

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Brendan's Community Nursing Unit
Centre ID:	0633
Centre address:	Lake Road
	Loughrea
	Co. Galway
Telephone number:	091-871205
Email address:	Bernie.austin@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executive (HSE)
Person authorised to act on behalf of the provider:	Catherine Cunningham
Person in charge:	Bernadette Austin
Date of inspection:	26 June 2013
Time inspection took place:	Start: 09:15 hrs Completion: 17:30 hrs
Lead inspector:	Mary Costelloe
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:	98
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

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

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

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 type="checkbox"/>
Outcome 5: Absence of the person in charge	<input 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 checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input 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 type="checkbox"/>
Outcome 14: End of Life Care	<input checked="" 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"/>

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

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 sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

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

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

Risks identified during the inspection relating to servicing of the fire equipment and labelling of cleaning agents were brought to the attention of the person in charge who undertook to address these issues as a priority.

The external windows were poorly maintained with cobwebs and grime evident. The secure enclosed garden area was overgrown and poorly maintained.

Further improvements were required to updating the statement of purpose, medication management and staffing files.

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: 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:
The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The statement of purpose dated 2013 was reviewed by the inspector. The statement of purpose required some further updating in order to fully comply with the requirements of Schedule 1 of the Regulations such as the type of nursing care to be provided, a summary of the complaints policy including the named complaints officer and appeals process, the number and size of bedrooms and communal rooms in the centre.

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 Bernie Austin. She is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She normally worked five days a week and she was on call out-of-hours and at weekends. Arrangements were in place for the assistant director of nursing to deputise on behalf of the person in charge.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development having previously undertaken a BA in Health Management. She was currently undertaking a Masters degree in Health Care Management. She had recently attended the national gerontology conference and The Authority's information days.

The inspector observed that she was well known to staff and residents. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

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 policies on elder abuse and responding to allegations of elder abuse which had recently been reviewed and dated January 2013. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area. Training records reviewed indicated that all staff had received training.

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 required from the previous inspection was satisfactorily implemented.

Inspection findings

The inspector noted that improvements were required in relation to risk management. The maintenance service records for fire fighting equipment were not up to date and cleaning chemicals were stored in unlabelled containers which posed a risk to residents, staff and visitors. The person in charge was requested to immediately address the issue in relation to servicing of fire equipment.

Issues identified at the previous inspection had been attended to. The doors to all sluice room doors were now secure.

Records indicated that the fire alarm was serviced on a quarterly basis. The last fire alarm service took place on 13 June 2013. Systems were in place for weekly testing of the fire alarm and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up to date formal fire safety training. The last fire safety training and fire drill took place on 5 April 2013.

There was a health and safety statement available. The inspector reviewed the comprehensive risk policy and register and found that they had been regularly reviewed and updated. All risks specifically mentioned in the Regulations such as assault, accidental injury, aggression and violence and self harm were included.

The inspector reviewed the emergency plan. The plan included clear guidance for staff in the event of a wide range of emergencies. Arrangements were in place locally for alternative accommodation in the event of the building requiring evacuation.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. 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. Safe floor covering was provided throughout the building and two lifts were provided between floors. Call bell facilities were provided in all rooms.

The inspector noted that infection control practices 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. The inspector spoke with the cleaning staff on duty who were able to clearly outline cleaning and infection control procedures. The centre was found to be clean and odour free.

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 robust.

The inspector reviewed the medication management policy which was found to be comprehensive, and gave detailed, clear guidance on areas such as administration, prescribing, storage, disposal, crushing, "as required" (PRN) medications, medications requiring strict controls and medication errors.

The inspector spoke with nurses on duty regarding medication management issues. The nurses demonstrated their competence and knowledge when outlining procedures and practices on medication management. Nursing staff informed the inspector that nurses did not transcribe medications. Nursing staff confirmed that all nurses had recently attended medication management training. Training records reviewed confirmed that training had taken place.

Medications requiring strict controls were appropriately stored and managed. The inspector saw that these were stored in a double locked cupboard in the locked clinical room. 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.

The inspector reviewed a sample of medication prescribing/administration sheets. All medications were regularly reviewed by the general practitioners (GP). All medications including those that required crushing were individually signed by the GP.

The inspector noted that some prescribed nutritional supplements had not been signed as administered on a number of occasions.

Medication errors were recorded in line with the medication policy. There were comprehensive details recorded including the outcome and follow up action taken.

Regular medication management audits were carried out by the pharmacist. The inspector reviewed the last audit which took place in March 2013, no major issues were identified. Nursing staff confirmed that audits were discussed with them to ensure learning and improvements were carried out as a result.

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 person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge. Improvements were required to the recording of information and to nursing documentation post falls.

The inspector reviewed the incident log and saw that comprehensive details of each incident were recorded in the incident log. While nursing narrative notes indicated that the GP had been informed of incidents, the incident report log had not been completed to include contact with GP or relatives. The person in charge reviewed all falls on a monthly basis. Staff confirmed that falls were discussed with them and that measures including low-low beds, crash mats and sensor alarms had been put in place for some residents at high risk of falls. The inspector reviewed the files of a number of residents who had recently fallen and noted that falls risk assessments and care plans were not consistently updated following each fall. There was no care plan in place for one resident at high risk of falls.

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

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. Some improvements were required to the nursing documentation.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including physiotherapy and occupational therapy (OT) in house and speech and language therapy (SALT), dietetic services and psychiatry of later life were available on referral. Chiropody, audiology and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Comprehensive nursing assessments were completed on admission and had been routinely updated. A range of up-to-date risk assessments had been completed including nutrition, dependency, manual handling, bedrail use and skin integrity. Care plans were found to be person centred, individualised and clearly described the care

to be delivered. The inspector noted that some care plans had not been reviewed and updated three monthly.

The inspector reviewed a number of residents' files including the files of residents with wounds, behaviour that challenged and those using restraint measures.

Wounds were found to be well managed. The inspector reviewed the file of a resident with wounds and noted that there were adequate records of assessment and appropriate plans in place to manage wounds. Up to date wound progress charts were also maintained.

The inspector was satisfied that behaviours that challenged were well managed. A log of challenging behaviour episodes were recorded detailing possible triggers, type of behaviour, actions taken and outcomes for the resident. Suitable interventions were clearly outlined in the care plans to guide staff. Staff spoken with were clearly able to outline to the inspector detailed suitable interventions to calm a resident and diffuse a situation and stated that they had received recent training in dealing with behaviours that challenged.

The inspector was satisfied that weight loss was closely monitored and all residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Files reviewed by the inspector confirmed this to be the case. Nursing staff told the inspector that there were no residents currently whom they were nutritionally concerned about. There were a number of residents who had been assessed by the speech and language therapist as requiring thickened fluids. Staff confirmed that they had received training on the use of thickened fluids and were knowledgeable regarding the use and various consistencies for individual residents.

The inspector noted that staff continued to promote the reduction in the use of restraint. The restraint policy promoted a restraint free environment. The inspector reviewed the files of some residents using bedrails and noted that bed rail risk assessments had been completed. The assessment included the alternative measures that had been tried or considered and outlined the risks associated with the use of bed rails. Care plans were in place for use of bedrails. Nursing staff told the inspector that all residents using bedrails were checked on a twenty minute basis at night time and this was being recorded. Staff has received training on the use of physical restraints during 2012.

Residents and relatives were involved in the development and review of care plans and this was being recorded.

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 centre was purpose built, well maintained internally and nicely decorated. It was warm, clean and odour free throughout.

The inspector noted that the external windows were poorly maintained with cobwebs and grime evident. The secure enclosed garden area was overgrown and poorly maintained. Staff, residents and relatives all expressed disappointment with the condition of the garden. Residents mentioned that their views of the garden and lake were interrupted and some staff stated that supervision of residents in the enclosed garden was reduced due to the overgrown shrubs.

The main entrance was through a double set of automatically opening doors which led into a large bright foyer with reception desk. There were four care areas, two located on the ground floor either side of the main reception and two on the first floor. They were called Crannog, Sliabh Aughty, Cooreen and Knock Ash - inspiration for the names came from the lake and surrounding areas. Each care area accommodated up to 25 residents. Day-care facilities, multidisciplinary room, treatment room, physiotherapy, and occupational therapy rooms were provided on the ground floor. There was a hair dressing room, prayer room, smoking room and staff facilities also located on the ground floor.

The kitchen was located on the lower ground floor of the building. A service lift was provided between floors.

There were 21 single and two double bedrooms in each of the four care areas, all had en suite assisted shower and toilet facilities. There was a separate assisted bathroom with bath on each floor. Each care area had three day/dining rooms. The communal areas had a variety of comfortable furnishings and were domestic in nature.

A nurses' station and clinical room were located centrally in all care areas, sluice rooms were also provided.

The design of the building was suitable for its purpose. The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs.

Bedrooms were bright and spacious with adequate personal storage space provided, including a secure lockable storage area. Wall mounted televisions were provided in all bedrooms and each room had ceiling hoists. Call bell facilities were provided, the bells were audible on the corridors and a light indicator was located outside each door. Separate hand washing basins were provided in all bedrooms for nursing and care staff to ensure robust infection control practices.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Some residents spoken to stated that they liked their bedrooms.

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 14

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

There was an informative end of life policy in place. The sacrament of the sick was available to any resident who wished to receive it.

There was a palliative care suite provided which comprised of a single room with en suite assisted shower and toilet. There were also kitchen facilities provided. Nursing staff spoke of good links and input from the local hospice team stating that support was available as required. Staff had received training on the use of syringe drivers.

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

The inspector reviewed the staff recruitment and selection policy and a selection of staff files. The inspector was satisfied that there was evidence of safe staff recruitment practices. Staff files were generally found to be in compliance with the requirements of the Regulations however, one staff file did not contain photographic identification as required. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up to date for all staff nurses. Details of training received and training certificates were noted on staff files.

The inspector noted adequate staffing levels at the time of inspection. On the day of inspection, in each care area there were three nurses and four care assistants on duty during the morning, three nurses and five care assistants during the afternoon and two nurses and one care assistant on duty during the evening up to 8.30pm. There was one nurse and one care assistant on duty at night time. There was also a CNM on duty and in charge at night time. The person in charge and assistant director of nursing were also on duty. The person in charge told the inspector that the staffing levels and skill mix were based on the assessed needs and dependency levels of residents and reviewed on a daily basis. The inspector noted that dependency levels were regularly reviewed and updated.

The management team were committed to providing ongoing training to staff. Training records indicated that staff had attended recent training on challenging behaviour, cardiac pulmonary resuscitation, microbiology/infection control, medication management for dementia care, catheter care and use of physical restraints. Further training was scheduled on national policy on consent, elder abuse, HACCP, infection control/hand washing.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge and assistant director of nursing 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 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

1 July 2013

Action Plan

Provider's response to inspection report *

Centre Name:	St. Brendan's Community Nursing Unit
Centre ID:	0633
Date of inspection:	26 June 2013
Date of response:	12/07/2013

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 required some further updating in order to fully comply with the requirements of the Regulations.

Action required:

Update the statement of purpose to ensure all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are included.

Action required:

Make a copy of the statement of purpose available to the Chief Inspector.

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

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 has been updated to include all matters listed in Schedule 1 of the Health act 2007 (Care and Welfare in Designated centres for Older People) Regulations 2009. A copy of this statement has been forwarded to the inspector.	09/07/2013

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: The maintenance service records for fire fighting equipment were not up to date and cleaning chemicals were stored in unlabelled containers which posed a risk to residents, staff and visitors.	
Action required: Maintain, in a safe and accessible place, a record of the number, type and maintenance record of fire-fighting equipment.	
Action required: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

Provider's response: All fire fighting equipment has been serviced and maintenance records updated to reflect this action. All cleaning chemical containers are labelled at each point of use.	04/07/2013
--	------------

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: Some prescribed nutritional supplements had not been signed as administered on a number of occasions.	
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.	
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: All nutritional supplements are signed as administered in accordance with policy and procedures. All staff have updated their knowledge in relation to this specific policy.	09/07/2013

Theme: Effective care and support

Outcome 11: Health and social care needs

The person in charge is failing to comply with a regulatory requirement in the following respect: There was no care plan in place for one resident at high risk of falls. Falls risk assessments and care plans were not consistently updated following each fall. Some care plans had not been reviewed and updated three monthly.

Action required:	
Set out each resident's needs in an individual care plan developed and agreed with the resident.	
Action required:	
Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.	
Reference:	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
All residents have a care plan agreed relevant to their care needs this care plan is re-evaluated at three-monthly intervals or sooner as required in accordance with policy including reassessment of falls risk following such an event. Audit of this practice is written into the annual audit plan.	09/07/2013

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect:
External windows were dirty and the enclosed garden area was overgrown and poorly maintained.
Action required:
Ensure the premises are of sound construction and kept in a good state of repair externally and internally.
Action required:
Keep all parts of the designated centre clean and suitably decorated.

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: Garden maintenance, hedge cutting was in progress at time of inspection, maintenance of the environment both external and internal is ongoing throughout the year.	09/07/2013

Theme: Workforce

Outcome 18: Suitable staffing

The provider is failing to comply with a regulatory requirement in the following respect: A staff file reviewed did not contain photographic identification as required by the Regulations.	
Action required: 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.	
Reference: Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Information and documentation as specified in Schedule 2 of the Regulations is obtained in respect of each person and filed in the staff file. No person is employed in the centre unless this information is available.	09/07/2013