

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Mhuire Community Nursing Unit
Centre ID:	0627
Centre address:	Dublin Road
	Tuam
	County Galway
Telephone number:	093-24655
Email address:	caroline.coen@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executive
Person authorised to act on behalf of the provider:	Catherine Cunningham
Person in charge:	Caroline Coen
Date of inspection:	7 August 2013
Time inspection took place:	Start: 09:45 hrs Completion: 17:30 hrs
Lead inspector:	Nan Savage
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:	17
Number of vacancies on the date of inspection:	1

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 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 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 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 checked="" 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 and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies, procedures and staff files.

There were 17 residents living in the centre, eight of whom were of maximum dependency, seven high dependency and two medium dependency.

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

The provider and person in charge had addressed most of the required actions from the previous inspection and were in the process of finalising plans to address ongoing deficits in the physical environment.

The healthcare needs of residents were generally well met and residents had good access to general practitioner (GP) services and to allied health professionals apart from occupational therapy (OT). The person in charge had put in place safe procedures for medication management. Care planning had significantly improved and captured the high standard of care provided. However, some improvement was required in the frequency of reviewing care needs and in documenting care provided accordingly.

Residents were observed to be relaxed and comfortable when conversing with staff and the collective feedback from residents was one of satisfaction with the service and care provided. A wide range of appropriate recreational opportunities were available to suit residents' interests and capabilities.

The premises was maintained in a clean and hygienic condition. Risk management and fire safety measures were in place but some improvement was required in an area of fire safety which, the person in charge had identified prior to the inspection and a plan was in place to address the specific issue. During the inspection, an additional control measure was also agreed to ensure resident safety was promoted until the issue was fully addressed.

The provider and person in charge had systems in place to safeguard residents from elder abuse.

The inspector observed that staffing levels and skill mix met the needs of residents during the inspection and staff rosters viewed confirmed this to be the norm. The provider had made resources available for key staff to attend training pertinent to their role. However, some staff had not received up-to-date training in fire safety. Procedures were in place for the recruitment and vetting of staff but some improvements were required.

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

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

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

Theme: Leadership, Governance and Management

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

Outcome 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 reflected the service and facilities being provided in the centre. It was up to date and complied with the 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

No changes have been made to the role of person in charge since the previous inspection.

Since the last inspection, the person in charge had engaged in continuous professional development by attending courses in restraint management, continence promotion and management of staff attendance. The person in charge had also planned to attend courses in September 2013 on areas including the fundamentals of employment law and hand hygiene.

The inspector found that the person in charge had good clinical knowledge and demonstrated her knowledge of her obligations under the Regulations and the Authority's Standards. She was well known to residents and relatives. Throughout the inspection process she demonstrated a commitment to delivering good quality care to residents and to improving the service delivered.

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:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The person in charge had not been absent from the centre for a period of time that required notification to the Chief Inspector. The inspector noted that arrangements were in place for the management of the centre 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 provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse. There was a comprehensive policy on preventing and responding to allegations or suspicions of abuse. Staff spoken with described what they would do if they suspected abuse. Staff and training records reviewed confirmed that staff had received ongoing education on prevention, detection and responding to elder abuse.

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

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

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

While the provider had taken measures to prioritise the safety of residents in the event of fire, improvement was required regarding the management of fire doors and mandatory training of staff.

During the inspection, some fire doors had been wedged open. The inspector was informed that these doors were difficult to open. The inspector brought this risk to the immediate attention of the person in charge and an interim plan was agreed and put in place during the inspection. Prior to inspection, the person in charge had identified this risk and had raised it with management. The provider had planned to fully address this issue by mid September 2013.

Staff spoken with were familiar with the centre's procedures on fire evacuation but staff and training records viewed confirmed that some staff had not received up-to-date training in fire safety training which was recently held in April and July 2013. The person in charge had written to these staff members and had requested them to attend planned training in September 2013.

The inspector noted that there was a programme in place for the servicing and checking of fire safety equipment.

There was a risk management policy in place and a range of risk assessments including clinical and environmental. Control measures to be put in place were identified, and the person responsible and timeframes were included. The inspector noted where specific control measures had been implemented and others were in the process of being implemented.

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

There was a comprehensive emergency plan in place which identified what to do in the event of emergencies both external and internal. The plan detailed contingency arrangements including transport arrangements and alternative accommodation for residents in the event of an evacuation from the centre.

Staff were observed using safe practices to assist residents to mobilise. Staff spoken with and training records reviewed confirmed that staff had received appropriate training in moving and handling.

There was a system to monitor visitors to the centre to ensure the safety of residents.

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

Outcome 8

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

References:

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found evidence of good medication management practices and policies and procedures were in place to support and guide practice.

The inspector found that residents' prescription and administration sheets contained required information and the sample viewed were completed in line with professional guidelines. Medications that required special control measures were appropriately managed and stored. The medication trolley was secured and the medication keys were held by a nurse at all times.

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

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent

Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

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

Residents had good access to GPs and physiotherapy, chiropody, dietetics and speech and language therapy (SALT). Residents also had access to optical and dental care when required. However, the inspector noted that access to occupational therapy (OT) was not readily available and some residents who would benefit from this service had not received it when required. The inspector had identified this as an issue on a previous inspection. The inspector noted that plans had been put in place for these residents to avail of OT during September 2013.

The inspector viewed a sample of residents' files, including the files of residents with nutritional issues, wounds, those with a form of restraint in use and at risk of falling.

Nursing assessments were completed and reviewed to identify changing needs to the residents' activities of daily living. A range of up-to-date risk assessments had been completed including dependency, nutrition, risk of developing pressure ulcers, falls risk and restraint. The inspector found that care plans were individualised and described the care to be delivered. There was also documentary evidence that residents or their representative were involved in the development and review of the resident's care plan, where possible. The person in charge was in the process of implementing a new system for documenting resident or their representative input.

Fall prevention measures were implemented for residents assessed at high risk of falling but some improvement was required. The inspector found that following a fall, an audit of the fall was completed and the residents associated falls assessment was updated. However, the inspector noted that the associated care plans were not always reviewed to reflect the current needs of the resident. The inspector noted that in practice falls risk reduction and prevention measures had been taken including input from the physiotherapist.

The inspector reviewed the files of some residents with tissue trauma such as pressure ulcers and wounds. A high standard of care was provided in pressure ulcer prevention and wound care management. Wound assessments and care plans were maintained up to-date and showed clearly the progression of the wound. Pressure relieving equipment was in use and specialist services were utilised when required.

Systems were in place to monitor residents' nutritional intake and weight loss/gain but some improvement was required to ensure that some residents on specialised diets received meals in accordance with their current dietary requirements. Residents had nutritional assessments completed and residents' weights were monitored monthly and more frequently if required. Input had been obtained from the residents' GP, a dietician and SALT when required and recommendations were documented in residents' files. The inspector also read that nutritional supplements were administered as prescribed. However, the inspector noted that kitchen staff had not been consistently updated with changes in some residents' dietary requirements following SALT assessment. This matter was promptly addressed when highlighted to staff.

The provider and person in charge had actively promoted the reduction in the use of restraint and as a result only a small number of residents now used restraint. The person in charge and staff had attended training on the minimal use of restraint in September 2012. Prior to implementing a restraint measure, a risk assessment was completed in order to determine its appropriateness for the resident. Controls had been implemented for the use of bedrails and there was a schedule for monitoring residents who had bedrails in use. However, the inspector noted that the risk of entrapment had not been formally assessed. The inspector found that alternatives to the use of restraint had been tried and successfully implemented for some residents. This included the use of a low low bed and crash mattress. The inspector read that there had been a multidisciplinary approach to decision making regarding the use of restraint.

During the inspection there were no residents with behavioural issues. There was a policy in place which gave instructions to staff on how to manage behaviour that challenged.

The inspector found that there were a range of opportunities for residents' to participate in meaningful social care. Staff interacted with residents in a very respectful and caring manner. Some residents described events to the inspector that had recently taken place and that they had enjoyed including arts and crafts and opportunities to attend a recent garden party during the good weather. There was an activities programme in place which included therapeutic activity for residents with communication and other sensory difficulties. This programme varied depending on residents' preferences and capabilities. During the inspection activities including Sonas therapy (a programme of therapeutic activity focused on promoting communication, especially for people with dementia), hand massage and memory games took place and residents responded positively. The inspector noted that social assessments and associated care plans had been completed for residents. However, they had not been formally reviewed.

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:

Provide a sufficient number of toilets having regard to the number of dependent residents in the home.

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Inspection findings

The provider had made some progress in addressing the specific issues identified on the last inspection. However, some required actions had not been addressed. Aspects of the design and layout of the centre did not meet all of the residents' individual needs. The inspector found that there was appropriate equipment for use by residents or staff which is maintained in good working order.

Since the previous inspection the external sheds used for the storage of assistive equipment had been installed with electricity and heating. The inspector also noted that due to fire compliance requirements the chair lift to the first floor had been removed and the first floor was now used for administrative offices.

The inspector found that the external covered smoking area that was in the process of being build during the previous inspection had not been completed. The person in charge had completed a risk assessment on the lack of completion of this smoking area in April 2013. The inspector was shown evidence during the inspection that this area would be completed by mid September 2013.

The person in charge told the inspector that discussions were still ongoing with the Health Service Executive (HSE) in relation to extending the existing building to ensure the provision of additional toilets for residents and the reduction of the two three-bedded rooms to two-bedded rooms. The inspector also noted that some other bedrooms did not meet the required specification in the Authority's Standards. However, there was no finalised plan in place to address these structural deficits.

The centre was very clean and infection control awareness was evident throughout the building. The inspector found that there were adequate sluicing and laundry facilities.

The provider had taken measures to ensure the premises was maintained in a good state of repair. An inspector viewed a sample of maintenance records and found that there was confirmation that specialised equipment such as hoists had been serviced and was in good working condition.

Since the last inspection the provider had upgraded the enclosed sensory garden to a high standard. Residents spoken with were very pleased with the garden and some described how they enjoyed gardening or just sitting and admiring the plants and other features.

Theme: Person-centred care and support

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

Outcome 17

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

- Regulation 7: Residents' Personal Property and Possessions
- Regulation 13: Clothing
- Standard 4: Privacy and Dignity
- Standard 17: Autonomy and Independence

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

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

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

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

Property lists had been completed for residents' personal belongings on admission and updated with additional items brought into the centre. However, the centre policy on residents' personal property and possessions did not adequately guide practice and contained a condition which did not meet all the requirements of the Regulations. The condition was contrary to the insurance cover requirement as set out in Regulation 26 (2).

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:

Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

Inspection findings

Adequate staffing levels and skill mix were on duty. On the day of inspection there were three nurses and two care assistants on duty during the day. Two nurses and one care assistant were rostered during the evening and one nurse and one care assistant at night. The person in charge worked full-time in the centre. The director of nursing (DON) was present in the centre during the inspection on request of the person in charge.

The inspector reviewed a sample of staff files and found that all information required by the Regulations had been obtained for staff directly employed by the provider. However, there was insufficient evidence that contract staff working in the centre

had all required information including three written references and sufficient evidence of mental and physical fitness. Also there was no evidence of a system in place for reviewing the authenticity of references.

The provider had made available resources and the person in charge had facilitated staff to attend training and education since the previous inspection. Staff spoken with and records viewed confirmed that staff had attended courses in areas such as restraint management, basic life support for healthcare and continence promotion. The inspector also read that a nurse had attended a three-day course on dementia care. The inspector noted that additional training was planned for all nurses on wound care management in September 2013.

Closing the visit

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

Acknowledgements

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

Report compiled by:

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

8 August 2013

Provider's response to inspection report *

Centre Name:	Aras Mhuire Community Nursing Unit
Centre ID:	0627
Date of inspection:	7 August 2013
Date of response:	28.08.2013

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: 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:

Some staff had not received up-to-date training in fire safety. Prior to the inspection, arrangements had been put in place for these staff to attend training in September 2013.

Action required:

Provide suitable training for staff in fire prevention.

Reference:

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

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Training will take place on 2nd September 2013 and a letter has been sent to all staff who require this training and have been made aware that this training is mandatory.</p>	02.09.2013

Theme: Effective care and support

Outcome 11: Health and social care needs

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Some residents did not have access to occupational therapy when required.</p>	
<p>Action required:</p> <p>Facilitate each resident's access to physiotherapy, occupational therapy, or any other services as required by each resident.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 9: Health Care Standard 13: Healthcare</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale
<p>Provider's response:</p> <p>Occupational Therapy has urgently been requested by the resident's GP and awaiting reply from Occupational Therapy Dept., in Galway. The Occupational Therapist in the Sacred Heart Hospital in Roscommon has also been asked to review the resident urgently.</p>	30th Sept. 2013

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Some care planning documentation had not been reviewed when required to reflect the current care provided or needs of residents.</p>

Action required:	
Keep each resident's care plan under formal view 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:	
The importance of all assessments and three monthly reviews on residents Care Plans has been re-iterated to Staff Nurses.	Completed and ongoing

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect:
Further discussions had taken place with the HSE in relation to the existing building to address: <ul style="list-style-type: none"> ▪ the provision of extra toilets for residents ▪ reducing three-bedded rooms to two-bedded rooms ▪ some other bedrooms that did not adequately meet the needs of residents. <p>However, there was still no final agreed plan in place to address the structural deficits.</p>
Action required:
Provide a sufficient number of toilets having regard to the number of dependent residents in the home.
Action required:
Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.
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:
<p>Provider's response:</p> <p>Discussions are still ongoing to see if it is viable to spend funds on Áras Mhuire C.N.U. or to move to an adjacent site for a new build.</p> <p>We are awaiting national direction following a viability study which was completed recently regarding where a new build will be funded from the refurbishment national plan.</p>	<p>December 2013</p>

Theme: Person-centred care and support

Outcome 17: Residents' clothing and personal property and possessions

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

The policy on residents' personal property and possessions did not adequately guide practice and contained a condition which did not meet all the requirements of the Regulations.

Action required:

Put in place written operational policies and procedures relating to residents' personal property and possessions.

Reference:

Health Act, 2007
 Regulation 7: Residents' Personal Property and Possessions
 Standard 4: Privacy and Dignity
 Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The Residents Personal Property and Possessions Policy has been reviewed and updated according to Regulation 7 of the Health Act, 2007.</p> <p>A new Resident Property Form has been devised and has been placed inside of each resident's wardrobe door for relatives/staff to record property which is brought in or removed. A letter has been sent to relatives informing them of same.</p>	<p>Complete</p>

Outcome 18: Suitable staffing

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

Sufficient evidence was not available to confirm that contract staff working in the centre had met all the requirements of Schedule 2 including three written references and sufficient evidence of mental and physical fitness.

A system was not in place to ensure the the authenticity of the staff references.

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.

Action required:

Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2 of the Regulations.

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:

References and medical declaration of physical and mental fitness to work has been obtained, checked and verified for Contract Staff.

Complete