

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



Health  
Information  
and Quality  
Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

Centre name:	D'Alton Community Nursing Unit
Centre ID:	0643
Centre Address:	Castlebar Road
	Claremorris,
	Co. Mayo
Telephone number:	094-9362727
Fax number:	094-9362740
Email address:	<a href="mailto:teresa.loughnane@hse.ie">teresa.loughnane@hse.ie</a>
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executive West
Person in charge:	Teresa Loughnane
Date of inspection:	7 March 2012
Time inspection took place:	<b>Start:</b> 11:00 hrs <b>Completion:</b> 19:15 hrs
Lead inspector:	Patricia Tully
Support inspector(s):	N/A
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Location and description of services and premises

The centre is located on a raised site on the N60 Castlebar Road, 10 minutes walk from the town of Claremorris.

The Dalton Community Nursing Unit is a purpose-built, single-storey facility. The building is made up of an outer block and an inner block with interconnecting corridors. The entrance lobby opens onto a reception area with an unmanned reception desk, administration office and visitors' toilet to the right. To the left of reception area is the staff room, residents' dining room and kitchen. The dining room is a throughway to the physiotherapy department, dry goods store, laundry, sluice, a small oratory and bedroom accommodation for male and female residents. To the right of reception is a sitting room which is throughway to the PIC's office, toilets and assisted bathrooms and the bedroom accommodation for female residents. Directly off the reception area is the central block with an enclosed courtyard on either side. The central block is made up of a large room where residents relax, dine and/or participate in activities and exercises. There is a smoking room (which is also used as an art and activities room) directly off the large room. This section is shared by residents and people who attend the centre for day care from Monday to Thursday. A nurses' office, and toilets are located on the corridor which connects the large day room with the corridors of the outer block and the location of the admin offices and treatment room.

The accommodation includes 20 single rooms with a wash-hand basin (one bedroom has a small ensuite toilet) two of the triple rooms have en suite facilities and four of the triple rooms have shared ensuite facilities between two rooms with a shower, toilet and wash-hand basin. Additionally there are four toilets, three showers and one assisted bathroom. Accommodation also includes staff facilities including toilets with showers, offices, other utilities including storage areas, cleaning room, laundry, and a clinical room which is used as an office by the day care staff.

Car parking is located to the right of the building and there are wheelchair parking bays and some designated staff parking opposite the main entrance.

The centre has reduced the current maximum capacity to 34 residents which includes 32 residents requiring long term care and two respite care beds. The HSE has informed the Authority that it proposes to further reduce the maximum occupancy to 30 residents in total. The centre also caters for 17 to 20 people attending day care.

<b>Date centre was first established:</b>	1974
<b>Number of residents on the date of inspection</b>	33 including 2 persons receiving respite care
<b>Number of vacancies on the date of inspection</b>	1 (based on most recent application for max capacity of 34 residents)

Dependency level of current continuing care residents	Max	High	Medium	Low
Number of residents**	12	6	10	3

\*\* Completed 6 March 2012 (does not include dependency of residents on respite)

### Management structure

The Provider is the Health Service Executive West. The person appointed on behalf of the Provider is Michael Fahey, Manager Older People's Services, Mayo Primary Continuing Community Care (PCCC).

The Person in Charge is Teresa Loughnane who took up the post of Director of Nursing on 12 October 2011. She reports to Mr Fahey who attends the centre on a monthly basis or as required and is accessible by phone and email.

Nursing, administration and catering staff report to the person in charge (PIC) or the senior staff nurse on duty in the PIC's absence. The carers/multi-task attendants report to the nursing staff. The contract cleaning staff report to an external supervisor who regularly attends the centre and liaises with the PIC. Maintenance is provided by Mayo PCCC services based in Castlebar.

### Continuing Care Staff

Staff designation	PIC	Nurses	Care staff	Catering staff	Stores & laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	8:00 – 10:30 hrs = 4* 10:30 – 16:30 hrs = 3 16:00 – 16:30 = 4	8:00 – 10:30 hrs = 4* 10:30 – 17:00 hrs = 3	3 (+1 between 11:00 – 15:50 hrs)	1 (8:00 – 13:00 hrs) 2 (13:00 – 17:00 hrs)	2	1**
Number of staff on duty in the evening		16:30 – 20:30 hrs = 2 20:30 – 23:30 hrs = 2 (1 shift runs from 16:00 – 23:30, hrs)	17:00 – 21:00 hrs = 2				

		Day duty ends and Night duty begins at 20:30 hrs)					
<b>Number of staff on duty at night</b>		23:30 – 08:15 hrs = 1 (1 shift runs from 20:30 – 8:15 hrs)	21:00 – 08:00 hrs =1				

\* Monday to Thursday - staff is increased by 1 nurse and 1 carer between the hours of 08:00 hrs and 10:30 hrs by day care staff who are assigned to continuing care.

\*\* Volunteer

Daily cleaning is provided by contract cleaners between 07:00 hrs – 09:00 hrs and 14:00 hrs – 18:00 hrs.

#### Day Care Staff

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Stores & laundry	Admin staff	Other staff
<b>Number of staff</b>	0	1 10:30 – 16:00 hrs	1 10:30 – 16:00 hrs	As above	0	0	0

### Background

This was a one-day announced follow-up inspection to the previous inspection on the 6 December 2011 and the fourth inspection of this centre by the Health Information and Quality Authority (the Authority).

## Summary of findings from this inspection

Some improvements had been made since the last inspection such as in the area of restraint management. However, the provider was required to take immediate action to address significant non-compliances in relation to; sufficient care to maintain each resident's welfare and wellbeing, evidence based nursing practice and appropriate medical care, setting out and reviewing individual care plans, reviewing the quality and safety of care practices in regard to the ordering, prescribing, storing and administration of medications, revision of medication policy and establishment of good practice in the ordering, prescribing, storing and administration of medicines to residents and improving the quality of care and the quality of life of residents. The immediate actions required were deemed necessary in response to a number of non compliance issues found in a medication chart reviewed by the inspector.

The last inspection report identified non compliance in 25 regulatory matters. On this inspection, the inspector found that nine actions were completed, twelve were partially completed and five were not completed. Actions partially completed or not addressed and further actions required from this inspection are set out in the action plan at the end of this report.

The PIC who took up her post in October has not received formal induction to date and she informed the inspector that she is scheduled to attend a first time manager in the HSE course in March.

Residents were complimentary of the staff and positive in their comments regarding the care they received. There were no complaints logged in the complaints register since the last inspection.

Areas requiring improvement on this inspection in addition to actions that were incomplete include general welfare and protection, medication management, medical input, evidence based nursing practice, care planning, infection control and prevention, review of the quality of care and the quality of life of residents, safe access to the enclosed gardens and risk management including updating the emergency plan and risk register.

The Action Plan identifies compulsory improvements in order to meet the requirements of 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*.

## Issues covered on inspection

### 1. Notifications

Two notifications of alleged financial abuse of residents were reviewed and discussed with the PIC. The PIC told the inspector that both incidents are being investigated separately by An Garda Síochána. The PIC undertook to submit a report to the Authority when the investigations were complete.

### 2. Medication Management

Errors in medication management had not been recognised or reported. The issues included an additional dose of medication had been administered due to the non-signing off of a change in medication by the GP. No indebt review of the incident of the medication error had been carried out and the PIC had not been made aware of the incident.

On the same medication chart it was recorded that another medication had not been administered for four days as it was out of stock and the dosage was subsequently increased by the general practitioner (GP) as the nurse had reported that the resident was depressed. The PIC told the inspector that there was no reason why the medication was out of stock as they had an emergency arrangement with the pharmacist. Documentation is unclear if the information communicated by the nursing staff to the GP prior to changing the prescription included the fact that medication had not been administered during the preceding four days. The reason for increasing the medication was not documented.

The provider was required to take immediate action to address significant non-compliances in relation to medication management and associated issues as set out in the immediate action plan in the middle section of the report.

### 3. Actions reviewed on inspection:

#### 1. Action required from previous inspection:

Provider to complete a comprehensive assessment of staffing levels over the 24 hours using recognised assessment tools and contemporary evidence based practice, to ensure the needs of the residents are met and the safety of the residents is not compromised.

This action was not completed. While bed occupancy has been reduced from 39 to 34 residents, a comprehensive assessment of staffing levels using recognised assessment tools and contemporary evidence based practice and taking into account the layout of the centre, had not been carried out to ensure the needs of the residents are met and the safety of the residents is not compromised.

The provider response to the action stated that RCN dependency/staffing level assessment tool has been drawn up and that dependency levels of residents is recorded daily based on Barthel assessment which are carried out monthly or sooner if there is a change in a resident's condition. While a record sheet of dependency levels was available, it was not clear how this record influenced staffing levels or identified when changes were made as a result of changing needs of the residents and ensured that procedures are in place to safely evacuate the residents at all times taking into consideration the residents specific needs and dependency levels.

This action is repeated in the action plan at the end of the report.

#### Action required from previous inspection:

Provider to ensure that they are satisfied that procedures are in place to safely evacuate the residents at all times taking into consideration the residents specific needs and dependency levels.

This action was partially completed. The provider reported in the response to the action required that the DON is in the process of drawing up individualized emergency evacuation plans taking into consideration each resident's specific needs. The PIC undertook to submit a report on findings based on the completed evacuation plans and a copy of her submission to the provider.

This action is repeated in the action plan at the end of the report.

#### Action required from previous inspection:

Put procedures in place to ensure that a planned and actual staff rota are maintained and detail staff on duty using the 24 hour clock.

This action was completed. A 24-hour clock is now used on staff duty rosters with planned and actual maintained separately as confirmed by the PIC.



**2. Action required from previous inspection:**

Provide adequate private and communal accommodation for sitting and recreational requirements having regard to the number and specific needs of the residents.

Provide suitable facilities for residents to meet visitors in communal accommodation.

This action was partially completed. While the second lounge area is utilised more, the large sitting/day room accommodation continues to be inadequate for the number of occupants. 33 residents and day centre attendees were sitting in the day room at one point during the day of the inspection. The chairs had been re-arranged to facilitate group activity and conversation however the layout impeded access throughout the room. The PIC stated to the inspector that she herself had observed the overcrowding in the large day room during the inspection. Visitors were observed meeting with resident's in the large day room and the front porch.

Aspects of this action not completed are repeated in the action plan at the end of the report.

**Action required from previous inspection:**

Keep all parts of the designated centre clean.

This action was not completed. The inspector observed infection control issues with poor cleaning practices and an unsatisfactory level of cleanliness in the centre with a number of soiled toilets and there was one toilet which was not cleaned over a four hour period which was in use by a number of residents during that period. The floors were not cleaned to an acceptable level with observed stains on floors and spills which were not cleaned up in a timely manner thereby increasing risk of injury to resident, visitors and staff. Some equipment such as cushions, commodes and wheelchairs needed more effective cleaning to adequately protect residents and staff from infection.

There were cleaning schedules in place and schedules were marked as complete. The PIC stated that a supervisor did visit the centre but there was no evidence that a monitoring process was in place to review the quality and effectiveness of the work carried out.

This action is repeated in the action plan at the end of the report.

**Action required from previous inspection:**

Provide suitable storage facilities for the use of each resident.

This action was completed. The PIC stated that more space will be made available for resident storage for heavier more bulky items which are not in daily use. Currently each resident has access to his/her own wardrobe space with bedside locker offering lockable secure storage.

**Action required from previous inspection:**

Provide and maintain external grounds which are suitable for, and safe for use by residents with particular attention to the ramps leading to the enclosed gardens.

This action was not completed. The PIC has given an undertaking that ramps will be reviewed by maintenance in order to ensure a safe resting platform on each ramp.

This action is repeated in the action plan at the end of the report.

**Action required from previous inspection:**

Put in place adequate arrangements for the proper disposal of incontinence wear and other similar substances and materials.

This action was completed. The bins which were in use for the disposal of incontinence wear have been removed and an alternative method of disposing of incontinence wear has been introduced. Urinals not in use, and have been disposed of.

**Action required from previous inspection:**

Provide suitable space to separate clean and dirty laundry.

This action was not completed satisfactorily. Staff have been advised to ensure dirty laundry is contained within the allocated infection control trolleys, until it can be placed directly into washing machines thus avoiding any risk of contamination of clean laundry. There is insufficient space to separate clean and dirty laundry. The storage of dirty laundry in the sluice room is not acceptable.

An extractor fan has not been fitted within the laundry area.

This action is repeated in the action plan at the end of the report.

**3. Action required from previous inspection:**

Provide opportunities for participation in purposeful and meaningful activities for residents of all levels of dependency on an ongoing basis.

This action was partially completed. While a range of activities are provided on a daily basis the PIC stated in the action plan response that the provision of activities for all dependency levels requires attention. Aromatherapy and reminiscence sessions have been provided and a Sonas Programme is planned when staff training has been sourced for this initiative.

A volunteer and an advocate also run activities such as art and bingo.

This action is repeated in the action plan at the end of the report.

**4. Action required from previous inspection:**

Devise an alternative communication system that ensures that all residents are facilitated and encouraged to communicate enabling them to participate in the activities and running of the centre.

Put in place practices that facilitate and encourage each resident to communicate.

This action was partially completed. Pictorial signage was recently improved throughout the building and all Resident toilet/shower room doors now have pictorial signage in place.

The advocate is in the process of developing prompt cards/objects of reference to assist residents with communication difficulties.

The PIC told the inspector that assessments of communication needs are currently being carried out by nurses.

This action is repeated in the action plan at the end of the report.

**5. Action required from previous inspection:**

Develop and implement a comprehensive contemporary evidence-based restraint practices which complies with current legislation.

Put processes in place whereby a risk assessment is completed on all residents subject to a restraint measure which ensures that the restraint measure is only applied in the best interests of the resident.

Ensure that the use of a restraint measure is only ever considered as a measure of last resort and is the least restrictive option for the shortest period of time.

Where a resident lacks the capacity to give informed consent to the use of the restraint measure, a consensus view should be reached between all healthcare staff involved in the residents care and the residents' next of kin/significant other. This decision should be documented clearly in the notes in narrative format.

Any restraint measure whether physical or chemical must be kept under constant review with documentation evidencing motion times during waking hour.

This set of actions was completed. Two staff nurses have attended training on the HSE's restraint policy which is implemented in the centre. The trained nurses provide lead roles in ensuring that restraint will be only implemented as a last resort and not as first choice. All restraint used within the centre is currently under review, with the aim of reducing/removing restraint wherever possible and with the assurance of a multidisciplinary input and consultation with resident/next of kin/significant other approach

to same, which documents clearly in the resident's notes the reason for the decision to implement restraint.

The policy and procedure specifies that wherever restraint is required, in the best interest of the Resident, staff ensures that this is regularly reviewed, released and recorded and this was confirmed to be in practise by the PIC. Staff will observe residents for any distress during the use of restraint and will report same to the DON.

**Action required from previous inspection:**

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

This action was partially completed. A security system for the front entrance has been requested by the PIC.

The PIC stated that all staff meetings include a review and discussion of any accidents or incidents that may occur, in order to ensure that there is no re-occurrence of same. The PIC had given an undertaking in the response to the action plan to continue to regularly review Accident/Incident Register and to document appropriate action plans to provide guidance to staff on safe practices however the inspector found an unreported medication error which was recorded in a resident's medication chart.

An immediate action letter with an action plan was issued to the provider. The response is set out in the middle section of this report.

**6. Action required from previous inspection:**

Implement a rehabilitative care plan for residents who spend long periods of time in bed.

Document the wishes of residents and their representatives as to how they want care delivered at the end of their life.

This action was completed. The physiotherapist has drawn up rehabilitative care plans for residents who spend periods of time in bed as reviewed by the inspector. Residents are facilitated to have "sitting out" periods during the day, based on the individualised assessed needs as confirmed by the PIC.

The DML care planning system is being implemented in the centre following training of staff which will include end of life wishes. The PIC gave an undertaking in the response to the action required that this was commenced in February 2012.

## **7. Action required from previous inspection:**

Residents and/or their significant other should be involved in the completion and review of their care plan. Written evidence should be available of this.

Ensure assessment findings are reflected in the implementation and planning of care and care plans are updated in light of revised assessments.

Ensure that a resident who is subject to a restraint measure has a comprehensive person-centred care plan in place which reflects good practice.

Implement procedures to assess and documentation of pain management in line with contemporary evidence-based nursing practice.

Put in place process whereby personal and social care needs are assessed and reflected in the residents care plan.

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances as and no less frequent than at three-monthly intervals.

This action was not completed. There was inconsistent evidence available that the resident or their significant other had been involved in completion or review of their care plan. Care plans were not reviewed as required by the resident's changing needs and no less frequently than at three monthly intervals. Residents had not had a comprehensive assessment of their social care needs. The personal and social care needs of the residents' was not reflected or detailed in the care plans. Assessments were not effectively utilised in the implementation and planning of care.

The PIC had given an undertaking to commence the implementation of comprehensive Care Plans in February 2012 to address all regulatory requirements and best practice guidelines, and will also strengthen the overall documentation and review processes for all residents. Each nurse was allocated a group of residents to ensure that the new system would be personalised and individualized attention afforded to each resident's documentation and care. Review of Care Plans was to involve the resident and/or their representative on a three monthly basis. Only three care plans have been written up in the new DML system.

In the interim nursing staff were also to utilize a recognized pain assessment tool however a resident who was on pain relieving medication had no assessment completed and had not received pain medication on a number of occasions as it was out of stock.

The documentation system in use is fragmented and leads to contradictory information presented in different residents' folders on the resident's current status. Decisions were made without the full information being presented in a manner that is easy to follow and gives a clear up to date status on the residents' condition and recent events. For example a resident who had not received medication for four days as it was 'out of stock' was seen by the GP to have his prescription written up. His medication was increased because he was 'depressed' but it was not clear in the documentation if the doctor was made aware that the resident had not received his medication for four days.

The current fragmented documentation and poorly documented reasons for decisions made in regard to intervention changes as reviewed by the inspector, resulted in possible errors in medical and therapeutic interventions and nursing practice.

An immediate action letter with an action plan was issued to the provider. The response is set out in the middle section of this report.

**8. Action required from previous inspection:**

Agree a contract with each resident in the designated centre and for new residents, within one month of admission.

Ensure each resident's contract deals with all the fees to be charged.

This action was completed. Contracts of care have been issued and signed by all residents or their representative has been contacted. All fees have been included. New contracts are being devised by the HSE and the PIC gave a commitment to submit copies to the Chief Inspector when available.

**9. Action required from previous inspection:**

Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

This action was not completed. Insurance cover in place does not meet Regulation 26 (2).

This action is repeated in the action plan at the end of the report.

**10. Action required from previous inspection:**

Maintain an up to date record of each resident's personal property that is signed by the resident.

This action was partially completed. While staff document resident's personal property on admission, the system does not always capture additional items of personal property being brought in to the centre.

The action is repeated in the action plan at the end of the report.

**Action required from previous inspection:**

Have a system in place to ensure that all clothing is labelled appropriately.

This action was completed. The inspector observed laundry staff labelling residents' clothing using a numerical button system.

**11. Action required from previous inspection:**

Review of medication to be documented in the medical records.

This action was not completed. The PIC told the inspector that she has written to each GP requesting that narrative notes support medication reviews. A medication chart reviewed by the inspector did not have the rationale for the treatments or the reasons for changes to medication documented. In the case of one resident's medication chart reviewed by the inspector, a resident's level of medication was increased as he was reported by the nurse to be 'depressed'. No reference had been made to the fact that the resident had not received the previously prescribed dosage for four days prior to the change, as it was out of stock.

An immediate action letter with an action plan was issued to the provider. The response is set out in the middle section of this report.

**12. Action required from previous inspection:**

Provide staff members with access to education and training to enable them to provide all residents with care in accordance with contemporary evidence-based practice.

Provide training to staff on restraint.

Provide staff training on behaviour that challenges.

Implement a procedure so that all staff are informed and implement the policies and procedures as outlined in schedule 5 of the care and welfare regulations.

This action was completed. Staff who have previously attended dementia care training act as a resource to other staff members. Additional training will be facilitated in 2012 through the CNME training programme.

Two Nurses have attended recent wound care training and are available as a resource to Nursing Staff.

A method of recording residents' nutritional intake has been devised. Any Resident who is at risk of poor fluid intake is maintained on fluid balance charts, which are totalled daily and form part of the nursing handover to ensure early intervention where required.

Staff observe residents who may be at risk of wandering through an allocation of a number of residents to staff on each shift whom they are responsible for and for whom they check on a regular basis. "Missing person's" policy is available.

Staff will be refreshed on and advised of any changes to policies and procedures at staff meetings which take place on a regular basis as confirmed by the PIC.

**13. Action required from previous inspection:**

Make arrangements to ensure all staff have up to date mandatory training and maintain comprehensive training records.

This action was completed. Mandatory manual handling and fire training and fire drills have been and will continue to be attended by all staff as confirmed by the PIC who provided a training matrix of all training attended by staff.

**14. Action required from previous inspection:**

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

This action was completed. The PIC reviewed training records in detail to establish clarity and accuracy with regard to staff knowledge and training in elder abuse detection and prevention and additional training is made available as required.

**15. Action required from previous inspection:**

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Ensure analysis of the information collated and recommendations are implemented to enhance outcomes for residents.

Conduct a quality audit review of all residents subject to a restraint measure restraint and implement recommendations from this audit.

This action was partially completed. Questionnaires have been issued to residents to assess resident and/or their representative satisfaction with the service. Action plans have been drawn up from the completed questionnaires which will bring about the desired changes.

The advocacy service has also been strengthened in order to enable residents to feel supported and confident in making suggestions or changing aspects of the home life or service, which they feel is required as confirmed by the PIC.

While data is being capture with a view to analysing to information, a system to drive forward continuous service improvement has not been established.

This action is repeated in the action plan at the end of the report.



**16. Action required from previous inspection:**

Provide a suitable storage area for equipment.

This action was partially completed. As a result of the relocation of the Physiotherapy Department it was thought that this would be an ideal location for the storage of wheelchairs. This has proven to be not entirely satisfactory as the department continues to be used on a Monday Wednesday and Friday by the physiotherapist to treat residents.

This action is repeated in the action plan at the end of the report.

**Action required from previous inspection:**

Ensure hot water at the point of contact is thermostatically controlled and at point of contact it is no greater than 43 degrees C.

This action was not completed. Thermostatic control valves have not been installed. The PIC stated that this has been referred to the maintenance department. Fail safe devices such as pre set valves which are unaffected by changes in water pressure have not been fitted locally to provide water from each outlet point, so that discharged water is below 43°C in order to prevent risk of scalds while maintaining the temperature above 50°C in the pipe work while in circulation.

This action is repeated in the action plan at the end of the report.

**17. Action required from previous inspection:**

Revise the statement of purpose to meet the requirements of the Regulations.

This action was completed. A revised statement of purpose has been submitted to the Authority.

**18. Action required from previous inspection:**

Maintain, in a safe and accessible place, a staff personnel file that complies with current legislation.

This action was partially completed. Staff personnel files have been audited. The PIC has submitted the findings of this audit which demonstrates that all required documentation is not in place.

This action is repeated in the action plan at the end of the report.

**19. Action required from previous inspection:**

Facilitate each resident's access to speech and language therapy as required by residents.

This action has been partially completed. All residents requiring speech and Language therapy have been referred and service input is awaited. The PIC confirmed that she is liaising with therapist about providing a service on site as residents are unable to travel to an out patient clinic. One staff member has attended dysphagia training.

This action is repeated in the action plan at the end of the report.

**20. Action required from previous inspection:**

Facilitate all appropriate health care including dental care and support each resident on an individual basis to achieve and enjoy the best possible health.

This action was completed. All residents requiring services such as dental services, and ophthalmology assessment have been referred to the appropriate services. The importance of a full and appropriate assessment of all Residents on admission and on re-admission, even when the resident is known to staff has been discussed at staff meetings. The centre's policy is to carry out a full assessment when a resident is re-admitted from hospital or when there is deterioration in a resident's condition and well-being.

Nursing Staff are also aware that the Wound Care specialist Nurse is available for consultation if required.

**21. Action required from previous inspection:**

Put in place a private visitors area for residents separate from their own private room.

This action was completed. A temporary visitors' room has been made available to residents and their visitors.

**22. Action required from previous inspection:**

Ensure policies and procedures; and practice are consistent with best practise guidelines on prevention of infection and ensure staff are aware of and implement these procedures.

Make provision for the appropriate storage of food, cleaning equipment, cleaning agents and dry goods.

Ensure that all equipment is maintained in a clean hygienic condition.

This action was partially completed. The unsuitable bins have been taken out of circulation. Cleaning has been discussed with the cleaning supervisor of the external

company but there was little evidence that formal audits had resulted in a satisfactory improvement in this area.

The cleaning trolley is stored in cleaners' room. Stocks of chemicals/cleaning agents are stored outside of the home in a secure unit however washing powder is stored in the same store as dry food goods. The PIC undertook to have this assessed by the Environmental Health Officer. Daily cleaning products are secured in locked cupboards and staff have been reminded of the importance of security in regard to chemicals and staff have attended training and read the Infection Control Policy.

A WC was left in a soiled state for a number of hours. A used urinal bottle was left on the floor of an occupied resident's bedroom for a number of hours. The PIC agreed with the inspector that this was not acceptable practice and when she had also noted this that she had asked a member of staff to remove it but it had not been removed in a timely manner.

Aspects of this action are repeated in the action plan.

**23. Action required from previous inspection:**

Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

Provide meals at times as may reasonably be required by residents and in a location of their choice.

This action was completed. The PIC has reviewed mealtimes and reported to the inspector that residents who require assistance with their meals are facilitated appropriately.

The PIC has evaluated the resident's wishes as to whether they would like breakfast in bed or in the dining room and the response has been that they would like breakfast in bed. This will be kept under review.

**24. Action required from previous inspection:**

Maintain the centre in a good state of repair internally and externally.

Implement a system to log and prioritise maintenance issues for attention and dates that work is requested, followed up and completed.

This action was partially completed. A Log of all maintenance work has been set up. Emergency lighting was operational and the PIC stated in her response to the action required that some lighting was on a separate system which would only light up in response to the fire alarm. Maintenance has since placed all lighting on the continuous light system.

A new bed pan rack and bed pan washer had been requested but has not been supplied to-date and the inspector found that the bed pan washer was still leaking onto the floor of the sluice room. New toilet seats have been requested but have not yet been supplied. The painting programme for 2012 had not commenced.

This action is repeated in the action plan at the end of the report.

**25. Action required from previous inspection:**

Have a system in place to ensure that there is comprehensive identification and assessment of risk throughout the premises.

Have in place security arrangements that protect residents and staff.

Ensure that there are appropriate measures in place to prevent incidents and accidents.

This action was not completed. The PIC gave an undertaking to review of premises' security and risks identified will be included in the risk register.

The emergency plan was reviewed by the inspector as displayed in the front hall and the information was found to be out of date, for example the name of the director of nursing appointed in October 2011 had not been updated.

This action is repeated and additional actions are included in the action plan at the end of the report.

## Closing the visit

During the inspection the inspector spoke with the person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were required.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, person in charge and staff during the inspection.

### *Report compiled by:*

Patricia Tully  
 Inspector Manager of Social Services  
 Social Services Inspectorate  
 Health Information and Quality Authority

15 March 2012

Previous HIQA inspections	
Date of previous inspection	Type of inspection:
22 July 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
13 and 14 April 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
07 December 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
7 March 2012	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

## Action Plan 1

### Provider's response to Immediate Action Plan\*

<b>Centre:</b>	D'Alton Community Nursing Unit
<b>Centre ID:</b>	643
<b>Date of inspection:</b>	07 March 2012
<b>Date of response:</b>	15 March 2012

### Requirements

These requirements set out what the registered provider must do as a matter of urgency to meet 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*.

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

The level of care did not maintain each resident's welfare and wellbeing.

**Action required:**

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

**Action required:**

Provide a high standard of evidence-based nursing practice.

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

<b>Action required:</b>	
Provide appropriate medical care by a medical practitioner.	
<b>Reference:</b>	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Resident's care plan reviewed and new care plan drawn up to meet resident's assessed needs. Medication management policy reviewed which ensures a more timely response to Resident's medication needs (5.3.9) (5.1.4) will ensure that the "stop date" on medication is clearly documented by the doctor, at the time of discontinuing a medication.</p> <p>Resident had been referred to physiotherapy for balance assessment and will be also assessed for a more suitable height walking stick. This resident is also awaiting further medical assessment, in the mean time resident will be encouraged to participate in activities, however this resident has always chosen a very singular life, and these choices have been respected. Resident being reviewed by own doctor. Doctor has made no change to his original choice of medication or dosage.</p> <p>Full report by doctor will be compiled and forwarded to Health Information and Quality Authority.</p>	<p>15 March 2012</p> <p>14 March 2012</p>

<b>2. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>
The documenting of residents' incidents and events and changes in needs and circumstances are not integrated which has increased the risk of error in medical and therapeutic interventions and nursing practice.
<b>Action Required:</b>
Set out each resident's needs in an individual care plan developed and agreed with the resident.

<b>Action Required:</b>	
Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances.	
<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:	
Comprehensive assessment and new format care plan drawn up in consultation with the resident, nursing staff continue to address the completion of recently introduced HSE care plans.	15 March 2012

<b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b>
There was no system in place for reviewing the quality and safety of care provided to residents.
<b>Action required:</b>
Carry out a review of the quality and safety of care practices in regard to the ordering, prescribing, storing and administration of medications within the centre.
<b>Action required:</b>
Improve the quality of care provided at, and the quality of life of residents in, the designated centre.
<b>Action Required:</b>
Make a report in respect of the review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and the Chief Inspector.
<b>Reference:</b>
Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement



Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Medication management policy has been upgraded. A pharmacist will attend quarter to audit all medication charts and practices (1 visit 14 March 2012) The report on findings will be forwarded to Health Information and Quality Authority by 20 March 2012. Nurses have received medication management tutorial this year, and this will continue to occur annually.</p>	20 March 2012
<p>In consultation with pharmacist, medication charts are being revised to a more appropriate system for a nursing home setting. Nurses will receive training in new system on 16 March 2012. Pharmacist will do medication reviews on 20 March 2012.</p>	22 June 2012
<p>New care plans being drawn up will aid a more comprehensive assessment of resident's needs, and will assist the enhancement of the quality of care and life of the residents.</p> <p>Review and audit of these care plans will occur.</p>	30 March 2012
<p>A review of the quality and safety of care and quality of life of residents, regulation 35 (1), will be compiled and made available to Residents and Chief Inspector.</p>	20 March 2012

<p><b>4. The person in charge has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The procedures for the ordering, prescribing, storing and administration of medications within the centre increased the risk of error.</p>
<p><b>Action required:</b></p> <p>You are required to revise your medication policy and establish good practice in the ordering, prescribing, storing and administration of medicines to residents.</p>
<p><b>Action required:</b></p> <p>You must ensure that all nurses are informed about and implement the revised practices.</p>
<p><b>Action required:</b></p> <p>You are required to submit a copy of the updated medication policy together with evidence that all nurses are familiar with the revised arrangements.</p>

<b>Reference:</b> Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Medication management policy has been reviewed. Nurses have been informed of same. Policy has been made available to Nursing Staff, each Nurse will sign that same has been read, understood and will be complied with.	20 March 2012

**Any comments the provider may wish to make:**

**Provider's response:**

We are confident that the new medication management system being established within the home will create a more efficient, effective and safer approach with the reassurance of regular audit by an independent pharmacist.

We are also confident that the new care plans currently being implemented will provide a comprehensive, professional and personalised approach, to ensure informed and evidence based care of the older person.

**Provider's name:** Michael Fahey

**Date:** 14 March 2012

## Action Plan 2

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

<b>Centre:</b>	Dalton Community Nursing Unit
<b>Centre ID:</b>	0643
<b>Date of inspection:</b>	07 March 2012
<b>Date of response:</b>	05 April 2012

#### Requirements

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

#### 1. The person in charge has failed to comply with a regulatory requirement in the following respect:

The number of staff on duty from 23:30 hrs until 6:00 hrs was not appropriate to the assessed needs and dependencies of the residents and the design and layout of the centre and a review of staffing levels during all roster periods has not had a comprehensive review.

#### Action required:

Ensure that at all time the numbers of staff and skill mix of staff are appropriate to the assessed needs of the residents and the size and layout of the designated centre.

#### Action required:

Provider to ensure that they are satisfied that procedures are in place to safely evacuate the residents at all times taking into consideration the residents specific needs and dependency levels.

\* 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 6: General Welfare and Protection Regulation 9: Health Care Regulation 16: Staffing Regulation 14: End of Life Care Regulation 31: Risk Management Procedures	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Residents' dependency levels continue to be reviewed monthly or sooner if required using the Barthel assessment tool. The RCN dependency tool was reviewed in detail. However due to the comprehensive documentation that this would incur; it was felt at this time that in order to address time management issues, a less complex, but still effective method of assessing staffing/dependency levels was required.	31 May 2012
The approach being currently implemented is an assessment of staffing levels in nursing homes using dependency levels as a guide. The formula was researched and same is being drawn from the following documentation: staffing guidance for nursing homes June 2009 Version 1.5. The findings will be forwarded to the Authority.	31 May 2012
Emergency evacuation plans are in place.	Completed
Staffing/Resident ratios will be addressed taking dependency levels into consideration.	31 May 2012

<p><b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The sitting/day room accommodation available to residents was inadequate. The chairs were arranged around the walls or to the side which was not conducive to conversation among residents.</p> <p>There was inadequate private and communal accommodation for sitting and recreational requirements having regard to the number and specific needs of the residents.</p> <p>Due to the design of the building, the dayroom was used as a short cut through the centre and the sitting room was not conducive to privacy.</p> <p>Parts of the centre were not kept in a clean and hygienic state.</p> <p>External grounds were not satisfactorily maintained.</p>
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There was insufficient space to separate clean and dirty laundry.	
<b>Action required:</b>	
Provide suitable communal space for residents and day service attendees for the provision of social and cultural activities appropriate to the circumstances of all in the centre.	
<b>Action required:</b>	
Keep all parts of the designated centre clean.	
<b>Action required:</b>	
Provide and maintain external grounds which are suitable for, and safe for use by residents with particular attention to the ramps leading to the enclosed gardens.	
<b>Action required:</b>	
Provide adequate facilities for residents' clothes to be sorted and kept separately and to separate clean from dirty laundry.	
<b>Reference:</b>	
Health Act, 2007 Regulation 19: Premises Regulation 13: Clothing Regulation 10: Residents' Rights, Dignity and Consultation Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
Provider's response:  Day care attendees now make greater use of the front lounge, and are under the care of day care staff in this area. Residents move freely between both the lounge and the day room throughout the day. Risk has been assessed.  On the day of the inspection, day care attendees were in the day room for an exercise programme, which is very popular. As soon as this programme was over Day Care returned to the front lounge. For a short period there would have been 33 people in the Day Room for the exercise programme.  Two separate exercise programmes will now be arranged to reduce numbers within the area.  As more space becomes available, a three bedded room will be allocated as a further day room/activity room. Estates management	Completed           Immediately and ongoing   31 May 2012

<p>will visit to assess the internal space, in order that architectural changes may be made. This will also address the issue of privacy in the day room and sitting room. The assessment visit will occur on 31 May 2012.</p>	
<p>Privacy is offered to visitors and residents in the resident visitors' room. Signage indicates that this room is available, yet many people decline the offer of the visitors' room (the director of nursing {DON} has witnessed this on many occasions and has personally offered privacy which was declined). Residents have long term established areas in which they like to sit and talk, and this is a routine they do not wish to change. Resident choice is respected.</p>	Completed
<p>It is unacceptable that a toilet was in need of attention for an extended period of time, every effort will be made to ensure that this does not re-occur. Signage has been placed in each toilet to remind care staff to attend to toilet areas in a timely manner. This was highlighted at Staff meeting. This is now routinely occurring.</p>	Completed
<p>The DON has liaised with cleaning supervisor. Steam cleaning was requested for stains visible on floor. However, the cleaning supervisor confirmed by e-mail on 30 March 2012, that as the stains were Iodine, steam cleaning would be of no benefit. This has been discussed, and plans are in place to begin replacing some floor covering where required.</p>	1 June 2012
<p>There is an established monitoring system in place for cleaning requirements; this will be reviewed with the Cleaning Supervisor, to clarify if there is any other approach which will protect flooring from stains. This was discussed with cleaning supervisor on the 4 April 2012 and she will investigate further and report back to DON.</p>	Immediately
<p>Staff have been advised to ensure that all spills are cleaned up in a timely manner.</p>	Completed
<p>An infection control audit has been carried out by the D'Alton Infection Control Nurse. A report will be submitted to the Chief Inspector on completion. The findings will enable staff to address any areas requiring attention.</p>	15 June 2012
<p>Maintenance are attending to the gardens, with grass being cut and maintained. Seasonal flowers are visible in the internal gardens so that Residents may enjoy same. Maintenance are also aware that resting platforms are required on ramps. Regular reminders are forwarded to Maintenance to ensure that this work will receive attention.</p>	22 June 2012
<p>A separate area for dirty laundry has been provided, which ensures clean and dirty laundry do not come into contact.</p>	Completed

Maintenance are aware that an extractor fan is required in the laundry.	22 June 2012
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<p><b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To provide a range of activities that meets the needs of all residents' dependency levels.</p>	
<p><b>Action required:</b></p> <p>Provide opportunities for participation in purposeful and meaningful activities for residents of all levels of dependency on an ongoing basis.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 6: General Welfare and Protection  Standard 13: Health Care  Standard 18: Routines and Expectations</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>To create an inclusive approach for all residents, staff will commence Sonas training in April 2012. Dates of training have been confirmed.</p> <p>DON attended a local unit to observe activity programmes for residents suffering with Dementia. Butterfly box activity is an area which was researched, and which will be implemented (this will be a long term project involving local schools).</p> <p>DON will establish individual nurse/carer teams to enable nurses to establish activity programmes with the support of a named carer for residents suffering with dementia which has been discussed at recent staff meetings.</p> <p>Art/ crafts/knitting/reading/TV/ vintage films/music/song/bingo/card playing/exercise/aromatherapy/reminiscence will continue.</p>	<p>1 June 2012</p> <p>31 March 2012</p> <p>1 June 2012</p> <p>Ongoing</p>

<p><b>4. The person in charge has failed to comply with a regulatory requirement in the following respect:</b></p> <p>No non-verbal communication system was in place. It was not possible to facilitate and encourage communication with residents who could not express them verbally.</p>
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<b>Action required:</b>	
Ensure that each resident is facilitated and encouraged to communicate	
<b>Reference:</b> Health Act, 2007 Regulation 11: Communication Standard 1: Information Standard 17: Autonomy and Independence	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
Provider's response:  Communication cards continue to be developed. Nursing Staff complete communication assessments as part of the new HSE Care Plans. Referrals are made to speech and language therapy as required.	31 May 2012

<b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
To ensure that the risk to residents is identified at the earliest opportunity and that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. A medication error had not been reported or investigated.	
<b>Action Required:</b>	
Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.	
<b>Reference:</b> Health Act, 2007 Regulation 31: Risk Management Procedures Standard 21: Responding to Behaviour that is Challenging	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Risk management policy will be reviewed.  DON discusses any incidents/accidents logged in incident/accident register at staff meetings to ensure that staff are aware of any adverse	1 June 2012  Completed



events, and actions taken to prevent re-occurrence.	
Any adverse event has an action plan drawn up and documented within the register.	Completed
Staff continue to be advised that transparency must surround any incident. DON continues to work to establish cultural change in this area. An open door approach is promoted.	Immediately

<p><b>6. The person in charge has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There was no rehabilitative care plan to support residents who spent long periods of time in bed.</p> <p>The wishes of residents and their representatives as to how they wanted care delivered at end of life had not been documented in many instances.</p>	
<p><b>Action required:</b></p> <p>Provide suitable and sufficient care to maintain the resident's welfare and well-being having regard to the nature and extent of the resident's dependency and needs as set out in their care plan</p>	
<p><b>Action required:</b></p> <p>Document the wishes of residents and their representatives as to how they want care delivered at the end of their life.</p>	
<p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>Health Act, 2007</li> <li>Regulation 8: Assessment and Care Plan</li> <li>Regulation 14: End of Life Care</li> <li>Regulation 6: General Welfare and Protection</li> <li>Standard 10: Assessment</li> <li>Standard 11: The Resident's Care Plan</li> </ul>	

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
<p>Provider's response:</p> <p>Physiotherapist had assessed and implemented Rehabilitative Plans for each Resident where required, this was completed prior to inspection. Rehabilitative plans are stored in the Resident's Care Plan file.</p> <p>Nurses continue to train and work on comprehensive HSE Assessments and care plans which include end of life care wishes. These care plans are</p>	<p>Completed</p> <p>22 June 2012</p>

<p>extremely detailed and will be an excellent resource when established. However, it will take training and allocation of time to achieve that objective. Four nurses are now trained in this new system. This will enable further progress to be made at an accelerated rate.</p>	
<p>Nursing staff have been utilising recognised pain assessment tools - Numeric pain assessment tool and abbey pain assessment tool (for Residents unable to verbalize pain). These are maintained within the daily handover notes at the nurses' station. However DON will now request Nurses to maintain these tools within the medication charts in order that same are more visible for inspection purposes.</p>	Immediately
<p>Issues surrounding "out of stock" medication have been addressed. Medication Management policy has been reviewed and particular reference is made to this issue.</p>	Completed
<p>Nursing staff have been instructed that having medication out of stock is an unacceptable occurrence, and must never be repeated. This appears to have been a cultural issue, and will now cease at this juncture. Pharmacy support is available out of hours and if necessary must be utilized. Resident's needs are paramount and each nurse's duty of care to each resident must be maintained.</p>	Immediately
<p>Each nurse is now aware of his/her responsibility to re-stock medication and plan ahead.</p>	Ongoing

<p><b>7. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Signed contract for the provision of services was not available for each resident.</p>	
<p><b>Action required:</b></p> <p>Agree a contract with each resident in the designated centre and for new residents, within one month of admission.</p> <p>Ensure each resident's contract deals with all the fees to be charged.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 28: Contract for the Provision of Services  Standard 1: Information  Standard 7: Contract/Statement of Terms and Conditions</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>

Provider's response:  New HSE contracts of care have not yet been finalised.	30 June 2012
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<p><b>8. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>It was unclear what insurance cover was available for residents' property.</p>	
<p><b>Action required:</b></p> <p>Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 26: Insurance Cover Standard 9: The Resident's Finances</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Information regarding the insurance cover provided by the States Claims Agency has already been made available to the Health Information and Quality Authority. This is a national issue.</p>	Ongoing

<p><b>9. The person in charge is failing to comply with a regulatory requirement in the following respect:</b></p> <p>A record of residents' personal property was not kept up to date.</p>	
<p><b>Action required:</b></p> <p>Maintain an up to date record of each resident's personal property that is signed by the resident.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

<p>Provider's response:</p> <p>Staff have been reminded of their responsibilities in this matter, and have been requested to observe and document any new items brought in to Residents.</p> <p>However, to further achieve this, signage will be placed within all wardrobes to remind relatives to draw staff attention to any new items being brought into the centre for each resident, so as to ensure that all personal property will be entered into the property book, in a timely manner.</p>	<p>Ongoing</p> <p>Completed and ongoing</p>
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<p><b>10. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Further review of the quality of care and the quality of life of residents was required. Areas such as satisfaction surveys, medication management, restraint practices, complaints management, and provision of activities had not been audited.</p> <p>Information collated in audits while analysed to identify trends, no implementation to ensure learning and to improve the quality of life and safety for residents had occurred.</p>
<p><b>Action required:</b></p> <p>Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.</p>
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 35: Review of Quality and Safety of Care and Quality of Life  Standard 30: Quality Assurance and Continuous Improvement</p>

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Report highlighting the quality of life and safety of residents has been drawn up. (as per Regulation 35) This has been made available to staff at staff Meeting and will be available to residents at next resident's meeting.</p> <p>Ongoing reports of this nature will continue to be made available. Areas requiring attention will be addressed. This process has already begun.</p> <p>Satisfaction surveys were completed by residents with the assistance of the advocate, and were reviewed. Results were favourable, and wherever there were any aspects requiring attention, these were</p>	<p>Completed and ongoing</p> <p>1 June 2012 and ongoing</p> <p>Ongoing</p>

addressed. Questionnaires are issued six monthly, and are always available at reception if required. Next issue May 2012.	
Medication has been reviewed by the pharmacist. Changes are being made where required.	31 May 2012
New medication management systems researched and will be implemented in the near future at the recommendation of the DON	31 May 2012
Restraint practices were audited in February 2012. A new system which addresses standards in this area was implemented.	31 May 2012
Complaints register is maintained, there have been no new complaints.	Ongoing
Provision of activities is audited, as is evidenced by the progress being made in this area i.e. Sonas training, development of Art programme, submissions to Bealtaine programme which includes resident's own poetry, art, and the compilation of a CD by a resident who has cognitive difficulties but still possesses a beautiful singing voice.	31 May 2012

<p><b>11. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The temperature of the water posed a potential scalding risk to residents.</p> <p>There was inadequate storage for equipment.</p>	
<p><b>Action required:</b></p> <p>Ensure hot water at the point of contact is thermostatically controlled and at point of contact it is no greater than 43 degrees C.</p>	
<p><b>Action required:</b></p> <p>Provide a suitable storage area for equipment.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 19: Premises  Regulation 31: Risk Management Procedures  Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>

Provider's response:  Plumbing team attended on the 2 April 2012 and have assessed the work to be addressed in this area.	15 June 2012
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**12. The provider is failing to comply with a regulatory requirement in the following respect:**

Staff personnel files did not comply with current legislation.

**Action required:**

Maintain, in a safe and accessible place, a staff personnel file that complies with current legislation.

**Reference:**

Health Act, 2007  
 Regulation 18: Recruitment  
 Standard 22: Recruitment

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
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Provider's response:  Files are held in locked filing cabinet in DON's office. Staff are providing requested documentation to comply with current legislation. Matrix has been drawn up to highlight any areas of documentation still required and staff have been informed of same.  Garda Siochána vetting has been applied for and the return of completed vetting reports continues.	1 June 2012          22 June 2012
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**13. The person in charge is failing to comply with a regulatory requirement in the following respect:**

A number of residents were on modified diets and did not have recent assessment by Speech and language therapist. A number of residents required dental services.

**Action Required:**

Facilitate each resident's access to speech and language therapy as required by residents.

**Reference:**

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Dental assessments carried out within the Home.</p> <p>Speech and language therapy (SALT) referrals were completed and forwarded to department. Awaiting attendance by SALT when available.</p> <p>Nurse trained in dysphagia has forwarded her assessments to the speech and language therapist.</p>	<p>Completed</p> <p>23 March 2012</p> <p>Completed</p>

<p><b>14. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To ensure that appropriate clinical assessments are carried out on admission. A skin assessment was not carried out on an admission in accordance with evidenced-based practice.</p> <p>Records of referrals were not accessible.</p>	
<p><b>Action Required:</b></p> <p>Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.</p>	
<p><b>Reference:</b></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>Nursing staff assess each resident's skin on admission. This is documented in the Nurse's progress notes and reported at handover.</p> <p>Braden scale is the validated tool used in assessments and findings are documented on admission report and in progress notes to ensure traceability.</p> <p>If any risk is identified, steps will be taken to immediately reduce risk through the implementation of pressure relieving devices and/or dietician referral. In the event that a Resident being admitted with any wound or developing a wound, a wound care chart is implemented and</p>	<p>Completed</p> <p>Completed</p> <p>Immediately</p>

nutritional supplements are administered where required.	
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<p><b>15. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Procedures in place for the control of infection were unsatisfactory.</p>	
<p><b>Action Required:</b></p> <p>Ensure policies and procedures and practice are consistent with best practise guidelines on prevention of infection and ensure staff are aware of these guidelines.</p>	
<p><b>Action required:</b></p> <p>Ensure current infection control guidelines are followed</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 30: Health and Safety  Regulation 31: Risk Management Procedures  Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Audit carried out by D'Alton Infection Control Nurse. Findings will be addressed.</p> <p>Infection Control policy is available to Staff. Instruction has been given by Infection control Nurse. Staff also viewed Infection Control DVD.</p> <p>Infection Control is part of the Agenda of Staff meetings and staff are reminded of best practice in this area.</p> <p>Further instruction on infection control will be made available. Instruction by D.O.N to Staff on Infection control on a daily basis.</p> <p>Signage in place.</p>	<p>Completed</p> <p>1 June 2012</p> <p>1 June 2012</p> <p>Immediately</p> <p>Completed</p>

<p><b>16. The registered Provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To maintain the centre in a good state of repair internally and externally.</p>
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<p>There were a number of priority areas to be addressed:</p> <ul style="list-style-type: none"> <li>▪ the bedpan washer required assessment for repair/replacement</li> <li>▪ rack in sluice was dislodged from wall</li> <li>▪ provide appropriate height and secure toilet seats</li> </ul>	
<p><b>Action required:</b></p> <p>Maintain the centre in a good state of repair internally and externally.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation19: Premises  Regulation 31:Risk Management  Standard25 : Physical environment</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Leaking bed pan washer has been reported.</p> <p>Rack in sluice was re-inspected since Inspector's visit and it is secure. It was repaired prior to visit.</p> <p>Toilet seats had been replaced. One seat was discovered to be in need of repair by the Inspector, this was a very recent development as D.O.N and maintenance personnel have inspected toilet seats very recently, and all was in order.</p> <p>However, in order to ensure no reoccurrence of this type of situation, Staff have been made aware of a new maintenance log system, whereby any staff member seeing any broken item will document same in the log and each day the log will be viewed by a named member of staff who will inform maintenance and D.O.N. This will ensure timely intervention and repair where possible.</p>	<p>Completed</p> <p>Completed</p> <p>Immediately and ongoing</p>

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

To provide a comprehensive written risk management policy that contains the appropriate contact details of responsible persons in event of an emergency.

While there was a system for identification of risk there were a number of risk areas that had not been identified for attention. These included security at the front entrance of the building, monitoring of access to the premises and the window openings along the corridors did not have restrictors in place. The ramps leading into the enclosed gardens are of a steep gradient and do not have a resting platform at the top of the ramp in line with Part M building regulations.

<b>Action required:</b>	
Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.	
<b>Action Required:</b>	
Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.	
<b>Action Required:</b>	
Put in place an emergency plan for responding to emergencies.	
<b>Action required:</b>	
Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre e.g. have in place security arrangements that protect residents and staff.	
<b>Reference:</b>	
Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 30: Health and Safety Standard26: Health and Safety.	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response;	
Risk management officer will attend the centre, risk management policy and overall risk assessments will be reviewed in consultation with risk management officer.	15 June 2012
Many of the issues named by the inspector as requiring attention are already documented within the risk management register	22 June 2012
D.O.N attended HSE Emergency Planning forum. New Emergency Planning format was issued. DON currently working on same.	Completed
On completion Emergency Plan will be returned to HSE for approval on the 13 April 2012. Implementation of new agreed Emergency Plan will then follow.	15 June 2012
Coded door has been installed. Window restrictors have been installed on external windows.	Completed

Resting ramp platforms have been made known to maintenance and reminders of same are being sent out on a regular basis.

22 June 2012

**Any comments the provider may wish to make:**

**Provider's response:**

We thank the Inspector for her attendance and professionalism.

The provider and the D.O.N continue to work on areas of practice in order to address outstanding regulatory requirements to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Every effort will be made to implement these remaining changes as quickly as possible.

Many of the issues identified will be addressed with the implementation of one of the main core documents which is in the form of the new comprehensive HSE Care Plan system. Progress has been made in this area, as more Nursing staff attend training and become familiar with the process.

We will continue to work to bring about effective and sustainable change to the home and it's services, in line with legislation and HIQA standards, so as to ensure the safety, comfort and well-being of residents and staff.

**Provider's name:** Michael Fahey

**Date:** 5 April 2012