

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Little Flower Nursing Home
<b>Centre ID:</b>	0355
<b>Centre address:</b>	Labane
	Ardrahan
	County Galway
<b>Telephone number:</b>	091-635449
<b>Email address:</b>	Littleflower1@eircom.net
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Bridgelynn Limited
<b>Person authorised to act on behalf of the provider:</b>	Joan Surman
<b>Person in charge:</b>	Joan Surman
<b>Date of inspection:</b>	23 July 2013
<b>Time inspection took place:</b>	<b>Start:</b> 09:15 hrs <b>Completion:</b> 18:30 hrs
<b>Lead inspector:</b>	Nan Savage
<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>	41 + 1 in hospital
<b>Number of vacancies on the date of inspection:</b>	8

## 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.

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

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies, procedures and staff files.

There were 41 residents living in the centre, two of whom were maximum dependency, nine high dependency, five medium dependency and 25 low dependency.

There was evidence of good practice in all areas of the service. The inspector found that the provider strived to provide a high standard of health care to the residents and demonstrated commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The provider had addressed the required actions from the previous inspection and was in the process of developing plans to further enhance the facilities available to residents.

The healthcare needs of residents were well met and residents had good access to general practitioner (GP) services and to other allied health professionals. The inspector noted that the management of the use of restraint had significantly improved since the previous inspection. The care planning documentation better reflected the good standard of care provided. Appropriate recreational opportunities were available to suit residents' interests and capabilities.

Safe procedures were in place for medication management but some improvement was required to the medication management policy to accurately reflect current staff practice. Prior to the inspection, the person in charge had commenced a review of this policy.

Risk management and fire safety measures were in place and the provider had systems in place to safeguard residents from elder abuse. The inspector observed that staffing levels and skill mix met the needs of residents during the inspection. The provider had made available resources for staff to attend training pertinent to their role and had put in place adequate procedures for the recruitment and vetting of staff.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007**

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

**Theme: Leadership, Governance and Management**

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

**Outcome 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:**

The action required from the previous inspection was satisfactorily implemented.

**Inspection findings**

The inspector reviewed a sample of residents' contracts of care and found that there was an agreed written contract in place which included details of the services to be provided for that resident and the fees to be charged. The contracts had been amended since the last inspection and now specified additional fees for services that were at an extra cost to residents.

A condition within the contract that related to residents' property and possessions had also been revised to comply with the insurance cover requirement as set out in Regulation 26 (2).

**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

No changes have been made to the role of person in charge since the previous inspection. Joan Surman is the person in charge and also the person authorised to act on behalf of the provider.

Since the last inspection the person in charge has engaged in continuous professional development including courses in restraint management, nutrition and diabetic care. The person in charge had also attended an educational talk on dementia and behaviour that challenges.

The inspector saw that the person in charge was very well known to residents and relatives.

### Outcome 4

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

### References:

Regulations 21-25: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

### Inspection findings:

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

### Residents' Guide

Substantial compliance

Improvements required \*

The Residents' Guide met most requirements set down in the Regulations. However, the Guide had not been maintained up to date to reflect some changes to the service. A copy of the Guide was available in residents' bedrooms and the most recent inspection report had not been made available to residents.

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

Substantial compliance

Improvements required \*

The action required from the previous inspection was satisfactorily implemented.

**General Records (Schedule 4)**

Substantial compliance

Improvements required \*

The action required from the previous inspection was satisfactorily implemented.

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

Substantial compliance

Improvements required \*

All policies and procedures required by Schedule 5 of the Regulations were in place. The inspector reviewed a sample of the policies and found that some procedures did not accurately reflect good practice that was observed and the policy on residents' personal property and possessions was not sufficiently detailed. This is discussed further in Outcome 8 and 17.

In response to the previous action plan, the policy on restraint and transcribing of medications had been updated and informed practice.

**Directory of Residents**

Substantial compliance

Improvements required \*

The action required from the previous inspection was satisfactorily implemented.

**Staffing Records**

Substantial compliance

Improvements required \*

The action required from the previous inspection was satisfactorily implemented.

**Medical Records**

Substantial compliance

Improvements required \*

The action required from the previous inspection was satisfactorily implemented.

**Insurance Cover**

Substantial compliance

Improvements required \*

The action required from the previous inspection was satisfactorily implemented.

**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 inspector found that measures had been taken to safeguard residents from being harmed and from suffering abuse. There was a policy on preventing and responding to allegations or suspicions of abuse. Staff spoken with described clearly what they would do if they suspected abuse. Staff and training records viewed confirmed that staff had received ongoing education on elder abuse.

Adequate systems were in place to manage residents' finances and provide protection to residents.

**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 actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

The provider had systems in place to protect the health and safety of residents, staff and visitors and had addressed the required actions identified in the previous action plan.

There was a risk management policy in place and a range of risk assessments including clinical and environmental. In response to the previous action plan, the provider had completed a risk assessment on the risks associated with access to the staircase and had put in place appropriate control measures. The smoking room was reassessed and an additional control was implemented to prevent the spread of smoke. Since the last inspection the provider had arranged for an external company to complete a risk management audit in the centre. The provider used this audit to develop an action plan and subsequently addressed all areas for improvement that were highlighted.

Formal precautions were in place for specific risks including assault and accidental injury. The inspector also noted that formal arrangements were in place for the identification, recording, investigation and learning from serious incidents.

The provider had taken measures to prioritise the safety of residents in the event of fire. The inspector noted that there was a programme in place for the servicing and checking of fire safety equipment. Staff spoken with and training records viewed confirmed that staff had received up-to-date training in fire safety and evacuation. In response to the previous inspection the provider had fitted magnetic closing devices to some residents' bedroom doors. This enabled residents to keep their bedroom doors partly open while ensuring the safety of residents as they automatically closed in the event of the fire alarm being triggered.

There was an emergency plan in place which identified what to do in the event of emergencies both external and internal. Since the previous inspection the plan had been updated to include transport arrangements for residents in the event of an evacuation from the centre. The plan also included contingency arrangements such as alternative accommodation.

Staff were observed using safe practices to assist residents to mobilise. Staff spoken with and training records reviewed confirmed that staff had received appropriate training in moving and handling. The person in charge was a certified manual handling and moving and handling instructor and delivered this training.

The inspector was satisfied that there were adequate measures and policies in place to control and prevent infection.

**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 actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

The inspector found evidence of good medication management practices and specific issues identified on the previous inspection had been addressed.

Policies and procedures were in place to support and guide medication management practice but some procedures that related to the storage and disposal of medications did not accurately reflect current staff practice. The person in charge had identified this as an area for improvement. The assistant matron had commenced a review of these procedures and had planned to review the medication policy by the end of August 2013.

The inspector reviewed a sample of residents' medical notes and found that residents' health needs were being monitored. Documented evidence was available that residents' medications were reviewed three-monthly and an out-of-hours GP service was available to residents.

The inspector noted that residents' prescription and administration sheets contained required information and the sample viewed were completed in line with professional guidelines. Discontinued medications were consistently signed by the general practitioners (GPs) and medications which were required to be crushed were prescribed as such by the GPs.

Medications that required special control measures were appropriately managed and stored. The medication trolley was secured and the medication keys were held by a nurse at all times.

There was a system in place to audit medication management. Since the previous inspection the assistant matron had completed competency audits on the medication administrative practices of all the nurses and had completed follow up audits. The assistant matron had also completed joint medication audits with the pharmacy and there was evidence that the findings had been used to inform practice.

**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:**

No actions were required from the previous inspection.

**Inspection findings**

Good practices were noted in relation to the recording and notification of incidents. From the sample of records viewed a record of all incidents that had occurred was maintained and the Chief Inspector was notified when required.

The person in charge had put in place a system for recording, investigating and learning from incidents and accidents. Details of the incident were well recorded including the immediate action taken such as the completion of neurological monitoring if required and notifying the next of kin and GP. The inspector also noted that incidents were reviewed by the person in charge or assistant matron and additional interventions to reduce the likelihood of reoccurrence were 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 actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

The inspector found that the health needs of residents were well met and that residents had access to medical and allied healthcare services when required. There were also opportunities for residents to participate in meaningful activities, appropriate to his or her interests and capabilities.

The inspector reviewed a sample of residents' files, including the files of residents with nutritional issues, wounds, those with a form of restraint in use and potential behaviour that challenges.

Comprehensive nursing assessments were completed on admission and were reviewed to identify changing needs to the residents' activities of daily living. A range of up-to-date risk assessments had been completed including dependency, nutrition, risk of developing pressure ulcers, falls risk and restraint. Care plans were found to be person-centred, individualised and described the care to be delivered. There was also documentary evidence that residents or their representative were involved in the review of the resident's care plan, where possible.

Fall prevention measures were implemented for residents assessed at high risk of falling. The inspector found that following a fall, residents associated assessments and care plans were revised with interventions to reduce the likelihood of reoccurrence. Since the previous inspection the person in charge had facilitated a key staff member to attend training on falls prevention.

The inspector reviewed the files of some residents with a pressure sore and wounds. Good practices were noted in pressure ulcer prevention and wound care management. Wound assessments and care plans were maintained up to-date and showed clearly the progression of the wound. However, nursing assessments and

care plans were not in place for every resident with a wound including those that were assessed by a GP and recorded as healing.

The inspector was satisfied that adequate systems were in place to monitor residents' nutritional intake and that weight loss was closely monitored. Residents had nutritional assessments completed and residents' weights and body mass index (BMI) were monitored monthly and more frequently if required. Input had been obtained from the residents' GP, a dietician and Speech and Language Therapist (SALT) when required and recommendations maintained on residents' files. The inspector also noted that nutritional supplements were administered as prescribed. The inspector found that while there was a policy on nutrition it did not fully reflect some of the good practices noted.

Since the previous inspection the person in charge and staff had actively promoted the reduction in the use of restraint. The person in charge and staff had attended training on the national policy on restraint in February 2013. The person in charge had implemented an additional assessment on the use of resident. Prior to using restraint, risk assessments were completed in order to evaluate its appropriateness for the resident. The inspector found that alternatives to the use of restraint had been tried and successfully implemented for a number of residents. This included the use of bed-side wedges, low low beds and crash mattresses. Controls had been developed for the use of bedrails and there was a schedule for monitoring residents who had bedrails in use. The inspector noted that there had been a multidisciplinary approach to decision making regarding the use of restraint.

During the inspection there were no residents with significant behavioural issues. The inspector found that care plans were in place for potential behaviour that challenged following assessment of perceived risk. There was a policy in place which gave instructions to staff on how to manage behaviour that challenged and since the previous inspection staff had received further education in this area. Staff spoken with described appropriate techniques that they used to manage behaviour that challenged and were very familiar with specific interventions that were in place.

There were opportunities for residents' to participate in social care. Some residents described to the inspector events that had recently taken place and that they had enjoyed including opportunities to have drinks and snacks outside during the good weather. There was an activities schedule in place which included therapeutic activity for residents with communication and other sensory difficulties. Staff were observed interacting with residents as they performed their work duties. The inspector noted that social assessments and associated care plans had been completed for residents.

**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 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:**

No actions were required from the previous inspection.

**Inspection findings**

The provider had measures in place to protect residents' personal property and possessions and ensure the safe return of residents' clothes but some improvement was required.

The inspector visited some residents' bedrooms and found that adequate storage space was available for residents' personal belongings. These bedrooms were also personalised with residents' own ornaments and pictures.

The inspector noted that there were adequate arrangements in place for regular laundering and safe return of clothes to residents. A system was in use for identifying residents' clothing which assisted in the safe return of clothes to residents.

While property lists had been completed for residents' personal belongings on admission these lists had not been maintained up-to-date with additional items brought into the centre.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

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

The action required from the previous inspection was satisfactorily implemented.

**Inspection findings**

The inspector found adequate staffing levels at the time of inspection. On the day of inspection there were two nurses and five care assistants on duty during the day. In addition, the person in charge was on duty during the week from 8am to 4pm. The person in charge arranged for the assistant matron to come in to assist in facilitating the inspection.

The inspector noted that residents' numbers had reduced since the previous inspection and that the person in charge had changed staffing levels and skill mix on some shifts including the night shift. There were still four staff on night duty but the skill mix had changed from two nurses and two care assistants to one nurse and three care assistants. There was no negative findings regarding staffing on this inspection and the person in charge described how she determined staffing levels and skill mix based on factors including the number of residents and their dependency levels.

Staff had been recruited, selected and Garda Síochána vetted in accordance with the Regulations. The inspector reviewed a sample of staff files and found that information required by the Regulations had been obtained for staff.

The provider had made available resources and had facilitated staff to attend training and education since the previous inspection. The inspector found that ongoing training of staff was prioritised. Staff spoken with and records viewed confirmed that staff had engaged in continuous professional development. Staff had attended courses and educational talks in areas such as restraint management, nutrition and diabetics, dementia and behaviour that challenges. Relevant staff had also attended training on the use of cleaning chemicals. The inspector also noted that additional training was planned for all nurses on wound care management in September 2013.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider and assistant matron 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:***

Nan Savage  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

23 July 2013

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

Centre Name:	Little Flower Nursing Home
Centre ID:	0355
Date of inspection:	23 July 2013
Date of response:	08082013

### Requirements

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

### Theme: Governance, Leadership and Management

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

**The provider and person in charge are failing to comply with a regulatory requirement in the following respect:**

The policy on residents' personal property and possessions was not sufficiently detailed.

The Residents' Guide had not been up dated to reflect some changes to the service.

#### **Action required:**

Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

<b>Action required:</b>	
Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.	
<b>Reference:</b>	
Health Act, 2007 Regulation 27: Operating Policies and Procedures 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:  The Residents' Guide has been updated accordingly. The Policy on Residents' Personal Property has been revised and updated.	06082013

***Outcome 8: Medication management***

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

Some aspects of the medication management policy that related to the storage and disposal of medication did not accurately reflect current practice in the centre. The person in charge had identified this as an area for improvement and had planned to review the medication policy by the end of August 2013.

**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.

**Action required:**

Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

<b>Reference:</b> Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The Medication Management Policy was under review as mentioned in the report, prior to the inspection and will be completed by the end of August.	31082013

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

<b>The person in charge is failing to comply with a regulatory requirement in the following respect:</b>  An up-to-date property list was not maintained for residents' personal belongings.	
<b>Action required:</b>  Maintain an up to date record of each resident's personal property that is signed by the resident.	
<b>Reference:</b> Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All residents' property records have been updated. A new system has been put in place where the laundry staff continue to maintain these records.	07082013