

**Health Information and Quality Authority  
Social Services Inspectorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



<b>Centre name:</b>	St. David's Retirement Home
<b>Centre ID:</b>	0391
<b>Centre address:</b>	Gentian Hill
	Salthill
	Galway
<b>Telephone number:</b>	091-525358
<b>Email address:</b>	monicapbrowne@hotmail.com
<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>	Monica Browne
<b>Person authorised to act on behalf of the provider:</b>	Monica Browne
<b>Person in charge:</b>	Mary Keating
<b>Date of inspection:</b>	19 November 2012
<b>Time inspection took place:</b>	<b>Start:</b> 09:45 hrs <b>Completion:</b> 17:00 hrs
<b>Lead inspector:</b>	Mary Costelloe
<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>	14 + 1 in hospital
<b>Number of vacancies on the date of inspection:</b>	0

## 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 well-being 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 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 checked="" 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 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 checked="" 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 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. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

This was the fourth inspection carried out by the Health Information and Quality Authority (the Authority) Social Services Inspectorate. The centre was registered on 21 February 2012. These reports can be found at [www.hiqa.ie](http://www.hiqa.ie).

The inspector found that the provider and person in charge continued to provide strong leadership and delivered a good quality service to residents. The provider continued to visit the centre on a daily basis and was available to speak with and provide support to staff, residents and relatives.

There was evidence of good practice in all areas. The provider, person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

The residents spoke of being encouraged to maintain their independence and they were supported to exercise choice in how they spent their day.

On the day of inspection the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspector observed adequate staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The centre was clean, comfortable and well maintained throughout. The communal areas were appropriately furnished and the décor was pleasant.

The collective feedback from residents was one of satisfaction with the service and care provided.

The inspector identified some improvements that were required in relation to aspects of risk management, nursing documentation, staffing files, lack of a private visitor's space and lack of staff changing facilities.

These areas for improvement are listed in the Action Plan at the end of this 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: Governance, Leadership and Management**

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

**Outcome 1**

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

**References:**

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

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

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

**Inspection findings**

The statement of purpose was submitted following the registration inspection. The inspector was satisfied that the statement of purpose met the requirements of Schedule 1 of the Regulations. It clearly described the services to be provided. The provider was aware of her legal obligation to keep the statement of purpose up to date and to notify the Chief Inspector of any changes.

**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:**

No actions were required from the previous inspection.

## Inspection findings

The provider told the inspector that contracts of care were in place for all residents. The inspector reviewed a sample of contracts and found them to be in accordance with the requirements of the regulations; they included details of the services provided and the fee to be charged.

### 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 was a nurse with suitable qualifications and experience for the role. She normally worked Monday to Friday but was also rostered to work at weekends. She was on call out-of-hours and at weekends. She had recently completed training on the implementation of the national policy on restraint and had attended an information day on the inspection process as well as the Authority's information day for providers. She was scheduled to attend training in medication management later this month and was awaiting confirmation of dates for training in dementia care.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations and the Authority's Standards

Arrangements were in place for a senior nurse to deputise in the absence of the person in charge.

### 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 were in place to protect residents from being harmed or abused.

The inspector reviewed the comprehensive policy on the detection and prevention of elder abuse. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse in house and that they had watched and discussed a DVD and elder abuse policy. Training records reviewed indicated that they were not up to date. The person in charge told the inspector that training records would be updated forthwith. The provider and person in charge told the inspector that there had been no allegations of abuse to date. This was confirmed following review of the incident and accident log and the Authority received no notifications in respect of allegations of abuse. Staff confirmed that the residents' finances were not managed and that no money was kept for safe keeping on behalf of 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 action(s) required from the previous inspection were satisfactorily implemented.

**Inspection findings**

The inspector noted that some improvements were required to manage risk.

There was a centre-specific health and safety policy dated March 2012.

The inspector reviewed the risk management policy and the risk register which had been updated following the last inspection. All risks identified at the last inspection and those specifically mentioned in the Regulations were now included.

The inspector reviewed the major emergency policy and emergency evacuation notice which outlined the contact telephone numbers of management staff and arrangements made with local hotels in the event of the centre having to be evacuated. The plan outlined the procedures to follow in the event of other emergencies including fire, disruption to gas, electricity and water supply.

The inspector reviewed the fire policies and procedures. Records indicated that all new fire fighting equipment had been fitted in March 2012 and last fire alarm service took place on 28 October 2012. The provider had arranged for the fire alarm to be serviced on a quarterly basis. Systems were in place for weekly testing of the fire alarm, inspection of means of escape and automatic door release systems and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. The last fire safety training took place in October 2012 when 13 staff attended. Staff spoken to told the inspector that they had received fire safety training and were confident in knowing what to do in the event of fire. However, training records reviewed indicated that while some staff, including part-time staff, had received induction training regarding fire safety they had not received formal fire safety training. The person in charge confirmed that none of these staff worked at night time. The provider and person in charge told the inspector that they would prioritise training for these staff members.

Training records reviewed indicated that a number of staff were due refresher training in moving and handling. The person in charge told the inspector that training was scheduled in December. All staff spoken with confirmed that they had received training in moving and handling. The inspector observed good practice in relation to moving and handling of residents during the inspection.

The design and layout of the centre promoted a safe environment for residents. Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices in relation to hand hygiene were robust. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use.

#### **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**

The inspector noted that the policies and procedures for medication management were comprehensive, and gave detailed, clear guidance on areas such as administration, prescribing, storage, disposal, crushing, "as required" medications (PRN), medications requiring strict controls and medication errors.

The inspector spoke with the nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management. The inspector noted that all medications were signed individually and were being regularly reviewed by the general practitioners (GPs).

Medications requiring strict controls were appropriately stored and managed. The inspector saw that these were stored in a double-locked cupboard in the nurses' office. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for the safe return of medications to the pharmacist. A log book was maintained and signed by a nurse and the pharmacist.

The deputy person in charge had completed three-monthly medication audits. Nursing staff told the inspector that audit findings were discussed with them at staff meetings. The last audit took place in September 2012 and no significant issues were identified. Nursing staff spoken to confirmed that they had attended recent medication management training.

**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

The inspector reviewed the process for the management of incidents and accidents and found them to be well managed. Comprehensive details of all incidents/accidents were clearly documented. The GP and residents' family were contacted in all cases. Staff told the inspector that no serious injuries had occurred as a result of falls and that no residents had wounds. Management were aware of their responsibilities to inform the Chief inspector of all serious incidents and were able to show the inspector the notifications information folder available to staff. The required quarterly notifications had been made to date.

A three monthly audit of incidents/accidents was completed by a senior nurse. The last audit for the period July to September 2012 indicated that three accidents had occurred. The audit indicated that all incidents/accidents had been managed appropriately and that falls risk assessments and care plans had been updated following falls. The inspector reviewed the file of a resident who had recently fallen and noted that the falls risk assessment and care plan had been updated following his fall.

### **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:**

No actions were required from the previous inspection.

**Inspection findings**

Overall, the inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to GP services. There was an out-of-hours GP service available.

The inspector noted that all residents had access to a wide range of health professionals and the records of appointments and referrals were maintained in residents' files. Residents had access to physiotherapy and occupational therapy (OT) as required. The person in charge told the inspector how the OT had recently visited and assessed a resident with dexterity issues. The eating utensils recommended by the OT to promote that residents' independence had since been provided. The chiropodist visited regularly as required.

Speech and language therapy (SALT) was also available on referral from the GP. The person in charge told the inspector that there were no residents with swallowing difficulties or requiring thickening agents at present. The services of a private dietician were available when required. The optician visited and assessed all residents annually. Dental services were also available; the person in charge told the inspector that all residents had recently been reviewed by the dentist.

Nursing staff told the inspector about the strong links with the psychiatry of old age team. They were presently attending to one resident but were available to review and give advice on other residents if requested.

She outlined the supports available for a resident with physical disability which included attending the neurology clinic in University Hospital, Galway and the venous nervous system clinic at Beaumont Hospital in Dublin. She told inspectors of the links with a local organisation 'Brainwave' who visited and spoke with staff regarding epilepsy awareness and training, they also provided support to a resident with epilepsy.

The inspector observed that the care of residents with dementia was well managed. Staff were observed spending one-to-one time with residents, talking and explaining clearly what was happening. Many of the staff had received training in caring for residents with dementia or Alzheimer's disease and in managing behaviour that challenged. Inspectors observed residents to be content and relaxed.

Weight loss was closely monitored. All residents were nutritionally assessed using a validated tool and all residents were weighed monthly. Advice was sought from both the GP and a privately employed dietician for those residents who were identified as being at risk from weight changes. Some residents were prescribed nutritional drink supplements and these were being administered.

The inspector reviewed a number of residents' files including the files of residents with weight loss, infections, recent falls and those using restraint measures. A comprehensive up-to-date nursing assessment as well as a wide range of up-to-date risk assessments had been completed.

Care plans in place were found to be to be detailed, individualised and person centred. A detailed individual social activity plan had also been documented. The inspector noted that care plans were in place for all identified issues except there were no care plans in place for short-term antibiotic use. Nursing staff stated that there were no residents with wounds and no residents presenting with behaviour that challenged at present.

Residents and their families were involved in the review of their care plans and residents had signed to indicate that care plans had been discussed with them.

The inspector noted that the provider and person in charge were striving to improve restraint management. The person in charge told the inspector that bedrails were in use for approximately six residents. She outlined how they had reviewed and reduced the numbers of residents using restraint and had completed training on the implementation of the national policy on the use of restraint since the last inspection. The person in charge told the inspector that they had since adopted the national policy. Risk assessments for the use of restraint based on the national policy risk balance tool had been completed for all residents using bedrails. Two-hourly night time checks were being recorded for all residents using restraint measures.

The inspector noted that staff continued to provide meaningful recreational activities to suit the interests and capabilities of all residents. Regular activities included bingo, baking, arts and crafts, live music and Sonas sessions (therapeutic programme specifically for residents with dementia). Residents spoken to confirmed that they enjoyed the variety of activities. The inspector observed residents enjoying a music and sing-song during the afternoon of the inspection. One resident was facilitated to go into town on a weekly basis and another attended a day-care facility one day a week. Two new televisions had been provided, one for a resident who preferred to sit in the dining area and another with subtitles for a resident who had difficulty with hearing.

## **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:**

There was no separate room or space for residents to meet visitors in private.

There were no staff changing facilities provided.

**Inspection findings**

The provider told the inspector that planning permission for the proposed extension had been granted since the last inspection. She advised that she was having difficulties securing finance from the financial institutions but was intending to commence the building works in the springtime. The provider showed the inspector the plans for the proposed extension which included a day room, bathroom, two single bedrooms, visitor's room and staff changing facilities.

The inspector found the building to be well maintained both internally and externally. The centre was warm, clean and odour free throughout.

The day room was cosy and warm. Comfortable, cushioned chairs were provided and heavy full length curtains on a large window provided warmth and privacy. Meals were served to residents in a bright dining room adjacent to the kitchen. The dining room was domestic in character.

All bedrooms were for single occupancy. They were bright, well furnished and decorated in varying colour schemes. Residents had adequate personal storage space including a lockable storage area. Wall mounted TVs were provided in all bedrooms and residents were encouraged to personalise their rooms with photographs and ornaments.

Adequate assistive equipment was provided to meet the needs of residents, such as hoists, stair lift, electric beds, shower chairs and chair scales. The inspector reviewed the maintenance and servicing contracts in place for all equipment and found the records to be comprehensive and up-to-date.

**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:**

No actions were required from the previous inspection.

**Inspection findings**

On the day of inspection, there was an adequate ratio of staff to residents on duty throughout the day. Residents' dependency levels were assessed using a validated tool. There was usually one nurse, two care assistants and a student on duty during the morning time, one nurse and two care assistants on duty during the afternoon and one nurse and one care assistant on duty in the evening time and at night time. The person in charge was also on duty during the day time. Residents and staff spoken to were satisfied with the existing staffing levels. The staffing rota reviewed and staff spoken with confirmed these staffing levels to be the norm.

The inspector reviewed the recruitment policy which was found to be comprehensive and met the requirements of the Regulations. The inspector also reviewed a number of staff files. Some files did not contain all of the documentation as required by the Regulations such as three written references, photographic identification and evidence of medical fitness to work in the centre.

Records of induction training were maintained in staff files. The inspector reviewed the records which contained details of the core areas that staff were expected to understand during their induction such as health and safety, fire management, confidentiality, prevention of elder abuse, dignity of residents, policies and moving and handling training. Staff told inspectors that they were satisfied with the level of induction training received.

The person in charge had introduced a staff appraisal process. This formed the basis for a discussion about staff development, training needs and how staff could contribute to improving quality in the service. Records of the appraisals were maintained on staff files.

The management team were committed to providing ongoing training to staff. Training records indicated that all staff had attended cardiac pulmonary resuscitation

(CPR) training in November 2011, two staff had attended training in dealing with behaviours that challenge, two staff attended training on the national policy on restraint and nursing staff had training in medication management. Further training was scheduled on infection control, occupational first aid and use of nutritional supplements.

### **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider and the person in charge 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:***

Mary Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

21 November 2012

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

<b>Centre Name:</b>	St. David's Retirement Home
<b>Centre ID:</b>	0391
<b>Date of inspection:</b>	19 November 2012
<b>Date of response:</b>	6 December 2012

**Requirements**

These requirements set out the actions that must be taken to meet 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*.

**Theme: Governance, Leadership and Management**

***Outcome 7: Health and safety and risk management***

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

Some staff including part time staff had not received formal fire safety training.

A number of staff were due refresher training in moving and handling.

**Action required:**

Provide suitable training for staff in fire prevention.

**Action required:**

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

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

<b>Reference:</b> Health Act, 2007 Regulation 32: Fire Precautions and Records Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Moving and handling course took place on 5 December 2012 and fire training will take place for any members of staff who have not received formal fire training before 30 December 2012.	30 December 2012

***Outcome 11: Health and social care needs***

<b>The person in charge is failing to comply with a regulatory requirement in the following respect:</b>  There were no care plans in place for short-term antibiotic use.	
<b>Action required:</b>  Set out each resident's needs in an individual care plan developed and agreed with the resident.	
<b>Reference:</b> Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Care plans have been developed and agreed, with residents who are on short-term antibiotics.	Completed

***Outcome 12: Safe and suitable premises***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>  There was no separate room or space for residents to meet visitors in private.  There were no staff changing facilities provided.	
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<b>Action required:</b> Provide adequate private and communal accommodation for residents.	
<b>Action required:</b> Provide suitable changing and storage facilities for staff.	
<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Planning permission has been obtained for the additional private and communal accommodation for residents. Changing rooms for staff will be included in this new extension. At the present time, the conservatory at the front of the building is available for residents to entertain privately.	October 2013

**Theme: Workforce**

***Outcome 18: Suitable staffing***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>  Some files did not contain all of the documentation as required by the regulations	
<b>Action required:</b>  Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.	
<b>Reference:</b> Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

Provider's response:  Full and satisfactory information and documents as required under schedule 2 of the regulations are now in place for all staff members.	completed
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**Any comments the provider may wish to make<sup>1</sup>:**

**Provider's response:**

I would like to thank the inspector on my behalf and the staff of St David's. We will work with the Health Information and Quality Authority to maintain and implement all necessary standards while retaining good practice in all areas.

**Provider's name:** Monica Browne

**Date:** 6 December 2012

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<sup>1</sup> \* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.