Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Heather House Community Nursing Unit
Centre ID:	0714
Centre address:	St Marys Orthopaedic Hospital Gurranabraher Cork
Telephone number:	021-4927950
Email address:	barbara.ryan1@hse.ie
Type of centre:	☐ **Private** ☐ **Voluntary** ☒ **Public**
Registered provider:	Health Service Executive
Person authorised to act on behalf of the provider:	Teresa O'Donovan
Person in charge:	Barbara Ryan
Date of inspection:	23 May 2013
Time inspection took place:	**Start:** 09:45hrs **Completion:** 18:00hrs
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	☐ **announced** ☒ **unannounced**
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	9

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

This was the fifth inspection of Heather House Community Nursing Unit by the Authority's social services inspectorate. The unannounced inspection took place over one day, 23 May 2013. As part of the inspection, the inspector met with residents, relatives, the person in charge, the practice development facilitator, CNM2, a GP, nursing and other staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, complaints log, policies and procedures and staff files.

The findings of the inspection are set out under ten outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Residents and relatives comments are found throughout the report.

The person in charge demonstrated a commitment to person-centred care for residents and to the training and development of staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Family involvement is encouraged with relatives and residents saying their relatives felt welcome at any time. There were numerous visitors there throughout the inspection.

The center was finished to a high standard and there was appropriate use of color and soft furnishings to create a homely environment. Residents spoken with by inspectors were very complimentary of the care they received in the centre. Many spoke about the kind and patient approach by staff to meeting their needs. Staffing rotas were clear and referenced all staff on duty.

The inspector found evidence of improvements since the last inspection and while areas were identified for further improvement on this inspection, the inspector was satisfied that the provider and person in charge was committed to complying with the regulations, the standards and the provision of a quality person-centred service to residents.

A number of 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*. The provider was required to complete an action plan to address these areas.

These improvements included:

- updating the statement of purpose and function
- completing staff files
- improving medication practice and documentation
- involvement of residents in care planning
- updating policies and procedures.

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 statement of purpose required updating to reflect changes to the management structure and to meet legislative requirements.

Inspection findings

The statement of purpose and function was viewed by the inspector; it described the service and facilities provided in the centre. It identified the staffing and numbers of staff in whole time equivalents and also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. However, the statement of purpose required updating to include the conditions of registration as outlined on the registration certification to ensure it met the legislative requirements.

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 is the director of nursing Barbara Ryan who is also the person in charge for Farranlea Road Community Nursing Unit. The person in charge is an experienced nurse and manager and is actively involved in the day-to-day organisation and management of the service. She had a good reporting mechanism in place to ensure that she is aware and kept up to date in relation to the changing needs of the residents. Staff and residents identified the person in charge as the one with the overall authority and responsibility for the service and residents and relatives identified her as being easily available to all.

She was found to be committed to providing quality person-centered care to the residents and had made numerous changes and improvements within the centre. She was found to be very proactive in her response to all the actions required from the previous report and had good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Although the person in charge is full time she is working across two centres but has support from an Assistant Director of Nursing (ADON) working in Farranlea and eight Clinical Nurse Managers 2 (CNM2). The person in charge discussed with the inspector her division of her time between both sites to ensure adequate supervision and management across both sites and was seen by the inspector to be very knowledgeable around individual residents and their needs.

Outcome 5
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Action(s) required from previous inspection:

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

Inspection findings

There has been no change to the person in charge since the last inspection but the provider was aware of the obligation to inform the Chief Inspector if there is any proposed absence.

As the person in charge covers two centres acting up arrangements for the absence of the person in charge is different in each centre. The person in charge is supported in her role by an ADON working in Farranlea and eight CNM 2, three of which are based in Heather House. In the absence of the person in charge one of the CNMS in Heather House acts up to cover. The three CNM 2 in the centre and senior nurses also take charge of the centre in the absence of the person in charge at evenings and weekends. A rota is available to all staff identifying who is in charge of the centre at all times.

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:

No actions were required from the previous inspection.

Inspection findings

The elder abuse policy was viewed by the inspector and found to be comprehensive with a review date of March 2014.

Three staff members have undertaken the train the trainer in elder abuse and update training is planned for all staff to run over a six week period. Records were maintained of staff previous attendance at elder abuse training. Staff interviewed informed the inspectors that they had attended training on elder abuse and held discussions in order to increase their awareness and understand clearly their responsibilities. Staff interviewed demonstrated an awareness of what to do if an allegation of abuse was made to them and told the inspector there was no tolerance to any form of abuse in the centre.

Residents' finances were safeguarded by the policy on the management of residents' accounts and personal property. Information received from the person in charge in relation to her handling and investigation into an allegation of abuse was found by the inspectors to be comprehensive, and demonstrated an awareness of the responsibilities of all staff under the legislation and a policy of no tolerance to any form of abuse in the centre.

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:

Review all the written operational policies and procedures of the designated centre on or before the recommendation review date.

Inspection findings

On the previous inspection the inspectors noted that a number of the windows downstairs had low openings which did not have window restrictors on them to prevent their being opened out fully. The solid part of the window came to knee height and the inspectors were concerned that it could also be a trip hazard if somebody tried to climb out of the window. On this inspection the inspector saw that restrictors had been fitted to these windows.

The person in charge informed the inspectors that although some policies had been reviewed which included the fire safety policy and the emergency/evacuation policy there were still a number that required review. The health and safety and risk management policies continued to require review and needed to include further information of the assessment and management of risks to residents.

The inspector saw that there was a comprehensive log of all accidents and incidents that took place. Residents' accidents and incidents were documented in their nursing notes and the entries corresponded with the accident and incident log and with the reporting of accidents and incidents to the Chief Inspector as required by legislation. The fire policies and procedures were centre-specific. There were notices for residents and staff on "what to do in the event of a fire" appropriately placed throughout and staff interviewed were aware of what to do in the event of fire. A central fire alarm system was in the main entrance and it was checked weekly. Fire training was provided to staff on numerous dates in 2012 and 2013. Inspectors saw records of the training and staff confirmed their attendance at same. Records of tests carried out on the extinguishers and equipment were seen.

Staff demonstrated an appropriate understanding of what to do in the event of fire when questioned by inspectors. All appropriate fire prevention, detection and suppression equipment was seen and tests/checks were undertaken as required by legislation.

Moving and handling training was provided to staff and the inspectors viewed training records to show staff were receiving this mandatory training. The inspector observed staff abiding by best practice in infection control with regular hand washing, and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers were also present at the entrance to the building and throughout all staff and resident areas and hand-washing signs were seen throughout.

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:

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

Inspection findings

Medications are prescribed, stored, and disposed of appropriately in line with An Bord Altranais Guidance to Nurses and Midwives on Medication Management (2007). On the last inspection a number of improvements required were identified in medication management practice and in the medication prescription and recording sheets to be compliant with best practice guidance and a number of these issues had been identified on a previous inspection. On this inspection the inspector observed that these had all been rectified. The centre had moved to a monitored dose administration system and the storage of medications is on a systematic basis and nurses reported greater satisfaction with the easy retrieval of medications.

The new pharmacist provides a comprehensive service and is available on a daily basis. Medications are provided on foot of a prescription only. The pharmacist provided training to the staff and has undertaken medication management audits and further training will be provided.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift.

The nurses spoken with displayed a good knowledge of medications, however, the inspector observed a nurse administrating the lunch time medications and she was observed to be administrating the medications using the signing sheet and not the prescription sheet as is required.

The inspector also noted that there was no space to record comments on the administration sheet in the case of a withheld or refused medication. Although the nurses said the doctors were reviewing the residents' medications on a three-monthly basis this was not always documented.

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

A number of general practitioners (GPs) visit the centre from the one practice. GPs visited the centre on a daily basis and on request when required. One of the GPs was in the centre on the day of the inspection. Residents received a full review of all their medical care in which bloods were taken frequently and medication was reviewed on a quarterly basis or sooner if required. This was documented in medical notes. A responsive out-of-hours service was available to residents seven days per week provided by Southdoc.

Many residents were under the care of a consultant psychiatrist who reviewed their medication regimes and treatment as required.

Residents' additional healthcare needs were met. Physiotherapy and occupational therapy services, although not provided routinely, were available from HSE community services. The chiropodist visited every four weeks or more frequently as required. Dietician services were provided by a dietician from another centre who was also contactable by telephone for advice as required. All residents have regular nutritional screening and regular weight monitoring. Optical assessments, audiology and dental services were provided on a referral basis. The hairdresser attends every week or as required and a comfortable hairdressing salon was available.

The inspector viewed a number of care plans in both units and saw that the care plans were very person-centred and contained a social care plan for residents' social and recreational needs. However, there was no evidence of residents or their representative's involvement in the discussion, understanding and agreement to their plan of care, staff said they have plans to implement this but it had been fully auctioned to date.

Residents had assessments completed on admission which included dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination however the inspector found that a number of assessments for a number of residents had not been completed on a three-monthly basis or sooner if the residents' condition had required and as required by legislation.

Inspectors observed that residents were encouraged to maintain their independence whenever possible and many residents were seen freely walking around the building.

There were opportunities for residents to participate in activities appropriate to his or her interests and capacities. There was an activity coordinator and assistant employed in the centre. A schedule of activities was available each day and there was evidence that residents engaged in activities such as music, games, exercises, quizzes and art.

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

There is a policy and procedure for making, investigating and handling complaints in the form of Health Service Executive (HSE) written complaints procedure, "your service, your say". The policy is displayed in the main reception area and is also outlined in the statement of purpose and function and in the residents' guide. The person in charge informed the inspector that complaints are discussed at staff meetings and informed changes to practice.

The person in charge and staff conveyed a good understanding of the purpose of a complaints procedure. In practice, records of complaints and their outcomes were kept, with an independent appeals person nominated. Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspector saw that new complaints documentation which allowed for one complaint per page and for more detailed documentation, had been implemented from the last inspection, which recorded actions taken and whether or not the complainant was satisfied, as is required by legislation.

Residents and relatives told inspectors that they had easy access to the CNM and person in charge and the nurses on duty and felt they could report any complaints or concerns to them and these would be dealt with.

Outcome 14

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

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Residents' religious needs were facilitated with the provision of the centre's oratory for quiet reflection and prayer. Residents were seen using the oratory and confirmed to the inspectors their enjoyment of same. Mass is held weekly and a minister of the Eucharist gives out communion every Sunday. Other religious denominations are visited by their own ministers as required.

The provider has made provision for residents at end stage of life with a large single bedroom kept as a palliative care room. This room was appropriately decorated and had plenty of recliner chairs with availability of bedding and refreshment facilities if relatives wish to stay overnight.

Following the death of a resident the person in charge informed the inspector that many residents and relatives choose to use the centres oratory for the removal rather than using a funeral home and that the staff facilitated the relatives and also provides tea and refreshments. This enabled the residents in the centre to pay their respects and be with their fellow residents.

End of life training was recently provided for staff and particularly for newer staff who had moved to the centre from areas where they would not have provided end of life care. The community palliative care team also provide assistance if required. The centre works closely with the hospice friendly hospital networks for ongoing best practice in end-of-life care.

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: Ensure that a person is not employed to be a member of staff unless: ▪ the person is fit to work at the designated centre ▪ information and documents are obtained in respect of that person as specified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) ▪ the provider is satisfied on reasonable grounds as to the authenticity of the references referred to in Schedule 2 in respect of that person.

Inspection findings

Residents and relatives interviewed confirmed that residents and relatives found the staff to be hard working and caring. The inspector observed interactions between staff, and between staff and residents/relatives, and noted that a culture of open communication existed within the centre.

Training records viewed by the inspector showed that a large increase in staff training had taken place since the last inspection and staff had receiving mandatory training in moving and handling, fire drill and evacuation, hand hygiene, and training in elder abuse and protection. The person in charge told the inspectors that other professional developmental training was had been being provided including dementia training, end of life training and medication update training for the nursing staff. One of the nursing staff was undertaking the higher diploma in gerontology and two further staff was undertaking palliative care training.

Care staff training and education records reviewed by the inspectors confirmed that a number of care staff had achieved a Further Education and Training Award Council (FETAC) level 5 award or above.

The inspector saw, and staff confirmed, that the staff facilities were of a good standard with changing area, showers and dining facilities.

The person in charge and the practice development facilitator informed the inspector that although there had been substantial improvements in staff files and recruitment procedures since the last inspection there continued to be a number of items missing from the staff files including references, Garda Síochána vetting and evidence of fitness to work.

Evidence of nurse's professional registration with An Bord Altranais was available and the HSE were also requesting all staff to complete Patient Safety Assurance Certificates to ensure all nursing staffs registrations were up to date. The inspector viewed these completed with up to date PIN numbers.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge, and the nurse manager 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:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

6 June 2013

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report *

Centre Name:	Heather House Community Nursing Unit
Centre ID:	0714
Date of inspection:	23 May 2013
Date of response:	26 June 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 and function did not contain all the information required as outlined in 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The statement of purpose and function has been fully updated since the inspection and now fully reflects the information required in the Health Act 2007.	Completed

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect: The health and safety and risk management policies continued to require review and needed to include further information of the assessment and management of risks to residents. The risk management policy required further review as it did not contain procedures or formalised arrangements to ensure learning for all staff to minimise the risk of repeat occurrence of a similar serious accident/incidents.
Action required 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.
Action required: Ensure that the risk management policy covers the arrangements for investigation and learning from serious or untoward incidents or adverse events involving residents.
Reference: Health Act, 2007 Regulation: 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Regulation 30: Health and Safety Regulation 19: Premises Standard 26: Health and Safety Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A complete review of the quality, risk and safety policies and procedures is currently being carried out. The incident forms used in the centre have a format that identifies learning outcomes and requires staff to identify steps to be taken to prevent reoccurrence. This learning is relayed to staff at quality, risk and safety meetings that are held quarterly and this is further disseminated to all staff at ward level.	31 August 2013

Outcome 8: Medication management

The provider has failed or is failing to comply with a regulatory requirement in the following respect: The inspector observed a nurse administrating the lunch time medications and she was observed to be administrating the medications using the signing sheet and not the prescription sheet as is required. The inspector also noted that there was no space to record comments on the administration sheet in the case of a withheld or refused medication. Although the nurses said the doctors were reviewing the residents' medications on a three-monthly basis this was not always documented.
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 25: Medical Records Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Further staff training dates have been identified to consolidate safe administration of medication practices within the centre. The external provider of medications has amended the documentation to provide an area for comments to be made and a review date section has also been included to identify review dates by the GPs, of all medication charts.	Completed

Outcome 11: Health and social care needs

The person in charge is failing to comply with a regulatory requirement in the following respect: There was no evidence of residents or their representative's involvement in the discussion, understanding and agreement to their plan of care. Residents had assessments completed on admission which included dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination however the inspector found that a number of assessments for a number of residents had not been completed on a three monthly basis or sooner if the residents' condition had required and as required by legislation.	
Action required: Set out each resident's needs in an individual care plan developed and agreed with the resident.	
Action required: Ensure that assessments and the care plan is kept under formal review as required by the resident's changing needs or circumstances and no less frequently 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	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Ongoing participation and consultation in the care planning process by residents and their families will be evidenced going forward with the use of an "Involvement in care planning process" form included in each residents care plan. Further staff education has been completed to ensure compliance with ongoing reviews of care planning to reflect best practice and legislative requirements.	Completed

Theme: Workforce

Outcome 18: Suitable staffing

The provider is failing to comply with a regulatory requirement in the following respect: Recruitment and selection procedures used by the provider were not sufficiently robust. A number of staff had transferred from the orthopaedic services to the older persons services and their files failed to contain all the information set in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
Action required: Ensure that a person is not employed to be a member of staff unless: ▪ the person is fit to work at the designated centre ▪ information and documents are obtained in respect of that person as specified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) ▪ the provider is satisfied on reasonable grounds as to the authenticity of the references referred to in Schedule 2 in respect of that person.
Reference: Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A significant number of personnel files have been completed. Outstanding relevant documentation has been requested from staff as a matter of urgency. There have been significant delays in return of completed garda clearance forms from central garda vetting. There will be an ongoing effort to secure all outstanding documentation.	30 November 2013