

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated centres for older people**



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Aras Ghaoth Dobhair
Centre ID:	0311
Centre address:	Meenanillar, Derrybeg, Co. Donegal
Telephone number:	074-9560624
Fax number:	074-95 60931
Email address:	gcoyle@arasgaothdobhair.ie
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Bainistíocht Aras Ghaoth Dobhair Teo
Person in charge:	Geraldine Coyle
Date of inspection:	8 May 2012
Time inspection took place:	Start: 09:15 hrs Completion: 17:35 hrs
Lead inspector:	Siobhan Kennedy
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Monitoring 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 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

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

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

About the centre

Description of services and premises

Áras Ghaoth Dobhair is a purpose-built, single-storey nursing home providing care for older people in the catchment area of Dungloe, Aranmore, Burton Port and Creeslough. The centre was built as a result of a tripartite funding arrangement between the local community, Udaras Na Gaeltachta and the Health Service Executive (HSE). It can accommodate 41 residents and includes a 20 bed unit for the care of people with dementia. The centre is located in a Gaeltacht area and Irish is the first language of many of the residents.

The centre is divided into two units, one providing long-term general nursing and the other for dementia care. The entrance opens onto a bright spacious glass-fronted reception area with seating for residents and visitors. Each unit has its' own sitting room and dining room and is arranged around two secure internal courtyards planted with shrubs and flowerbeds.

Bedroom accommodation comprises 17 single bedrooms, four two-bedded rooms and four four-bedded rooms. One single room is designated for palliative care. All bedrooms have en suite toilet and shower facilities. Toilets are located to the left of the reception and near communal areas. Other facilities include snoezelan, treatment, and visitors' rooms, two assisted bathrooms, staff changing and dining rooms, laundry and sluice facilities.

The centre is located next door to the Ionad Lae day-care facility and strong links have been established between the two.

Location

The centre is situated in a rural setting in the town land of Derrybeg in the Gaeltacht area of Gweedore, County Donegal.

Date centre was first established:	12 July 2004
Number of residents on the date of inspection:	39 (1 in hospital)
Number of vacancies on the date of inspection:	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	12	10	12	5

Management structure

Bainistíocht Aras Ghaoth Dobhair Teoranta (a not-for-profit Company) operates the centre. There are four directors. The chairperson and designated provider on behalf of the company is John McDevitt. The other three directors are Georgina McBride (representing Údaras na Gaeltachta), Alastair Mc Kinney (representing the Alzheimer's Society of Ireland) and Fred Coll who together with John McDevitt represents the original fundraising group.

The Person in Charge is Geraldine Coyle, director of services. She is supported by a team of nurses, care assistants and catering staff. The company also employs an administrator and a maintenance person.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	8	3	2	1	*

* Maintenance staff, activity coordinator and four persons on work experience.

Summary of findings from this inspection

The purpose of this unannounced inspection was to monitor specific regulations and assess the progress made by the provider/person in charge in relation to the issues identified in the action plan of the previous inspection report dated 13 October 2011. These related to having suitable sluicing facilities and establishing systems for improving the quality of care to residents.

The inspector met with residents, staff, observed care practices and reviewed complaint records, accident/incident logs, and fire safety documentation. The person in charge facilitated the inspection process.

The action plan of the previous report was satisfactorily addressed.

The views of residents towards the centre were positive. They were complimentary in their comments about the facilities and quality of care provided. Aspects specifically mentioned related to prompt medical assistance, catering services, opportunities to be involved in activities and the attentiveness and support of staff.

The inspector observed the staff group carrying out their duties and interacting well with residents and relatives. An activity coordinator in conjunction with the staff team provided social and recreational activities for residents.

Allied Health Professionals (AHPs) provided services to residents as required. Residents had a care plan and those plans examined by the inspector showed evidence of assessment of needs and interventions to meet those needs. Risk assessments had been carried out in relation to a number of issues including accidents and falls.

The Action Plan at the end of this report highlights those areas where improvements are still required to comply with 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*. Broadly, these relate to the implementing the risk management policy/procedure throughout the centre, premises, staffing, and documentation.

Actions reviewed on inspection:

1. Action required from previous inspection:

Install a sluice sink in the sluice room in the dementia unit, which incorporates a thermostatic control valve or other suitable anti-scalding protection.

This was actioned.

A sluice sink with thermostatic control valves had been installed and is operational.

2. Action required from previous inspection:

Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and to the Chief Inspector of Social Services by end of 2011.

This was actioned.

The inspector was informed that in consultation with residents and their representatives, a system for reviewing and improving the quality and safety of care and quality of life to residents was established. Statistical information for the purposes of ongoing quality monitoring and continuous improvement was being collected in relation to the Authority's standards regarding a variety of matters for example falls, pain management, catheter care and the use of bedrails. The inspector examined a report compiled by the person in charge following an analysis of the information collected. This was satisfactory.

Recommendation from previous inspection:

Share the findings (and any actions taken in response) of the annual satisfaction survey with residents and relatives.

This was actioned.

A satisfaction survey was in progress and findings were being analysed for dissemination/action.

Recommendation from previous inspection:

Carry out a missing person's drill to test staffs' response and the effectiveness of the emergency plan.

This was actioned.

A missing person drill was carried out during November 2011.

Governance

Article 5: Statement of purpose

The person in charge gave the inspector a copy of the statement of purpose and function. In the main, the statement of purpose contained the information as per schedule 1 of the regulations with the exception of the following:

- name and address of each other person participating in the management of the designated centre
- the registration number, date of registration and expiry date
- any conditions attached to registration
- total nursing compliment given by grade
- organisational structure, (provided separately to the statement of purpose)
- any criteria used for admission to the designated centre, including the designated centres policy and procedures (if any) for emergency admissions
- associated emergency procedures
- the number of rooms.

Article 15: Person in charge

The person in charge is a registered general nurse with over 30 year's experience. She initially took up the post of director of services in 2003 and was responsible for setting up the centre. Throughout the inspection, she demonstrated good leadership and management skills and was knowledgeable about the Regulations, the Standards and her responsibilities for the provision of clinical care, general welfare and protection of residents. She confirmed that she was supported well by the board of directors for the centre.

Article 16: Staffing

There were appropriate and sufficient staff facilities available, which included changing room and staff dining area. The inspector viewed the staff duty rota for a two-week period. It showed that there was a registered nurse on duty at all times and indicated that staff were employed in sufficient numbers and skill-mix to meet the needs of the residents. In the main, planned and unplanned staff, absences were covered from within the existing staffing complement. On-call arrangements were in place. A key worker system was in operation whereby a number of residents are allocated a staff member to coordinate their care. The qualified nurses were registered with An Bord Altranais and an up to date record of their professional identification numbers was maintained.

The inspector observed that staff interacted with residents in a respectful and caring manner and made every effort to promote their rights, dignity and privacy. Residents were assisted (where necessary) to dress according to their individual tastes and preferences and staff assisted (if required) with personal care.

The inspector examined the documents which are to be held in respect of persons managing or working at the centre in relation to a newly recruited staff member. Information was available with the exception of evidence of mental and physical fitness and photographic identity.

Although there was evidence of some staff members having been trained in mandatory areas and other areas necessary in relation to implementing the centre's statement of purpose, not all staff members had access to education and training to enable them to provide care in accordance with contemporary evidence based practice. For example, some staff had participated Care and Responsibility Breakaway Techniques (methods to address behaviour that is challenging), but others had not had opportunity to participate in training on Infection Prevention and Control or CPR. The person in charge informed the inspector that it is difficult to resource external training in the area. The centre intends to address this by training persons as trainers from the existing staff group so that they can disseminate training to all staff internally. The chef, for example, intends to provide food safety training for staff members who handle food.

While there was evidence of staff members being communicated with and supervised through the process of staff meetings and appraisals, it was noted that not all staff had an appraisal. Staff meetings were primarily for nursing care staff as opposed to all staff members.

Article 23: Directory of Residents

The directory of residents was up-to-date and in compliance with the Regulations and schedule.

Article 31: Risk Management Procedures

There was a comprehensive written risk management policy in place and, in the main, it was implemented throughout the centre. The exceptions are the risks identified by the inspector and listed below. The documentation showed that where risks were identified, precautions were put in place to control them. There was an emergency plan, which was detailed. A visitors' log was in place to monitor the movement of persons in and out of the building thereby ensuring the safety and security of residents and visitors. The maintenance man told the inspector that regular environmental audits were carried out to identify any potential risks and areas requiring maintenance. The audit records viewed by the inspector were of a good standard and included daily, weekly and monthly checks on electrical equipment and assistive devices used by residents.

The inspector observed the following risk - two staff members while transferring a resident from a wheelchair to a sitting room chair did not implement good practice moving and handling techniques.

Article 39: Complaints

The person in charge demonstrated a positive attitude towards complaints and said she viewed complaints as an opportunity to improve the service. Residents told the inspector that they felt able to raise any concern with the person in charge or any of the staff. The person in charge maintained a complaints log in accordance with the relevant legislation.

There is a written operational policy and procedure relating to the making, handling and investigation of complaints. It was clearly displayed but it did not clearly stipulate the appeals process.

Article 36: Notification of incidents

The person in charge was aware of her responsibility in relation to notification of incidents and had submitted these (including quarterly notifications) to the Authority as required by the Regulations and within the relevant timescales. The person in charge audited incidents, accidents and untoward events on a quarterly basis. Documentation confirmed that the audit considered issues such as time, location and nature of injury, and had been used to inform deployment of staff and individual care planning.

Resident Care

Article 9: Health Care

The inspector found a good standard of nursing, medical and allied healthcare. The local general practitioner services attended to the needs of residents and an out-of-hours service was available. Residents were encouraged to retain their own GP, but where this was not possible, the person in charge assisted them to transfer to a local GP. Review of residents' medical notes showed that GPs visited the centre regularly and were available as required. Entries in residents' care plans showed that residents had access to allied health professional services, including the physiotherapist, occupational therapist, optician and chiropodist who provided their services to residents based on a referral from staff in the centre. There was evidence of communication and input from the dietician in the development of menus for residents with special dietary needs.

Each resident had a care plan and those examined by the inspector showed evidence of the residents' involvement and agreement with it. Admission records were maintained. Care plans contained details of the assessments of residents' dependency, their needs on admission, and subsequently their physical, social and mental health. Objectives of care, treatment plans and nursing interventions were recorded. During conversations with the inspector, staff were knowledgeable and familiar with care plans and residents' needs and preferences. Risk assessments had been carried out in relation to a number of health care issues, for example, continence, nutrition and swallowing. Staff adopted validated tools to risk rate residents, for example, the Braden scale was used to identify the risk of developing pressure sores. At the time of this inspection, there were no residents with pressure ulcers. Residents were weighed on a monthly basis and a record was maintained. Appropriate action was taken with regard to undue weight gain and loss with referral having been made to the dietician.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A dedicated activity coordinator was employed and worked with the staff team to devise social care assessments. These were then used to inform the activity programme. The activity coordinator included exercise programmes to promote residents' health. Residents consulted were complimentary of the activities on offer and were observed to enjoy the activities provided during the inspection, which included music, individual hand care, and group exercises. Arrangements were in place to meet residents' spiritual needs.

Staff were familiar with the policy, procedures, systems and practices regarding restraint including the involvement of the resident and his/her representatives, consultation with appropriate professionals and review of the form of restraint.

There was a dedicated palliative care suite within the centre, which enabled family members to remain with a resident at the end of life. The suite was pleasantly decorated and provided a sofa bed, tea/coffee making facilities, a fridge and a microwave. The centre had also established formal links with the local HSE palliative care team and nursing staff had been trained in the use of syringe drivers. Out-of-hours arrangements were also in place whereby staff could liaise with Donegal Hospice.

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

The staff member in charge of administration of medicines to residents explained the process to the inspector. The system in operation was prepared blister packs supplied by the local pharmacist. The associated documentation identified the prescribed medicines by size and colour, and the dates and times on which they were to be administered to the resident. GPs reviewed residents' medicines on a three-monthly basis. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. A list of the names and a copy of the signatures of all nurses involved in administration of medication was maintained. Medication audits were carried out and good arrangements were in place with the pharmacist.

Article 6: General Welfare and Protection

Management had put measures in place to protect residents from abuse. Staff members who were consulted were knowledgeable about protecting residents from abuse and the reporting mechanisms and what to do in the event of witnessing or a disclosure about actual, alleged or suspected abuse. An examination of the training records showed that the majority of staff have been trained in this area. However, some staff had not yet had this opportunity.

Article 20: Food and nutrition

Residents received a nutritious and varied diet that offered choice.

The inspector observed the lunchtime meal, which was a relaxed, and unhurried social occasions that provided opportunities for residents to interact with each other and staff. In the dining room, table settings for residents included condiments, a selection of drinks and matching cutlery and crockery with napkins. There was a menu card and flower display on each table.

The inspectors observed staff discussing the menu options with residents. They were asked what meal they would like and where they would like it served. Some residents chose to have meals in the communal sitting areas and/or their own bedrooms. Staff were seen sitting with these residents and assisting them in a respectful manner. The inspector saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions.

The chef was knowledgeable about the dietary needs of residents and was aware any who required a special diet. Throughout the day, staff offered residents a variety of snacks and drinks. Jugs of fresh water were readily available in communal areas and in residents' rooms and these were refreshed on a regular basis.

Residents who communicated with the inspector were complimentary of the food provided.

Environment

Article 19: Premises

The design and layout of the environment was suitable for residents. A detailed description of the premises is outlined at the beginning of this report. In general, the accommodation was spacious, brightly decorated and well maintained. Residents were full of praise about the building and facilities. They expressed satisfaction with the pleasant outlook from the corridors, communal areas and bedrooms. They considered the modern furnishings bright and comfortable. Communal areas such as the day rooms and the reception had a variety of seating. Residents' bedrooms were spacious and in the main personalised.

Great emphasis was placed on the safety of the enclosed garden, which was accessible to residents and their visitors. Access to the dementia unit was via a control system and exit was by a key-coded door for additional security. Circulation areas throughout the building were wheelchair accessible. Corridors were wide and handrails were fitted to assist the independent movement of residents.

The driveway and immediate perimeter were covered in tarmac and the grounds were landscaped and accessible to residents. There were tarmaced walkways, stonewalls and wooden gates, which created attractive spaces to walk. There were two internal courtyard gardens and a shed had been provided for a small number of residents who enjoyed gardening.

The inspector noted that a range of hoists, pressure relieving mattresses/cushions, electric beds and mobility aids were available to meet residents' needs. Contracts were in place for the breakdown and repair of all hoists, beds, air mattresses and other assistive equipment.

Good systems were in place for the prevention and control of infection. The premises were very clean. Disinfecting hand gel was widely available for use in all areas and staff were observed using hand gels throughout the day. Cleaning staff were observed working in an unobtrusive manner. Separate colour-coded equipment was used to minimise the risk of spread of infection.

Arrangements were in place for all linen to be laundered by an external provider and only personal clothing was laundered on site due primarily to the limited space within the laundry facility.

While the centre was generally in a good state of repair and had adequate services the following deficiencies were noted:

- the non-catering staff cleaning room was not equipped with a wash hand basin,
- paint was flaking of a hand rail in a toilet facility
- the floor covering in the laundry room was coming away from the floor in the corner behind the machines potentially posing an infection control risk.

Article 32: Fire Precautions and Records

There was evidence of good fire safety training, which included practical demonstrations. In the main training was provided by a staff member who is also a trained fire officer.

Staff tested the fire alarm weekly and fire equipment had been serviced in January 2012. The maintenance staff member confirmed that fire escape routes were checked daily to ensure they were unobstructed and notices to indicate the procedure to be followed in the event of a fire were in place throughout the centre.

Article 7: Residents' Personal Possessions

Systems and practices were in place to manage accommodation fees. However, records were not being maintained in relation to residents' personal property and possessions.

Article 28: Contract for Provision of Services

The inspector randomly selected and examined a resident's contract of care. This detailed the services provided and fees charged. The resident's representatives had signed the contract.

Article 11: Communication

A residents' forum has been established and regular meetings, which are minuted take place. This provided residents with an opportunity to express their opinions and views and participate in the operation of the centre.

While in the main, residents were fluent Irish speakers and for some this was their first language. However, many communicated in English but the signage on the main communal and bedroom doors was only in the Irish language.

Closing the visit

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

Acknowledgements

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

Report compiled by:

Siobhan Kennedy

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

22 May 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
28 September 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Regulatory Monitoring Visit <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
19 and 20 January 2011	<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 2011	<input checked="" type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report

Centre:	Aras Ghaoth Dobhair
Centre ID:	0311
Date of inspection:	8 May 2012
Date of response:	13 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 is failing to comply with a regulatory requirement in the following respect:

The risk management policy was not implemented through out the centre as the following risks were identified:

- two staff members while transferring a resident from a wheelchair to a sitting room chair did not implement good practice moving and handling techniques
- the non catering staff cleaning room was not equipped with a wash-hand basin
- paint was flaking of a handrail in a toilet facility
- the floor covering in the laundry room was coming away from the floor at a corner at the back of the room behind the machines potentially posing an infection control risk.

Action required:

Implement the risk management policy throughout the centre including safe moving and handling.

Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The two staff members who were observed transferring a resident incorrectly, have been instructed on the correct procedure. All staff have been advised to seek instruction from the nurse in charge if they are unsure about any manual handling procedures. Moving and Handling refresher training is ongoing for all staff. A wash-hand basin will be installed in the cleaners room. The handrail in the toilet will be replaced. The floor covering in the laundry room will be repaired.	Completed and ongoing 31/07/2012 31/07/2012 31/07/2012

2. The provider is failing to comply with a regulatory requirement in the following respect: Some staff had not yet participated in training or received other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
Action required: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>All staff have received Elder Abuse training at induction. Refresher training will be rolled out from July 2012, starting with those who have not been trained in the last two years.</p>	Ongoing
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<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Not all staff members had access to education and training to enable them to provide care in accordance with contemporary evidence based practice. For example, training is outstanding for staff with regard to infection prevention and control, CPR and food hygiene and safety.</p>	
<p>Action required:</p> <p>Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision</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>Access to training can be difficult due to our rural location. Up until now we have tried to do a lot of in-house training. However, this is not effective and we have sourced an external trainer to assist with our ongoing training programme.</p>	<p>July 2012 onwards</p>

<p>4. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The documents, which are to be held in respect of persons managing or working at the centre in relation to a newly recruited staff member, did not have evidence of mental and physical fitness and photographic identity.</p>
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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 Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
These documents have now been filed.	Completed

5. The provider is failing to comply with a regulatory requirement in the following respect:
The following information was omitted from the statement of purpose: <ul style="list-style-type: none"> ▪ name and address of each other person participating in the management of the designated centre ▪ the registration number, date of registration and expiry date ▪ any conditions attached to registration ▪ total nursing compliment given by grade ▪ organisational structure, (provided separately to the statement of purpose) ▪ any criteria used for admission to the designated centre, including the designated centres policy and procedures (if any) for emergency admissions ▪ associated emergency procedures ▪ the number of rooms.
Action required:
Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.
Reference:
Health Act, 2007 Regulation 5: Statement of Purpose and Function Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Our revised Statement of Purpose will be completed and sent to the Authority by 15 June 2012.</p>	15/06/2012

6. The provider is failing to comply with a regulatory requirement in the following respect:	
The written operational policy and procedure relating to the making, handling and investigation of complaints did not clearly stipulate the independent appeals process.	
Action required:	
Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.	
Reference:	
<p>Health Act, 2007</p> <p>Regulation 39: Complaints Procedures</p> <p>Standard 6: Complaints</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The complaints policy has been amended.</p>	Completed

7. The provider is failing to comply with a regulatory requirement in the following respect:	
Not all staff had opportunities to participate in staff meetings and staff appraisal.	
Action required:	
Supervise all staff members on an appropriate basis pertinent to their role.	
Reference:	
<p>Health Act, 2007</p> <p>Regulation 17: Training and Staff Development</p> <p>Standard 24: Training and Supervision</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Staff appraisal will commence in June 2012.	June 2012 onwards

8. The provider is failing to comply with a regulatory requirement in the following respect: Records were not being maintained in relation to residents' personal property and possessions.	
Action required: Maintain an up-to-date record of each resident's personal property that is signed by the resident.	
Reference: Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All personal property records are currently being reviewed and we shall endeavour with the co-operation of residents and relatives to keep these documents updated.	Ongoing

9. The provider is failing to comply with a regulatory requirement in the following respect: Signage on the main communal and bedroom doors was only in the Irish language however, many residents and visitors communicated in the English language.	
Action required: Put in place practices/signage that facilitate and encourage each resident to communicate.	

Reference: Health Act, 2007 Regulation 11: Communication Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Signage in residential areas is currently being revised to include an English translation.	18/06/2012

10. The provider is failing to comply with a regulatory requirement in the following respect:	
<p>The following were noted to defective/absent in the centre</p> <ul style="list-style-type: none"> ▪ the non catering staff cleaning room was not equipped with a wash-hand basin ▪ paint was flaking of a hand rail in a toilet facility ▪ the floor covering in the laundry room was coming away from the floor at a corner at the back of the room behind the machines potentially posing an infection control risk. 	
Action required:	
<p>Provide sufficient numbers of wash-hand basins fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p> <p>Ensure the premises are of sound construction and kept in a good state of repair externally and internally.</p>	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The action plan for these items is included in Action 1.	

Any comments the provider may wish to make:

Provider's response:

The Inspector's report is welcomed. We shall endeavour to complete our action plan to remedy the faults noted within the timeframe described above.

Provider's name: John Mc Devitt (chairperson) Bainistíocht Aras Ghaoth Dobhair Teo.

Date: 13 June 2012