

Health Information and Quality Authority
Social Services Inspectorate

Regulatory Monitoring Visit Report
Designated centres for older people



Centre name:	St. Attracta's Nursing Home
Centre ID:	0386
Centre address:	Hagfield
	Charlestown
	County Mayo
Telephone number:	094-9254307
Fax number:	094-9254019
Email address:	info@stattractas.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	St. Attracta's Nursing Home
Person in charge:	Alison Moore
Date of inspection:	5 July 2012
Time inspection took place:	Start: 12:55 hrs Completion: 19:00 hrs
Lead inspector:	Patricia Tully
Support inspector:	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<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.

Published reports can be accessed at www.hiqa.ie.

About the centre

Description of services and premises

St. Attracta's Nursing Home is a purpose-built care facility. The centre provides care to people over 18 years who require long term care, dementia care, respite and convalescent care with accommodation for 67 residents in 30 single bedrooms, 17 double bedrooms and one triple bedroom. Day care is also provided.

The gardens around the building are landscaped and include a number of enclosed gardens.

Residents have access to nursing care, physiotherapy and activation programmes in-house and GP, multidisciplinary and specialist services are sourced externally as required.

Location

St. Attracta's Nursing Home is set on an elevated site with spacious grounds in a rural location approximately 3 kilometres south of Charlestown, Co Mayo and 3 kilometres north of Knock airport just of the N17 and a short distance from the N5.

Date centre was first established:	1992
Number of residents on the date of inspection:	57 + 1 in hospital
Number of vacancies on the date of inspection:	9

Dependency level of current residents	Max	High	Medium	Low
Number of residents	36*		16	6

* Dependency levels as per assessment tool used – High, Medium and Low (maximum level option not available)

Management structure

The authorised person on behalf of registered provider is Kathleen Donohue. Alison Moore as the Director of Nursing is the Person in Charge. The Person in Charge is assisted by a team of nurses, carers, and ancillary staff, external services and a volunteer.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3	7	3	4	1	4*

* 2 activities coordinators, 1 maintenance and the Provider

Summary of findings from this inspection

This report sets out the findings of an unannounced monitoring and compliance inspection, which took place on the 5 July 2012. It was the third inspection carried out by the Authority. 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 residents, the provider, the person in charge and staff members during the one day inspection. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, complaints log, restraint records, policies and procedures and staff files.

The inspector found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland. This was reflected in the positive outcomes for residents evidenced throughout the inspection and confirmed by residents and staff. Overall, the inspector found that resident's wellbeing was central to service provision. The services and facilities outlined in the centres' statement of purpose were reflected in practice and served to meet the diverse needs of residents, including those residents with a cognitive impairment.

The inspector reviewed the 16 action areas with 28 associated actions required from the previous inspection of 3 and 13 October 2011 and found that the person in charge, provider and staff had made substantial progress in addressing the required actions. 25 actions were completed, three actions were at an advanced stage of completion and one action relating to insurance cover, continues to be a national issue.

The key measures taken since the previous inspection included:

- staff training had been implemented
- risks minimised in the event of a fire in regard to escape routes and signage and training in fire safety
- further development of risk management policy and procedures including the identification of risks and appropriate control measures and training of staff so that they are aware of risks and preventative measures
- improvement in response to medical care requests by medical practitioners
- improved dining experience by the provision of appropriate assistance to residents at mealtimes
- environmental issues addressed: provision of storage space for assistive equipment, improved access to enclosed garden
- skill mix of staff was appropriate to assessed needs
- a range of staff training has been provided
- audit of restraint measures in place which led to reduction in use of bed rails

- review of operation policies and procedures is ongoing and a CCTV policy had been developed
- resident's guide has been submitted to the chief inspector
- complaints log and incidents log are now maintained separately
- notifications are now submitted in a timely manner.

The following improvements were in progress but required further development:

- facilitate each residents' access to clinical nutrition, occupational therapy and speech and language therapy
- contracts of care had been issued to residents however the insurance of residents property continues to be an issue
- staff files did not contain all required documentation
- planned and actual staff rotas were available however, they were difficult to follow and determine role of staff member on duty.

The findings on this inspection are that residents received dignified and respectful care, were protected from abuse, and received an acceptable standard of evidence-based nursing care. There were appropriate staff numbers and skill mix to the assessed needs of residents, and to the size and layout of the designated centre. Daily life in the centre maximised the residents' capacity to exercise choice and personal autonomy and their views were sought and listened to. The physical environment was suitable for its stated purpose and was homely, comfortable, and well maintained.

Practice in relation to the health and safety of residents and the management of risk generally promoted the safety of residents, staff and visitors. All of the staff were trained in fire safety and evacuation. A comprehensive risk management policy was in place and there was evidence of hazard identification and control measures in place however, a risk was identified with the use of wedges at fire doors.

All staff were trained in manual handling of residents and there was an emergency plan in place. Robust recruitment practices were adopted however, evidence of identification and physical and mental fitness was not available on all staff files and Gardaí clearance was awaited for seven staff who had recently taken up employment in the centre.

Some improvements were required to enhance the many findings of good practice. These are described in the report and related actions are set out in the Action Plan at the end of the report.

Comments by residents and relatives

Residents were unanimous in their praise of the centre and the care that they received. One resident told the inspector "this is like a five star hotel" and that staff were very attentive. Residents said that they felt safe and that if they had a concern, they could speak to the person in charge or any staff member. All residents spoken to said they enjoyed their food.

Governance

Article 5: Statement of Purpose

The statement of purpose set out the services and facilities provided in the designated centre. The inspector observed that the centre's capacity to meet the diverse needs of residents, as stated in the statement of purpose, was reflected in practice. In particular the inspector noted the integration of the new wing into the centre to provide a seamless service with safety of the resident being paramount.

Article 15: Person in Charge

The post of person in charge was full time and held by a registered nurse with the required experience in the area of nursing of older people. All members of staff spoken to were clear about their areas of responsibility and reporting structures and the management structure ensured sufficient monitoring of and accountability for practice. The person in charge demonstrated a high level of knowledge of the regulations and standards and her statutory responsibilities during the inspection. The person in charge has a close working relationship with the provider who is present in the centre on a daily basis.

Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by on-going learning and review of practice. The person in charge had kept her clinical knowledge up to date and demonstrated a sufficient knowledge of clinical audit. She had established a process of internal and external auditing of information and services to identify trends to improve the quality of service and safety of residents and has a plan in place for the systematic review of the quality and safety of care provided to, and the quality of life of residents. She delivered and attended staff training sessions to ensure that staff reflected on how new learning could inform current practice. An example of this was the roll out of a Health and Safety training module for staff which included fire drills so that staff had a good knowledge of all of the risks in the centre and control measures in place. A training session was in progress when the inspector arrived at the centre. The person in charge told the inspector that staff reported that they found this very beneficial.

There were appropriate arrangements in place for the absence of the person in charge. The two clinical nurse managers deputise for the person in charge. The inspector was informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Article 16: Staffing

The levels and skills mix of staff were sufficient on the day of inspection to meet the assessed needs of residents and to the size and layout of the designated centre. A review of staffing rotas indicated that these were the usual arrangements however the rotas were difficult to follow as staff role was not specified in all areas and the 24 hour clock was not used. Separate rotas for different staff grades which were not specified was also in operation.

There was a detailed policy for the recruitment, selection and vetting of staff. However, a review of personnel files found that seven staff did not have evidence of Gardaí vetting, while three did not contain evidence of physical and mental fitness and identification was not available on all files. The person in charge outlined the difficulties that some staff had in obtaining evidence of physical and mental fitness. A copy of professional registration was available for all nurses in the centre.

Staff informed the inspector that copies of both the regulations and the standards had been made available to them and staff spoken to expressed an adequate knowledge of the content.

All staff had completed mandatory training. Staff training records reflected inspection findings of good practice particularly in relation to nutritional assessment, end-of-life care; elder abuse; restraint, caring for residents with dementia and infection prevention and control. All staff had attended mandatory training in fire safety and evacuation and manual moving of residents.

Staff meetings were held regularly. A sample of the minutes was reviewed by the inspector.

Article 23: Directory of Residents

Inspectors reviewed the directory of residents and found that it met the requirements of the Regulations and included the details of a recent transfer to and from the acute hospital.

Article 31: Risk Management Procedures

Practice in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors. A health and safety statement, risk register and emergency plans were in place as presented for review by the person in charge.

The environment was kept clean and well maintained and there were measures in place to control and prevent infection, including arrangements in place for the segregation and disposal of waste, including clinical waste. Staff had received training in infection control pertinent to their role. Staff had access to supplies of

latex gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre.

Measures were in place to prevent accidents and facilitate residents' mobility, including safe and appropriate floor covering and hand rails which were provided on both sides of the corridor to promote independence. Residents were observed moving around the building during the day using the handrails for support. Staff involved in the care of residents were trained in the moving and handling of residents.

Arrangements were in place for containing and extinguishing fire and the majority of fire doors had magnetic door holding mechanisms in place however, the inspector observed that a number of wedges were in use to hold designated fire doors ajar which would impact on their function of containing fires in the event of a fire. The wedges were immediately removed except where residents insisted that the door remain open with the wedges in place. Residents confirmed their choice to the inspector. The person in charge undertook to carry out a risk assessment in these instances and to put control measures in place until such time as more appropriate door holding mechanisms are installed.

A raised toilet seat was observed by the inspector in place in the communal toilet beside the large dayroom. The seat was loose fitting and had not been satisfactorily cleaned which is a risk to residents.

Article 39: Complaints Procedures

The quality of the complaints policy and procedures, and the manner, in which these were implemented in practice, ensured that the complaints of residents were listened to and acted upon.

Residents and staff reported that they had easy access to the person in charge and they could openly report any concerns to her or any member of staff and were confident that any complaints would be addressed.

The complaints procedure was written in a user-friendly manner and prominently posted in the lobby and corridors. It was also described in the residents' guide and the Statement of purpose. A member of staff was identified as the named complaints officer. This person in charge presented the complaints' log for the inspector to review. The log recorded all relevant details, including the complainant's level of satisfaction with how the complaint was managed. The complaints officer also compiled an analysis of complaints to inform improvements within the centre and gave the inspectors examples of practices that had been subject to review and changed following residents' complaints.

An advocacy service is available to residents with meetings held once a month.

Article 36: Notification of Incidents

Practice in relation to notifications of incidents was satisfactory.

Inspectors reviewed a record of all incidents that had occurred in the designated centre since the previous inspection. All relevant incidents were notified to the Chief Inspector as required.

Resident Care

Article 9: Health Care

The arrangements to meet residents' assessed needs were set out in individual comprehensive electronic person-centred care plans, which were drawn up with the involvement of residents and were subject to review as evidenced in the care plans reviewed by the inspector. The IT based care planning system is under continuous development with plans being added to as required such as the addition of a care plan for smokers following a recent alert from the Chief Inspector. Care assistants also input their care into the system using daily flow charts.

Recognised assessment tools were used to promote health and address health issues. These included assessments for risk of pressure ulcers, malnutrition, and falls risk and appropriate measures were put in place to manage and prevent risk.

Three-monthly reviews were completed, dated, and signed by staff and residents. Residents spoken to confirmed that they had been involved in the initial assessment and ongoing reviews. There was a strong emphasis on social care, with prescribed interventions within care plans to promote residents' social care needs, based on residents assessed preferences, interests and capacities. Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences as observed by the inspector during the inspection. Residents with a cognitive impairment were also encouraged to take part in activities. Activity coordinators carried out a number of activities with the residents in the day rooms. The inspector observed staff taking the time to reassure residents with dementia, speaking slowly, clearly and sensitively, and repeating the information to residents to ensure that the resident understood what was being said to them.

Review of residents' medical notes showed that GPs visited the centre regularly. A chart was displayed in the nurse's offices to indicate when a resident's care plan was due for review and staff explained that it was up to the resident's key worker to ensure that the review was carried out. The person in charge informed the inspector that GPs' compliance with carrying out the reviews had improved. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals.

Residents had access to a range of other health services, including physiotherapy, chiropody, ophthalmology and dental services however, access for medical card holders to speech and language therapy, dietetics and occupational therapy and the provision of equipment such as specialised seating has not been supported by the Health Service Executive (HSE)'s primary community and continuing care teams. The person in charge told the inspector that they have received written correspondence in response to referrals stating that these services can not be provided which is not in keeping with the HSE's equity of access policy that "a person has the same rights to services irrespective of their care environment" (The Provision of Standard and Non Standard Equipment for Residents in Designated Centres for Older People).

Practice in relation to the use of restraint was of a high standard. The centres' policy on the use of restraint included a direction to consider all other alternative interventions. Records reviewed by the inspector were comprehensive. There use of restraint was audited on an on-going basis which had resulted in a reduction in the number of residents using bed rails.

A sample of care plans reviewed showed that residents' end of life care needs were assessed and documented and discussed with residents and relatives. Accommodation was available for families to stay overnight if they so wished.

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

The processes in place for the handling of medicines, including controlled drugs, were safe, secure and in accordance with current guidelines and legislation. Nursing staff demonstrated an understanding of appropriate medication management and adhered to professional guidelines and regulatory requirements.

There was a medication policy with procedures for prescribing, administering, recording and storing of medication. Review of records and observation of practice indicated that these procedures were implemented. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were appropriate procedures for the handling and disposal for unused and out of date medicines.

Article 6: General Welfare and Protection

Measures were in place to protect residents from being harmed or suffering abuse.

All staff had received training on identifying and responding to elder abuse. A centre-specific policy was available. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents spoken to confirmed to inspectors that they felt safe in the centre. They primarily attributed this to the staff being available to them if they were distressed or had a concern and to their experience of receiving a high standard of care.

The person in charge monitored safe guarding practices in the centre. She regularly spoke to residents and relatives, reviewed the systems in place to ensure safe and respectful care, monitored the management of complaints, and ensured that the staff understood the centres' policy and procedure in relation to elder abuse, including reporting procedures. Both staff and residents spoken to confirmed that she was accessible to all.

At the time of inspection there were no recorded incidents or allegations of abuse.

Article 20: Food and Nutrition

Residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. Residents told the inspector that they liked the new dining room which was spacious and nicely decorated. The dining room looked out on a beautiful well designed secure garden area.

The weight records examined showed that residents' weights were checked on monthly basis or more regularly if required. Nutrition assessments and fluid intake records were used to identify residents at risk of malnutrition or dehydration. Records showed that some residents had been referred for dietetic review. However, a service is not provided as outlined under article nine, Health Care.

The inspector observed staff discussing the menu options for dinner with each resident. They were asked what meal they would like. A number of residents chose to have their dinner in their rooms. Inspectors saw that residents who needed their food pureed or mashed had the food presented in appetising portions. Residents who needed assistance with dining had their lunch in the dining room. Inspectors saw staff sitting with these residents and assisting them respectfully. It was a pleasant, unrushed occasion. Staff members chatted with residents and encouraged discussion amongst them.

The inspector saw residents being offered a variety of snacks and drinks throughout the day. Jugs of water and a variety of juices were available in common areas and staff were observed regularly offering drinks to residents.

Environment

Article 19: Premises

The centre was purpose-built, and the premises have been extended to provide a good standard of private and communal space, additional single bedrooms and facilities. The environment was bright, clean and very well maintained throughout. Residents reported that the centre was comfortable. Communal areas such as the day-rooms had a variety of pleasant furnishings and comfortable seating.

With the occupation of the new extension the nursing home accommodates a maximum of 67 residents in 30 single bedrooms, 17 double bedrooms and one triple bedroom. with en suites containing a washhand basin, assisted toilet and assisted shower. Residents' bedrooms were spacious, comfortable and personalised.

The centre had secure landscaped garden areas with colourful flower beds, green areas, pathways for residents to mobilise and seating areas for rest periods. The gardens were safe for use by all residents. Although the internal courtyard area had not been used due to the weather conditions, the design of the patio slabs is not suitable for residents to mobilise safely with mobility aids. The person in charge informed the inspector that a risk assessment has not been completed.

There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. The wide corridors enabled easy accessibility for residents in wheelchairs or those with mobility aids. They also aided safety as residents could pass each other without any difficulty. Hand rails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-date.

Storage for equipment had been increased since the last inspection. Storage areas had been utilised in the extension and a room had been converted into a store area in the original building.

Article 32: Fire Precautions and Records

The provider and person in charge had sufficiently prioritised the safety of residents in the event of fire. Review of fire records showed that all fire safety equipment, including the fire alarm and emergency lighting had been serviced at appropriate intervals. Fire safety and evacuation training took place on an annual basis. The provider had a system in place to ensure that that all staff had attended the training. The most recent fire training as part of risk management was held on 5 July 2012.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, person in charge, and member of nursing staff to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish 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

23 July 2012

Action Plan

Provider's response to inspection report*

Centre:	St. Attracta's Nursing Home
Centre ID:	0386
Date of inspection:	5 July 2012
Date of response:	27 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*.

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

To facilitate access to multidisciplinary services for residents with identified needs in terms of seating and nutrition.

Action Required:

Facilitate each resident's access to occupational therapy, clinical nutrition and speech and language therapy as required by each resident.

Reference:

Health Act, 2007
Regulation 9: Health Care
Standard 13: Healthcare

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Residents have been referred to speech and language therapy for swallow assessments we have received written correspondence stating that residents will only be seen in the out patient clinic. By the very nature of the residents' complex needs, travelling for an out patient appointment is not appropriate. The PIC has spoken with the speech and language HSE service in Mayo and have been advised that visits will not be facilitated to a nursing home as the service does not have the resources.</p> <p>Residents have been referred to the occupational therapy service for seating assessments. Whilst this service was provided last year we have received correspondence regarding recent referrals dated 1 June 2012 stating that 'due to the demand for their service they are not in a position to act on this referral'.</p> <p>HSE dietetic services are not available for domiciliary visits we have accessed the dietetic services of nutritional companies who have assessed residents and advised on nutritional plans.</p>	Ongoing

<p>2. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>To ensure that the planned and actual rotas are easy to follow and show all staff on duty by role.</p>	
<p>Action required:</p> <p>Maintain appropriate planned and actual weekly duty rosters, showing staff on duty by role covering 24 hour periods.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 16: Staffing Regulation 24: Staffing Records Standard 23: Staffing Levels and Qualifications</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We have comprehensive rosters in place demonstrating actual and worked duties. The nursing roster and night roster do not</p>	31 July 2012

identify grade of nurse, this will be amended for clarity of position.	
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<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To ensure that information and documents specified in Schedule 2 have been obtained in respect of each person employed in the designated centre.</p>	
<p>Action required:</p> <p>Put in place recruitment procedures to ensure no staff member is employed unless the full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Garda Síochána vetting currently takes 8-12 weeks to process which directly impinges on the recruitment process. We apply strict recruitment procedures which involve detailed interview and the securing of three references prior to any position being commenced. Garda Síochána vetting is then applied for immediately. All recent newly appointed staff had Garda Síochána vetting applied for.</p> <p>Photograph identification was missing from one new staff file this had been obtained but had not been attached to the file, this has now been attached. All staff files have photographic identification.</p>	<p>Ongoing</p> <p>Completed</p>

<p>4. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To cover liability under insurance as specified under Regulation 26 (2).</p>	
<p>Action required:</p> <p>Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).</p>	

Reference: Health Act, 2007 Regulation 26: Insurance Cover Standard 31: Financial Procedures	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>This issue was raised during our last inspection and the position has not changed. There is confusion over the interpretation of the wording. Our current insurance states that we are covered to the value of €1500 for any one item and any one resident. The regulations state that the 'liability to any resident shall not exceed €1000 for any one item'. We stress that whatever insurance is required we will obtain. However, our insurance company have confirmed that this is a standard aspect of nursing home insurance. We understand this to be a national problem.</p>	Ongoing

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To make adequate arrangements for holding designated fire doors ajar that does not impact on their function of containing fires in the event of a fire.</p> <p>To ensure that all toilet seats are secure and at an appropriate height for the residents to use safely.</p> <p>The use of internal courtyard by residents requires risk assessment.</p>
<p>Action required:</p> <p>Remove all door wedges in fire doors and make adequate arrangements for containing and extinguishing fires including adherence with fire regulations in relation to the management of designated fire doors.</p>
<p>Action Required:</p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre.</p>
<p>Reference: Health Act, 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Some residents room doors were wedged open at their request, some residents do not like to have the door closed when they are in the room. Risk assessments have been completed. We have sourced an alternative door closing/holding mechanism which enables the door to be left open at various degrees but is sound activated shut when a fire siren sounds. We are trialing this equipment prior to further installation. Mechanisms will be fitted on 20 doors by 28 September and on other doors as the need arises.</p> <p>Toilet seats secured. New hand rail fitted.</p> <p>A risk assessment will be carried out on individual residents prior to use.</p>	<p>28 September 2012</p> <p>Completed</p> <p>Ongoing</p>

Any comments the provider may wish to make:

Provider's response:

The inspection was carried out in a thorough and professional manner. We wish to thank the inspector for her constructive comments during the process. The time spent with all levels of staff proved positive for them.

Provider's name: Kathleen Donohue

Date: 27 July 2012