

Health Information and Quality Authority  
Social Services Inspectorate

Regulatory Monitoring Visit Report  
Designated centres for older people



<b>Centre name:</b>	Plunkett Community Nursing Unit
<b>Centre ID:</b>	0653
<b>Centre address:</b>	Elphin Street
	Boyle
	Co. Roscommon
<b>Telephone number:</b>	071-9662026
<b>Fax number:</b>	071-9663636
<b>Email address:</b>	<a href="mailto:Gerard.McCormack@hse.ie">Gerard.McCormack@hse.ie</a>
<b>Type of centre:</b>	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
<b>Registered providers:</b>	Roscommon PCCC - HSE West
<b>Person in charge:</b>	Gerard Mc Cormack
<b>Date of inspection:</b>	26 June 2012
<b>Time inspection took place:</b>	<b>Start:</b> 11:25 hrs <b>Completion:</b> 17:00 hrs
<b>Lead inspector:</b>	Patricia Tully
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Regulatory Monitoring Visit Report

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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*.

**Additional inspections** take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

Plunkett Nursing Home is a purpose-built, single-storey centre operational since 1973. The centre can accommodate up to 41 residents including one respite admission. The centre currently provides day care on Mondays, Thursdays and Fridays. Day care is provided for 12 to 20 residents.

There is a large lounge/day room with a nurses' station encompassed in this area. Bedrooms are situated in corridors off this area. Residents' accommodation consists of seven four-bedded rooms, two triple rooms, one twin room and five single rooms. All the rooms have a sink and two single rooms have a shared en suite toilet. There are nine toilets, one bathroom and five shower rooms available for residents' use. A smoking room, large dining room, pharmacy room, treatment room, visitors' room, two sluice rooms, storage areas, an oratory, staff facilities and a physiotherapy department are also located within the building.

A health centre, an ambulance base and mental health day care services facility are located onsite. The grounds are well kept with large well manicured gardens. There is ample car parking space provided to the front of the centre.

The centre is currently registered until the 24 June 2015.

### Location

The centre is located in the centre of Boyle on Elphin Street and is within easy access of shops and all amenities.

<b>Date centre was first established:</b>	1973
<b>Number of residents on the date of inspection:</b>	40 including 1 respite.
<b>Number of vacancies on the date of inspection:</b>	1

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents*</b>	25	6	5	3

\* does not include respite resident

### Management structure

The Provider is the HSE West - Roscommon Primary Community Continuing Care. The person appointed as the designated Provider on behalf of the HSE is Catherine Cunningham Area Manager, Galway and Roscommon PCCC. The Person in Charge (PIC) is the Director of Nursing, Gerard McCormack who reports to Catherine

Cunningham. The Person in Charge is supported in his role by Mary McDermott, Clinical Nurse Manager Grade 2 (CNM 2). The nursing staff report to the CNM2. The carers/multi-task attendants report to the nursing staff. Administrators, the head chef and maintenance staff report to the Person in Charge. The catering staff report to the Head Chef.

Staff designation	Person in Charge	Nurse	Care staff	Catering staff	Cleaning / laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3	6	4	2 cleaning 1 laundry and caring duties	2	4 builders and maintenance  1 gardener

## Summary of findings from this inspection

This report sets out the findings of a monitoring and compliance inspection, which took place on 26 June 2012. The purpose of the inspection was to review the action plan from the previous inspection and to examine how well the provider was meeting 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*.

The inspector met with the person in charge, the management team, residents relatives and staff members during the inspection. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

The inspector reviewed the thirteen action areas with thirty associated actions required from the previous inspection of 27 October 2011 and found that the person in charge, provider and staff had made substantial progress in addressing the required actions. Ten actions were completed and three actions were at an advanced stage of completion.

The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. The premises was well-furnished, comfortable and well-maintained and works to enhance the environment by the reduction in bed numbers in multi-occupancy rooms and the provision of a cleaning room and an end of life room was in progress.

The key measures taken since the previous inspection included:

- revision of the statement of purpose and function
- restraint policies and procedures had been reviewed and updated to include consent for restraint measure in use
- review of wound care guidelines and the provision of contemporary

- evidence-based practice
- the implementation of rehabilitative care plans
- appropriate health care was being delivered to residents at risk of falls
- building work to develop a cleaning room was at an advanced stage of completion
- fire safety works had been carried out and additional internal fire doors were in the process of being installed
- the notification of incidents and quarterly returns to the Chief Inspector was being carried out
- involvement of care staff in the process of documenting their care with residents
- review of quality and safety of care and the quality of life of residents is ongoing through audits and surveys
- environmental issues addressed include: temperature of the water, dedicated cleaning room and personalising rooms.

The following improvements were in progress but required further development:

- revision and updating of care plans to include residents' wishes, appropriate assessments such as social care needs and documentation of residents' life histories and three monthly review of care plans
- new contracts of care had been issued to residents however the insurance of residents property continues to be an issue
- fire safety training and practice drills had been scheduled for July 2012 for staff however, the frequency of training requires monitoring to ensure all staff receive timely mandatory training
- formal appraisal of all staff is under development and due to be rolled out
- improvement in the range of activities on offer to residents and those with cognitive impairment
- environmental issues being addressed include: provision of storage space for assistive equipment, reduction of numbers in multi occupancy rooms and wash hand basin provision and privacy in bedrooms in communal rooms.

Improvements were identified on this inspection in the areas of risk management, staff rota and the environment. The areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

### **Comments by residents and relatives**

The inspector talked to a number of residents and relatives during the inspection. They were unanimous in their praise of the centre, the level of care they received and spoke of the commitment of the person in charge. One resident said that "it is very good here" and "the staff are very good" and that she felt safe in the centre as "there is always someone there to help" when needed. Another resident said he "was very happy" in the home. Residents were also complimentary of their accommodation, the meals provided, the entertainment and activities on offer and of the staff. Two letters to the person in charge were also reviewed by the inspector which stated relatives' thanks and praise for the care their family members had received during their time in the centre.

## **Governance**

### **Article 5: Statement of Purpose**

There has been no change to the statement of purpose and function since submitted in February 2012.

The statement of purpose accurately described the service that was provided in the centre and met requirements of Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspector observed that the service's capacity to meet the diverse needs of residents, as outlined in the statement of purpose, was reflected in practice.

The statement was kept under review by the person in charge and was made available to residents on admission.

### **Article 15: Person in Charge**

There has been no change to the person in charge since the last inspection. Residents spoken with were praiseworthy of the person in charge and that they would be happy to bring any complaints or issues to his attention if the need arose.

The person in charge is currently undertaking a gerontology course which he is completing in July 2012.

### **Article 16: Staffing**

There were appropriate staff numbers and skill-mix to meet the assessed needs of residents. Staff rotas reviewed by the inspector indicated that these were the usual arrangements however the rota did not detail each staff member's position and full name. A registered nurse was on-duty at all times including night duty. Extra cleaning staff were on duty on the day of the inspection due to the alterations being carried out.

The HSE's policy on the recruitment, selection and vetting of staff was followed. The person in charge told the inspector that all nursing staff were currently registered with An Bord Altranais and that Garda Síochána vetting had been obtained for all staff.

Training records which were currently being updated showed that staff had received mandatory training in moving and handling.

Staff had attended training in detecting and reporting elder abuse, Trust in Care, hand hygiene and restraint. The person in charge told the inspector that Performance Management and Development System (PMDS) was being introduced by the HSE as an appraisal system for all staff and five staff had attended training in

dementia care had been provided in November 2011 and further training is to be scheduled for more staff to ensure that dementia care is provided to residents in accordance with evidenced-based practice.

### **Article 23: Directory of Residents**

The inspector reviewed the directory of residents and found that it met the requirements of the Regulations and included the details of recent events.

### **Article 31: Risk Management Procedures**

The inspector found that practice in relation to the health and safety of residents and the management of risk generally promoted the safety of residents, staff and visitors. However, some improvements were identified. The nurse call system had been upgraded to improve response to residents' alarm calls.

There was a visitors' sign-in book located at the entrance to the centre. This allowed the staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The inspector observed visitors' daily signatures in the visitors' book.

The inspector found that there was a health and safety statement available in the centre. The risk management policy provided guidance and information to staff on a range of safety issues such as food safety and managing behaviour that challenged. However, the person in charge did not maintain a register of the risks specific to the centre, such as risks associated with smoking, residents carrying out light duties, or the maintenance works which were in progress.

### **Article 35: Review of Quality and Safety of Care and Quality of life**

There was a system in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents however there was no clear system in place to capture the reviews planned or undertaken of the quality and safety of care provided to residents and the quality of life of residents in the designated centre at appropriate intervals and the learning and changes implemented in response to findings.

Auditing of accidents, incidents and falls had commenced but required some further development. Incidents which had taken place up to the end of April 2012 were audited to identify trends and causes however no specific investigations were carried out following two serious incidents which had taken place.

A nursing flow chart had been developed for low risk, medium risk and high risk residents, specifying precautions to be taken however there was no audit of compliance with or the effectiveness of these measures in preventing incidents.

The person in charge told the inspector that the physiotherapist is scheduled to attend a course on Balance Rehabilitation in September 2012 with a view to developing further strategies to prevent falls.

A review of care plans had been carried out in December 2011 which identified a number of issues in some plans: involvement of significant other was not always documented, assessments were not updated in one care plan, plans were not updated in line with changing needs, findings of assessments were not reflected in care plans. The person in charge told the inspector that work continues on improving care plans.

### **Article 39: Complaints Procedures**

The person in charge demonstrated a positive attitude towards complaints. The complaints procedure was displayed in a user friendly format and described in the residents' guide and the statement of purpose. The person in charge was identified as the named complaints officer. An independent appeals process was available to complainants.

The complaints log which contained relatively few records of complaints did include all relevant information about the complaint, the investigation and the outcome and the complainants' satisfaction.

### **Article 36: Notification of Incidents**

Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. The inspector reviewed the incidents and near misses and found that incidents correlated with those had been reported to the chief inspector.

## **Resident Care**

### **Article 9: Health Care**

The inspector was satisfied that the healthcare needs of residents were met. The inspector reviewed residents care plans and noted that while overall the documentation was of a good standard some improvements were required which were also identified in the centre's December 2011 audit of six care plans.

There was evidence of regular monitoring of weight, pulse and blood pressure and opportunities for exercise and meaningful engagement. Some care plans reviewed had not been updated to reflect the current care needs of residents. For example the care plan of one resident did not contain a risk assessment for the resident's weekly visit to his home or tasks he carried out in the centre.



A resident told the inspector that staff had not discussed her care plan with her and she was not aware that care plans had been developed around her care.

The person in charge told the inspector that there was good access to medical practitioners in the local area which was confirmed by the residents and there was evidence in the medical files that residents were regularly reviewed by their general practitioner (GP). In addition to GP services, there was evidence that residents had good access to physiotherapy as there was a department on site with a physiotherapist assigned to two centres and a physiotherapy aide also carried out exercises and interventions with the residents. The person in charge told the inspector that residents are referred to occupational therapy, speech and language therapy, dietetics, psychiatry of later life services, dental and optician services where necessary. Residents told the inspector about services that were offered and availed of or refused as per their choice. The person in charge undertook to submit a physiotherapy referral for a resident to re-assess his mobility.

Residents who were at risk of pressure ulcer development had been provided with pressure relieving devices such as mattresses and cushions. One resident currently has a pressure ulcer as notified to the Chief Inspector which, the person in charge reported was improving.

Procedures and practices in place and the restraint management issues outlined in action one of the previous report had been partially addressed. The person in charge told the inspector that there were four staff yet to be trained on the HSE's policy and procedure. Lap belts were in operation and restraint and release times in chairs was in operation as reported by the person in charge. There were a number of residents using bedrails at night time and an assessment had been completed for the use of the restraint however the documentation in the resident's files did not specify if this was as an enabler or a restraint or that other strategies had been tried which is not in keeping with the centre's restraint policy and procedures and the national guidelines on the use of restraint. Records were not maintained to document the release times of bedrails. An audit had been carried out on the use of bedrails and the person in charge has planned to audit the compliance with the centre's restraint policy and procedures and the national guidelines on the use of restraint.

There were opportunities for each resident to participate in activities appropriate to his or her interests and capacities. The inspector observed a multi task attendant coordinating activities on the day of the inspection. There was evidence that residents engaged in activities such as painting, exercises, and music, baking, learning Irish, reading, crafts including flower arranging and current affairs. The person in charge told the inspector that the residents especially liked the baking, Irish and flower arranging that had recently been introduced. A schedule of activities was posted on the notice board in the large day room. More trips and outings are being organised following a request during a resident's meeting as evidenced by the minutes reviewed by the inspector and reported by the person in charge that a trip to Knock has been arranged. The hairdresser attends the centre twice a week. Residents are supported in observing their faith and Mass is celebrated regularly.

The person in charge told the inspector that day care attendees also sit in the large day room and this offers social opportunities for the residents and engagement with

the community. The residents and day care attendees join in the same activities on Mondays, Thursdays and Fridays when day care is operated. A nurse and a multi task attendant are additional staff assigned to day care which accommodates a maximum of 20 persons.

### **Article 33: Ordering, Prescribing, Storing and Administration of Medicines**

There was a medication management policy on areas of medication management including the prescribing, administration, storage and disposal of medications. A review had been carried out which identified the need for the policies and procedures to be more comprehensive to guide staff practices on all residents' medication therapies. Recommendations of the audit included restructuring of the medication policy to ensure it is more user friendly, inclusion of PRN medication, Nebulised and injection medication. While individual policies had been developed for PRN medication and injection medication there was no policy on Nebulised medication. The person in charge told the inspector that the suite of medication policies is currently under review.

### **Article 6: General Welfare and Protection**

The inspector found that measures were in place to safeguard residents. A policy on elder abuse and protection of vulnerable adults was in place. Records showed that staff had attended training on the prevention, detection and response to elder abuse and Trust in Care in 2011 and 2012 and records of this training were maintained on staff files. Residents told the inspector that they felt safe in the centre and one resident who has been in the centre for over ten years said he has always felt safe.

Signs on doors signified that care was in progress and staff were observed knocking on doors before entering rooms.

Residents' finances are managed in Tullamore, Co Offaly by the HSE and any finances managed in the centre are appropriately accounted and signed for. A list of the resident's belongings is posted on the inside of wardrobe doors and relatives and staff are asked to keep this updated.

A small number of volunteers are involved in providing activation and other supports to residents however there was no volunteer policy in place covering Garda Síochána vetting, terms and conditions, roles and responsibilities and confidentiality.

### **Article 20: Food and Nutrition**

The inspector was satisfied that residents received a nutritious and varied diet. There was one dining room and residents were seen to enjoy the social dining occasion. The inspector noted that there was a choice of courses offered at the table from serving dishes so residents could see what was being offered. Meals were served at the table, which were hot, well presented. Residents said they had an enjoyable meal and the food was good.

Residents were encouraged to be independent with eating and some of the residents required assistance with meals which was offered in a dignified manner and resident choice was facilitated. The daily menu was displayed in the dining room. The inspector saw residents being offered drinks throughout the day.

The water dispenser in the day room was found by the inspector to require cleaning which was immediately addressed when pointed out to the person in charge.

The chef told the inspector that a recent inspection had been carried out by the environmental health officer and the minor deficits identified had been addressed.

## Environment

### Article 19: Premises

The centre was observed to be clean, pleasantly decorated and efforts had been made to create a homely atmosphere with for example the old dresser in the dining room and soft furnishings and ornaments in the day room. The inspector found that the bedrooms were personalised with adequate space for belongings. Residents also had access to locked personal storage space in their bedrooms. The provider is endeavouring to reduce the number of multi-occupancy rooms and how this is to be achieved is under discussion.

A number of issues had been identified following the previous inspection which were at an advanced stage of completion such as the provision of a cleaning store. Additional fire doors were in the process of being installed in corridors on the day of the inspection. Fire wedges were observed to be in operation and the person in charge arranged for these to be removed immediately from all fire doors when alerted to the risk.

Additional storage space had been created however there were a number of hoists stored on the corridor leading to the physiotherapy department. The linen press door could not be closed due to the storage of the large linen closet in this location.

There were two secure well maintained outdoor areas and large gardens which residents could access. One resident was facilitated to pursue his gardening hobby with raised vegetable beds provided which he proudly showed to the inspector. While the secure gardens were well arranged, the design of the ramped areas did not comply with Building Regulations 2000, Technical Guidance Document M, Access for People with Disabilities (Part M Building Regulations) as for example there were no handrails in place.

Residents' personal laundry is processed in the centre. All residents' clothes were folded and returned to the residents' rooms. Laundry of bed linen is outsourced.

Thermostats have been fitted to control water temperature at outlets accessible to residents.

## Article 32: Fire Precautions and Records

Procedures for fire detection and prevention were in place. Emergency exit plans were on display and fire exits and evacuation points were signposted. The inspector reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were monitored. The inspector read records which showed that daily inspections of fire exits were carried out and the fire exits were noted to be unobstructed.

There training records highlighted that some staff had not attended fire safety training in the past year. Fire drills had taken place in the past six months. The person in charge undertook to discuss fire safety training and the frequency of evacuation drills with the training officer to ensure that requirements are met and fire safety training was then scheduled to take place in July 2012 to address the outstanding fire safety training requirement.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge, to report on the inspector's 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:*

Patricia Tully

Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

2 July 2012

## Action Plan

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

<b>Centre:</b>	Plunkett Community Nursing Unit
<b>Centre ID:</b>	653
<b>Date of inspection:</b>	26 June 2012
<b>Date of response:</b>	25 July 2012

### Requirements

These requirements set out what the registered provider must do to meet 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*.

#### ***Outcome 2: Reviewing and improving the quality and safety of care***

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

There was no clear system in place to capture the reviews planned or undertaken of the quality and safety of care provided to residents and the quality of life of residents in the designated centre; and improving the quality of care provided at, and the quality of life of residents in, the designated centre.

#### **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.

#### **Action required:**

Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

\* 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 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  An excel sheet will be developed to show care plan review dates and date for subsequent reviews. . Residents monitoring sheet to be recommenced on weekly basis providing the information contained in standard 30.2.  A residents' satisfaction survey will be carried out in September.	  31 August 2012  23 July 2012  30 September 2012

***Outcome 5: Health and safety and risk management***

<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To maintain a register of the risks specific to the centre, such as risks associated with smoking, residents carrying out light duties, or the maintenance works which were in progress.</p> <p>The design of the ramped areas did not comply with Building Regulations 2000, Technical Guidance Document M, Access for People with Disabilities (Part M Building Regulations).</p>
<p><b>Action Required:</b></p> <p>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.</p>
<p><b>Action Required:</b></p> <p>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.</p>
<p><b>Action Required:</b></p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre. Provide handrails at ramps leading to secure gardens.</p>

<b>Reference:</b> Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Handrails will be provided following review by maintenance and Occupational therapy staff in both garden areas.  Fire and safety officer to be contacted with a view to updating and reviewing current risk register to include risks around smoking, residents carrying out light duties and maintenance works on site.  Risk Management policy to be updated to include the reviewing of incidents and if appropriate desktop review.	20 August 2012  31 August 2012  31 August 2012

<b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b>  To make arrangements for all staff working at the designated centre including night duty staff, to receive suitable training in fire prevention and fire drills.	
<b>Action Required:</b>  Provide suitable training for staff in fire prevention.	
<b>Action Required:</b>  Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.	
<b>Reference:</b> Health Act, 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

Provider's response:  Fire training for staff commenced on 13 July 2012 with further dates to be organised for this year.	31 August 2012
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***Outcome 6: Medication management***

<p><b>4. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To ensure that policies and procedures under review were comprehensive including Nebulised medication and in a user friendly format.</p>	
<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>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:  New policies being reviewed and will be ready for implementation.</p>	<p>31 August 2012</p>

***Outcome 7: Health and social care needs***

<p><b>5. The person in charge is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To set out each residents' needs in an individual care plan developed and agreed with the resident and to ensure that care plans are updated in line with changing needs and findings of assessments.</p>	
<p><b>Action Required:</b></p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>	



<b>Action Required:</b>	
Make each resident's care plan available to each resident.	
<b>Action Required:</b>	
Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at 3-monthly intervals.	
<b>Action Required:</b>	
Revise each resident's care plan, after consultation with him/her.	
<b>Action Required:</b>	
Notify each resident of any review of his/her care plan.	
<b>Reference:</b>	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Residents or their significant others will be informed of any changes to care plan. They will be informed of next review date so they can participate in the development/review of their care plan.	31 August 2012

***Outcome 14: Suitable staffing***

<b>6. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>
To ensure the rota gave details of each staff member's position and full name.
<b>Action required:</b>
Maintain a planned and actual staff rota, showing staff by name and role on duty at any time during the day and night.
<b>Reference:</b>
Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  All staff rotas will contain each staff member's full name and position.	31 July 2012

<p><b>7. The person in charge is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To set out the roles and responsibilities of volunteers and ensure that they are appropriately vetted.</p>
<p><b>Action Required:</b></p> <p>Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.</p>
<p><b>Action Required:</b></p> <p>Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.</p>
<p><b>Reference:</b></p> <p>Health Act, 2007            Regulation 34: Volunteers            Standard 20: Social Contacts            Standard 22: Recruitment</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  Volunteer policy and written agreement to be developed.	30 September 2012

***Outcome 16: Records and documentation to be kept at a designated centre***

<p><b>8. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The provider has failed to adapt comprehensive contemporary evidence-based restraint practices which complies with current legislation.</p>
<p><b>Action required:</b></p> <p>Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.</p>

<b>Reference:</b> Health Act, 2007 Regulation 25: Medical Records	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Restraint and release charts are in place, a restraint register will be introduced and maintained to the standard required by National restraint policy.	31 August 2012

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

**Provider's response:**

None supplied

**Provider's name:** Catherine Cunningham

**Date:** 25 July 2012