

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Eunan's Nursing and Convalescent Home
Centre ID:	0392
Centre address:	Rough Park
	Ramelton Road
	Letterkenny, Co. Donegal
Telephone number:	074-9103860
Email address:	dennismariefitzpatrick@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	St. Eunan's Nursing and Convalescent Home Ltd.
Person authorised to act on behalf of the provider:	Marie Fitzpatrick
Person in charge:	Marie Fitzpatrick
Date of inspection:	17 April 2013
Time inspection took place:	Start: 09:30 hrs Completion: 20:00 hrs
Lead inspector:	Nuala Rafferty
Support inspector(s):	n/a
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	33 and 1 residents in acute services
Number of vacancies on the date of inspection:	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 12 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this inspection.

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

The inspector met with residents, nominated person on behalf of the provider, acting person in charge and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files. A general inspection of the nursing home environment was also undertaken.

The centre contained a good standard of private and communal space and facilities. The décor was clean and well maintained. Residents and relatives reported that they felt safe. Resident's privacy and dignity was respected.

As a result of this unannounced inspection improvements were required in relation to risk management staff recruitment and training, statement of purpose and activities relevant to residents interests in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* and are outlined 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 1

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The statement of purpose was discussed with the co-director of the provider entity. The statement of purpose needs to be revised to include the type of nursing care to be provided and the experience of the provider, person in charge and key senior manager. In addition clarifications on the admission criteria for the centre in particular the emergency admission criteria was found to be required to comply with Regulations.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge is currently on extended leave and the key senior manager was acting in the role of person in charge in her absence. The acting person in charge is a suitably qualified nurse with experience of managing a designated centre. The person in charge works in the centre on a full time basis and is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

During the inspection it was noted that the acting person in charge had oversight and good knowledge of residents, staff and operational management systems in place to maintain a safe standard of care to residents and was aware of her role and responsibilities under the Regulations.

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 *

Further to the last inspection, the residents guide was available in the centre and a copy of the last inspection report was also available alongside.

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required *

General Records (Schedule 4)

Substantial compliance

Improvements required *

All records under Schedule 4 of the Regulations were not reviewed although those that were reviewed were found to be substantially compliant.

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required *

All policies and procedures as required under Schedule 5 of the Regulations were found to be available in the centre. It was noted the majority of the policies and procedures were identified as requiring review in 2011 yet none had been reviewed to date. It was also noted that some of the risk management policies were not sufficiently specific to guide staff in or did not reflect up-to-date evidence-based practice. Examples included; emergency plan, resident absconsion and emergency admission criteria. Other policies were not reflective of practice in the centre. For example, the emergency response plan references the role and responsibility of an emergency response team but staff did not know who this team were.

Directory of Residents

Substantial compliance

Improvements required *

The directory was not maintained in respect of residents transfer to acute services or their re admission to the centre or telephone number of next of kin/advocate.

Staffing Records

Substantial compliance

Improvements required *

All of the documentation required under Schedule 2 of the Regulations was not available including evidence of medical/physical fitness or Garda Síochána vetting.

Medical Records

Substantial compliance

Improvements required *

Outcome 5

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

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The Chief inspector was notified in a timely manner of the arrangements in place for the duration of the absence of the person in charge. As a result of the key senior manager acting in place for the person in charge for a considerable duration, the provider identified the need to replace the key senior manager and an additional clinical nurse manager (nominated second key senior manager) has been identified since the previous inspection and a fit person interview is to be arranged with them.

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 centre was found to be safe and secure. The entrance and exit doors were secure yet accessible to residents.

Training on identifying and responding to elder abuse was provided to staff and a policy and procedure to guide staff in reporting and dealing with allegations was available.

In conversation with some members of staff it was found they were aware of their responsibilities in relation to reporting allegations or suspected instances of abuse and were knowledgeable of the signs of potential abuse. Residents spoken too all expressed feeling safe in the centre and could tell the inspector who they would go to if they had any complaints or concerns.

The measures in place regarding residents' finances were not reviewed on this inspection.

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:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Provide training for staff in the moving and handling of residents.

Provide suitable training for staff in fire prevention.

Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents. Have available at all times an up-to-date list of residents to assist staff in an emergency situation.

Inspection findings

The actions required from the last inspection report in relation to health and safety and risk management were not found to have been fully addressed on this inspection. An up-to-date list of residents was available but it was noted that although training for staff in fire prevention and detection, prevention of elder abuse

and moving and handling was provided, not all staff had attended the training delivered. In particular it was noted that some night staff had not attended the training provided in any of the mandatory training categories required by legislation i.e. fire safety, moving and handling or prevention of elder abuse.

The centre was free of clutter and all corridors, communal areas, fire exits and escape routes were clear and where necessary clearly signed. Aides such as grab rails and safe flooring to assist resident's safe mobility and movement in the centre were also available.

The environment was noted to be clean and there were measures in place to control and prevent infection. Staff had received training in infection control and could explain the procedures in place to control infection. A member of the housekeeping staff was able to describe the cleaning systems in place and how these worked in practice.

Precautions against the risk of fire, including the provision of suitable fire equipment were found. Arrangements were in place for the maintenance of the fire alarm system and equipment within this centre.

Smoke detectors were located in all bedroom and general purpose areas. Emergency lighting and fire exit signage was provided throughout the building. The Inspector reviewed service records which showed that fire equipment, the fire alarm system, and emergency lighting were regularly serviced. Fire escape routes were unobstructed. Fire alert action notices and building layout plans showing evacuation routes were displayed throughout the centre. The centre was appropriately zoned with fire doors at regular intervals along the corridors. These fire doors were fitted with automatic door holders which were linked to the fire alarm system so that holders released the door in the event of the fire alarm activating thereby automatically closing the door. The doors were also fitted with smoke seals to prevent and/or reduce the spread of smoke within the centre.

However, it was found that there were insufficient fire precautions or equipment to assure residents safety. Fire evacuation sheets or pads were not available in the centre and smoke seals or automatic door closures linked to the fire alarm system did not extend to resident's bedroom doors. Evacuation processes in place compromised residents safety in relation to safe moving and handling practices with emergency evacuation procedures instructing staff to use a two person lift or to use bed sheets or duvet covers to 'drag' immobile residents out of the centre to safety.

Risk management policies and procedures were in place and reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre were found, however, some, specifically the emergency plan and management of residents absence, required revision as they were not reflective of practice in the centre and were not sufficiently specific to guide practice as previously mentioned under Outcome 4 in this report.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place. While a system for reviewing and monitoring medication management practices was in place, improvements were required in relation to the prescribing and administration of crushed medications and refusal of medication.

Although the processes in place for the prescription and administration of medicines, including controlled drugs were found to be safe and in accordance with current guidelines and legislation, policies and procedures in place to guide staff were not fully reflective of practice in relation to crushing or refusing medication. Prior to medication being prescribed as crushed the policy states the resident should be assessed by a speech and language therapist and the nurse should discuss the options for use of liquid/effervescent medication to limit the use of crushed medication with the pharmacist. In discussions with staff it was noted that these aspects of the policy were not being implemented for all residents. The policies in place were not sufficiently specific to guide staff in the process to be followed where residents refuse their medication in that it did not guide staff on how frequently staff should offer residents medication before staff document residents' continued refusal.

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 10

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action(s) required from previous inspection:

The provider was recording data as part of the review of the quality and safety of care and quality of life in accordance with Regulation 35 but a process for auditing this information, taking action to respond to findings and producing a report from the information collated was not yet in place.

Inspection findings

Systems to support and promote the delivery of quality care to residents as required under Regulation 35 and Standard 30 were found to be established in that data was being collated. Annual hand hygiene and environmental audits were conducted and an audit of on the use of bed rails was conducted in 2010 and again in 2012. Reviews of processes such as records management dementia care and accident and incident reviews also took place. It was found that the reviews were regular and detailed, however, recommendations, changes to practice or improvements made as a result were not identified or documented and the acting person in charge acknowledged that discussions on learning or reports on the findings of the reviews had not yet been occurred.

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:

No actions were required from the previous inspection.

Inspection findings

Residents had good access to general practitioner (GP) services. Residents spoken with indicated they were satisfied with the level of access to medical and allied health professionals. Access to other specialist and allied health care services was reported as available and in place to meet the diverse care needs of residents. On review of a sample record the inspector noted assessments and recommendations recorded by speech and language therapist and good transfer of information between the centre and acute hospital services. Access to physiotherapy, occupational therapy and dietician were also available. Staff were observed interacting with residents in a courteous manner and addressing them by their preferred name. Residents were warmly and appropriately dressed, clothing was clean, neat with good general presentation.

The arrangements to meet residents' assessed needs were set out in individual care plans. A variety of assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example, vulnerability to falls, dependency levels, nutritional risk assessment, pressure related skin damage risk assessment and moving and handling assessments.

A sufficient number of care records were not reviewed in order to make a definitive judgement on the standard of documentation. On review of one care record it was found that residents' had assessments completed on admission and these assessments were updated every three months thereafter. Resident needs were identified and each need had a corresponding care plan. Nurses wrote an evaluation of care delivered at least daily and this was linked to the care plan in place.

An activity programme was displayed on the notice board in the reception area of the centre. The programme included details of activities due to be held during the day of inspection such as a live music session and mass. It further identified individual massage sessions for residents. However, it was noted that none of the activities planned actually took place. In conversation with residents some said there was little to do during the day and one lady said she was bored. This was discussed with the acting person in charge who acknowledged that more needed to be done if planned activities were unable to take place.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The building and surrounds were well maintained. The centre provides a warm comfortable environment which was decorated and maintained to a good standard. Emergency call bells were provided in all bedrooms, bathrooms and in communal areas. En suite toilet and shower facilities are provided in almost all bedrooms.

In conversation with a number of residents, all said they were happy and felt well cared for by staff. There were two day areas and one dining room in addition to two other smaller conservatory rooms, all of which were used by residents.

Décor was bright and domesticated in character. Equipment was noted to be clean and in good condition suitable for use by residents, storage of equipment though visible was not obtrusive and all exits and walkways were clear and uncluttered. Corridors were sufficiently wide to allow residents using powered wheelchairs to move safely about and there were handrails on both sides of corridors for mobile residents. Adequate cleaning, sluicing and laundry facilities were provided with access protected by keypad locks.

The premises in general meets the needs of residents in terms of design and layout as set out in the centre statement of purpose, with the exception of bedroom 5. This is a four-bedded bedroom which has been divided into two twin rooms through the provision of a curtain screen. A wash-hand basin has been provided for use to the occupants of the beds furthest away from the en suite toilet. There are two doors at each end of the room for access and egress. However, the room as a four bed or twin room does not meet the spatial or privacy and dignity needs for four residents as set out in Regulation 10, 19 and Standard 25 and requires to be reviewed.

Additionally improvements to fire safety features within the centre was found to be required as previously indicated under Outcome 7.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

The date each complaint was responded to was not always clearly recorded.

Inspection findings

This action was addressed. The complaints log was reviewed. Complaints were recorded in good detail action taken on foot of the complaint was clear and the date the complaint was responded to was now evident.

Theme: Workforce

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

Outcome 18

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

References:

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

Action(s) required from previous inspection:

Training required by the regulations in fire safety and evacuation techniques had not been completed by all staff in the past 12 months.

Not all staff had completed mandatory training in moving and handling and Elder abuse.

Inspection findings

The inspector found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents. Inspectors checked the staff rota and found that it was maintained with all staff that work in the centre rostered and identified. Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement. The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs.

There was evidence that staff had access to education and training and were supervised. As previously indicated under Outcome 7 on review of staff training records it was noted that all staff had not attended the required statutory training in the safe moving and handling of residents, fire safety or elder abuse.

Policies and procedures were available for the recruitment, selection and vetting of staff. As previously indicated under Outcome 4 a review of the documents to be held in respect of persons working at the centre indicated that these were not fully maintained in accordance with the relevant legislation.

Closing the visit

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

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of residents, relatives, provider and staff during the inspection.

Report compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

2 May 2013

Action Plan

Provider's response to inspection report *

Centre Name:	St. Eunan's Nursing and Convalescent Home
Centre ID:	0392
Date of inspection:	17 April 2013
Date of response:	21 May 2013

Requirements

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

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose did not contain all of the information required to comply with the Regulations in that it did not state the type of nursing care to be provided, the experience of the provider, person in charge and key senior manager and also required clarifications on the admission criteria for the centre in particular the emergency admission criteria.

Action required:

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

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

Action required: Keep the statement of purpose under review.	
Action required: Make a copy of the statement of purpose available to the Chief Inspector.	
Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The statement of purpose will be reviewed and a copy will be forwarded to the Chief Inspector.	Completed

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

The provider/person in charge is failing to comply with a regulatory requirement in the following respect: All policies and procedures had not been reviewed since 2010. Policies and procedures were not sufficiently specific to guide staff on practice particularly in relation to medication and emergency and health and safety.	
Action required: Ensure all policies and procedures in place are sufficiently specific to guide staff and reflect current practice.	
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.	
Reference: Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

Provider's response:	
The policies and procedures will be reviewed to reflect current practice. All policies will reviewed as recommended.	01/01/2014

Theme: Safe care and support

Outcome 7: Health and safety and risk management

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

There were insufficient fire precautions to minimise the risk to residents in the event of fire and or smoke inhalation and to ensure the safe evacuation of residents in the event of an emergency.

Action required:

Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

Action required:

Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

Action required:

Provide adequate means of escape in the event of fire.

Reference:

Health Act, 2007
 Regulation 32: Fire Precautions and Records
 Standard 26: Health and Safety

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

Timescale:

Provider's response:

Evacuation sheets will be placed under every mattress.

01/07/2013

Outcome 8: Medication management

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

All aspects of the medication management policies in place were not being implemented in respect of crushed medications.

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:

Ensure staff practices reflect policies in place at all times.

Reference:

Health Act, 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

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

Timescale:

Provider's response:

The policies on medication management, ordering, prescribing, storing, and administration will be reviewed and communicated to all nursing staff.

01/08/2013

Outcome 10: Reviewing and improving the quality and safety of care

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

Although data to review the quality and safety of care and quality of life was being collated on several areas of practice, a process to determine the outcome, make or implement recommendations, or make a report available on findings is still not in place.

Action required:

Establish and maintain a system for reviewing the quality and safety of care and quality of life of residents and for improving the quality and safety of care and quality of life of residents and have available for inspection the reports produced from this information.

Action required:	
Have a system in place to include consultation with residents and their representatives as part of this review.	
Action required:	
Utilise data collated to manage risk and improve resident care outcomes.	
Reference:	
Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Data collected will be utilised in consultation with residents/staff and a report will be available.	01/11/2013

Outcome 11: Health and social care needs

The provider is failing to comply with a regulatory requirement in the following respect:	
Opportunities for residents to participate in meaningful activities although planned were not provided.	
Action required:	
Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
It was not possible to have mass on the 17/04/2013, the priest had to attend to other duties at short notice. In future other form of activity will be made available.	01/06/2013

Outcome 12: Safe and suitable premises

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

The physical design and layout of bedroom 5 does not meet the needs of four residents in terms of the requirements for space privacy and dignity as outlined under the relevant criteria in the Regulations and the Authority's Standards.

Action required:

Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

Action required:

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

Provider's response:

The original room five will revert to a double room and another area will be reconfigured to a double room.

01/07/2014

Theme: Workforce

Outcome 18: Suitable staffing

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

Not all staff had completed mandatory training in moving and handling and Elder abuse.

Training required by the regulations in fire safety and evacuation techniques had not been completed by all staff in the past 12 months

Action required:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Action required:	
Provide training for staff in the moving and handling of residents.	
Action required:	
Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.	
Action required:	
Make staff members aware, commensurate with their role, of the provisions of the Regulations, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.	
Action required:	
Supervise all staff members on an appropriate basis pertinent to their role.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Regulation 6: General Welfare and Protection Regulation 17: Training and Staff Development Standard 26: Health and safety Standard 8: Protection Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Manual handling training was completed on the 19/04/2013, and fire training was completed on the 01/05/2013.	01/05/2013