

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Nazareth House
<b>Centre ID:</b>	0368
<b>Centre address:</b>	Fahan Lifford, County Donegal
<b>Telephone number:</b>	074 9360113
<b>Email address:</b>	Nazarethhouse1@hotmail.com
<b>Type of centre:</b>	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered provider:</b>	Sisters of Nazareth
<b>Person authorised to act on behalf of the provider:</b>	Sr. Alice Kirwan
<b>Person in charge:</b>	Deborah Love
<b>Date of inspection:</b>	8 November 2012 and 3 December 2012
<b>Time inspection took place:</b>	<b>Day-1 Start:</b> 10:15 hrs <b>Completion:</b> 18:00 hrs <b>Day-2 Start:</b> 12:10 hrs <b>Completion:</b> 19:10 hrs
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	Sheila McKevitt
<b>Type of inspection</b>	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input checked="" type="checkbox"/> following a notification <input type="checkbox"/> following information received

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, in which 11 of the 18 outcomes were inspected against. The purpose of the inspection was:

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

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

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

This monitoring inspection was announced and took place over two days. As part of the monitoring inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Changes in management, including a change in the nominated person to act on behalf of the Registered Provider and the Person in Charge had been notified to the Authority and interviews were carried out that included key senior managers.

Of the 11 Outcomes inspected against, inspectors were satisfied that significant improvements were made since the last inspections in April 2012 to improve the quality of care to residents. All actions from the last inspection were progressed or addressed satisfactorily. However, further improvements were required in areas as follows:

- internet (IT) connectivity to access care records continued to present problems during this inspection
- some unsafe medication management practices were found
- recently employed staff files did not contain all records required in Schedule 2 of the Regulations

The Action Plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

**Section 41(1)(c) of the Health Act 2007**  
**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

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

**Outcome 1**  
*There is a written statement of purpose that accurately describes the service 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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

A statement of purpose that consists of matters listed in Schedule 1 of the Regulations was reviewed, updated and made available to the Chief Inspector.

**Outcome 3**

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

**References:**

Regulation 15: Person in Charge  
Standard 27: Operational Management

**Outstanding action(s) required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

**Inspection findings**

The Chief Inspector was notified of a change in person in charge as required. Deborah Love was nominated by the provider to be person in charge as of 21 August 2012. She meets the criteria, is a registered nurse and has experience in geriatric and psychiatric nursing. Inspectors were informed that management and gerontology courses have been identified and are to be undertaken by the person in charge and her deputy.

Throughout the inspection process the person in charge and deputy demonstrated insight and a commitment to delivering good quality care to residents informed by ongoing learning and review of practice.

**Outcome 5**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The Chief Inspector was informed and notified of the planned absence by the person in charge as required. Both the person in charge and the key senior manager/deputy were recently appointed to these positions. The Chief inspector was notified and both completed satisfactory interviews.

**Theme: Safe care and support**

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

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

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

**Outcome 6**

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

**References:**

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Measures were in place to protect residents from being harmed or suffering abuse.

Training on identifying and responding to elder abuse was provided to staff and a policy and procedure to guide staff in reporting and dealing with allegations was available. The person in charge and staff spoken with displayed sufficient knowledge of the different forms of elder abuse and were clear on reporting procedures. Contact details of the local designated elder abuse officer and other agencies were available in the centre.

Residents spoken with confirmed to inspectors that they felt safe in the centre. They primarily attributed this to the staff being available to them if they required. Residents said if they had a concern they would raise it with the nurse in charge.

Resident's finances were not inspected at this time.

**Outcome 7**

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

**References:**

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

**Outstanding actions required from previous inspection:**

Implement in full the guidelines and practices as outlined in relation to influenza and infection control in:

- Interim Guidelines on the Prevention and Management of Influenza Outbreaks in Residential Care Facilities in Ireland 2011/2012
- Health Information and Quality Authority's *National Standards for the Prevention and Control of Healthcare Associated Infections* (2009)

Ensure that responsibility for infection prevention and control is clearly defined and there are clear lines of accountability for infection prevention and control throughout the designated centre.

Ensure equipment is clean and maintained in a hygienic condition to minimise the spread of infection and that supplies of equipment and products for good infection control management are readily available.

Have in place a comprehensive risk management policy that is implemented throughout the designated centre.

Ensure that the risk management policy includes arrangements for the cleaning of parts of the premises and equipment that may present hazards in accordance with good practice guidance.

Ensure that the arrangements in place for maintaining residents' records and for relaying information can be supported by the structures in place and that precautions are in place to control the risks identified such as poor internet access.

Have in place the records, policies and procedures to be maintained in designated centres as outlined in Schedules 4 and 5 of the Regulations.

**Inspection findings**

Actions two, six, seven and ten required from the previous inspection were satisfactorily implemented. However, action eight regarding poor IT connectivity issues continued to present problems during this inspection.

Much learning was evident from the reported outbreak of influenza in the centre April 2012. Meetings of the centres management and staff team with public health and regulatory officials had been carried out for feedback and future learning. Comments raised and learning from the event brought about improvements to inform local and national practice, guidelines and policy. Learning was fed back to staff to improve resident safety and prevent reoccurrence. Policy and communication flow charts detailing interventions in response to suspected and confirmed influenza were in place and known by staff. Reporting structures and contingency plans for

additional/support resources including additional staffing were in place to support policy documents.

All staff and residents were offered the 'Flu vaccine and records in this regard were maintained and available for inspection. Training and education sessions facilitated by the HSE infection control person had been provided to all staff and a further date in December 2012 was being arranged for recently appointed staff.

The vaccination status of all residents and staff was known by management and recorded in accordance with best practice guidelines.

Responsibility for infection prevention and control was clearly defined and clear lines of accountability for infection prevention and control throughout the designated centre was in place in accordance with published guidelines.

Cleaning schedules were in place and recorded. Audits of the premises and equipment was maintained by staff and reviewed by the provider and person in charge. The environment and equipment was clean and maintained in a hygienic condition to minimise the spread of infection. Audits were maintained to monitor same having a positive impact on outcomes. Supplies of equipment and disposable products for good infection control management were available and in stock.

A health and safety statement and a risk management policy were in place with associated policies including those outlined in Schedules 4 and 5 of the Regulations. Policies were implemented and learning from incidents and debriefing was evident.

Resident's records were maintained electronically and in hardcopy. However, during the course of the inspection, access to electronic records was hampered at times despite confirmation that work had been carried out locally to upgrade the broadband system. Ongoing negotiations and consultation with agencies was reported during the inspection in an attempt to improve internet access in the locality and in the centre. Since the inspection, written communication was received dated 5 December 2012 stating a telephone/broadband fault on 4 December 2012 resulted in the renewal of a phone line to the building. This correspondence also certify/confirms "the line and broadband as working perfectly".

Arrangements were in place and confirmed for detecting, containing and extinguishing fires; giving warnings of fires; training staff in the movement/evacuation of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment.

**Outcome 8**

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

**References:**

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



**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection

**Inspection findings**

A medication management policy was in place that included practices relating to the ordering, prescribing, storing and administration of medicines to residents. However, aspects of the policy required improvement in line with best practice guidelines.

Medications that required special control measures were carefully managed and stored securely in keeping with the Regulations and professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register indicating the stock balance was checked and signed by two nurses at the change of each shift.

However, some unsafe practices were found that included the following:

- drugs administration sheets were signed prior to administration of medicines
- transcription of prescription drugs by nurses was not in accordance with professional guidelines. Nurse signatures were not included in transcribed prescriptions and the medication management policy was non-specific in this regard/practice
- drug frequency and maximum drug dose of as required (PRN) medicines was not stated consistently
- crushing of medication orders was unclear and not specific to individual or collective drugs prescribed.

The person in charge was required to address these issues and has subsequently submitted documentary evidence that measures are ongoing to address these issues. The policy is to be reviewed in light of changes in practice and in accordance with current Regulations, guidelines and legislation.

**Outcome 9**

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

**References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

**Outstanding action(s) required from previous inspection:**

The person in charge shall ensure that notice is given to the Chief Inspector without delay of the occurrence in the designated centre of outbreaks of any infectious disease.

Have in place procedures to guide and inform staff on the records to be maintained and the notifications to be made to the Authority.

Have in place a record of accidents and incidents that describes the event fully and that indicates the actions taken following the event to protect residents.

## Inspection findings

Actions 5 and 9 required from the previous inspection were satisfactorily implemented.

Procedures to guide and inform staff on the records to be maintained and the notifications to be made to the Authority were in place.

Records reviewed of accidents and incidents described the event fully and included actions taken including neurological observations and control measures following the event to protect residents.

### Theme: Effective care and support

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

### Outcome 11

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

### References:

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

## Standard 21: Responding to Behaviour that is Challenging

### **Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

The healthcare needs of residents appeared to be met and opportunities for residents to participate in activities appropriate to his or her interests and capacities were available. However, improvements were required in care planning and evaluation of care.

Residents had access to medical and allied health professionals including optician, dental, chiropody, dietician, psychiatry and occupational therapy. The nurse explained that the GP's and community psychiatric nurse visited weekly and were available as necessary. There was a system in place for each resident and their medication prescription to be regularly reviewed by their GP and there was documentary evidence to support this.

Difficulties in accessing residents computerised data was experienced on inspection. As a result of poor connectivity and experience of limited access to residents records staff were also maintaining hardcopy records. An inspector reviewed a sample of residents' electronic and hardcopy records and found that while care plans and nursing assessments and clinical risk assessments were carried out every three months, there was little evidence of evaluation of interventions as the care plans were not being updated to reflect residents' current condition. Care plans and interventions were generalised and not specific to individual residents and audits of care plans had not been implemented at this time.

### **Outcome 12**

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

### **References:**

Regulation 19: Premises

Standard 25: Physical Environment

### **Outstanding action(s) required from previous inspection:**

Ensure that ventilation, heating and lighting suitable for residents is provided in all parts of the designated centre which are used by residents.

Ensure that equipment provided at the designated centre or used by residents or persons who work at the designated centre is maintained in good working order.

Ensure that appropriate equipment is provided to enable staff to operate appropriate infection control measures.

### Inspection findings

The actions required from the previous inspection were satisfactorily implemented.

The environment was clean, warm, calm and welcoming. Appropriate ventilation, heating and lighting suitable was provided in the designated centre. Audits of corridor and room temperatures were maintained indicating satisfactory temperatures over 24 hour periods.

Equipment was clean and maintained in good working order. Servicing invoices and contracts were available and maintained.

Resources such as personal protective equipment and hand gels were available and accessible on entry/exit and in communal areas was available to promote infection control.

### Theme: Person-centred care and support

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

### Outcome 13

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

#### References:

Regulation 39: Complaints Procedures  
Standard 6: Complaints

### Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

### Inspection findings

The provider and person in charge told inspectors that no complaints were received or reported to them since the last inspection. The complaints procedure was displayed and a policy was available outlining the timescales, stages and steps to follow in accordance with the Regulations. The nominated appeals person requires consideration and specification in light of management changes underway.

**Theme: Workforce**

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

**Outcome 18**

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

**References:**

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

**Outstanding action(s) required from previous inspection:**

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Have cleaning and ancillary staff available throughout the day in accordance with the assessed needs of residents.

Ensure that the designated centre has written policies and procedures relating to the recruitment, selection and vetting of staff.

Persons shall not be employed at the designated centre unless the provider has obtained in respect of that person the information and documents specified in Schedule 2 of the Regulations, which includes references from three sources and evidence of medical and physical fitness.

**Inspection findings**

Action three from the previous inspection was satisfactorily addressed. However, action 11 required from the previous inspection was partly addressed and is restated.

On the days of inspection, adequate staffing levels and skill mix were on duty to meet the number of residents (43) and their needs. The staffing team included the nominated person on behalf of the provider, Alice Kirwan, the person in charge, two staff nurses, including one senior staff nurse, seven care attendants, one activity

coordinator, two cleaning staff and one laundry staff member, two dining room and three catering staff, one administration and one maintenance person. Actual and planned rosters were available to confirm these staffing levels were in place. Staffing levels at night included one nurse and three care attendants from 8pm to 8am. The provider and person in charge told inspectors that contingency plans were available and to be implemented in the event of emergencies and/or increase in resident numbers and dependencies. A recorded contingency plan was available that included emergency contact names and numbers.

Cleaning staff were rostered for morning and evening shifts which was an improvement since the last inspection. The centre was clean and without odours.

The designated centre had written policies and procedures relating to the recruitment, selection and vetting of staff. However, the recent employment of staff some data including Garda Síochána vetting and medical declarations were outstanding in some staff files.

### **Closing the visit**

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

### **Acknowledgements**

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

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

Sonia McCague  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

19 December 2012

Action Plan

Provider's response to inspection report \*

Centre Name:	Nazareth House
Centre ID:	0368
Date of inspection:	8 November 2012 and 3 December 2012
Date of response:	25 January 2013

Requirements

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

Theme: Safe care and support

***Outcome 8: Medication management***

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

Unsafe medication management practices were found that included the following:

- drugs administration sheets were signed prior to administration of medicines
- transcription of prescription drugs by nurses was not in accordance with professional guidelines. Nurse signatures were not included in transcribed prescriptions and the medication management policy was non-specific in this regard/practice
- drug frequency and maximum drug dose of as required (PRN) medicines was not stated consistently
- crushing of medication orders was unclear and not specific to individual or collective drugs prescribed.

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

<b>Action required:</b>	
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.	
<b>Action required:</b>	
Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.	
<b>Reference:</b>	
Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Practices relating to the prescribing and administering of medication have been reviewed.</p> <p>In line with An Bord Altranais Guidelines, drugs administration sheets will be signed after the administration of medications to the resident.</p> <p>In the event of a transcription of prescription drugs by a nurse, the decision to transcribe will only be made in the best interest of the resident to ensure safe administration of the prescribed medication. The Kardex will be signed and dated by the nurse transcriber, immediately checked and signed by a second nurse. The GP will sign the Kardex within 72 hours.</p> <p>Drug kardexes have been reviewed to ensure that drug frequency and maximum dose of as required (PRN) medications will be stated consistently.</p> <p>The crushing of medication will be clearly stated in relation to specific or collective drugs prescribed.</p> <p>Written policies and procedures will be updated to reflect the above changes. Appropriate and suitable procedures in accordance with current regulations, guidelines and legislation will be put in place.</p>	<p>Completed</p> <p>10 February 2013</p> <p>10 February 2013</p> <p>Completed</p> <p>10 February 2013</p>



An on-line, medication management course will be undertaken by all nurses.	3 months
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**Theme: Effective care and support**

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

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

Poor IT connectivity presented problems accessing resident information and current records during this inspection.

There was little evidence of evaluation of interventions as the care plans were not being updated to reflect residents' current condition.

Care plans and interventions were generalised and not specific to individual residents.

Audits of care plans had not been implemented at this time.

**Action required:**

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Make each resident's care plan available to each resident.

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.

Revise each resident's care plan, after consultation with him/her.

Notify each resident of any review of his/her care plan.

**Reference:**

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

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

**Timescale:**

Person in Charge's response:	
Where appropriate, residents are involved in the identification of their needs during the development and formal reviews of their care plans. A hard copy of the current care plan is available to residents or next of kin for review. Residents who are unable to participate will be represented by their next of kin.	3 months
Residents or next of kin will be informed of impending care plan reviews and invited to attend review meetings.	Immediately
Care plans are formally reviewed every three months or sooner if the resident's needs change and are individualised.	Ongoing
IT - mainly internet connection issues (in the area) are being addressed and improvements are ongoing. The improvements are dependent on external organisations.	Ongoing
Further education and information sessions are being provided for nurses in the use of the IT system to ensure care plans, assessments and evaluations are updated and recorded correctly.	3 months and ongoing
The auditing process of care plans has been revised and will be completed at least three monthly by the person in charge.	3 months

**Theme: Workforce**

***Outcome 18: Suitable staffing***

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

Documents specified in Schedule 2 of the Regulations were not available for all persons working in the centre.

**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
- Standards 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Recruitment policies are in place and the procedure is that no staff will be allowed commence employment prior to all documentation specified in Schedule 2 of the Regulations is obtained. Personnel files have been audited to ensure that evidence of fitness to work is included for all existing staff and now forms part of the job application form.</p>	1 month

**Any comments the provider may wish to make:**

**Provider's response:**

The staff feel rewarded and valued when their efforts in striving to improve the care and service standards provided to residents are recognised by the Inspector.

We would like to thank the inspection team for the courteous and professional manner in which they conducted the inspections on the 8th November and on 3 December last.

**Provider's name:** John O'Mahoney on behalf of the Sisters of Nazareth

**Date:** 25 January 2013