

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

**Inspection report
Designated centres for older people**



Centre name:	The Tower Nursing Home
Centre ID:	0110
Centre address:	94/95 Cappaghmore
	Clondalkin
	Dublin 22
Telephone number:	01-4574209
Email address:	clondalkinnursinghome@live.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Clondalkin Nursing Home Limited
Person authorised to act on behalf of the provider:	Patricia Robinson
Person in charge:	Aine Jones and Hazel Nangle
Date of inspection:	11 June 2013
Time inspection took place:	Start: 08:50 hrs Completion: 18:00 hrs
Lead inspector:	Deirdre Byrne
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	1

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.

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 to:

- follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- address a specific issue based on information received.

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

Outcome 1: Statement of Purpose	<input type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input 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 checked="" 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 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 the inspector met with residents, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files.

This was a follow-up inspection, and the seventh inspection of the centre. All inspection reports can be found on www.hiqa.ie. The previous inspection had taken place on the 12 and 13 March 2013, and was a monitoring inspection. A number of areas of non compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were identified. The purpose of this inspection was to examine the progress made in completing the actions required.

The role of person in charge in the centre was a shared full-time post. The arrangement had been formalised following the previous inspection. However, the inspector had some concerns regarding the clinical governance in the centre as a number of non-compliances continued to be reported at each inspection. The inspector met both persons in charge, who were working on the day of the inspection.

The inspector found limited progress had been made on completing the actions contained in the last report. Of the 14 actions, three had been fully completed within the agreed timeframe, seven partially completed and three not completed. The actions not completed related to health care needs of the residents and staff documentation.

During the inspection, the inspector had concerns that inadequate management of falls and restraint posed a significant risk to one resident in the centre. The provider was required to take immediate action to address these risks and put in place systems to ensure the care needs of the resident was met. Information was submitted after the inspection which outlined the measures in place to address the care needs of the resident.

Following the previous inspection, the provider was required to carry out an investigation into all medication errors that had occurred in the centre between January and March 2013. A full and comprehensive report outlining the findings was submitted to the Authority in May 2013. The provider also submitted a weekly update on medication errors to the Authority. The inspector found improvements had been made in this area, however, further progress was required in order to fully comply with the Regulations.

The inspector found the provider had completed actions relating to risk management, and a review of the risk register had been carried out. An action relating to fire safety training for all staff had been completed. While there was some progress made on actions relating to the physical premises, reviewing the quality and safety of care, and training for staff, ongoing improvements were required to ensure full compliance with the Regulations.

These are discussed in the body of the report and the areas of non-compliance are outlined in the Action Plan at the end of the report.

Outcomes covered on inspection

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

The inspector found it difficult to consistently identify the most up-to-date planned care provided to residents, as the information were not maintained in a manner to ensure accuracy and ease of retrieval. This is dealt with in more detail under Outcome 11.

Actions reviewed on inspection:

Theme: Safe care and support

Outcome 7: Health and safety and risk management

Action required from previous inspection:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

This action had been completed. The provider now ensured the health and safety of residents, staff and visitors was promoted and protected.

There was a risk management policy in place that met the requirements of the Regulations. The provider and person in charge carried out risk assessments of environmental hazards which were detailed in a risk register. The inspector viewed the risk register. It described the environmental risk assessments and the precautions in place to minimise risk from occurring. The provider outlined plans to risk assess the new laundry room and staff accommodation when works on these areas were completed.

The provider intended to carry out a risk management audit, and had commenced work on this in May 2013. A copy was seen by the inspector and it was noted that the findings and actions had yet to be completed. The provider planned to identify actions to be followed up and the persons responsible for this.

There were arrangements for the identification, recording, investigation and learning of serious incidents involving residents. These were documented within in the risk management policy. They described how the provider would respond if such an event was to occur in the centre. In addition, a serious incident form had been developed, and was appended into the policy and available for use.

Action required from previous inspection:

Provide suitable training for staff in fire prevention.

This action had been completed. The staff were provided with training in fire prevention. One of the persons in charge facilitated training of staff. The inspector reviewed the fire training schedule which confirmed all staff now had up-to-date training. The names and dates of the staff who attended training were included. Unannounced fire drills were also carried out.

One of the person's in charge had completed a fire marshal training course in March 2011. She was aware of the need to keep her own training up to date and was planning on applying to attend a refresher training course in the near future.

Outcome 8: Medication management

Action required from previous inspection:

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.

This action was partially completed.

At the previous inspection, a number of medication errors were identified by inspectors. The provider was required to carry out an investigation into all medication errors that had occurred in the centre between January and March 2013. A full and comprehensive report of the investigation was submitted to the Authority's Regulation Directorate on 10 May 2013. The provider outlined the measures in place to address the findings of the report. These included daily spot checks of medication administration rounds, audits of staff practises, increased supervision and medication management training for staff.

To date, a weekly update has been submitted to the Authority outlining progress made. It included an audit of medication errors and results of each check carried out. There have been notable improvements to date, with no errors reported for the previous number of weeks leading up to the inspection. The inspector reviewed the minutes of three staff meetings which included discussions on the results of the audits. A standard reporting form was now being used. The person in charge informed the inspector that a record would be kept of all medication error investigations carried out, along, with evidence of learning and improvements made.

The inspector reviewed a sample of medication administration sheets. An action from the previous inspection was completed in relation to provision of photographic identification. However, an area for improvement was identified. When medications were administered to a resident, they were provided with one signature for all the medications as opposed to each medication being individually signed by nursing staff. This practice was contrary to safe practice and professional guidelines. This issue was brought to the attention of the person in charge who undertook to address the matter.

The inspector found all staff had now completed online medication management training. Certificates reviewed confirmed this. Additional training had also been organised for staff on 21 June 2013. An external company had been contracted to provide the training which would take place off site.

Theme: Effective care and support

Outcome 10: Reviewing and improving the quality and safety of care

Action required from previous inspection:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

This action was not completed.

The inspector was not satisfied that adequate systems were in place for auditing and reviewing the quality and safety of care provided to residents. While audits had commenced, these were limited to two areas - medication errors and falls management. Only one other audit had commenced and it had not yet been completed. There was no progress made in commencing any additional audits to assess the quality of care to residents. Weekly audits were being carried out by the person in charge as part of the actions arising from the medication errors recently investigated.

There was a system in place to collect monthly falls data. The inspector saw the information included the details of each fall, such as the date, time, location and description of the fall. While this information was to be for the purposes of auditing the inspector noted that the last audit was carried out at the end of March 2013. There had been no audit of falls carried out since then. The inspector viewed a sample of audits carried out prior to March 2013. They indicated the number of falls in the centre had increased over the last few months. The provider had responded to this by rostering an additional staff member to increase supervision each evening.

The inspector viewed a risk management audit that had been undertaken in May 2013. However, the findings had yet to be analysed, to identify ways to enhance and improve the quality and safety of resident's life.

Outcome 11: Health and social care needs

Action required from previous inspection:

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

This action had not been completed.

The inspector was particularly concerned that the management falls and restraint posed a significant risk to one resident. The provider and person in charge were required to take immediate action to respond to the care needs of the resident.

The inspector was concerned in relation to the management of falls experienced by one resident. A number of falls occurred while bedrails were in place, and one resulted in a serious head injury. The resident had been assessed for the use of bedrails, however, there had been no assessment of the risks involved in using the bedrails. The resident had not been fully re-assessed for the continued use of bedrails after sustaining the falls from bed, and the alternatives to the use of bedrails had not been considered. There was no care plan in place for the use of bedrails. A falls care plan had been reviewed on 29 May 2013. However, it did not outline the specific interventions in place to reduce the risk of falls or the risk of injury. The care plan had not been updated following any of the fall which occurred since May 2013. The inspector required the provider to take immediate action in relation to the risk posed to this resident. Following the inspection, information was submitted which, outlined how the provider and person in charge had addressed the matter.

On the last inspection, the inspector identified areas for improvement in the development of care plans. There was a range of clinical assessments carried out monthly and evidence of some care plans in place. However, care plans were not consistently in place for all residents identified needs.

The inspector found records were disorganised and it was difficult to retrieve up-to-date information on the residents' healthcare. There was no formal review and updating of care plans when residents' needs changed or circumstances required it. For example, changes had been made to one resident's wound care regime. However, the care plan had not been updated to reflect those changes. The information was documented in nursing notes stored elsewhere in the centre. Another care plan for a resident indicated they had a weight increase. However, documentation stored elsewhere confirmed the resident had lost 5kg in weight and outlined the care interventions to address the weight loss. While these interventions were implemented in practice the care plan was not updated to reflect the current care requirements.

Action required from previous inspection:

Provide a high standard of evidence-based nursing practice.

This action was partially completed.

At the previous inspection, the management of falls was an area identified for improvement. While progress had been made, improvements were required. A new falls policy had been drawn up by the provider in April 2013. While it provided general information, it was not comprehensive enough to guide staff. For example, it did not detail clearly the procedures to be followed should a person experience a fall.

The inspector found the management of restraint required improvement. An action from the previous inspection in relation to the development of a care plan for a resident with a lap belt had been completed. However, the inspector found a high standard of nursing care was generally not evident in the area of restraint management. A policy was in place that provided guidance, however, it was not implemented in practice by staff. For example, one resident who used bedrails had no care plan developed contrary to the policy. In addition, there were no monitoring records maintained for bedrail use. At the time of the inspection seven residents used bed rails and, one resident used a lap belt. These matters were discussed with the persons in charge who undertook to address them. A care plan for the resident was drawn up and a draft check list for monitoring bedrail use was shown to the inspector before the end of the inspection.

There were improvements required in the management of wound care. An action from the previous inspection regarding the development of a care plan for residents with wounds had been completed. A wound management policy was available to provide guidance to staff. However, it was not fully implemented in practice. One resident's wound care plan had not been updated to reflect recent changes to their treatment regime as previously discussed under this outcome. There was evidence residents' were referred to a specialist out-patient department. A wound assessment and management chart tracked the treatment of wounds. Pressure relieving equipment was available if required.

The inspector found improvements were required in the management of behaviours that challenged. Since the previous inspection a policy on behaviours that challenged had been drawn up. However, training to be provided for staff had not yet been carried out. Two residents currently displayed behaviour that challenged. The person in charge explained they had commenced monitoring the two residents and recording the triggers to their behaviours. The inspector reviewed the charts to confirm this.

Outcome 12: Safe and suitable premises

Action 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 suitable changing and storage facilities for staff.

Provide adequate sitting, recreational and dining space separate to the residents' private accommodation.

Keep all parts of the designated centre clean and suitably decorated.

Provide necessary sluicing facilities.

At the previous inspection, the provider was required to address structural deficits identified in the centre. The provider had made some progress. However, there were outstanding areas for improvement.

Since the last inspection, the provider and person in charge had plans drawn up to address the areas of non compliance and ensure the centre met the Authority's Standards by 2015. They had enlisted the services of an architect and the plans were shown to the inspector. The provider outlined that once the final draft was approved they would seek planning permission for the proposed works. It was anticipated if permission was granted that work would commence in one year.

At the previous inspection, the laundry facilities were not adequate to meet resident's needs and posed an infection risk. The inspector found the laundry and staff facilities were now divided up into two segregated areas, with a separate entrance. While the building work was completed, the internal works were not fully completed. The outstanding works included:

- repairing gaps in walls and door
- repairing the exposed chipboard walls
- painting the door architraves.

The laundry also required additional works such as:

- provision of suitable floor covering
- provision of natural or mechanical ventilation
- provision of a wash-hand basin with hot and cold running water.

The provider and person in charge informed the inspector that all the works would be completed in one to two weeks. A risk assessment of the laundry room would be carried out on their completion.

As found at the previous inspection the dining room was too small in size. As the centre was nearly at its maximum capacity, the current number of residents could not be fully accommodated in the dining room at meal times.

The inspector found some aspects of the premises still required some improvement. The carpet and laminated flooring remained worn in areas in the centre. The person in charge said this would be addressed, as outlined in the action plan, by September 2013.

There was one sluice room located on the first floor. While it contained a sink and wash-hand basin, it had yet to be equipped with adequate sluicing facilities. The person in charge informed the inspector they had sourced and priced equipment, and were hoping to have the equipment installed by December 2013, as stated in the action plan.

Theme: Workforce

Outcome 18: Suitable staffing

Action required from previous inspection:

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.

This action was not completed.

At the previous inspection, documentation and information had not been obtained for all staff working in the centre. The inspector found this action had not been completed.

Three staff files, including that of a recently recruited member of staff, were reviewed. All three did not contain a minimum of three references, with one file having no references and evidence of the person's physical and mental fitness to work at the centre. The provider had stated in the previous report that this action would be addressed by 30 April 2013. Following the inspection, two references and evidence of mental and physical and mental fitness for one staff member was submitted to the Authority. However, information for the remaining staff was not provided.

Action required from previous inspection:

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

This action was completed.

The person in charge outlined training which had been provided since the last inspection. All staff had been participating in cardiopulmonary resuscitation CPR training, which was being held in the centre on the 10 and 12 June 2013. The activities coordinator had commenced a three day Sonas Practitioner training course.

(Sonas is a music, exercise and sensory therapy for people with communication impairment). There had been ongoing mandatory training in areas such as movement and handling, and elder abuse. The inspector reviewed training dates confirming these had taken place. Both persons in charge were to attend a falls training course on the 19 June, confirmation of which was forwarded to the inspector. The person in charge also proposed to carry out in house training in managing behaviours that challenged for staff.

Report compiled by:

Deirdre Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

13 June 2013

Provider's response to inspection report *

Centre Name:	The Tower Nursing Home
Centre ID:	0110
Date of inspection:	11 June 2013
Date of response:	16/07/2013

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: Leadership, Governance 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:

Residents' records were not maintained in a manner that ensured their accuracy and ease of retrieval.

Action required:

Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Regulations in a manner so to ensure completeness, accuracy and ease of retrieval.

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>We have had an individual medical file with all GP Clinical Notes, Hospital Correspondence, Lab Reports, Completed Drug Kardex's and past Nursing Notes since 2009. This file is kept in the locked office filing cabinet.</p> <p>We have care plans, daily reports, wound care, daily recordings such as fluid balance, dietary requirements, and observations such as Blood pressure, pulse, temperatures and respirations, urinalysis and weekly and monthly weights. These records are kept at the Nurses station.</p> <p>We will now collaborate all information from schedule 3 & 4 and place in individual folder which will be kept in the nurses station. This will be in conjunction with the new DML Integrated Minimum Data Set as explained Outcome 11 of this action plan.</p> <p>We will continue to keep the medical file in the locked office. Care plans will be updated with any relevant information from the medical notes as it happens. GP plan for review.</p>	<p>01/10/2013</p>

Theme: Safe care and support

Outcome 8: Medication management

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

Each medication administered was not individually signed by the administering staff.

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:

<p>Provider's response:</p> <p>We are working with the pharmacist to enhance our administration and recording practices.</p> <p>We have been using the BIODOSE system since 2011.</p> <p>The pharmacist has informed us that a new administration and recording records will be ready for use by the next months prescription from the GP's.</p> <p>Until this new process is in-situ, we will individually sign each medication administered.</p>	<p>01/09/2013</p> <p>22/07/2013</p>
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Theme: Effective care and support

Outcome 10: Reviewing and improving the quality and safety of care

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

The system for reviewing and improving the quality and safety of care was inadequate.

Audits did not inform learning and improvements.

Action required:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Reference:

Health Act, 2007
 Regulation 35: Review of Quality and Safety of Care and Quality of Life
 Standard 30: Quality Assurance and Continuous Improvement

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

Timescale:

Provider's response:

We acknowledge that our audit system is not robust enough to reflect the excellent care we have always provided to our residents.

A questionnaire to families in February 2013 provided evidence that families and residents are happy and content with the care and activities they receive.

01/10/2013

<p>Their quality of life has improved since admission and we have very few complaints.</p> <p>We will commence an audit on the above questionnaires and display our findings.</p> <p>Our latest falls audit from June 2013 provided us with information that no falls occurred in the month of June. We will continue to audit same and display our findings.</p> <p>Medication management audit has been very successful. Administration errors have been reduced and we will continue to audit this monthly.</p> <p>Infection control audit has commenced and findings will be displayed.</p> <p>A system of auditing will be completed, which will ensure the Persons in Charge are up to date and correct in their findings. One person in charge completed a course in auditing, she will use this information to enhance the system.</p>	<p>29/07/2013</p> <p>29/07/2013</p> <p>01/10/2013</p>
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Outcome 11: Health and social care needs

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

Care plans were not updated or reviewed on a regular basis or after a change in need or circumstances.

Action required:

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

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:

<p>Provider's response:</p> <p>The DML Integrated Minimum Data Set has been obtained from the HSE.</p> <p>This new system incorporates all aspects of care including personalised care planning, residents assessments and protocols, problems, goal specifications, specific interventions and evaluation of care.</p> <p>This system will commence the week of the 29th July 2013 and should be completed by end of September.</p> <p>Staff will be educated on same during the month of August, and the documentation will commence in the month of September.</p> <p>There will be a complete file on each resident incorporating all of the above.</p>	01/10/2013
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<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>A high standard of evidence-based nursing care was not in place in relation to the management of falls, restraint and wound care.</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 13: Healthcare Standard 18: Routines and Expectations</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>The persons in charge attended a training day on the the 19th June 2013. Title "Falls, Prevention, management and Review". They are to use this new knowledge to enhance the current falls policy and adapt new practices in the Nursing Home.</p> <p>The new policy will be in place with specific procedures in relation to falls.</p>	01/09/2013

In house education days will commence of the above topic.	01/10/2013
The person in charge attended the Train the Trainer day in 2011 in relation to Restraints.	
A restraint register and assessments were created in 2011 and is updated as needs change.	On-Going
A bedrail release form was created and residents bedrails release and reset and recorded	Completed
In house training will commence on the above topic.	01/10/2013
3 members of staff attending a wound care course in 2012.	
New wound care documentation was created to correspond to the HSE guidelines for wound management. These will be reviewed	01/10/2013
An audit on pressure ulcers was completed in February 2012. An action plan was devised and will be reviewed.	01/10/2013

Outcome 12: Safe and suitable premises

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

The premises did not meet the requirements of the Regulations insofar as:

- works commenced on the laundry and staff facilities needed to be finished to a suitable standard
- the dining room was not large enough to accommodate all residents
- aspects of the centre were not maintained to a suitable standard
- adequate sluicing facilities were not provided.

Action required:

Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

Action required:

Provide adequate sitting, recreational and dining space separate to the residents' private accommodation.

Action required:

Keep all parts of the designated centre clean and suitably decorated.

Action required:	
Provide necessary sluicing facilities.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>As noted in the report, there has been architect designs created for the Nursing Home extension. We were not entirely happy with the design and requested for some changes.</p> <p>The complete plan should be completed by end of October 2013</p> <p>Planning permission will be applied for when the plans are complete.</p> <p>The prefabrication building that holds the laundry facilities has been split in two with a dividing wall. One half is staff facilities with the toilets and changing area and seating area. A separate door allows staff to enter this area. The other half of the building is for laundry only. A clean area and a dirty area has been provided.</p> <p>It has been fully fire proofed and we are awaiting a fire cert.</p> <p>We have 21 residents at present. We have two sittings at meal times to accommodate all residents and to ensure all residents have a comfortable and enjoyable dining experience.</p> <p>The future plans will incorporate a larger dining area, seating area and four bedrooms will be extended.</p> <p>The carpet will be replaced.</p> <p>A new sluice sterilizer has been provisionally ordered</p> <p>Maintenance work is ongoing.</p>	<p>01/11/2013</p> <p>01/09/2013</p> <p>01/10/2013</p> <p>31/12/2013</p> <p>Ongoing</p>

Outcome 18: Suitable staffing

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

Staff files did not contain all of the documentation required by Schedule 2 of the Regulations.

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:

Provider's response:

All new staff have a complete staff file

completed

All missing information has been repeatedly requested from staff and will be in files.

01/09/2013