

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007, as amended**



Centre name:	Donore Nursing Home
Centre ID:	0032
Centre address:	Sidmonton Road
	Bray
	Co. Wicklow
Telephone number:	01-2867348
Email address:	Donore_09@yahoo.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Brecon Care Ltd
Person authorised to act on behalf of the provider:	John Griffin
Person in charge:	Maria Balanquit
Date of inspection:	08 May 2013
Time inspection took place:	Start: 09:30 hrs Completion: 15:00 hrs
Lead inspector:	Sheila Doyle
Support inspector(s):	Angela Ring
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	Four

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Summary of compliance with 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*.

This inspection report sets out the findings of a monitoring inspection, in which 10 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.

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

This monitoring inspection was unannounced and took place over one day. 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.

Health care needs continued to be met and Residents had access to general practitioner (GP) services, to a range of other health services, and the nursing care provided was evidence-based. Ongoing improvements were noted in the care planning process and the use of restraint. Despite this inspectors remained concerned that the incidence of challenging behaviour was high.

Improvements had been made to the recruitment process and the sample of staff files reviewed was complete.

Inspectors were concerned that some issues could impact on residents' rights to dignity and privacy and actions previously identified in relation to the premises remained.

Other improvements required related to some medication management practices and the storage of records.

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

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: Leadership, Governance and Management

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

Outcome 1

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

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

Inspectors were satisfied that the statement of purpose accurately described the service that was provided in the centre and met the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time at the centre since 2003. She continued to keep her skills up to date by undertaking ongoing professional development and attending study days. She had previously completed a Further Education and Training Awards Council (FETAC) level six course in leadership and management and had just completed a FETAC level five course in human resources.

She demonstrated an adequate knowledge of her responsibilities as outlined in the Regulations. She told inspectors that the senior nurses deputised in her absence.

Outcome 4

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

References:

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

Inspection findings:

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

Residents' Guide

Substantial compliance

Improvements required *

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required *

Some residents' records were not stored in a secure place. Inspectors saw that care plans were in an open plan nurses' station.

General Records (Schedule 4)

Substantial compliance

Improvements required *

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required *

Directory of Residents

Substantial compliance

Improvements required *

Staffing Records

Substantial compliance

Improvements required *

Medical Records

Substantial compliance

Improvements required *

Insurance Cover

Substantial compliance

Improvements required *

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

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

Inspectors found that measures were in place to protect residents from being harmed or abused although the system for managing residents' finances required strengthening.

Inspectors saw that the provider managed some residents' monies. This was maintained in a separate bank account and balances checked were correct. However, inspectors were concerned that in some cases communal supplies were purchased and then the cost was divided amongst residents. For example, the provider purchased cigarettes for the residents and then calculated how many cigarettes each resident smoked and deducted this amount from the resident's individual account. Inspectors acknowledged that this service was provided for the benefit of the residents many of whom did not have any relatives. However, inspectors were concerned that this practice was not sufficiently robust to protect each resident's personal finances. An individual supply should be purchased for each resident's use.

Although a policy was in place to guide the accounting procedures inspectors noted that two signatures were not recorded for each transaction as required by the policy in place.

Inspectors remained concerned about the high incidence of challenging behaviour and this is discussed in more detail under Outcome 11. Otherwise inspectors found measures were in place to protect residents being harmed or suffering abuse. Staff had received training on identifying and responding to elder abuse, an area identified for improvement at the previous inspection. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Outcome 7

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

References:

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that the provider had taken precautions to promote the safety of residents.

A safety statement was available. A risk management policy was in place and met the requirements of the Regulations.

The person in charge had sufficiently prioritised the safety of residents in the event of fire. Service records showed that the fire alarm system was serviced on a three monthly basis and the emergency lighting and fire equipment on a yearly basis. Inspectors read the records which showed that daily inspections of fire exits were carried out. The fire panels were in order and inspectors noted that fire exits were unobstructed. The inspector read the training records which confirmed that all staff had attended training on a minimum of a yearly basis. All staff spoken with were clear about the procedure to follow in the event of a fire. Fire drills were conducted at least every six months.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents was available if evacuation was necessary.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and inspectors saw staff using this equipment appropriately. In addition inspectors saw that following an alert by the Authority, daily inspections of the hoist and slings were carried out.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors were satisfied that each resident was protected by the designated centres' procedures for medication management although improvement was required to the policy and procedure for transcribing medication.

Nurses routinely transcribed medication and the nurse who undertook this, signed the prescription sheet which was then signed by the GP. However, although staff confirmed that each transcription was verified by a second nurse to minimise the risk

of error, this was not recorded. In addition the policy was not specific enough to guide this practice.

Otherwise, inspectors were satisfied that robust medication management practices were in place. Inspectors read completed prescription and administration records and saw that they were in line with best practice guidelines.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balances and found them to be correct.

A medication fridge which was locked was available and the inspector noted that the temperatures were recorded twice daily and were within accepted limits. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors were satisfied that the healthcare needs of residents were met although they were concerned that the incidence of challenging behaviour remained high.

As identified in the previous report, some of the residents' mental health conditions, resulted in their behaviour sometimes being seen as challenging and on occasion this resulted in residents displaying verbal and physical outbursts. Inspectors found that there were risk assessments completed on the dangers associated with outbursts, behavioural charts maintained to record behaviour and there was evidence of measures being taken to respond to the behaviour. There was a comprehensive policy developed on verbal and physical aggression which provided guidance to staff on responding to and meeting the needs of these residents. Inspectors observed staff responding appropriately to residents with behaviours that challenged and staff detailed the specific strategies they used to respond to behaviours which were in line with the interventions in the residents' care plans. There was evidence that residents were regularly reviewed by a Consultant Psychiatrist from St Brendan's Hospital and a community mental health nurse where necessary. Never the less the incidence of challenging behaviour remained high which could impact on the quality of life of the residents.

Residents had access to medical and allied health professionals. There was access to optician, dental, chiropody, dietician and occupational therapy. The nurse explained that the GP visited regularly and were available anytime if necessary. There was a system in place for each resident to be regularly reviewed by their GP and there was documentary evidence to support this.

Inspectors reviewed a sample of residents' care plans and noted ongoing improvements. Nursing assessments and clinical risk assessments were carried out for all residents. The resident was assessed and the care plans were reviewed every three months. Inspectors found that care plans were updated when there was a change in the residents' condition. There was a record of the residents' health condition and treatment given, completed on a daily basis.

Inspectors reviewed the nursing notes of a resident with a wound and found that there were records to demonstrate proper assessment and treatment plans. There was also evidence of residents being referred to specialist wound consultants. Inspectors found that there was a wound management policy in place.

Inspectors found that residents' weights were recorded each month and the nursing staff monitored any changes such as weight loss. Nutritional risk assessments were used to identify residents at risk and care plans were in place. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Ongoing improvements were evident around the use of restraint which was identified as an area for improvement at the previous inspection. Staff had attended specific training on restraint management. Inspectors noted that appropriate risk assessments had been undertaken and there was evidence that alternatives had been considered. Two hourly checks were completed when bedrails were in use. There were no lap belts in use. A policy was in place to guide practice. Inspectors noted that bedrails were used for three residents.

There were some opportunities for residents to participate in activities appropriate to his or her interests and capacities. There was an activity coordinator employed in the centre three days per week and some of the care assistants had also undertaken additional training in activities. A schedule of activities was available each day and there was evidence that residents engaged in activities such as music, Sonas, exercises, quizzes and art and outings.

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

Action(s) required from previous inspection:

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Provide necessary sluicing facilities.

Inspection findings

Donore Nursing Home is a three-storey Victorian house accommodating 26 residents. Several actions relating to the premises had been identified at each previous inspection.

As identified in previous reports, there were no mechanical sluicing facilities available; it was therefore difficult to ascertain if best practice in infection control could be adhered to if there was an outbreak of infectious disease. There were no clear guidelines based on evidenced-based practice for managing infection control in the absence of mechanical sluicing facilities. The provider told the inspectors of plans in place to address this within the next month.

There are four multi-occupancy bedrooms. The provider was aware that the four multi-occupancy rooms, in their current condition, did not meet the requirements of the Regulations and had plans in place to address it.

There was a small laundry room located in a separate building. Inspectors noted that the wash-hand basin had been removed since previous inspections to make room for a washing machine. Inspectors were concerned that this posed a risk of cross infection.

A smoking room was provided for residents. However, this did not have any mechanical ventilation and smoke wafted to a communal area when the door was opened.

Otherwise inspectors found that the centre was clean and well maintained throughout. Inspectors visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. Inspectors viewed the servicing and maintenance records for the equipment and found they were up to date. Calls bells were provided in all bedrooms and communal areas.

There was a secure garden to the rear of the premises which residents could access unaccompanied, with a seating area and a miniature golfing green.

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

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

The complaint's policy was in place and inspectors noted that it had been updated from the previous inspection and met the requirements of the Regulations. The complaints policy was on display throughout the centre. Residents, relatives and staff who spoke with inspectors knew the procedure if they wished to make a complaint.

A complaints log was maintained and inspectors saw that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome.

Outcome 16

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

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Although not inspected against, inspectors observed some issues which could impact on residents' rights to privacy and dignity.

Residents did not have access to their own personal razor. Three electric razors were provided on each floor for use by all male residents. This was discussed with the provider and person in charge who agreed to address it immediately.

The toilets on the ground floor which had sliding doors did not have any locking mechanism.

There was inadequate screening in the shared bedrooms.

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

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

There was evidence of safe staff recruitment practices and inspectors were satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents.

There was a recruitment policy in place which met the requirements of the Regulations. Inspectors reviewed a sample of staff files which was identified as an area for improvement at the previous inspection. All staff files contained the information required by the Regulations.

Inspectors found that staff were knowledgeable about residents, had established a good relationship with them and inspectors saw them responding to residents' needs in an informed manner.

Inspectors found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff rotas reviewed by inspectors indicated that these were the usual arrangements. A registered nurse was on duty at all times including night duty. The person in charge stated that the roster would be altered on a day to day basis if additional staff were identified as being required or to cover sick leave. Inspectors confirmed that up-to-date registration numbers were in place for nursing staff.

The provider was committed to providing ongoing training to staff. Training records showed that extensive training had been undertaken in 2012 and staff spoken with confirmed this. This included training on nutrition and challenging behaviour. Additional training was planned for 2013.

Inspectors found that there were formal induction arrangements for newly employed staff members. A formal appraisal was also carried out with each employee on an annual basis. The person in charge told the inspector that the process identified strengths, weaknesses and informed training needs and plans.

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 cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

09 May 2013

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report *

Centre Name:	Donore Nursing Home
Centre ID:	0032
Date of inspection:	08 May 2013
Date of response:	23 May 2013

Requirements

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

Theme: Governance, Leadership and Management

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

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

Some residents' records were not stored in a secure place.

Action required:

Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Regulations up-to-date and in good order and in a safe and secure place.

Reference:

Health Act, 2007
Regulation 22: Maintenance of Records
Standard 32: Register and Residents' Records

* 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:
<p>Provider's response:</p> <p>After the movement of the nurses' corner from the management office, all the nurses care plans and other records in relation to residents are back in a safe and secure place in a locked filing cabinet in the nurses' station.</p>	Completed

Theme: Safe care and support

Outcome 6: Safeguarding and safety

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The system for managing residents' finances required strengthening.</p>
<p>Action required:</p> <p>Put in place written operational policies and procedures relating to residents' personal property and possessions.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The existing policy and procedure relating to the residents, personal property and possessions are modified upholding their privacy and dignity to boost autonomy and independence. For further transactions involving residents' money , the person in charge will counter sign with the person acting on behalf of the registered provider for all transactions taking place.</p>	Ongoing

Outcome 8: Medication management

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Improvement was required to the policy and procedure for transcribing medication.</p>
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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: The medication policy is being modified and the medication cardex renewed in relation to transcribing medication by 2 nurses with both their signature affixed on the date. All staff nurses are familiar with such change.	Completed

Theme: Effective care and support

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect:
There are four multi-occupancy bedrooms.
There were no mechanical sluicing facilities available.
The wash hand-basin had been removed from the laundry.
The smoking room did not have any mechanical ventilation.
Action required:
Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.
Action required:
Provide necessary sluicing facilities.
Action required:
Provide sufficient numbers of wash-basins fitted with a hot and cold water supply,

<p>which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>	
<p>Action required:</p> <p>Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</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>We are continuously considering the physical design and lay out of the premises towards meeting the needs of each resident regarding the multi occupancy bedrooms.</p> <p>We are just awaiting for the availability of the builders in the re construction of the sluicing facilities for the best practice and standard of cross infection control.</p> <p>A hand-wash basin will be fitted with a hot and cold water supply, which incorporates thermostatic control valves and suitable scalding protection in the laundry room. The builder and plumber are contacted already.</p> <p>An exhaust fan is to be installed in the smoking room for added good ventilation. The electrician has been contacted to do this.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Theme: Person-centred care and support

Outcome 16: Residents' rights, dignity and consultation

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Residents did not have access to their own personal razor.</p> <p>The toilets on the ground floor which had sliding doors did not have any locking mechanism.</p> <p>There was inadequate screening in the shared bedrooms.</p>
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Action required:

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Reference:

Health Act, 2007
 Regulation 10: Residents' Rights, Dignity and Consultation
 Standard 4: Privacy and Dignity

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Residents now have individual razors for their own personal use. They are cleaned and recharged by the staff on a daily basis.</p> <p>We are awaiting the arrival of the carpenter to fix locks to toilet doors on the ground floor toilets.</p> <p>In room no 1 where the inspectors found one bed screen in use, we have now moved three bed screens into that room and we are making sure that there is a screen available to every bed for the privacy and dignity of the residents.</p>	<p>Completed</p> <p>Ongoing</p> <p>Completed</p>