

**Health Information and Quality Authority  
Regulation Directorate**

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



|  |   |
|--|---|
| <b>Centre name:</b>  | St Teresa's Nursing Home  |
| <b>Centre ID:</b>  | 0293  |
| <b>Centre address:</b>                                     | Friar Street  |
|  | Cashel  |
|  | Co Tipperary  |
| <b>Telephone number:</b>                                   | 062-61477   |
| <b>Email address:</b>                                      | stnhcashel@gmail.com  |
| <b>Type of centre:</b>                                     | <input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b> |
| <b>Registered provider:</b>                                | Cashel Care Ltd   |
| <b>Person authorised to act on behalf of the provider:</b> | Michael McCormack   |
| <b>Person in charge:</b>                                   | Ans Joseph  |
| <b>Date of inspection:</b>                                 | 13 December 2012 and 14 December 2012   |
| <b>Time inspection took place:</b>                         | <b>Day 1 - Start:</b> 09:40hrs <b>Completion:</b> 20:00hrs<br><b>Day 2 - Start:</b> 09:50hrs <b>Completion:</b> 15:45hrs            |
| <b>Lead inspector:</b>                                     | Mary Moore  |
| <b>Support inspector:</b>                                  | Gerry McDermott   |
| <b>Type of inspection:</b>                                 | <input checked="" type="checkbox"/> <b>announced</b> <input type="checkbox"/> <b>unannounced</b>                                    |
| <b>Number of residents on the date of inspection:</b>      | 28 (including one resident temporarily absent and in the acute sector at the time of inspection)                                    |
| <b>Number of vacancies on the date of inspection:</b>      | 2   |

## About monitoring of compliance

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

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

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

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

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

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

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

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

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

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

This monitoring inspection was announced and took place over two days; it was the third inspection of the centre by the Authority. As part of the monitoring inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, health and safety records, accident logs, the directory of residents, policies and procedures and staff files. A fit person interview was conducted with the staff member recently appointed to the role of person in charge.

Inspectors found a good level of regulatory compliance. Actions outstanding from the last inspection had been substantially implemented and while improvements were

identified based on the findings of this inspection; these were required to enhance the many findings of good care and practice evidenced.

This is a family owned and managed service and inspectors concluded that there was solid and effective governance structures in place. The newly appointed person in charge had been employed in the centre since 2007 and on interview, observation and interaction she demonstrated commitment to her employer, the residents and regulatory compliance. The inspection findings supported her competency to undertake the role of person in charge. All staff spoken with articulated their commitment and loyalty to the provider, the residents and to each other.

Inspectors were satisfied that the medical, nursing and social care needs of residents were well met with evidence of timely medical review and care and a high standard of person-centred, evidence-based nursing assessment and care planning.

The design, layout and location of the premises was suited to its stated purpose, visibly clean, adequately heated, lighted and ventilated, well maintained, welcoming and homely.

The required improvements are set out in detail in the action plan at the end of this report and included:

- the Residents' Guide
- policy to govern the management of unused/unwanted medication
- a risk balancing tool for the use of restraint
- end-of-life care
- systems for consultation with and the participation of residents in the organisation of the centre.

### **Section 41(1)(c) of the Health Act 2007**

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

### **Theme: Governance, Leadership and Management**

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

### **Outcome 1**

*There is a written statement of purpose that accurately describes the service 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

**Action required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

**Inspection findings**

The statement of purpose and function was revised and amended prior to the inspection. It satisfied regulatory requirements and was an accurate description of the service and the care and services provided to residents.

**Outcome 2**

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

**References:**

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

**Actions required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

A standard form of contract was in place that set out the services to be provided to each resident and the fee to be charged. The contract also itemised services and the charging arrangements for such services that may be provided to residents but were not covered by the basic fee paid. Based on a sample of contracts reviewed inspectors were satisfied that contracts had been agreed with residents within one month of their admission to the centre.

**Outcome 3**

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

**References:**

Regulation 15: Person in Charge

Standard 27: Operational Management

**Actions required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

The Authority had been notified of the appointment of a new person in charge. The person in charge had worked in the centre since June 2007 as a staff nurse and more recently as assistant director of nursing. The inspector formally interviewed the person in charge, observed her in practice and interacted with her throughout the inspection. She was suitably qualified and experienced for the role, cooperated fully with the inspectors and the inspection process, was knowledgeable in relation to evidence-based care and the holistic care requirements of the residents.

She had participated in ongoing professional development relevant to her role including medication management, wound prevention and management, the management of dysphagia, train the trainer training in both the protection of vulnerable adults and the use of restraint, the prevention and management of falls, care planning, and the management of challenging behaviours. She had recently completed an An Bord Altranais agus Cnáimhseachas na hÉireann Category 1 course in Gerontology. The inspection findings supported learning and that she was clinically competent.

The person in charge worked full time and when on duty also worked as the nurse on duty. She was confident that she had the required practical support from the nominated provider, both key senior managers and other staff to facilitate her to effectively exercise the duties and responsibilities of both roles; the inspection findings would support this. She also clearly identified that working as a nurse allowed her to be directly involved in both the provision of clinical care to residents and the direction and supervision of staff.

The person in charge was familiar with her regulatory responsibilities and these had been succinctly set out for her by the provider and explicitly incorporated into the agreed description of her roles and responsibilities as person in charge.

### **Outcome 4**

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

### **References:**

Regulations 21-25: The records to be kept in a designated centre  
Regulation 26: Insurance Cover  
Regulation 27: Operating Policies and Procedures  
Standard 1: Information  
Standard 29: Management Systems  
Standard 32: Register and Residents' Records

## **Inspection findings:**

*\*Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

### **Residents' Guide**

Substantial compliance

Improvements required \*

The Residents' Guide did not contain the most recent inspection report, a standard form of contract or the terms and conditions in respect of accommodation to be provided for residents.

### **Records in relation to residents (Schedule 3)**

Substantial compliance

Improvements required \*

### **General Records (Schedule 4)**

Substantial compliance

Improvements required \*

### **Operating Policies and Procedures (Schedule 5)**

Substantial compliance

Improvements required \*

### **Directory of Residents**

Substantial compliance

Improvements required \*

### **Staffing Records**

Substantial compliance

Improvements required \*

The required improvements are discussed in Outcome 18.

### **Medical Records**

Substantial compliance

Improvements required \*

### **Insurance Cover**

Substantial compliance

Improvements required \*

## **Outcome 5**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated 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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector was satisfied that the provider understood its notification responsibilities and that suitable arrangements were in place for the management of the centre in the absence of the person in charge. Two key senior managers (KSM) had been appointed. One was present daily Monday to Friday and was seen to be actively involved in the administration and operational management of the centre and was familiar with the residents and their requirements. The other KSM was a staff nurse with a good understanding of and established experience of deputising for the person in charge in her absence. She was comfortable undertaking the role and confirmed that appropriate advice and support was available to her as required from the provider.

**Theme: Safe care and support**

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

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

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

**Outcome 6**

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

**References:**

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

**Actions required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

The person in charge and all staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse in the centre. The centre-specific policy on the prevention and management of abuse had been revised as requested by the Authority and clearly outlined the supports available to residents and family members during any potential investigation of suspected or alleged abuse. Like all policies seen by inspectors staff including recently recruited staff had signed as having read and understood the policy. Training records reviewed indicated that all staff had attended education and training on the protection of vulnerable residents and all staff spoken with had a clear understanding of the subject and their reporting responsibilities. Staff spoke of the culture of safe, quality care for residents that was expected by the providers, the example set by them and the "trust" and "rapport" that had evolved between staff and residents.

The inspector was satisfied that accountable and transparent systems were in place for the management and protection of residents finances. The inspector reviewed the procedure and a sample of records and saw that detailed signed records were in place for each credit and debit transaction in relation to residents' finances.

**Outcome 7**

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

**References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

**Actions required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

The inspection findings supported that the provider was committed to protecting and promoting the health and safety of residents, staff, visitors and other persons through good practice and compliance with all relevant legislation. Minor improvements were identified.

There was a health and safety statement in place dated 31 October 2010. This was augmented by a risk management policy that identified a broad range of hazards,

risk ratings, the identification and the implementation of risk management controls, and the persons responsible for their implementation. The specific risks as identified in Article 31 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and their management were also included in the risk register.

The inspector saw that designated fire exits were unobstructed and sufficient signs outlining the actions to be taken in the event of fire were displayed throughout the building. Signed training records indicated that all staff had attended regular and current training on fire safety procedures including actions to be taken in the event of fire up to and including the evacuation of residents. Training was scheduled to facilitate the attendance of night staff; staff spoken with demonstrated learning. Certificates were in place confirming that the emergency lighting, the fire detection system and fire fighting equipment had all been subject to an annual inspection and service in 2012. The emergency plan had been revised to encompass evacuation but also the loss of essential services and the contingencies in place; a generator and alternative accommodation for residents was available if required.

Personal emergency evacuation plans were in place for each resident that identified the level of assistance required by each resident in the event of evacuation; assistive equipment (ski-pads) was available.

The centre was visibly clean. Staff were provided with personal protective equipment and alcohol hand gel was available in the entrance lobby and at strategic locations throughout the premises. A wash-hand basin had been provided in the second floor assisted bathroom, however, there was no soap provided at the wash-hand basin on the day of inspection. Certificates were in place confirming the removal of clinical risk waste by a registered contractor. The external clinical waste storage bin was locked; however, the key was affixed to the bin. Cleaning products were securely stored within sluice rooms and guidance documents for the management of chemical spillages were clearly displayed. However, access to both sluice rooms was not restricted and allowed access to items such as the bedpan washer and the internal clinical waste bin.

Staff training records reviewed indicated that all staff had current training in moving techniques in resident care (manual handling) facilitated by an appropriately qualified person. Staff had adequate assistive equipment available to them and records of the servicing of equipment in line with legislative requirements were made available to the inspector. However, there was some deviation in practice and this is discussed in Outcome 11.

The management of accidents and incidents was robust and is discussed in Outcome 9.

**Outcome 8**

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

**References:**

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

**Actions required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

There was evidence of good safe medication management systems. Practice was guided by evidence-based policy and staff also had available to them a suite of documentation based on relevant medication management legislation. Staff spoken with and the inspection findings supported competency in medication management practice. Each resident's medication prescription sheet and administration sheet was current and satisfied regulatory requirements. While nursing staff transcribed the prescription sheet transcribing practice was in line with regulatory guidelines and each record was countersigned by the relevant general practitioner (GP) on the day of transcription. The review of each resident's medication regime on a three monthly basis was documented in medical notes seen by the inspector.

Based on a sample of records reviewed there was evidence of good practice such as the timely supply of antibiotics, clear instructions for the administration of medications in an altered format (crushed) and the supply of alternative forms of the medication where this was possible.

Signed records countersigned by the pharmacist were maintained of all unused or unwanted medications returned to the pharmacy; however, there was no explicit policy in place to govern this practice.

**Outcome 9**

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

**References:**

Regulation 36: Notification of Incidents  
Standard 29: Management Systems  
Standard 30: Quality Assurance and Continuous Improvement  
Standard 32: Register and Residents' Records

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Comprehensive records that satisfied the recording requirements of Schedule 3 were maintained. Based on a review of these records the inspector was satisfied that appropriate notifications had been submitted to the Authority.

The records reviewed indicated that the incidence of falls was not of concern with no concerning patterns or trends identified. The accident records reviewed were cross referenced by the inspector with residents’ nursing and medical notes. The inspector saw that each accident was reviewed and followed up by the person in charge or other nursing staff. Appropriate immediate assistance was provided but where further preventative interventions such as medical review, medication review or the implementation of devices such as movement alarms mats, impact reducing floor mats or anti-slip devices were recommended these were seen to be incorporated into the resident’s care plan and implemented in practice.

**Theme: Effective care and support**

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

**Outcome 10**

*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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Based on the satisfactory inspection findings, the level of regulatory compliance achieved by the provider and documentation reviewed such as medical and nursing notes, accident and incident records and staff training records inspectors were again satisfied that the provider and all staff were committed to the provision of safe quality care and services to residents.

Nursing and medical records reviewed demonstrated that the quality of care and overall wellness of residents was monitored and robustly acted on as necessary on a continuous basis. There was also evidence of more formal systems of evaluation and

the person in charge had completed audits on care planning processes, fire safety procedures, respecting privacy and dignity, the directory of residents and residents' daily routines. An audit of staff competencies in direct care delivery practices had recently commenced based on observation and supervision of all staff employed. All of the audits completed indicated good practice and substantial compliance in practice with the agreed benchmark; the overall inspection findings would concur with this.

While there was evidence that residents were consulted with on a daily basis, the system of quality review would have been enhanced by development of and more effective utilisation of the formal systems of review that were in place such as the residents' committee and satisfaction surveys. This is dealt with in Outcome 16.

### **Outcome 11**

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

#### **References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

#### **Actions required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

### **Inspection findings**

At the time of inspection there were 28 residents living in the centre. 18 of these residents were female, 21 residents were greater than 80 years of age, one resident was less than sixty years of age, seventeen residents were assessed as low to medium dependency level. Residents looked well and those spoken with reported feeling well. The inspector was satisfied based on a sample of medical and nursing records reviewed that their care needs were competently assessed and responded to

and that the care delivered was supported by a high standard of evidence-based practice.

The person in charge confirmed that approximately six GPs were currently attending to the needs of residents. The records reviewed confirmed access to timely and appropriate medical review. There was evidence that residents were assisted to achieve and maintain the best possible health through regular blood profiling, quarterly medication review and administration of influenza vaccination. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information with the admitting/discharging facility. In line with their needs residents also had ongoing access to other health professionals including tissue viability, psychiatry of old age, speech and language therapy, general medical and surgical services and chiropody. A physiotherapist had been employed since the last inspection and records reviewed indicated that the physiotherapist visited once a fortnight to review and treat residents for problems such as chest infections, mobilisation or passive exercises and rehabilitation following a fall.

The standard of care planning was high with evidence of clinical competency in the basic nursing skills of assessment, planning and re-evaluation. The inspector saw that nursing plans of care were discussed with each resident and also clearly integrated recommendations and prescribed treatments from other relevant stakeholders. Each care plan was supported and informed by a suite of evidence-based assessment tools and these and the care plans were re-evaluated at a minimum three-monthly but always in line with the resident's changing needs. Where a risk was identified an appropriate plan of care was in place and the inspector saw that planned interventions such as fall or wound prevention strategies were implemented in practice.

The reported incidence of wounds was low with evidence to support that wounds were satisfactorily resolved. An evidence-based suite of documentation was utilised including anatomical charts, wound assessments, management charts and dated photographs.

The care plans seen supported a sound understanding of evidence-based nursing practice but they were also extremely personalised and demonstrated understanding, empathy and support for each resident and their psychosocial as well as physical needs. This empathy and knowledge of each resident and changes in their mood or wellbeing was also reflected in the daily nursing progress notes.

Based on a sample of five nursing care plans reviewed there was only one deviation in planned care noted. The inspector saw and staff confirmed that the manual handling plan for one resident that referenced the use of an assistive device was not implemented in practice. While staff offered a rationale for this it was not reflected in the care plan.

Restraint practice was guided by nationally agreed best practice guidelines. Medications were reviewed regularly by the GP's in consultation with the consultant psychiatrist. Where a physical restraint (bedrails) was used there was evidence of

discussion and agreement, the exploration of alternatives, observation and removal charts and each resident had a risk management plan outlining the controls in place such as observation and access to the call-bell. However, an objective risk balancing tool to support the safe implementation of the bedrail was not utilised.

**Outcome 12**

*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

**Actions required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

Previously assessed as suitable and substantially compliant with the Regulations, inspectors were again satisfied that the location and design of the premises was suited to its stated purpose. Following its purchase by the provider the premises was extensively refurbished and modernised to provide a safe, comfortable and appropriate residential care environment for dependent persons. The location of the centre offered both security and social integration as the site was spacious with a secure perimeter and gated entrance but, also offered ready access to, and was in close proximity to facilities such as the church, shops and restaurants. Inspectors found that the premise was appropriately heated, lighted and ventilated, visibly clean, well maintained, in good decorative order throughout and substantially safe, secure and free of any visible hazards. The centre was tastefully and invitingly decorated to reflect the Christmas period. Residents spoken with again referred to the reassuring views offered of the Rock of Cashel.

The kitchen was clean, adequately equipped and organised. There was evidence of the implementation of the Hazard Analysis and Critical Control Points (HACCP) food hygiene management system, records reviewed confirmed that catering staff had attended HACCP education; compliance was monitored by the relevant Environmental Health Officer.

Equipment and general furnishing was of a high standard and residents were seen to be provided with therapeutic equipment such as pressure relieving mattresses and cushions appropriate to their needs. Equipment service records were available for inspection. There was further evidence of good practice such as the analysis of water for the presence of Legionella.

Circulation areas were free of obstructions and both they and en suite bathrooms were appropriately equipped with hand-rails and grab-rails. Facilities were provided over three floors and two passenger lifts including one new lift with capacity to carry eight persons installed by the present owners in 2010 and accessed to the rear of the building, were available to residents, staff and visitors. Documentation was available confirming that both lifts were maintained and serviced in line with legislative requirements.

Though storage was limited this was not seen to present any difficulties on the day of inspection. Items such as hoists were stored in one assisted bathroom but given that a sufficient number of toilets and en suite bathrooms were provided there was no evidence that this impacted on the needs of individual residents. All residents' bedrooms were en suite with a maximum of two residents per room and a maximum of four residents per en suite. Two further toilets one of which was universally accessible were provided on the ground floor in close proximity to the main dining and communal areas.

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

**Outcome 13**  
*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**References:**  
Regulation 39: Complaints Procedures  
Standard 6: Complaints

**Actions required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

The complaints procedure had been reviewed, and was prominently displayed and communicated in a succinct and user friendly manner. It clearly identified for potential complainants how complaints were managed, who was responsible for managing them and how they could access the independent mediator if required. A complaints log was maintained and inspectors reviewed three entries. The nature of the complaint was clear as were the remedial actions taken; complainant satisfaction was established.

**Outcome 14**

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

**References:**

Regulation 14: End of Life Care  
Standard 16: End of Life Care

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector reviewed policy, nursing and medical notes and spoke with staff to establish end-of-life policy and practice. While practice was good improvement in policy and practice was required in relation to unexpected deaths and the management of end-of-life care in shared accommodation.

The inspector was satisfied that as a resident reached end of life, care was provided to them that met their physical, psychosocial and spiritual needs, supported family members and facilitated in so far as possible individual choices and preferences as to the place of death. When a death was expected this was reflected and documented in the medical and nursing notes.

However, the premises predominately offered shared accommodation. Staff accepted that reflection and improvement was required to ensure that the wishes and psychosocial wellbeing of all occupants of the room were considered and facilitated where death was imminent and it was not possible to provide a single room.

A mortuary was not available and while staff confirmed that the remains of the deceased were always medically certified and removed in a timely but respectful manner this information was not included in nursing records.

Staff spoken with said that staff would respond appropriately in the event of an unexpected death including commencing efforts to sustain life; however, there had been no explicit discussion and no explicit guidelines were available on resuscitation or decisions not to resuscitate. All staff did not have up to date basic life support education and training.

The end-of-life policy while comprehensive did not address or guide staff in these areas.

**Outcome 15**

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

**References:**

Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Inspectors saw that the variety and quality of meals provided to residents was of a good standard, freshly prepared and nutritious. It was prepared by staff that had direct access to residents, received a verbal report daily from nursing staff and were therefore knowledgeable as to residents' preferences and specific dietary requirements. Staff spoken with confirmed that they sought to meet residents' nutritional requirements through the provision of a nutritious diet and while prescriptions for nutritional supplements were in place for five residents these were used only to supplement dietary intake as required. Inspectors saw and residents confirmed enjoyment of their meals including facilitation of their individual preferences. These preferences were ascertained on admission and reviewed as appropriate by catering staff that also maintained a list of residents' birthdays and provided home baking including bread, desserts and confectionery.

Adequate and appropriate supervision was available and while independence was encouraged, staff assistance where required was appropriately and discreetly provided. Drinking water dispensers were available in the dining area and on both floors.

Residents' weights were monitored monthly. Records reviewed indicated that weights were generally stable and where they were not, nursing staff took appropriate action. The malnutrition universal screening tool (MUST) was not routinely used but staff spoken with had a clear understanding of its implementation as required in response to unexplained weight loss and a reducing body mass index.

Catering staff had successfully completed relevant education and training including primary food hygiene, food allergy awareness and the management of dysphagia. Residents as required were referred and assessed by speech and language therapy and three had swallow care plans in place.

However, while the inspector saw that the format of the meals provided was in line with the swallow care plans, all records maintained by catering staff were not congruent and constituted a risk in relation to the management of safe and unsafe foods given a resident's risk for choking.

**Outcome 16**

*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 5: Civil, Political, Religious Rights  
Standard 17: Autonomy and Independence  
Standard 18: Routines and Expectations  
Standard 20: Social Contacts

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Staff spoken with and documentation reviewed such as nursing care plans indicated that staff had a good knowledge and understanding of each resident's biography, choices, preferences and behaviours including those that had the potential to be challenging. Staff were respectful when speaking of and with residents and were observed to explain and ask before commencing a care procedure with a resident.

Some residents choose to remain in their own rooms but confirmed that they had ready access to staff while staff respected their privacy and personal space.

Residents had ready access to televisions, radios, newspapers and magazines; one resident utilised headphones which allowed him to enjoy the activity of the main communal room while also listening to the radio. A daily news update for more dependent residents was included in the activity programme. The location of the centre facilitated more independent residents, with staff assistance, to access and enjoy local amenities and services such as shops and the hairdresser. The activities coordinator had a good understanding of residents and their individual preferences and abilities and incorporated this into the daily delivery of the programme.

Inspectors saw and relatives confirmed that visiting arrangements were flexible and while most visitors were seen to remain in the main communal area, three further small quiet, private areas in which to visit were also available to them. An open invitation to the annual Christmas party was clearly displayed.

A residents committee was in place and convened monthly. However, the minutes reviewed were limited and did not demonstrate the extent to which or in relation to what residents were consulted about, or the specific feedback received from residents. Likewise, while inspectors reviewed satisfaction surveys completed with residents, the information gathered was potentially constructive but the numbers

completed were small thereby limiting the representation and meaningfulness of the survey.

**Outcome 17**

*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

**Actions required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

**Inspection findings**

Inspectors saw that the standard of residents' personal grooming was high and residents spoken with took pride in their appearance. Documentation reviewed such as care plans and the care delivery audit reflected staff knowledge of resident's individual preferences and style choices and efforts by staff to meet these while encouraging residents to remain independent. Laundry services were provided on site and though compact were well managed. The inspector saw that residents' personal clothing was clearly labelled and was returned directly to them in a respectful manner following laundering. Signed and dated inventories of personal belongings were completed on admission and each resident had adequate storage provided. Residents' bedrooms were discreetly personalised with photographs and other relevant memorabilia.

**Theme: Workforce**

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

**Outcome 18**

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

**References:**

Regulation 16: Staffing

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

**Actions required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

**Inspection findings**

Based on their observations, the overall inspection findings, and a review of staff rosters, inspectors were satisfied that the numbers and skill-mix of staff were appropriate to the numbers and assessed needs of the residents and the layout and organisation of the premises.

A sample of staff files reviewed contained all of the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However, two files reviewed contained only two references and one of these files did not include a reference from the person's most recent employer.

Evidence of current registration with their regulatory body An Bord Altranais agus Cnáimhseachas na hÉireann was in place for all staff nurses employed.

Staff spoken with and staff training records reviewed demonstrated a commitment to facilitating staff access to accredited ongoing staff education and training; a staff training matrix had been implemented based on the recommendations of the last inspection. The training provided reflected mandatory requirements such as manual handling, food hygiene and fire safety but also reflected an evidence-based approach to meeting the care requirements of residents. The inspector saw and staff confirmed completion of medication management, palliative care, wound management, the management of dysphagia, venepuncture, the prevention and management of falls, infection prevention and control, the use of restraint, and managing challenging behaviours. Overall, the inspection findings demonstrated the practical implementation of learning.

There was evidence to support that staff were adequately and appropriately supervised. Nursing staff were visible and accessible to residents, visitors and other staff; all staff attended verbal handovers and were knowledgeable when spoken with of residents needs and choices; a formal comprehensive staff appraisal system was in place.

Records reviewed indicated that the person in charge convened regular staff meetings; the minutes reflected discussion of residents' changing needs, operational issues and staff related issues.

## **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and one of the key senior managers to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

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

### ***Report compiled by:***

Mary Moore  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

7 January 2013

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

|                            |                                       |
|----------------------------|---------------------------------------|
| <b>Centre Name:</b>        | St Teresa's Nursing Home              |
| <b>Centre ID:</b>          | 0293                                  |
| <b>Date of inspection:</b> | 13 December 2012 and 14 December 2012 |
| <b>Date of response:</b>   | 28 January 2013                       |

### Requirements

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

### Theme: Governance, Leadership and Management

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

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

The Residents' Guide did not contain the most recent inspection report, a standard form of contract or the terms and conditions in respect of accommodation to be provided for residents.

#### **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.

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

|  |                   |
|--|-------------------|
| <b>Action required:</b>  |                   |
| Supply a copy of the revised Residents' Guide to the Chief Inspector.  |                   |
| <b>Reference:</b>  |                   |
| Health Act, 2007<br>Regulation 21: Provision of Information to Residents<br>Standard 1: Information  |                   |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>  | <b>Timescale:</b> |
| <p>Provider's response:</p> <p>On page 6 of the existing Residents' Guide it summarises the accomodation provided to residents.</p> <p>On page 6 and 7 the address and telephone number of the social services inspectorate is provided.</p> <p>Will we provide each resident with a welcome pack that will include a copy of the residents guide, a copy of the contract of care, and a copy of the latest HIQA report given to each resident on arrival to the nursing home.</p> <p>Copies of our latest HIQA report have been printed out and made available to all existing residents.</p> | Completed         |

**Theme: Safe care and support**

***Outcome 7: Health and safety and risk management***

|   |
|---|
| <b>The provider is failing to comply with a regulatory requirement in the following respect:</b>  |
| <p>Soap was not supplied at one wash-hand basin.</p> <p>The key to the clinical waste bin was affixed to the bin.</p> <p>There was unrestricted access to the sluice rooms.</p>   |
| <b>Action required:</b>   |
| <p>Ensure that procedures consistent with current national guidelines on infection prevention and control are available to and used by staff on a daily basis including adequate hand washing facilities at each wash-hand basin.</p> |

|   |                   |
|---|-------------------|
| <b>Action required:</b>   |                   |
| Ensure that access to high risk areas such as sluice rooms and clinical risk waste storage is adequately and appropriately restricted.  |                   |
| <b>Reference:</b>   |                   |
| Health Act, 2007<br>Regulation 31: Risk Management Procedures<br>Standard 26: Health and Safety<br>Standard 29: Management Systems  |                   |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>   | <b>Timescale:</b> |
| <p>Provider's response:</p> <p>An antibacterial handwash has been supplied to the wash-hand basin in the second floor assisted bathroom.</p> <p>The key to the external clinical waste storage bin has been moved to a new location and staff are aware of same.</p> <p>Open access to sluice rooms on both floors has been restricted. All staff have been informed to keep the sluice rooms locked when not in use.</p> | Completed         |

***Outcome 8: Medication management***

|   |                   |
|---|-------------------|
| <b>The provider is failing to comply with a regulatory requirement in the following respect:</b>  |                   |
| There was no explicit policy in place outlining the procedure for the management of unused or unwanted medications.   |                   |
| <b>Action required:</b>   |                   |
| Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies. |                   |
| <b>Reference:</b>   |                   |
| Health Act, 2007<br>Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines<br>Standard 14: Medication Management   |                   |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>   | <b>Timescale:</b> |

|   |                      |
|---|----------------------|
| <p>Provider's response:</p> <p>We will devise a policy for the handling and disposal of unused/unwanted medication and we will implement this policy in line with the best practice, national guidelines and regulatory requirements.</p> <p>We will also ensure that nursing staff are familiar with the policy.</p> | <p>30 March 2013</p> |
|---|----------------------|

**Theme: Effective care and support**

***Outcome 11: Health and social care needs***

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

The manual handling nursing plan for one resident that referenced the use of an assistive device was not implemented in practice.

An objective risk balancing tool to support the safe use of the bedrail was not utilised.

**Action required:**

Ensure that the decision making process in the use of bedrails is supported and informed by the use of an evidence-based risk balancing tool.

**Action required:**

The person in charge shall ensure that each plan of care is an accurate reflection of the residents needs and requirements so as to achieve the best possible outcomes for them; that the care plan is implemented in practice by staff and if not that the rationale for this, an appropriate risk assessment and a new care plan is devised and implemented.

**Reference:**

- Health Act, 2007
- Regulation 8: Assessment and Care Plan
- Standard 3: Consent
- Standard 10: Assessment
- Standard 11: The Resident's Care Plan
- Standard 17: Autonomy and Independence

| <b>Please state the actions you have taken or are planning to take with timescales:</b>  | <b>Timescale:</b>    |
|--|----------------------|
| <p>Provider's response:</p> <p>An evidence-based risk balancing tool in relation to the use of bedrails will be put into place.</p> <p>We will ensure that residents care plans reflect the changing needs of each resident. Risk assessments will be carried out where appropriate and the care provided accordingly.</p> | <p>20 March 2013</p> |

**Theme: Person-centred care and support**

***Outcome 14: End of life care***

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

End-of-life policy and practice did not adequately address:

- the management of unexpected deaths
- the completeness of nursing documentation
- the management of end-of-life care provision in shared accommodation.

**Action required:**

The person in charge shall review end-of-life policy and practice to ensure that staff have clear guidance and decisions regarding resuscitation are underpinned by policy based on the best available evidence and key ethical and legal principles. Any discussions and any anticipatory decisions will be documented, signed and dated on the patient's record and effectively communicated to the team.

**Action required:**

The person in charge shall put in place written operational policies and protocols for end-of-life care that outline adequate arrangements for the provision of end-of-life care so that it does not unreasonably infringe upon the wishes, rights, privacy and dignity of other residents. The person in charge shall ensure, where there is no option but to provide end-of-life care in shared accommodation, that the physical, emotional and psychological needs of all residents and, where appropriate, their representatives are respected and adequately responded to.

**Action required:**

The person in charge shall ensure that nursing records reflect the management of the remains of the deceased including the arrangements made for the removal of the remains from the centre.

|  |                   |
|--|-------------------|
| <b>Reference:</b><br>Health Act, 2007<br>Regulation 14: End of Life Care<br>Standard 16: End of Life Care  |                   |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>  | <b>Timescale:</b> |
| Provider's response:<br><br>We will review end-of-life care policy and ensure staff will adhere to the policy in their practice.<br><br>Staff will receive education and training on basic life support.<br><br>The end-of-life care policy will be amended to cater for the wishes of other residents in the provision of end-of-life care.<br><br>New procedures are in place to ensure the nursing reports will be documented until the deceased persons remains are removed from the nursing home. | 25 April 2013     |

***Outcome 15: Food and nutrition***

|   |
|---|
| <b>The person in charge is failing to comply with a regulatory requirement in the following respect:</b><br><br>Records maintained by catering staff were not congruent and constituted a risk in relation to the management of safe and unsafe foods.  |
| <b>Action required:</b><br><br>The person in charge shall ensure that the records maintained and the information communicated to all staff in relation to resident's specific nutritional requirements are congruent and accurately reflect both the swallow care plan and foods that are safe and unsafe. It is clearly understood that a resident's preferred choice may be unsafe and therefore not permissible. |
| <b>Reference:</b><br>Health Act, 2007<br>Regulation 20: Food and nutrition<br>Standard 19: Meals and Mealtimes  |

| <b>Please state the actions you have taken or are planning to take with timescales:</b>  | <b>Timescale:</b> |
|--|-------------------|
| <p>Provider's response:</p> <p>Records of residents food likes and dislikes have been reviewed and implemented. While the records reflect the residents choice it also highlights the therapeutic needs of the resident.</p> | <p>Completed</p>  |

***Outcome 16: Residents' rights, dignity and consultation***

|   |
|---|
| <p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Formal systems for consulting with and facilitating the participation of residents in the organisation of the centre were too limited to be truly representative or meaningful.</p>  |
| <p><b>Action required:</b></p> <p>Put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre on a regular basis. Issues raised individually or collectively by residents are acknowledged, responded to and recorded, including the actions taken in response to issues raised. Action taken in response to the issues raised forms part of the quality review process and clearly demonstrates change and improvement on all matters significant to and affecting the quality of life of the resident.</p> |
| <p><b>Reference:</b></p> <p>Health Act, 2007<br/> Regulation 10: Residents' Rights, Dignity and Consultation<br/> Standard 2: Consultation and Participation<br/> Standard 17: Autonomy and Independence<br/> Standard 18: Routines and Expectations</p>  |

| <b>Please state the actions you have taken or are planning to take with timescales:</b>  | <b>Timescale:</b>       |
|--|-------------------------|
| <p>Provider's response:</p> <p>We have nominated a long term member of staff as the leader of the residents committee. Monthly meetings will be held and recorded to allow residents to discuss any concerns they may have and any improvements to services they would like. Specific issues raised will be acknowledged and will be dealt with accordingly. All feedback will be documented including actions taken in response to the issues raised.</p> <p>St Teresa's Nursing Home encourages residents to give feedback actively on an ongoing basis.</p> | <p>28 February 2013</p> |

**Theme: Workforce*****Outcome 18: Suitable staffing***

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

Two staff files reviewed contained only two references; one of these files did not include a reference from the person's most recent employer.

**Action required:**

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

**Reference:**

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

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

**Timescale:**

Provider's response:

All references have been obtained to complete staff files.

Recruitment procedures have been implemented in compliance with Standard 22 and Regulation 18, Health Act 2007.

Completed

**Any comments the provider may wish to make<sup>1</sup>:**

**Provider's response:**

We would like to thank the inspectors for carrying out the inspection in a courteous and respectful manner. Both staff and residents commented that they did not feel over scrutinised or nervous about the inspectors being in the premises over the two days.

We would also like to thank the relatives of our residents who spoke to the inspectors and answered any questions asked.

If you require any further information and/or clarification please do not hesitate to contact me.

**Provider's name:** Michael Mc Cormack, on behalf of Cashel Care Ltd

**Date:** 28 January 2013

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<sup>1</sup> \* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.