

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Beechlawn House Nursing Home
<b>Centre ID:</b>	0115
<b>Centre address:</b>	High Park
	Grace Park Road
	Drumcondra, Dublin 9
<b>Telephone number:</b>	01 - 8369622
<b>Email address:</b>	nhdirector@olc.ie
<b>Type of centre:</b>	<input type="checkbox"/> <b>Private</b> <input checked="" type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Sisters of Our Lady of Charity
<b>Person authorised to act on behalf of the provider:</b>	Catherine Condon
<b>Person in charge:</b>	Natasha Kennedy
<b>Date of inspection:</b>	21 June 2013
<b>Time inspection took place:</b>	<b>Start:</b> 10:15 hrs <b>Completion:</b> 16:10 hrs
<b>Lead inspector:</b>	Sheila McKevitt
<b>Support inspector(s):</b>	N/A
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	39
<b>Number of vacancies on the date of inspection:</b>	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.

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 13 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 checked="" 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 checked="" type="checkbox"/>
<b>Outcome 5: Absence of the person in charge</b>	<input 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 checked="" type="checkbox"/>
<b>Outcome 18: Suitable Staffing</b>	<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, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, complaints file, policies and procedures and staff files.

Ten actions arose from the previous inspection carried out on 8 August 2012, of these, seven were satisfactorily addressed and three had been partially addressed, these relate to contracts of care, residents' personal possessions and recruitment practices. These action plans appear again at the end of this report.

The inspector found the governance structure was robust. The nominated person on behalf of the provider and the person in charge worked full-time. They appeared to work closely together with one covering in the others absence.

There was a written statement of purpose that described the service provided in the centre. However, it did not include all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The inspector was satisfied that measures to protect residents being harmed or suffering abuse were in place. The nursing care provided was evidence-based and residents' had access to a number of allied healthcare professionals. Resident assessments, care plans and daily evaluations were detailed. Records showed they were now involved in the development of their care plan.

The inspector observed the administration of medicines to residents and saw that this was carried out in accordance with good practice guidance and the legislation. However, residents medication prescription charts required review to ensure that medications given as crushed were prescribed and to ensure prescription times on medication charts reflected those on administration charts.

Policies, procedures, systems and practices were in place to assess, monitor and analyse potential risks with a view to controlling/minimising them and they met the legislative requirements. Records such as the directory of residents; policies listed in Schedule 5 of the Regulations had been reviewed and now met the legislative requirements.

Residents were positive about their day to day life experiences. They expressed satisfaction with the centres' routines and activities and were complimentary of the staff team, reporting that there were adequate staff on duty to attend to their needs. Documents outlined in schedule two were not available for all staff working in the centre.

The Action Plan at the end of this report identifies areas where improvements are required to comply 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*.

## 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:

No actions were required from the previous inspection.

### Inspection findings

A copy of the most recent statement of purpose was provided for review. It was found to reflect the services and facilities provided in the centre. However, it did not the management structure outlined on the registration certificate issued on 27 July 2012. The organisational structure chart did not include the nominated person on behalf of the provider and the conditions of registration were not included.

#### Outcome 2

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

#### References:

Regulation 28: Contract for the Provision of Services  
Standard 1: Information  
Standard 7: Contract/Statement of Terms and Conditions

#### Action(s) required from previous inspection:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

## Inspection findings

The inspector was provided with a copy of the new contract of care. It included the weekly fee and fees to be charged for additional services. The person in charge stated that all residents or their next of kin had been sent a copy in January 2013 to sign but few had been returned.

Four resident files reviewed, contained a contract of care agreed with the provider. They included details of the services to be provided for each resident. However, only one of the four included the main weekly fee to be charged and none of the four included the fees to be charged for additional services.

### 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 on duty during the inspection. She has held the post of person in charge since March 2012. Details of her nursing experience include 3/6 years of working with older people. She works full-time, is a registered general nurse and has a post graduate qualification in management and in gerontology. She is supported in her role by the nominated person on behalf of the provider who manages the centre in her absence and by the provider. The nominated person on behalf of the provider is a registered general nurse with a post graduate qualification in management.

The person in charge has line management responsibilities for the nursing, care staff, administration, household catering and facility staff. She reports to the nominated person on behalf of the provider.

### 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:**

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

**Residents' Guide**

Substantial compliance

Improvements required \*

A copy of the reviewed Residents' Guide was given to the inspector. It met the legislative requirements. Copies of this revised version were seen displayed in the centre.

**Records in relation to residents (Schedule 3)**

Substantial compliance

Improvements required \*

**General Records (Schedule 4)**

Substantial compliance

Improvements required \*

**Operating Policies and Procedures (Schedule 5)**

Substantial compliance

Improvements required \*

Policies listed in Schedule 5 were available for review including a policy in relation to the creation of, access to, retention of and destruction of records.

**Directory of Residents**

Substantial compliance

Improvements required \*

The directory of residents' was reviewed and found to contain a record of all matters referred to in article 23.

**Staffing Records**

Substantial compliance

Improvements required \*

See under Outcome 18.

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

### **Inspection findings**

The inspector saw that there was a policy in place on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse, the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse. Staff spoken to on the day of inspection were aware of the different types of elder abuse and their responsibilities in reporting suspected elder abuse. One staff member stated she had completed refresher training on identifying and responding to elder abuse in 2013 and records reviewed confirmed this training had been provided to staff on number of dates since the last inspection. Garda Síochána vetting was in place for staff employed by the provider. This was evidenced by a review of a sample of staff files.

Residents spoken to confirmed that they felt safe in the centre. There was a member of staff on the reception desk from 8am to 4pm on Monday to Friday where all visitors to the centre had to sign in.

There was now a robust system in place for managing residents' petty cash. The inspector found that practice by staff reflected the policy. There were individual records, receipts and two staff signatures available for all transactions, for each resident who had petty cash stored. Storage facilities were safe and secure.

**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:**

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

**Inspection findings**

There was a risk management policy in place, it met the legislative requirements. It outlined how to undertake a risk assessment and identified that a health and safety committee was in place. The health and safety policy and safety statement was in place - it had been updated by qualified personnel and was signed and dated by the nominated person on behalf of the provider earlier this month. The health and safety representative confirmed that the committee met on a quarterly basis and minutes of their meetings were available for review. A risk register had been completed and it was been updated on a quarterly basis or when any new risk was identified. A culture of managing any identified risk was evident.

An emergency plan was in place to outline clear procedures to follow in the event of loss of electric power, flood, gas leak or security concerns. The inspector spoke to staff and found they were familiar with the contents of the emergency plan, reporting structures in case of an emergency and nearby buildings where residents could be evacuated to.

Hand-washing and drying facilities and hand disinfectant gels were available throughout the centre.

The fire alarm, emergency lighting and fire fighting equipment were maintained, and all staff had attended fire safety and evacuation training. Means of escape were clear and unobstructed. Records reviewed showed that staff practiced regular fire drills.

**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**

The inspector reviewed medication management practice and found nursing staff were knowledgeable about medication and administration practices. The administration of medication observed by inspectors was found to be safe and in line with An Bord Altranais agus Cnáimhseachais na hÉireann guidance to nurses and midwives. Training records reviewed showed staff nurses had received training in medication management within the past year.

The inspector noted that prescription times on the medication prescription chart and administration times on the medication administration chart differed. For example, the prescription chart read 21:00hrs and the administration chart 20:00hrs. In addition, one resident who was receiving crushed medications did not have an order signed by the GP to state medications could be crushed prior to administration. The inspector saw evidence that residents' had their medication reviewed by their GP on a six monthly basis.

**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

**Action(s) required from previous inspection:**

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

## Inspection findings

The person in charge was aware of her responsibility to maintain a record of all incidents occurring in the centre. She was aware of her responsibility of notifying the Chief Inspector of notifiable incidents within three days. The inspector followed-up on notifications received since the last inspection.

The person in charge has provided to the Chief Inspector at the end of each quarter the occurrence of any accidents in the centre.

### **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:**

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

## Inspection findings

The care and welfare of all residents was found to be adequate with appropriate healthcare provision and access to all allied health care professionals. Arrangements for GP services and access to on call cover for out-of-hours GP services were in place. Residents confirmed that their GP visited regularly and review of a number of resident files confirmed this.

The standard of nursing documentation was good. The inspector reviewed a sample of resident files and found resident assessment, care plans and daily evaluation were linked and reflected the status of the residents' in question who were spoken with on inspection.

Residents confirmed to the inspector that they were involved in their own care plan review and written confirmation of their involvement was available on file

### **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:**

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

## Inspection findings

The centre was clean and tidy. Resident bedrooms were personalised. Residents had access to several communal rooms and external courtyards. The inspector saw residents accessing these independently. Residents' spoken with in the courtyard said they enjoyed soaking up the sun while having a cigarette outdoors.

The wooden worktop surrounding the wash-hand basin in the new changing room for catering staff had been replaced.

The inspector viewed the two five-bedded bedrooms currently in use. The space around each of the five beds was minimum. The person in charge confirmed that the makeup of both five-bedded bedrooms was being reviewed by architects for re-configuration.

**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 inspector was satisfied that the complaints policy in place now included an independent appeals process. The complaints procedure was on display in the centre. The person in charge was the complaint's officer and she informed the inspector that there had been no complaints made verbal or written since the last inspection.

Residents told the inspector that they would speak to the person in charge or one of the sisters with any issue/complaint they may have. However, they were keen to stress they never had any issues.

**Outcome 17**

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

**References:**

Regulation 7: Residents' Personal Property and Possessions  
Regulation 13: Clothing  
Standard 4: Privacy and Dignity  
Standard 17: Autonomy and Independence

**Action(s) required from previous inspection:**

Maintain an up-to-date record of each resident's personal property that is signed by the resident.

## Inspection findings

The policy in relation to residents' personal property and possessions had been updated and it reflected the legislative requirements and practices to be followed in the centre. As mentioned under Outcome 6, the practice of managing residents' petty cash was now robust and reflected the policy in place. However, the inspector reviewed a number of resident files and found just half of those reviewed contained a list of personal possessions signed by the resident and/or staff member. The remainder had no list of personal possessions on file. The policy stated that the personal possessions list would be updated on a three-monthly basis. However, on review of those completed lists this was not evident.

### **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:**

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.

## Inspection findings

The staffing levels and skill mix was adequate to meet the needs of residents'. A review of the actual staff roster confirmed that there were two staff nurses and six care attendants on duty from 8am to 8pm together with the person in charge from

8am to 4pm and the nominated person on behalf of the provider from 9am to 5pm and one staff nurse and three carers from 8pm to 8am.

Staff spoken with confirmed they had the required mandatory training in place and records reviewed confirmed this. Records provided showed staff had completed additional training in a variety of clinical topics including Cardio Pulmonary Resuscitation and first aid, dementia and associated behaviours that may challenge, person-centred care planning, medication management, health and safety at work and infection control.

The staff recruitment policy had been updated and reflected the legislative requirements. A selection of staff files reviewed confirmed that all the required documents outlined in Schedule 2 of the Regulations were not in place in respect of each person. A number of staff files did not include evidence from the employees' general practitioner stating that they were mentally and physically fit to work within the designated centre. The inspector was informed that all staff employed in the centre had been asked to submit this document. However, to date 18/50 employees had not submitted this required document.

## **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the nominated on behalf of 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 inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

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

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

1 July 2013

**Provider's response to inspection report \***

<b>Centre Name:</b>	Beechlawn House Nursing Home
<b>Centre ID:</b>	0115
<b>Date of inspection:</b>	21 June 2013
<b>Date of response:</b>	20 August 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 1: Statement of purpose and quality management***

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

The statement of purpose did not include all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Action required:**

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

**Action required:**

Make a copy of the statement of purpose available to the Chief Inspector.

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

<b>Reference:</b> Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The Statement of Purpose was updated in August 2013 to reflect all the requirements from schedule 1.  A copy of the updated report has been returned to the Chief Inspector	Completed - 16th August 2013

***Outcome 2: Contract for the provision of services***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>  All Contracts of Care in place did not include fees to be charged.	
<b>Action required:</b>  Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.	
<b>Reference:</b> Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The Contracts of Care have been updated to include an appendix detailing out the charges for additional services for 2013.  The monthly fees cost for each Residents are detailed out in a personalised letter given to the Resident on admission. This forms part of the main Contract of Care and is now held with the Contract of Care in each individual residents financial file.	9th August 2013

<p>The residents are notified annually by letter of any changes to their monthly fees and a copy of this letter is now attached to the Contract of Care and can also be found in the resident's individual financial file.</p>	
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<p><b>Theme: Safe care and support</b></p>
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***Outcome 8: Medication management***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The times on the medication prescription and administration charts did not match.</p> <p>One resident receiving crushed medication did not have an order in place signed by a medical practitioner stating they could be crushed.</p>
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<p><b>Action required:</b></p> <p>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.</p>
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<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  Standard 14: Medication Management</p>
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<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
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<p>Provider's response:</p> <p>The Medication Management Policy had been updated to reflect the changes highlighted in the Inspection Report and those detailed in the Action Plan.</p> <p>New Drug Kardexes have been produced by the Pharmacy and implemented throughout the nursing home to ensure that medication times reflect those times stated on the administration chart. These will be reviewed on a 3 monthly basis by the Pharmacist and audited 6 monthly during the external scheduled Nursing Home Audit.</p> <p>The Director of Nursing audits the medications on a 3 monthly basis along with the practise of monthly spot checks. The next audit is due in September 2013</p>	<p>Completed - 28th June 2013</p> <p>Completed - 21st June 2013</p> <p>27th September 2013</p>
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The new Kardex were fully reviewed by the GP's.	28th June 2013
Where relevant each medication to be crushed for individuals has been signed by their GP and will be reviewed on a 3 monthly basis or more frequently if required.	28th June 2013
This will also be reviewed on a 3 monthly basis by the pharmacist to ensure where possible liquid preparations replace the practise of crushing medication.	

**Theme: Effective care and support**

***Outcome 12: Safe and suitable premises***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>	
The space available to the residents' currently occupying the two five-bedded bedrooms was not adequate to meet their needs.	
<b>Action required:</b>	
Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.	
<b>Reference:</b>	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
The Person nominated to Act on Behalf of the Registered Provider is currently in talks with an External Company to review the current HDU in relation to Standard 25 and the requirements for 2015.	ongoing since April 2013
The External company is due to present its plans to the Board on the 9th September. The organisation is intending to carryout the necessary work in 2014 for completion prior to the 2015 deadline.	9th September 2013

**Theme: Person-centred care and support**

***Outcome 17: Residents' clothing and personal property and possessions***

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

An up to date record of each resident's personal property signed by the resident was not available in each residents' file.

**Action required:**

Maintain an up to date record of each resident's personal property that is signed by the resident.

**Reference:**

Health Act, 2007  
Regulation 7: Residents' Personal Property and Possessions  
Standard 4: Privacy and Dignity  
Standard 17: Autonomy and Independence

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

**Timescale:**

Provider's response:

Personal Property Policy has been update to include the requirements from this Report and Action Plan.

28th June 2013

All property lists have been reviewed since the inspection and will be reviewed 6 monthly there after.

31st July 2013

Those Residents who can sign their completed propert list which is then kept in the individaul care profiles.

**Theme: Workforce**

***Outcome 18: Suitable staffing***

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

There was no evidence in some employees' files to indicate they were physically and mentally fit for the purposes of the work that they were performing at the designated centre or evidence why it was impracticable for the person to obtain such evidence.

<b>Action required:</b>	
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.	
<b>Action required:</b>	
Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.	
<b>Reference:</b>	
Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment	
<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>The recruitment policy has been updated to reflect the requirements from this Report and Action Plan.</p> <p>All staff members have medical declarations in place which ensure that they are physically and mentally fit for the work they are performing.</p> <p>An updated recruitment checklist has been implemented to ensure that items outlined in schedule 2 are obtained for each employee prior to their commencement date.</p> <p>A full HR audit will be undertaken.</p>	<p>31st July 2013</p> <p>30th August 2013</p> <p>30th August 2013</p> <p>30th September 2013</p>