

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



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| Centre name: | Glanmire Residential Care Centre |
| Centre ID: | 0301 |
| Centre address: | Glyntown |
| | Glanmire |
| | Co Cork |
| Telephone number: | 021-4821500 |
| Fax number: | 021-4821181 |
| Email address: | glanmirehealthcareltd@yahoo.com |
| Type of centre: | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public |
| Registered providers: | Glanmire Residential Care Ltd. |
| Person in charge: | Anne Marie Roberts |
| Date of inspection: | 22 May 2012 and 23 May 2012 |
| Time inspection took place: | Day-1 Start: 20:45hrs Completion: 00:15hrs Day-2 Start: 07:45hrs Completion: 13:00hrs |
| Lead inspector: | Margaret O'Regan |
| Support inspector: | Íde Batan |
| Type of inspection: | <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced |
| Purpose of this inspection visit: | <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

Glanmire Residential Care Ltd is a single-storey 40-bed facility, which comprises 21 single bedrooms, eight twin-bedded rooms and one three-bedded room. The centre caters predominately for older people. Sixteen of the single bedrooms have en suite toilets and wash-hand basins, the remaining five have en suite shower, toilet and wash-hand basin facilities. Six of the eight twin-bedded rooms and the three-bedded room have en suite bathrooms with shower, toilet, and wash-hand basin, while the other two twin-bedded rooms have toilet and wash-hand basin facilities.

Other amenities include three sitting rooms and one dining room. There is a patio area with seating and tables, that residents can access when weather permits.

Location

The centre is located a quarter of a mile from the village of Glanmire, a 10 minute drive from Cork city centre.

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|---|------|
| Date centre was first established: | 1986 |
| Number of residents on the date of inspection: | 39 |
| Number of vacancies on the date of inspection: | 1 |

| Dependency level of current residents | Max | High | Medium | Low |
|--|------------|-------------|---------------|------------|
| Number of residents | 7 | 10 | 17 | 5 |

Management structure

The named provider is Mary O'Sullivan. The person in charge, Anne Marie Roberts was appointed to her post on 16 January 2012. The person in charge, who reports to Mary O'Sullivan, is responsible for the day-to-day management of the service and is responsible for staff supervision. The deputy person in charge is Eleanor O'Sullivan.

| 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 | 1 | 8 | 2 | 1 | 1 | 0 |

Background

This was the sixth inspection of Glanmire Residential Care Centre carried out by the Health Information and Quality Authority (the Authority), and it was unannounced. Its purpose was to follow up on 11 of the actions set out in the action plan following a follow-up inspection in March 2012.

These actions related to:

- level of nursing cover
- attention given to residents' nutritional needs
- care plans
- medication storage practices
- management of restraint
- practices in place with regard to safety issues
- staff recruitment, training and supervision system
- management of complaints
- consistency with regards to record keeping
- activities provided for residents
- cleaning regime.

The above issues had also arisen in a previous report relating to an inspection carried out in October 2011.

Incorporated into this inspection was an examination of residents' care plans, resident assessments, complaints records, accident records, minutes of staff meetings, minutes of resident meetings, policies, medication records, service records for equipment, resident contracts of care, the statement of purpose and fire safety records. Care practices, infection control practices and interactions between staff and residents were observed. The inspectors spoke with staff, relatives and residents. This report outlines the findings of the inspection.

Summary of findings from this inspection

This inspection took place over two days. The first day the inspection was conducted from 20:45hrs to 00:15hrs. The inspection was then continued the following day from 7:45hrs to 13:00hrs. Of the 11 actions from the previous report, six were completed, four were partially completed and one was not completed. Inspectors found that overall, governance and management of the centre had improved. Staff reported that regular staff meetings took place. Staff stated these meetings were open and provided guidance and direction for them. Activities in the centre had increased to include baking and outings. Both these activities appeared to generate much interest from residents, relatives and staff.

There was a greater emphasis on quality of life issues for residents on this inspection and this was supported by the feedback on the resident questionnaires. Greater attention was seen to be given to assessment, care planning and attention to residents' nutritional status. Records were maintained in a more ordered and

complete fashion than on previous inspections. There were some lapses in the documentation around restraint management. This is discussed more fully in the body of this report.

One area noted on this inspection as needing significant attention was the general cleanliness of the centre and the need for redecorating and refurbishment. The greatest risk identified on this inspection was the night time staffing ratios which had not changed since the previous inspection.

This inspection report details the findings and sets out an Action Plan for the provider and person in charge.

Issues covered on inspection

Residents' views

The inspectors spoke with several of the residents, a number of whom had cognitive impairment. Those whom the inspectors spoke with expressed satisfaction with the facilities and the care provided. As in previous inspections, residents remarked on the kindness of staff. They stated that staff were always attentive no matter how busy they were. Inspectors noted that residents appeared relaxed and there was minimal use of restraint. Residents were seen to get up and go to bed at a time that suited them. They were offered a choice at each mealtime. Residents were seen walking around the premises both inside and in the secure garden area outside. Residents expressed pleasure at the outings facilitated.

Staff views

Inspectors met and spoke with members of both the day and night staff. Staff expressed satisfaction with the current management structure. There were regular staff meetings which they described as being well attended and where staff could be open with their views. They described the outings arranged for residents as being a positive element to life in the centre. The baking activity was also described as being of immense interest to many residents including those who partook in the activity and those who enjoyed the fruits of the exercise. As on the last inspection, staff showed a willingness to engage with the inspection process and a keenness to improve the quality of life for residents.

Actions reviewed on inspection:

1. Action required from previous inspection:

All reasonable measures must be taken to protect each resident from all forms of abuse.

A centre-specific policy on the procedures in place for the prevention, detection and response to abuse must be available.

All necessary arrangements must be made, by training staff or by other measures, which are aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Nursing supervision must include taking action where a resident is inappropriately addressed.

All staff must be trained in preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

A high standard of evidence-based nursing practice must be provided for residents. This includes accurate care planning, following through on therapies prescribed and ensuring appropriate infection management is in place.

Residents must be provided with opportunities to participate in activities appropriate to his or her interests and capacities.

Action completed:

According to the staff training record and confirmed by staff, six staff members had received instruction and updates on the detection and management of elder abuse this year. Staff were seen to interact with residents in a gentle manner and staff with whom the inspector spoke were clear on how they would deal with any concerns they had in relation to the protection of residents.

The policy on elder abuse was updated since the March 2012 inspection. The policy was detailed in describing the different types of abuse and was specific to Glanmire Residential Care Centre. It set out for staff, to whom and how they were to report such concerns. However, the implementation date of the policy was not recorded.

The care plans indicated suitable and sufficient care was provided to maintain residents' welfare and wellbeing, as all those examined were easy to follow and recently reviewed. It was evident from the minutes of staff meetings that there was a focus on considering how the quality of care of the residents could be improved. Matters such as residents' personal hygiene, activities, and the dressing of beds were discussed with sensitivity while attending to them in dignified manner.

Evidence of good nursing practices included adequate care planning and implementation of recommended therapeutic and medical interventions. One care

plan examined showed that a dietician recommended a particular type of diet. Inspectors noted that this recommendation was acted upon. At a later date the dietician made a further recommendation to this resident's diet. There was documentary evidence that this was also acted upon. This dietary information reconciled with the information available to the kitchen staff.

A random sample of care plans were reviewed for residents on a soft or a liquidised diet. These plans recorded that the resident had been seen by a dietician. Residents were weighed monthly by use of a sit-on digital weighing scales. These records were viewed and it was noted that of those charts examined, no residents were losing weight and some, who had lost weight previously, had gained weight in the past number of months. A nutritional assessment was conducted on residents on a three-monthly basis.

The activities provided had improved in the past few months. Nine residents recently went on an outing to a garden centre. This was facilitated through fund raising activities and a mini bus was hired for the trip. It was very well received by residents, their families, staff and management. Other such outings were planned. Weekly baking by residents was introduced as a new activity and had created much interest.

2. Action required from previous inspection:

Each resident's needs must be set out in an individual care plan developed and agreed with each resident. Residents must be facilitated to receive all appropriate health care and each resident must be supported on an individual basis to achieve and enjoy the best possible health.

The residents' care plan must be kept under formal review as required by their changing needs or circumstances, and no less frequent than at three-monthly intervals.

The residents' care plan must be revised after consultation with them, unless it is impracticable to carry out such consultation. Where medical treatment is recommended and agreed by a resident, it must be facilitated.

Action partially completed:

The care plans examined were in general connected to the actual needs of the residents. For example a resident with swallowing difficulty had a care plan for this need. The care plans were updated on a three-monthly basis and were in the main comprehensive. However, one care plan examined indicated a resident had not been weighed for two months when the policy was for monthly weights to be conducted.

Assessment for restraint was not in line with best practice or national guidelines. For example, a restraint assessment form was signed by a nurse and a relative; however there was no indication as to what type of restraint was to be used. The actual assessment part of the form was not completed and there were no indications if other interventions had been used. Neither was there any indication that the residents were involved in the consent for restraint. Such discrepancies were noted

in three sample files examined. The value and relevancy of the restraint assessment was therefore minimal and the subsequent care delivery was inconsistent and variable.

In one instance, two pressure ulcer recording tools were used. There was no clear indication why this was done and indicated a lack of engagement and/or understanding about pressure risk assessments and the merits of one tool over another.

A number of the care plans were seen to have been discussed with residents' families. The person in charge informed inspectors that approximately half of families had been involved in this consultation process. Efforts were being made to engage all residents or their families with the care planning process.

3. Action required from previous inspection:

Arrangements must be made, insofar as is reasonably practicable, to facilitate residents consultation and participation in the organisation of the centre.

Action completed:

The person in charge informed inspectors that residents and their relatives had been consulted about the care and facilities at Glanmire Residential Care Centre. Random samples of four completed questionnaires were seen by the inspector. All responses expressed satisfaction with the care provided. The inspector viewed some care plans which had records of consultation with family about the residents' care. Minutes were seen of the residents and relatives meeting which took place on 27 April 2012. Nine people attended this meeting. Matters discussed included the menu, outings, activities and the suggestion of another television at the top end of the large sitting room. On the day of inspection it was seen that the new television had been installed and residents were viewing it.

In contrast to the previous inspection it was noted that residents' consultation and participation in the organisation of the centre was credible.

4. Action required from previous inspection:

The person in charge shall ensure that at all times the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the centre.

The person in charge shall ensure that staff members have access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

The person in charge shall ensure that all staff members are supervised on an appropriate basis pertinent to their role.

Staff must be made aware of the provisions of the Health Act, 2007, regulations, the

statement of purpose and policies, as pertinent to their roles.

Staff employed must have the skills and experience necessary for the work they are to perform.

The person in charge must ensure that there is a planned and actual staff rota, showing staff on duty at any time during the day and night.

A person must not be employed in the centre until the information and documentation specified in Schedule 2 of the Care and Welfare Regulations has been obtained.

Action partially completed:

There had been no significant changes to the roster since the last inspection, which showed there was a nurse on duty Monday to Friday, in addition to the person in charge. Cover for nursing annual leave was scheduled to be covered by part time nurses who were available and expressed interest in working extra hours. Since the previous inspection, a carer was employed to cover for annual leave. Inspectors spoke with staff and residents; examined and observed standards of nursing care; considered the layout and design of the centre and examined residents' dependencies. It was concluded that the greatest concern they had about staffing levels related to the cover from 24:00hrs to 7:00hrs when two staff were on duty for up to 40 residents. An informal arrangement was in place where the deputy person in charge could be called upon by night staff at short notice if extra assistance was required. The person in charge told inspectors that if the workload increased an extra member of staff would be rostered as a temporary measure. The sanctioning of an extra regular staff member at night was at the behest of the provider.

There had been no occasion since the person in charge commenced her post in January 2012, which necessitated the rostering of extra temporary night staff. However, she was aware of the risk associated with only having two staff members on night duty for 40 residents. Night staff had not expressed difficulty to the person in charge or the provider with the staffing arrangements, and there were no indications from residents that they were left unattended when they required assistance. While there were unofficial arrangements in place to provide for extra staffing at night time, if needed, inspectors were not satisfied that they were sufficiently robust. Furthermore they were not satisfied that the level of risk to residents from this level of staffing was adequately assessed.

Staff had an awareness of the Health Act 2007, regulations and standards. A copy of these regulations was on display in the front hallway. Staff welcomed the leadership they were receiving from the person in charge. Staff meetings were arranged and planned with an emphasis on discussing ways to improve the quality of care for residents.

Staff files were examined including the files of a newly recruited member of staff. The required documentation was present, such as an employment history, medical

certificate of fitness and references. References for newly recruited staff were verified.

The training record was available to inspectors and showed that with the exception of one, all nurses and carers had received at least one training update in 2012 thus far. This training included the mandatory requirements such as fire, moving and handling and protection of the older adult. In addition staff had received training in infection control and reminiscence therapy. The training matrix was detailed; however, its layout could be further enhanced by creating an excel type spread sheet whereby a summary of each employee's training record could be viewed at a glance.

5. Action required from previous inspection:

Responsibility for infection prevention and control must be clearly defined and there must be clear lines of accountability for infection prevention and control throughout the centre.

Policies and procedures on infection control must be consistent with current national guidelines on infection prevention.

Cleaning staff must receive training pertinent to their role.

Action partially completed:

The cleanliness, state of repair and maintenance of the centre was an issue identified on this inspection as needing significant attention. The cleaning hours increased twice in the previous six months, with the last increase from 55 hours to 68 hours per week. In addition, since the last inspection in March 2012, cleaning staff were facilitated with training in this area. Inspectors noted examples of inadequate cleaning practices. For example, the dining tables had food stains from a previous meal, the grid on the patio door leading from the dining room to the garden was partly filled with grit, radiators had stains on them and the kitchen floor was stained. However, a significant impediment to the overall cleanliness of the place was the poor state of repair, maintenance and decoration of the centre. For example, walls and skirting boards were heavily scuffed, in particular on the corridors and in the dining room. These areas were in need of repainting. The floor covering in one bedroom was torn, posed a trip hazard and required to be replaced without delay; the flooring in the shower room on Copper Alley corridor was in need of repair or replacing, and the shower room in general needed refurbishment.

Equipment such as commodes and toilet surrounds were rusty and needed to be replaced. A number of radiator thermostats were broken and needed replacing, in addition the radiators were hot to touch and needed to be protected or the surface temperature of them reduced to avoid the risk of a burn injury. The secure garden was in need of weeding and the removal of broken furniture and other unused items. The curtains in one bedroom were not hanging properly and gave a dishevelled appearance from both inside and outside the room. The velux windows in the sitting room had stickers on them from when they were inserted many months ago.

The policy on infection control had been reviewed since the last inspection and provided guidance to staff in relation to the management and prevention of infection outbreaks. It was dated, referenced and easy to follow. Four members of staff had received a training update on infection control on 12 April 2012. Plans were in place to provide other staff with this training update also. The deputy person in charge, who had recently completed a "train the trainer" course, had assumed responsibility for staff education, including education on infection prevention and control.

6. Action required from previous inspection:

Accurate nutritional assessments must be seen to be carried out for residents where appropriate.

A comprehensive policy and guidelines for the monitoring and documentation of nutritional intake must be implemented.

Nutritional supplements prescribed or recommended must be provided for unless there is clear indication to the contrary.

Action completed:

Resident case notes were examined by inspectors and it was noted that residents routinely had a nutritional assessment. Monthly weights were recorded and it was noted that many residents had gained weight including those who had previously lost weight. Food monitoring charts and fluid balance charts were maintained as residents' needs indicated.

A random sample of resident charts examined showed that residents who had nutritional supplements prescribed had received those supplements. Instructions given by a speech and language therapist in relation to the specific dietary requirements of residents were seen to have been followed.

A nutrition policy was in place and menus had been reviewed since the previous inspection. The menu was on display and residents were offered a choice at every meal. Most residents were facilitated to use the dining room at lunch time where previously many residents had their meal in the sitting room. The inspector observed residents being able to have their breakfast at a time that suited them. In addition, residents were facilitated to have their food of choice including their choice of crockery. A pleasant and convivial atmosphere was noted in the dining room when residents were having a late breakfast. The kitchen was well stocked with food supplies and fresh baking was provided on the day of inspection.

7. Action required from previous inspection:

Records in relation to residents must be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Records must be kept up-to-date and in good order.

Records must be made available to the resident to whom the records refer.

The Residents' Guide must include all the items as listed in the regulations.

Restraint must only be used if indicated following an appropriate assessment.

Action partially completed

Improvements had taken place in relation to record management since the previous inspection. Record management was generally systematic in approach and the majority of records were clear, complete, accurate and up-to-date. However, there were some issues. One such issue, which had also arisen on a previous inspection, was documentation containing the previous company's name. This caused some confusion. However, more importantly was the record keeping around restraint assessment, which had also been an issue on previous inspections. Restraint assessment forms were in residents' files; however, in three instances the only section completed was the nurses and the relative or doctor's signature. There was no information as to how or if the assessment was conducted nor what type of restraint was to be used. The form was not signed by the resident nor was there any evidence that the use of restraint was discussed with the resident.

The provider's response to the last action plan indicated that a copy of the Residents' Guide had been given to residents. Inspectors noted that since the last inspection, holders had been placed in each bedroom in which a copy of the Residents' Guide was held. In addition, a copy of the guide and the regulations were available in the entrance hallway for relatives, visitors, staff and residents to view. However, this Residents' Guide did not provide a copy of the contract of care or a copy of the last inspection report.

8. Action required from previous inspection:

All reasonable measures must be taken to prevent accidents to any person in the centre and in the grounds of the centre.

An emergency plan must be in place for responding to emergencies. Staff must know the details of this plan pertinent to their role.

Action completed

At the previous inspection the doors into the laundry and sluice room were unlocked and posed a risk to residents. These doors had key pad access and on this inspection they were seen to be closed. A copy of the emergency plan was provided to inspectors. It was specific to Glanmire Residential Care and contained emergency contact numbers. Since the previous inspection arrangements had been made with a

local hotel to provide emergency cover in the event that the nursing home had to be evacuated. This plan was available to staff.

9. Action required from previous inspection:

A system must be established and maintained for improving the quality of care provided to residents and for reviewing the quality of life of residents.

A monthly report must be provided to the Chief Inspector of Social Services detailing the reviews conducted each month with regards to the quality of care provided to residents and the quality of life of residents.

Action completed

A system was in place for improving the quality of care provided to residents and for reviewing the quality of life for residents. A report of these quality reviews continued to be provided to the Chief Inspector of Social Services as requested in a previous report. The person in charge had discussed quality initiatives with staff in particular initiatives around activities; attending to details in relation to the comfort of residents when in bed; the documentation of residents' nutritional intake. The reports submitted thus far had scope to be developed further with more specific details of audits conducted and changes made as a result of such audits.

10. Action required from previous inspection:

The complaints policy must be centre specific and it must be adhered to.

The nominated person dealing with complaints must maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

All staff members must be made aware of any policies and procedures dealing with the general welfare and protection of residents. This includes familiarity with the complaints policy.

Action completed:

The complaints policy had been reviewed and set out how a complaint should be managed. There were no complaints recorded since November 2011. The person in charge stated no complaints had been made to her since she commenced in post in January 2012. The nominated person to deal with complaints was identified as the person in charge and the independent complaints person was the provider.

The policy was on display in the front hallway.

11. Action required from previous inspection:

The statement of purpose must contain all of the details listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action not completed:

The statement of purpose was also used as the Residents' Guide. As on previous inspections, several matters listed under schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), were not included in the statement of purpose.

Report compiled by:

Margaret O'Regan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

5 June 2012

| Chronology of previous HIQA inspections | |
|--|--|
| Date of previous inspection: | Type of inspection: |
| 3 February 2010 | <input checked="" type="checkbox"/> Triggered <input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced |
| 4 May 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 |
| 13 October 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 |
| 7 September 2011, 2 October 2011 and 19 October 2011 | <input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced |
| 7 March 2012 and 14 March 2012 | <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 *

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| Centre: | Glanmire Residential Care Centre |
| Centre ID: | 0301 |
| Date of inspection: | 22 May 2012 and 23 May 2012 |
| Date of response: | 19 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 and the person in charge have failed to comply with a regulatory requirement in the following respect:

Assessment for restraint was not in line with best practice or national guidelines. For example, a restraint assessment form was signed by a nurse and a relative, but there was no indication as to what type of restraint was to be used. The actual assessment part of the form was not completed and there were no indications if other interventions had been used. Neither was there any indication that the resident was involved in the consent for restraint.

In one instance two pressure ulcer recording tools were used. This indicated a lack of engagement and/or understanding about pressure risk assessments and the merits of one tool over another.

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

Action required:

Appropriate assessments must be conducted prior to the use of resident restraint.

Action required:

Staff involved in assessing residents for the risk of developing pressure must be aware of the relevance of the assessments tools in use in the centre.

Reference:

Health Act, 2007
 Regulation 8: Assessment and Care Plan
 Regulation 9: Health Care
 Regulation 25: Medical Records
 Standard 11: The Resident's Care Plan
 Standard 13: Healthcare
 Standard 21: Responding to Behaviour that is Challenging

| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
|---|--------------------------------------|
| <p>Provider's response:</p> <p>A new restraint policy is in the process of being drawn up, incorporating a new restraint form. Where possible/appropriate the resident, relative and health care professional will be involved in the assessment of the need to use any type of restraint.</p> <p>Staff have been instructed to use only one tool, the barthel assessment tool which includes pressure assessment, starting immediately, during initial assessment.</p> | <p>27 July 2012</p> <p>Completed</p> |

2. The provider and person in charge have failed to comply with a regulatory requirement in the following respect:

While there were unofficial arrangements in place to provide for extra staffing if needed at night time, inspectors were not satisfied that they were sufficiently robust nor were they satisfied that the level of risk to residents from this level of staffing was adequately assessed.

Action required:

The person in charge shall ensure that at all times the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the centre.

Action required:

The night time staffing arrangement must be risk assessed and a robust structure must be put in place to ensure extra assistance is available at short notice. This interim arrangement is until such time as extra staff are employed for the night shift.

Reference:

Health Act, 2007
 Regulation 16: Staffing
 Regulation 31: Risk Management Procedures
 Standard 23: Staffing Levels and Qualifications
 Standard 26: Health and Safety

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

Provider's response:

An on-call night rota has been completed and a copy should be in your possession. The number of Level 1 residents has decreased by two and the director of care will review on an on-going weekly basis. In an emergency situation, the assistant director of care lives within walking distance of the home and is available when and if required. A risk assessment was completed for the month of May, and a copy will be forwarded to the Authority. The conclusion of the assessment was that there were no changes of dependency and therefore no staffing adjustments were made.

15 June 2012

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

Inspectors noted examples of inadequate cleaning practices. For example, the dining tables had food stains from a previous meal; the grid on the patio door leading from the dining room to the garden was partly filled with grit; radiators had stains on them and the kitchen floor was stained. However, a significant impediment to the overall cleanliness of the place was the poor state of repair, maintenance and decoration of the centre. For example, walls and skirting boards were heavily scuffed in particular on the corridors and in the dining room. These areas were in need of repainting. The floor covering in one bedroom was torn, posed a trip hazard and required to be replaced without delay; the flooring in the shower room on Copper Alley corridor was in need of repair or replacing and the shower room in general needed refurbishment.

Equipment such as commodes and toilet surrounds were rusty and needed to be replaced. A number of radiator thermostats were broken and needed replacing, in addition the radiators were hot to touch and needed to be protected or the surface temperature of them reduced to avoid the risk of a burn injury. The secure garden

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| <p>was in need of weeding and the removal of broken furniture and other unused items. The curtains in one bedroom were not hanging properly and gave a dishevelled appearance from both inside and outside the room. The velux windows in the sitting room had stickers on them from when they were inserted many months ago.</p> | |
| <p>Action required:</p> <p>All parts of the centre must be kept clean and suitably decorated.</p> | |
| <p>Action required:</p> <p>The external grounds must be suitable, safe and properly maintained for use by residents.</p> | |
| <p>Action required:</p> <p>Radiators must be protected to ensure that their surface temperature does not pose a risk of burns to residents.</p> | |
| <p>Action required:</p> <p>Equipment provided in the centre such as commodes and toilet surrounds, must be maintained in a proper state of repair and replaced as necessary.</p> | |
| <p>Action required:</p> <p>The dining room and corridors in the older section of the centre must be repainted.</p> | |
| <p>Action required:</p> <p>Cleaning staff must receive adequate supervision and guidance.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures 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>A cleaning audit was carried out 13 June. On receipt of same, we will review and implement their independent assessment. We have a maintenance/redecorating schedule in place for July and August. Part of the programme is to redecorate with the minimal of upset to residents. To this end, when a room becomes vacant</p> | <p>31 August 2012</p> |

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| <p>redecorating will be carried out. Room number 17 has been completed. All rooms in Copper Alley Wing and Sallybrook Wing will be decorated over the coming months.</p> <p>One person is allocated to cleaning exterior areas; a new storage area will be put in place for the gardener. During the refurbishment programme, radiator covers will be included in the redecoration of each area. A new commode and shower chair are on order and we await delivery. All substandard equipment will be replaced immediately and all equipment will be monitored for wear and tear, and, where highlighted will be replaced in the future.</p> <p>In the redecorating programme, the dining room and corridors are scheduled to be completed first. The painter will commence in early July and will be ongoing. We envisage these works to be completed by the end of August.</p> <p>As previously stated on receipt of the cleaning audit, the results will be reviewed and all recommendations implemented. Additionally, we will engage an external supervisor to advise and direct the cleaners employed as to the most efficient methods of carrying out their duties.</p> | |
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| <p>4. The provider and person in charge have failed to comply with a regulatory requirement in the following respect:</p> <p>The Residents' Guide did not include all the items as listed under article 21 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p> <p>The management of restraint was not in line with national policy.</p> |
| <p>Action required:</p> <p>The Residents' Guide must include all the items as listed in the regulations.</p> |
| <p>Action required:</p> <p>Restraint must only be used if indicated following an appropriate assessment.</p> |
| <p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 21: Provision of Information to Residents Regulation 25: Medical Records Standard 1: Information |

| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
|---|---------------------|
| <p>Provider's response:</p> <p>As highlighted, the Residents' Guide is now being completely revised to comply fully with Section 21 of the Health Act, 2007 and Standard 1.</p> <p>We are in the process of re-evaluating residents with whom cot-side restraints are used. This is the only form of restraint used in our home. The assessments will comply with all Health Act, 2007 and the Standards.</p> | <p>27 July 2012</p> |

| <p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The statement of purpose did not include all the details set out in Schedule 1 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>The statement of purpose must contain all of the details listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p> | |
| <p>Reference:</p> <p>Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function</p> | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| <p>Provider's response:</p> <p>The statement of purpose is being reviewed and any revisions required will be made.</p> | <p>29 June 2012</p> |

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 24 Training and Supervision | The training matrix was detailed; however, its layout could be further enhanced by creating an excel type spread sheet whereby a summary of each employee's training record could be viewed at a glance. |
| Standard 30 Quality Assurance and Continuous Improvement | A more detailed and accurate system should be maintained of the monitoring and continuous improvement initiatives undertaken in the centre. |
| Standard 29 Management Systems | Policies, including the policy on abuse should have an implementation date recorded. |
| Standard 25 Physical Environment | It is recommended that an audit is conducted of cleaning practices with a view to improving standards in this area. An independent audit may be helpful in achieving this. |
| Standard 29 Management Systems | Adherence to the centre's policy is essential. For example, if the policy states monthly weights are carried out on all residents, this must be seen to happen. |

Any comments the provider may wish to make:

Provider's response:

We are pleased that the improvements that have been put in place in our centre since previous inspections are acknowledged by the Authority. We also welcome the recommendations for improvement and will ensure that these matters are attended to in an effective manner. Since taking over the centre in 2008 a lot of resources were invested in the upgrading of the building. Painting and decorating is done on an annual basis especially the corridors, dining and sitting rooms. We aim at continuous improvement and welcome the experience of the new director of care, and we are working together as a team.

Provider's name: Mary O' Sullivan

Date: 20 June 2012