

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated Centres under Health Act 2007



Centre name:	An Teaghlach Uilinn
Centre ID:	0309
Centre address:	Moycullen
	Co. Galway
Telephone number:	091 555444
Email address:	info@uilinn.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Uilinn Nursing Home Ltd
Person authorised to act on behalf of the provider:	Timothy Bohan
Person in charge:	Sini Varghese
Date of inspection:	14 and 15 May 2012
Time inspection took place:	Day-1 Start: 10:00 hrs Completion: 17:40 hrs Day-2 Start: 09:30 hrs Completion: 15:55 hrs
Lead inspector:	Jackie Warren
Support inspector:	Mary Costelloe
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Date of last inspection:	2 February 2012

About inspection

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

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under 18 outcome statements. The outcomes set out what is expected in designated centres.

Outcome 1 <i>There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.</i>
Outcome 2 <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i>
Outcome 3 <i>The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure</i>
Outcome 4 <i>Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.</i>
Outcome 5 <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
Outcome 6 <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i>
Outcome 7 <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</i>
Outcome 8 <i>Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.</i>
Outcome 9 <i>Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.</i>
Outcome 10 <i>Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.</i>

<p>Outcome 11 <i>Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.</i></p>
<p>Outcome 12 <i>Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</i></p>
<p>Outcome 13 <i>The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Outcome 14 <i>There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i></p>
<p>Outcome 15 <i>The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.</i></p>
<p>Outcome 16 <i>The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</i></p>
<p>Outcome 17 <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Outcome 18 <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</i></p>

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

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

About the centre

Location of centre and description of services and premises

An Teaghleach Uilinn is a two-storey, purpose-built centre, located on the outskirts of Moycullen village in Co Galway. The centre has residential places for 61 residents. The centre primarily provides long and short-term care to people over 65 years. On the day of inspection, there were 53 residents living in the centre, one of whom was in hospital. Four of the twin rooms were being occupied as single rooms and there were, therefore, four vacant beds.

There was a new extension at an advanced stage of construction. It consisted of 18 single bedrooms with en suite toilet and showers and a sitting room. This extension was scheduled for completion in June 2012.

The main entrance leads to a spacious reception area which is comfortably furnished with seating, flower arrangements and art work displayed on walls. There are two corridors off the central reception area. Communal areas and bedrooms are located on both sides of the corridors. There is also a treatment room and office accommodation on the ground floor. There is an oratory with seating, altar and religious artefacts, where residents may visit at any time for quiet prayer.

The main day room and dining room are located off the reception area and the kitchen is adjacent to the dining room. During the day most of the residents use the sitting room on the ground floor, which has comfortable seating, a television, ornaments and plenty of books. There is a second sitting room on the first floor where residents can spend quiet time.

Bedroom accommodation consists of 23 single bedrooms and six twin rooms on the ground floor and eight single bedrooms and nine twin bedrooms on the first floor. Thirty single rooms have en suite toilet, wash-hand basin and assisted shower facilities. These rooms are equipped and furnished to a high standard. There are three additional bathrooms with assisted baths, toilets and hand-washing facilities. There is a separate wheelchair accessible toilet adjacent to the main day room and dining room, which is also designated as a visitors' toilet.

Staff facilities include toilet, showers, changing, storage areas and a dining room. A sluice room is provided on the ground floor and laundry and cleaners' room are on the first floor. The building is smoke-free and there is an external smoking room adjacent to the building where residents can smoke. Residents can also smoke in the enclosed garden.

There is a lift in place between floors. There is ample car parking available for staff and visitors to the side of the building. There are large landscaped grounds surrounding the building in addition to a secure enclosed garden. Gardens have safe paved paths, garden furniture, bird feeders, colourful ornaments and mobiles.

Date centre was first established:	11 September 2006
Date of registration:	7 April 2011
Number of registered places:	61
Number of residents on the date of inspection:	52 + 1 in hospital

Dependency level of current residents as provided by the centre:	Max	High	Medium	Low
Number of residents	1	14	17	20

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

Management structure

The Provider is Uilinn Nursing Home Ltd. and the nominated representative is Timothy Bohan. The Person in Charge is Sini Varghese and she reports directly to the Provider. The Person in Charge is supported by a team of staff nurses and care assistants who report directly to her. Catering and housekeeping staff report to the Person in Charge. There is also an Administrator, a Receptionist, a full-time Maintenance Worker, a part time Activity Coordinator and a Health and Safety Administrator all of whom report to the Person in Charge. The provider's daughter, also works as an Administrator on a part time basis.

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	2	4	2	3*

* part-time activity coordinator, a full time maintenance person and a health and safety administrator

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

This report set out the findings of an unannounced inspection. This inspection took place over two days. As part of the inspection, inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Evidence of good practice was found in many areas of the service. Residents were supported to practice their religious beliefs as they wished and daily mass took place in the centre. Their civil rights were respected and the person in charge made arrangements for residents to vote in elections and referenda. There was a high standard of catering and residents were offered choices at mealtimes and snacks and drinks were available at all other times. The building was suitable for its stated purpose and was warm, clean and nicely furnished, with a variety of comfortable communal spaces for residents. The provider had put measures in place to safeguard the residents, staff and visitors from risks. Since the previous inspection the provider has built a smoking room for residents and 18 additional bedrooms and a large sitting were at an advanced stage of completion.

Residents had good access to general practitioners (GPs) and health professionals.

However, during this inspection, the inspectors found that the provider and person in charge failed to adequately address areas for significant improvement which were identified in the previous inspection report. Inspectors found that while the provider and person in charge had made some progress in addressing some of the actions from the previous inspection, some significant issues had not been satisfactorily addressed.

There were some serious issues identified during the inspection which related to healthcare, including the management of wounds and management of nutritional issues. The inspectors were concerned that suitable care was not provided to a resident with complex needs, adequate assessments and care plans were not in place and medication administration sheets were not appropriately signed by the GP. The inspectors highlighted these issues to the provider and person in charge on the first day of the inspection and requested that immediate action be taken to address them. On the second day of the inspection the provider and person in charge had addressed the care of the resident with complex needs. They had also developed and commenced working on a plan for the assessment of all residents, the development of appropriate care plans and measures to ensure that medication management was in line with professional guidelines.

The majority of the required information for staff recruitment, selection and vetting was available on staff files, but some further information had yet to be gathered. A range of training had been provided to staff but all staff had not received training in manual handling.

A process for the auditing and monitoring of incidents/accidents and complaints had not been introduced to improve the quality of service, although the person in charge had been working with an external consultant to devise an auditing system which she planned to commence in the near future.

The statement of purpose, Residents' Guide, the complaints policy and the directory of residents were not in line with legal requirements and required some further development.

The inspectors were concerned that the provider had incorrectly declared that some of the actions in the previous action plans submitted to the Authority had been completed or were at an advanced stage of completion. During the inspection this was found not to be the case. For example, the provider had stated in the previous action plan response that care plans had been revised and updated and that a system of quality improvement auditing was in place. Some actions were partially completed and had not been completed within the agreed timeframe. These included medication management, the emergency plan and selection and vetting of staff.

These issues are discussed in the body of the report and are included in the Action Plan at the end of the report.

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

1. Statement of purpose and quality management

Outcome 1

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

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Inspection findings

An inspector read the statement of purpose which set out the services and facilities provided and the intended aims, objectives and ethos of the centre.

The statement of purpose had been drafted in line with the requirements of the Regulations but required some additional information such as the conditions attached to the registration of the centre, the age range and sex of the residents for whom it is intended to provide accommodation, the type of nursing care provided, room sizes for communal rooms and bed rooms and arrangements for the supervision of therapeutic services.

There was a copy of the statement of purpose in the information pack which was supplied to residents.

Outcome 2

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

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

There was no formal process in place for the auditing and monitoring of incidents/accidents and complaints, although this action had been identified in the action plans of the two previous reports. There was no system to identify trends or to inform the introduction of preventative measures and to develop learning or improvement of practices. The provider stated in the previous action plan response that this work had been completed.

The person in charge showed the inspector an auditing tool which she had developed to audit compliance with the Regulations and the Standards. This auditing system had not yet commenced, but the person in charge stated that she planned to carry out this audit at the end of May 2012 and that it would incorporate a quality improvement review of accidents, incidents and complaints.

The introduction of a quality improvement system had been identified in both the previous inspection reports.

Outcome 3

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

References:

Regulation 39: Complaints Procedures

Standard 6: Complaints

Inspection findings

The complaints process was generally in line with the requirements of the Regulations but required some further development.

There was a complaints procedure and it was displayed in prominent locations in the centre. It explained the complaints process, how complaints would be addressed and included details of an independent appeals process. The management of complaints was carried out in line with the complaints procedure.

However, the information contained in the complaints policy was not in line with legal requirements. For example, the policy stated that complaints could initially be made to the nurse on duty and that only complaints that were not resolved by the nurse would be referred to the person in charge for inclusion in the complaints register. This was not in line with the Regulations which require that all complaints be recorded and did not reflect practice in the centre. The person in charge stated that the complaints policy was being revised to reflect current practice.

The person in charge was identified as the complaints officer and the provider was nominated as the person to review the complaints records to ensure that they were completed correctly. The policy also included details of how to access an independent appeals process in the event of a complainant not being satisfied with the outcome of a complaint investigation.

The inspector reviewed the complaints folder and found the complaints were recorded in detail, identified the complainant, the issue and the action taken. The records also included the satisfaction of the complainant with the outcome of the action taken. However, the entries were not signed by the person who made the entries or by the person nominated to deal with all complaints. There was no process in place to learn from the complaints received and this is discussed in Outcome 2 of this report.

2. Safeguarding and safety

Outcome 4

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

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

The provider and person in charge had taken measures to protect residents from abuse, although some further improvements were required in this area. They had arranged training in detecting and reporting elder abuse although not all staff had attended this training. Most of the staff who spoke with inspectors were clear on what constituted abuse and were aware of their responsibilities, but one staff member was unsure about recognising and reporting abuse.

The inspector viewed the policy on elder abuse and protection of vulnerable adults. The policy outlined different types of abuse and provided guidance on recognising, managing and reporting abuse. Discussions with staff and records maintained on staff files indicated that some staff had been trained in the prevention of elder abuse while others had not.

During the last inspection an inspector examined the arrangements for the safekeeping of residents' valuables and found that residents' money and valuables which had been surrendered for safekeeping continued to be managed in a secure and transparent manner. All money was safely stored and recorded and transactions were documented and signed by two witnesses.

Residents had secure storage areas in their rooms to manage their own property and valuables if they wished and some residents were taking care of their own money.

There was an informative policy on the management of residents' finances and property, which clearly outlined the arrangements of for the safekeeping of residents' valuables.

Outcome 5

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

References:

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

Inspection findings

The provider had systems to protect the health and safety of residents, staff and visitors but some of these systems were not adequate and required improvements.

The inspectors viewed the fire records which showed that all fire equipment had been regularly serviced. The fire extinguishers were serviced annually and quarterly servicing of the fire alarms was carried out. The fire extinguishers had been serviced in July 2011 and the fire alarm system had been serviced in March 2012. Weekly checks of emergency lighting, fire alarms and fire exits were carried out and recorded.

Inspectors viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by staff. One newly appointed staff member had not yet received fire training. The person in charge confirmed that she would be attending fire safety and evacuation training on 29 May 2012. Fire drills were undertaken as part of the annual training but additional fire drills were not being carried out. All staff who spoke with the inspectors knew what to do in the event of a fire. All fire exits were clear and unobstructed and fire orders were displayed in different parts of the building.

There was a health and safety statement and a comprehensive and informative risk management policy which provided clear guidance to staff on the identification and management of risks within the centre. Since the last inspection a new risk register had been developed by an external consultant and it identified a range of risks throughout the building. In addition, the provider had employed a health and safety administrator who was assisting the person in charge in updating the centres' policies to bring them into line with the requirements of the risk management policy. However, some staff were not familiar with some of the risks identified in the risk register. For example, the risk register identified the sluicing of infected laundry as an infection control risk and stated that this should not take place. Inspectors found, that this practice did take place in the laundry. Inspectors also identified risks associated with access to the laundry room and the storage of clinical waste. The person in charge had commenced a plan to discuss a portion of the risk register with staff at each staff meeting.

There was an emergency plan which identified what to do in the event of fire, but did not provide guidance on what to do in the event of flood, loss of power or heat and any other possible emergency. The emergency plan did not include a contingency plan for the evacuation of residents from the building in the event of an emergency, temporary accommodation which could be used in the event of an evacuation or arrangements for transporting residents to emergency accommodation.

The inspectors viewed the training records and found that some staff had not received up-to-date mandatory training in manual handling. Staff who spoke with the inspectors confirmed this to be the case. The person in charge told the inspectors that manual handling training for these staff would be taking place before the end of May 2012.

The provider and person in charge had put in place adequate controls to monitor all visitors to the building. A visitors' book was maintained and completed daily.

Outcome 6

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

References:

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

Inspection findings

While some of the processes in place for the management of medication were safe, secure and in accordance with current guidelines and legislation - some areas of medication management were not appropriate to safeguard residents and increased the risk of medication error. There was a medication policy which was generally up to date and reflected practice in the centre. It contained procedures for prescribing, administration, recording and transcribing of medication. However, it did not include any guidance on the storage and safekeeping of medication.

Medications requiring strict controls were stored safely in a double-locked cupboard and stock levels were checked and recorded by two nurses at each change of shift. The balance was also checked and recorded by the nurse at the time of administration. The inspector checked the balance of one medication and found that the balance recorded was consistent with the remaining stock.

An inspector accompanied a nurse on the midday medication round. The nurse demonstrated his competence and knowledge when outlining the procedures and practices on medication management and administration. The nurse had a lockable medication trolley and he locked the trolley while it was unattended. The nurse recorded and signed to confirm each medication administered. There were colour photographs of all residents on the administration charts.

However, inspectors identified some medication management practices which were not in accordance with the professional guidelines of An Bord Altranais and that did not ensure the safety of residents:

- nurses informed inspectors that some residents required their medications to be crushed. Inspectors reviewed the medication prescribing charts of these residents and noted that GPs made and signed a general comment recommending crushing on the chart but did not sign each individual prescription and this posed a risk that some medications could be crushed which are not suitable for this process
- prescribed medications were transcribed from the original prescriptions by nurses. This information was in most cases signed by the transcribing nurse and checked and signed by another nurse. On some administration sheets the entries had not been checked and signed by the GP before being used to administer medication to residents. This was not in line with the centre's medication policy

- some residents had nutritional supplements prescribed by the GP. Inspectors noted that one resident was being administered supplements from a discontinued stock in addition to the prescribed supplements. This medication was being administered by a non-nursing member of staff. This did not comply with professional guidelines and posed a dosage risk to the resident. In addition, the inspectors noted that one resident's discontinued prescribed medication was not appropriately stored, as it was kept on the resident's bedside locker. The medication consisted of several containers of nutritional supplements. This was in contravention of the centre's medication policy.

Medication management had been identified as an area for improvement in both previous inspection reports.

3. Health and social care needs

Outcome 7

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

References:

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

Inspection findings

The centre had sufficient GP cover, and there was an out-of-hours medical service available. A review of residents' medical notes showed that GPs visited the centre regularly. Residents told inspectors that residents had access to their GP when necessary and they felt their health needs were well monitored. The GPs reviewed and re-issued each resident's prescriptions every three months. The residents had access to the services of health care professionals such as chiropodists, dieticians and a psychiatric consultant, as required and records of referrals were maintained on residents' files.

The standard of care planning and assessment had been identified as requiring improvements at both previous inspections. The inspector read some the residents' care plans and was very concerned that the person in charge had not made any significant improvements to the care plans since the last inspection. The person in charge was in the process of changing residents' health care information and care planning from a computerised system to a paper system, with the intention that only the assessments would be undertaken on the computer system in future. The files which the inspectors reviewed did not have comprehensive assessments undertaken at admission, additional assessments were not carried out for some residents, care interventions were not clearly identified and did not provide adequate guidance for staff to deliver care. For example, staff had not developed interventions for the management of nutritional care, wounds, use of bedrails and managing behaviour that is challenging where these issues were identified as risks.

The inspectors were not satisfied that residents' weights and nutritional issues were being satisfactorily addressed. Some residents had up to date nutritional assessments and some had not. There were no records that residents were being weighed, which was not in line with the nutrition policy which stated that all residents must be weighed each month. As residents were not being weighed, staff could not establish if residents' weights were stable or if they required review by nutritional specialists or their GPs. Nutritional care plans had not been developed for some residents who had specific dietary needs and recommendations from a speech and language therapist had not been incorporated into a care plan or otherwise communicated to staff.

An inspector read the care plan of a resident who had multiple wounds and found that there was inadequate monitoring and assessment of the wounds and the care plan interventions were not sufficiently detailed to guide staff in the delivery of wound care. For example, the recommendations of a tissue viability specialist who had assessed the resident had not been incorporated into the care plan. In addition, there was no guidance on the use and setting of a pressure relieving mattress used by the resident. The settings of the mattress could not be set in accordance with the resident's weight, as weight monitoring had not been undertaken.

Several residents used bedrails while in bed and the inspectors reviewed the use and management of this restraint. Staff had not carried out sufficient assessments for the use of bedrails and the reasons for their use and alternatives which had been considered had not been consistently recorded.

There were inadequate care plans in place to address behaviour that is challenging, although staff could outline how they managed this issue. Some care plans viewed contained generic information which was not consistent with the care interventions that the staff outlined for managing this issue. The care plan did not provide any guidance on specific techniques which could be used to calm this resident or identify the triggers which could start it so that preventive measures could be put in place.

Care planning had been identified as an area for improvement in both previous inspection reports.

Outcome 8

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

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Inspection findings

There was a comprehensive and informative policy on end-of-life care.

At the time of inspection, none of the residents were receiving end-of-life care. The person in charge explained that residents who were nearing end of life had regular access to a priest or other religious ministers as required.

Although none of the staff had training in end of life care, the person in charge outlined how they could access a local hospice team for palliative care. She stated that accommodation was also arranged for families if they wished to stay near their relative either in the centre or in the nearby area.

Outcome 9

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

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Inspection findings

Residents received a nutritious and varied diet that offered choice.

The quality, choice and presentation of the meals were of a high standard and the residents confirmed this. Inspectors sampled the meals and found them to be well presented, hot and tasty. Residents were offered a choice at lunch and evening meals each day and the inspectors observed second helpings being offered to residents.

An inspector visited the kitchen and spoke with the chef. The kitchen was very well equipped and there were ample stores of fresh and frozen food. The chef was knowledgeable regarding residents' likes, dislikes and special dietary needs. The chef knew the residents well and said that he regularly chatted with them and asked if there was anything that they would like. He had developed a menu cycle based on the preferences of residents and which provided choice at all meal times. Residents confirmed this saying that they could have anything they wished and that they were very satisfied with the food provided.

Inspectors noted that residents were offered a variety of snacks and drinks throughout the day, including home made soups and baked products. Residents confirmed that they could have snacks and drinks at any time. A supply of sandwiches and snacks such as yogurts and baked products were available to residents if they wanted something to eat in the evenings or during the night.

Some residents required special diets or a modified consistency diet and this was provided for them. Inspectors noted that they had the same choices as other residents and the food was presented in appetising individual portions.

There was a newly-developed nutrition policy. The policy was informative and included guidance on assessing and monitoring weight loss. However, the policy had not been implemented and had not yet been made available to staff. Policies are further discussed in Outcome 16 of this report.

4. Respecting and involving residents

Outcome 10

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

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Each resident had a contract of care which was appropriately signed and agreed. The contracts outlined the services which residents would expect to receive, clearly identified what was not included in the fee, and outlined the terms and conditions.

Outcome 11

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

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Inspectors found that residents' privacy and dignity were respected by staff. Inspectors observed staff knocking on the doors of occupied rooms and waiting for permission to enter, screening curtains were in place at beds in shared rooms and bedroom doors were closed when personal care was being delivered. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred names. Inspectors observed good interactions between staff and residents who chatted with each other in a comfortable way.

Residents religious and civil rights were supported. Roman Catholicism was the only religion being practiced in the centre at the time of inspection, but the person in charge said that all religious denominations would be supported to practice their religious beliefs. There was a chapel in the centre which residents and relatives could use for prayer and reflection. One of the residents was a priest and he said mass in the centre every day and a local priest said weekly mass, heard confessions and administered the sacrament of the sick as required.

Residents who wished to vote in elections were supported. The local polling station was close to the centre and the person in charge arranged lifts to the polling station for residents who wanted to vote.

While there was informal consultation, it was not organised and there was insufficient consultation with residents on the running of the centre. The person in charge and the provider had close links with the residents and they knew them very well. The person in charge worked in the centre each weekday and the provider came to the centre several times each week. There was no organised forum for residents to meet and discuss their views or make suggestions, but the provider and person in charge said that they sought residents' views on an ongoing basis through informal conversations with them. They said that the activity coordinator also talked to all residents and sought their views.

Residents had access to a range of information sources. There was a plentiful supply of books and newspapers for the residents to read and televisions were available in the sitting rooms. Televisions and telephones were also provided in every bedroom.

Residents' independence was promoted by staff. Inspectors saw staff members assisting residents to walk to the dining room at a leisurely pace. Residents were encouraged to eat their meals independently and were given plenty time to enjoy their food. Inspectors found that residents had flexibility in their daily routines and residents said they could decide when to get up and go to bed and whether to participate in activities available to them.

Contact with family members was encouraged and although there was no designated visitors' room, arrangements were in place for residents to receive visitors in private. The sitting room on the first floor was not used extensively by residents and this room could be used as a quiet place where residents could meet with visitors in private if they wished. There was also an office which could be made available for private visits. The provider had identified the need for a designated visitors' room and outlined his plans to provide one in 2013.

Outcome 12

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

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

Residents were encouraged to personalise their rooms and inspectors visited rooms adorned with photographs, pictures and other personal belongings. All residents had adequate storage space for clothes and personal possessions and lockable storage space for valuables was also provided.

Residents' personal clothing was clean, pressed and well-cared for. Staff marked residents' clothing on admission to identify items and ensure that they were returned to their owners after laundering. An inspector met the laundry assistant and found that he was knowledgeable about infection control and the different processes for different categories of laundry, although there was one infection control issue identified which is discussed in Outcome 5 of this report.

5. Suitable staffing**Outcome 13**

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The arrangements for person in charge met the requirements of the Regulations.

The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people.

Outcome 14

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

References:

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

Inspection findings

The inspector found that the staffing levels and skill-mix at the centre were sufficient to meet the needs of residents. The person in charge told the inspector that staffing levels were based on the assessed health, social and personal needs of residents using a validated tool and her own clinical judgment. The inspector observed staff being attentive to residents and performing their duties in a timely manner. The inspectors viewed the staff rota and found that the planned staff rota matched the staffing levels on duty.

The inspectors were concerned that the delivery of health care and the assessment of residents was not adequately supervised by the person in charge. As discussed in Outcome 7, there were significant gaps in the assessment of residents and some identified healthcare needs had not been communicated to all staff.

Records indicated that staff had received a variety of training. For example, during 2012, some staff had received training in medication management, care planning and assessment, dysphasia and use of nutritional supplements and in care of the older person Further Education and Training Awards Council (FETAC) Level 5. Training in incontinence management was scheduled for June 2012.

The person in charge organised regular staff meetings which were attended by all grades of staff, the most recent of which was held in April 2012. The inspector read the minutes of that meeting and modified diets, manual handling, the safety statement and fire procedures had been discussed.

Inspectors reviewed the recruitment policy and found that it required further development, as it did not reflect the required recruitment documentation. In addition, the policy had not been signed and dated. Inspectors examined a sample of staff files and found that the provider had not ensured that all of the required documentation for staff had been obtained to indicate that they were fit to work in the centre. Some files, did not contain evidence of the employee's mental and physical fitness. One file had only one reference and another had two references instead of the required three. The person in charge had not gathered any of the

required documentation in respect of one staff member who had been recently recruited.

Staff recruitment had been identified as an area for improvement in both previous inspection reports.

6. Safe and suitable premises

Outcome 15

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

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

During the previous two inspections of this centre the building was found to be constructed and maintained to a high standard. The building was found to be comfortably and tastefully furnished and was clean, bright and spacious with ample communal space for residents. On this inspection the inspectors found that this standard continued to be evident throughout the building.

Since the last inspection the provider had constructed an external smoking area close to the exit from the dining room. The smoking area was a stone built room equipped with seating lighting, non slip floor mats and wall mounted heaters. There were low level switches to control the heaters so that residents could turn them on and off as they wished. The short distance from the exit to the smoking room was fitted with a handrail for the safety of residents. Inspectors met with some of the residents who used the smoking room and they said that they found it comfortable and enjoyed using it.

An extension to the building was at an advanced stage of construction and due for completion in June 2012. The person in charge showed the inspectors around the extension which consisted of 18 single bedrooms with en suite toilet and showers and a sitting room.

A high standard of hygiene was being maintained in the building. The cleaning staff were knowledgeable about infection control and used colour coded cleaning equipment to control the risk of cross infection. There was an ample supply of protective materials such as hand gel dispensers, disposable aprons and latex gloves throughout the building, and inspectors observed staff using them appropriately.

There was appropriate assistive equipment provided to meet the needs of residents, including hi-low beds, a hoist, specialised mattresses and transit wheelchairs. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order.

7. Records and documentation to kept at a designated centre

Outcome 16

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

References:

Part 6: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

Inspection findings

The person in charge had developed a range of operational policies and procedures. A sample of the policies viewed by the inspectors was found to be comprehensive and informative. However, most of the policies had not been signed, dated or formally implemented and some of the policies, such as the nutrition policy had not been made available to staff.

The person in charge and the provider had developed a Residents' Guide/information pack. The information pack was informative but did not contain all the information required by the Regulations such as a copy of the most recent inspection report. Copies of the Residents' Guide had been supplied to the residents and were available in the reception area.

An inspector read the register of residents and found that it was generally up-to-date and included the required information for each resident. However, in some entries residents return to the centre following a stay in hospital had not been recorded.

The provider had an insurance policy which provided extensive insurance cover of the service. It provided cover for residents' personal effects subject to a maximum limit of €1,000 per person, rather than a maximum liability of up to €1000 per item as specified in the Regulations.

Records relating to health care and staff recruitment are discussed under Outcome 7 and Outcome 14 of this report respectively.

Outcome 17

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

An inspector reviewed the accident and incident records. Details of each accident/incident, observation and treatment, and action taken were appropriately recorded.

However, the practice in relation to notifications of incidents was unsatisfactory. The person in charge was not clear on the legal requirement to notify the Chief Inspector regarding certain incidents. The inspectors found that notifications of wounds and an accident resulting in a fracture had not been made to the Authority, as required by the Regulations. Inspectors also found that notification of quarterly returns to the Chief Inspector were not up to date.

Outcome 18

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

References:

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

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

Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge. A staff nurse deputised for the person in charge in her absence. The person in charge and provider were aware of their responsibilities to notify the Authority if the person in charge was to be absent for an extended period.

Closing the visit

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

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, the provider and staff during the inspection.

Report compiled by:

Jackie Warren

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

28 May 2012

Provider's response to inspection report*

Centre:	An Teaghlach Uilinn
Centre ID:	0309
Date of inspection:	14 and 15 May 2012
Date of response:	11 July 2012

Requirements

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

Outcome 1: Statement of purpose and quality management

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

The statement of purpose did not meet all of the requirements in Schedule 1 of the Regulations.

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
Standard 28: Purpose and Function

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Statement of purpose updated to include all matters included in Schedule 1.	25/05/2012

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

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no system in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis.</p>	
<p>Action required:</p> <p>Establish and maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life of residents at appropriate intervals.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Audit of all services provided, carried out on 31 May 2012. Audits will be carried out bi-annually to monitor and evaluate quality of services.	Done Ongoing

Outcome 3: Complaints procedures

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The complaints policy was not in line with legal requirements or reflective of practice in the centre.</p>	
<p>Action required:</p> <p>Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.</p>	

Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Complaints policy updated and copies are available for reference by staff. Complaints procedure displayed at the reception and also copies made available to residents in the residents information package.	25/06/2012 Done

Outcome 4: Safeguarding and safety

4. The provider is failing to comply with a regulatory requirement in the following respect: Some staff had been not been trained in the prevention of elder abuse While the majority of staff were aware of the different types of abuse and were clear on what to do if they suspected elder abuse, one staff member, however, was not clear on reporting 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:
Provider's response: Policy on abuse updated and made available to all staff involved in the care of residents. Training on prevention of elder abuse scheduled for mid august.	25/06/2012 Scheduled for mid august

Outcome 5: Health and safety and risk management

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Some staff were not familiar with some of the risks identified in the risk register.</p> <p>The emergency plan did not provide guidance on what to do in the event of flood, loss of power or heat and any other possible emergency and did not include a contingency plan for the evacuation of residents from the building in the event of an emergency.</p> <p>Some staff had not received up-to-date mandatory training in manual handling.</p>	
<p>Action required:</p> <p>Put in place a comprehensive written risk management policy and implement this throughout the designated centre.</p>	
<p>Action required:</p> <p>Put in place an emergency plan for responding to emergencies.</p>	
<p>Action required:</p> <p>Provide training for staff in the moving and handling of residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</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>Comprehensive risk management policy developed and implemented.</p> <p>Emergency plan for other risks. For example, flooding, power failure, damages to the building etc developed and made available to staff at the centre.</p> <p>All staff completed manual handling training on 23 May 2012 and 30 May 2012.</p>	<p>Done</p> <p>15/06/2012</p> <p>23/05/2012 30/05/2012</p>

Outcome 6: Medication management

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

The medication policy did not include any guidance on the storage and safekeeping of medication.

Prescriptions for crushed medications were not individually signed by the GP.

Some transcribed prescriptions had not been checked and signed by the GP before being used to administer medication to residents.

One resident was being administered supplements from a discontinued stock in addition to the prescribed supplements. This medication was being administered by a non-nursing member of staff. One resident's discontinued prescribed nutritional supplements were not appropriately stored.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Reference:

Health Act, 2007
 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
 Standard 14: Medication Management

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

Timescale:

Provider's response:

Policy on medication management update and individual copies made available to all nursing staff.

25/06/2012

All medications to be crushed are individually signed by the GP and same reviewed on a three-monthly basis.

Done, Ongoing

All transcribed medications are signed by the transcribers, witnessed by a second nurse and signed individually by the GP.

Done, Ongoing

All medication stocks will be checked and discontinued medications discarded appropriately/returned to the pharmacy within 72 hours of the medication being discontinued.

Done, Ongoing

Outcome 7: Health and social care needs

<p>7. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Care plans did not include adequate assessments and plans of care to address the identified needs of some residents in sufficient detail and did not provide clear and adequate guidance for staff to deliver care.</p>	
<p>Action required:</p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare</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>Care plans of all residents at the centre updated according to their individual needs.</p> <p>Systems put in place to review the plans every three months.</p>	<p>Done</p> <p>30/08/2012 Ongoing</p>

Outcome 7: Health and social care needs

<p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Wound care, nutrition, restraint and behaviour that is challenging were not managed effectively to ensure the safety of residents.</p>	
<p>Action required:</p> <p>Provide a high standard of evidence-based nursing practice.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 21: Responding to Behaviour that is Challenging</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Comprehensive assessment was carried out on all residents at the centre and plan of care is based on the findings of the assessment.</p> <p>For all new admissions comprehensive assessment will be initiated on day of admission and completed within seven days of admission. Plan of care will be developed and updated based on the assessment findings.</p>	<p>Done</p> <p>Done, Ongoing</p>

Outcome 11: Residents rights, dignity and consultation

<p>9. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was insufficient consultation with residents on the running of the centre.</p>	
<p>Action required:</p> <p>Put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Resident feedback will be done bi-annually and all comments on the services and requirements will be addressed and informed to the residents. First feed back survey carried out on 19 January 2012.</p> <p>The activities coordinator will discuss with residents on a weekly basis any comments/suggestions they may have. This will be recorded and reported to the person in charge.</p>	<p>15/08/2012 Ongoing</p> <p>Done</p>

Outcome 14: Suitable staffing

10. The provider is failing to comply with a regulatory requirement in the following respect:	
The recruitment policy required further development, as it did not reflect the required recruitment documentation. Some staff files did not contain all the information required in Schedule 2 of the Regulations for the recruitment, selection and vetting of staff.	
Action required:	
Supervise all staff members on an appropriate basis pertinent to their role.	
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 of the Regulations have been obtained in respect of each person.	
Reference:	
Health Act, 2007 Regulation 18: Recruitment Regulation 17: Training and Staff Development Standard 22: Recruitment Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
All staff files checked and updated with the required documentation. Some staff are awaiting finalisation of Garda vetting.	15/08/2012
All new recruits will commence on employment after furnishing all the required documentation.	Ongoing

Outcome 16: Records and documentation to be kept at a designated centre

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

The directory of residents, operational policies, insurance policy and the Residents' Guide were not in line with legal requirements and required some further development.

Action required:

Maintain an up-to-date record of residents called the directory of residents and include the information specified in Schedule 3 of the Regulations.

Action required:

Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26.

Action required:

Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.

Action required:

Produce a resident's 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.

Reference:

Health Act, 2007
Regulation 23: Directory of Residents
Regulation 27: Operating Policies and Procedures
Regulation 26: Insurance Cover
Regulation 21: Provision of Information to Residents
Standard 32: Register and Residents' Records
Standard 29: Management Systems
Standard 31: Financial Procedures
Standard 1: Information

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

Timescale:

<p>Provider's response:</p> <p>Directory maintained up-to-date and will be checked and signed on a daily basis to ensure up-to-date record.</p> <p>Provider will ensure compliance with the regulations regarding insurance cover.</p> <p>All policies as per Schedule 5 of the Regulations updated and individual copies made available to all Nurses. A copy made available for reference for all other staff at the centre.</p> <p>The resident information package updated with the updated statement of purpose, two copies of the contract, copy of the most recent inspection report, a copy of the complaints procedure. Copy of the latest inspection report made available in the day room for the residents.</p>	<p>Done and ongoing</p> <p>30/09/2012</p> <p>25/06/2012</p> <p>Done</p>
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Outcome 17: Notification of incidents

<p>12. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Notifications of wounds and an accident resulting in a fracture had not been made to the Chief Inspector. Notifications of quarterly returns to the Chief Inspector were not up to date.</p>
<p>Action required:</p> <p>Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.</p>
<p>Action required:</p> <p>Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any recurring pattern of theft or reported burglary.</p>
<p>Action required:</p> <p>Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any accident.</p>
<p>Action required:</p> <p>Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any fire, or loss of power, heating or water.</p>

Action required:	
Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any incident where evacuation of the designated centre took place.	
Reference:	
Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All notifiable events and quarterly notifications will be forwarded to the authority as specified.	Ongoing

Any comments the provider may wish to make:

Provider's response:

We thank the inspectors for their comments and suggestions on the services at the centre and take this opportunity to assure that we will provide services reflective of the best interests of our residents and staff.

Provider's name: Timothy Bohan
Date: 11 July 2012