects of care and quality of life in Douglas Nursing Home. We do feel that we have been assessing the quality of life for the residents through feedback from the Residents' Committee all along, but we will put this on a more formal footing through regular audits. The 12-month plan will be forwarded to the Authority as soon as possible.	June 2013

6. The provider/person in charge has failed to comply with a regulatory requirement in the following respect: There were not sufficient opportunities for all residents to participate in meaningful and purposeful activities that suited individual needs and preferences.
Action required: Review the activities programme and ensure that activities are informed by individual needs and preferences, particularly for those with cognitive impairment, and reflect the social needs as addressed in care plans.
Action required: Increase the frequency of dedicated activities for residents with cognitive impairment.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Assessment of all residents' ability and interests will be commenced, and will assist in review of activity schedule.</p> <p>The sessions are now on more frequently.</p>	<p>30 December 2012</p> <p>Completed</p>

<p>7. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:</p>	
<p>Records maintained in relation to the assessment of the need for bedrail restraints were not in place.</p>	
<p>Action required:</p> <p>Maintain a record that documents the assessment identifying the specific medical symptom to be treated by the use of such a restraint and evidence that a restraint would benefit the symptom, the alternative measures taken and with what results, and the risks involved in using bedrails.</p>	
<p>Action required:</p> <p>Review and revise the restraint policy to ensure it is sufficiently comprehensive.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 22: Maintenance of Records Standard 21: Responding to Behaviour that is Challenging Standard 3: Consent</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Assessments of the need for bedrail use have commenced and care plans have been updated to reflect the assessment findings. Bedrails are only used in Douglas Nursing Home as a safety measure or enabler, never as a restraint measure as this is more dangerous to the resident. We do not use any restraints in Douglas Nursing Home. We regularly use low beds and alarm mattresses and cushions to keep residents safe, as bedrails are not appropriate in many cases.</p>	<p>31 July 2012</p>

The Restraint Policy will be reviewed and revised if necessary.	31 July 2012
---	--------------

<p>8. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>There was inadequate staff changing facilities, no safe storage of cleaning chemicals, items for return to pharmacy, washing detergents, toiletries and incontinent pads.</p> <p>Restrict access to laundry.</p>	
<p>Action required:</p> <p>Provide suitable staff changing facilities.</p>	
<p>Action required:</p> <p>Provide locked storage for cleaning chemicals, for items for return to pharmacy, washing detergents, toiletries and incontinent pads.</p>	
<p>Action required:</p> <p>Provide key pad access to laundry.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 26: Health and Safety</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>Staff have an area to change but a larger one will be provided upon receiving planning permission for further extension.</p> <p>All cleaning chemicals are locked away in the ex bathroom as stated in the inspection report.</p> <p>Returns of medications to pharmacy are locked in a box, locked in the nurses' office. The returns referred to in the inspection report were creams and lotions not medications.</p> <p>Keypad access to the laundry and the incontinence wear store have been put in place.</p>	<p>Pending</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>

<p>9. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Policies and procedures as listed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p>Action required:</p> <p>Review and update policies and procedures as listed in Schedule 5.</p>	
<p>Action required:</p> <p>Ensure all staff read and sign off on policies and procedures as listed in Schedule 5.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 27: Operating Policies and Procedures Schedule 5: POLICIES AND PROCEDURES TO BE MAINTAINED IN DESIGNATED CENTRES</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>All staff are being instructed on their responsibilities to read the policy and procedure documents and to sign the sheet.</p> <p>Policies and procedures being reviewed and updated.</p>	<p>31 December 2012</p> <p>30 January 2013</p>

<p>10. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The written Residents' Guide did not adequately include all the required information.</p>	
<p>Action required:</p> <p>Revise the Residents' Guide to include a summary of the statement of purpose, a standard form of contract for the revision of services and facilities, the most recent inspection report and a summary of the complaints procedure.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Residents' Guide is being rewritten to include all the necessary documentation.	31 August 2012

<p>11. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Personnel files did not contain all of the required information as listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p>Action required:</p> <p>Ensure all employed staff have on file a full employment history, three written references, and an assessment of their mental and physical fitness.</p>	
<p>Action required:</p> <p>Put in place recruitment procedures to ensure no staff member is employed unless full and satisfactory documents specified in Schedule 2 have been obtained in respect of each person.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 18: Recruitment Schedule 2: DOCUMENTS TO BE HELD IN RESPECT OF PERSONS MANAGING OR WORKING AT A DESIGNATED CENTRE Standard 22: Recruitment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Recruitment policies and procedure to be updated to ensure no personnel recruited until all documents are received. All staff files have been updated and all staff are in the process of being written to with the requirements.	31 July 2012 30 October 2012

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

Adequate notification was not given to the Chief Inspector of an incidence of abuse of a resident.

Action required:

Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation, suspected or confirmed abuse of any resident.

Reference:

Health Act, 2007
Regulation 36: Notification of Incidents
Standard 29: Management Systems

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

Timescale:

Provider's response:

The requirement to notify the Authority was genuinely forgotten, but will not happen again. The incident was dealt with robustly. However, the recording of same was not adequate and we acknowledge this. A more robust procedure around elder abuse is being devised and implemented, and training and supervision of staff is ongoing.

Ongoing

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

The actual roster did not reflect the time a staff member commenced and concluded a shift.

Action required:

Ensure the actual staff rota depicts when staff commence and conclude their duty shift duty, at any time during the day and night and that it is maintained.

Reference:

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The staff rota is always up-to-date, but we realise it may be a bit confusing at first sight. We have attempted to make it less so. However, it works for the staff in the centre. When planned and actual are taken together with reference to the daily diary it is very clear.</p>	Ongoing

<p>14. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Not all residents' care plans were reviewed in consultation with the resident.</p>	
<p>Action required:</p> <p>The arrangements to meet each resident's assessed needs are set out in an individual care plan, developed and agreed with each resident.</p>	
<p>Action required:</p> <p>Notify the resident of any review.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All care plans are reviewed three-monthly and evidence of this was shown to inspectors. Not all care plans have been reviewed with the resident but all care plans are drawn up day one with the residents' input.</p> <p>All care plans will be updated and reviewed with the resident or their representative as appropriate on a three-monthly basis.</p>	Ongoing

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 27: Operational Management	The person in charge should complete a post-registration qualification in healthcare management or equivalent which would enhance her managerial skills.
Standard 25: Physical Environment	There is a policy on the provision, management, maintenance, cleaning and decontamination, and repair of medical devices and equipment.

Any comments the provider may wish to make:

Provider's response:

Douglas Nursing Home welcomes the inspection process as it helps us to improve our service to our residents and their relatives. We endeavour to be the best that we can be and any feedback is taken on board and implemented where possible. We get lots of positive feedback from residents and relatives, and this spurs us on to continue to improve and do our best. We thank the inspectors for their courteousness and regard to the residents' needs during inspection.

Provider's name: Janet Woodward

Date: 11 June 2012