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Ennistymon Community Nursing Unit inspection report, 11 and 12 April 2011

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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:	Ennistymon Community Nursing Unit	
Centre ID:	0608	
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Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public	
Registered provider:	Health Service Executive	
Person in charge:	Mary Greene	
Date of inspection:	11 and 12 April 2011	
Time inspection took place:	Day-1 Start: 09:15 hrs Completion: 16:30 hrs Day-2 Start: 09:00 hrs Completion: 14:30 hrs	
Lead inspector:	Mary Costelloe	
Support inspector:	Fiona Whyte	
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced	

About 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* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

About the centre

Description of services and premises

Ennistymon Community Nursing Unit is a two-storey building dating back to the 1840s when it opened as a workhouse. For decades the building was used as a hospital until it became a residential centre for older people in 1976. There are places for 28 residents providing long, short-term and palliative care. Twenty two residents were living there at the time of inspection. All residents were over 65 years of age, some had dementia and one resident was receiving palliative care.

The main entrance is located to the front of the building through a large conservatory which opens into a central hallway. This is also used as the designated smoking room. Two wings lead off the hallway, one for female and one for male residents. The administration offices are located on the first floor and are accessed by a stairway off the main entrance area.

Accommodation for residents is on the ground floor and consists of one eight-bedded room, one seven-bedded room, three twin-rooms, one four-bedded room and one single room. None of these bedrooms have en suite facilities. There are two assisted bathrooms and five separate toilets provided for these residents. There are two palliative care suites, each comprises of a single room with en suite shower and toilet and there is also a small sitting room-cum-kitchenette.

There are two small day rooms, each located off one of the large multi-occupancy bedrooms in each of the two wings. There is no dining room for residents. There is limited additional private/communal space available for residents' and visitors' use.

The nurses' office is located centrally on the ground floor. There are two sluice rooms, one located in each wing. There are separate toilets for kitchen staff and care staff.

In addition to the residential care unit there is a day-care centre for up to 30 people on weekdays. There is a large day/dining room, a multi-purpose room called the 'Ragairne' room, a hair dressers room, treatment rooms and an oratory which are available to residents and day-care attendees.

The centre has its own bus provided from fundraising by 'The Friends of Ennistymon'. The bus is used to transport day-care attendees to and from the centre and is also used for residents' trips and outings.

Ennistymon Community Nursing Unit is set in large landscaped gardens. The building is wheelchair accessible with ramps provided at all entrances. Parking is available in several car parking areas.

Location

Ennistymon Community Nursing Unit is located about 2 km outside the town of Ennistymon in North Co. Clare.

Date centre was first established:	1976
Number of residents on the date of inspection	22
Number of vacancies on the date of inspection	6

Dependency level of current residents	Max	High	Medium	Low
Number of residents	10	1	8	3

Management structure

The Registered Provider is the Health Service Executive (HSE) and the designated contact person is the General Manager, Teresa Bulfin. Mary Greene, the acting Director of Nursing, is the Person in Charge and she reports directly to the General Manager. The Clinical Nurse Manager (CNM) and the Clinical Nurse Specialist (CNS) in Diversional Therapy report to the Person in Charge and staff nurses report to the CNM. The multi-task attendants report to the CNM or to the Head Chef depending on their role. The administrator, catering and maintenance staff report directly to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	5	* 4	2		1	**2

* 3 multi-task attendants for general/cleaning duties and 1 multi-task attendant for kitchen duties

** 1 clinical nurse specialist (CNS) in Diversional Therapy and 1 maintenance operator

Summary of findings from this inspection

This was the third inspection carried out by the Health Information and Quality Authority (the Authority) and it was an announced registration inspection. The provider had applied for registration under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended).

As part of the registration process, the provider and the person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Regulations. This registration inspection took place over two days.

Inspectors met with residents, the person in charge, the provider, staff nurses, and other members of staff. Records were examined including care plans, medical records, accident and incidents log, complaints register, fire safety records, staff records and the policies and procedures.

Inspectors viewed the statement of purpose and discussed the categories applied for with the provider and person in charge. They confirmed that they were applying for male and female residents over the age of 18 years including persons with dementia and residents for convalescence/assessment, respite and palliative care. The statement of purpose did not comply fully with the requirements of the Regulations, this was discussed with the person in charge who undertook to update and submit it following the inspection.

Separate fit-person interviews were carried out with the provider and the person in charge. The person in charge had completed the fit-person self assessment document in advance of the inspection. This was reviewed by the inspectors, along with all the information provided in the registration application form and supporting documents.

Inspectors found that the provider and person in charge provided strong leadership and delivered a good quality service to residents. They were knowledgeable about their defined responsibilities under the Regulations and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The physical environment provided a significant challenge to comply with the Regulations and Standards. Inspectors noted that the size and layout of the multi-occupancy bedrooms would not comply with the requirements of the Standards. There was no dining room and limited day, recreational and private visitors' space. While there was no plan in place as yet to address these issues, the provider told inspectors that they would be putting phased developments in place with a view to complying with the requirements of the Standards. Funding would be forthcoming from the HSE and the 'Friends of Ennistymon' a local voluntary fund raising group.

Inspectors noted that while the building had limitations with regard to space, size and layout, management had strived to improve the décor of all communal areas and bedrooms. The number of places had been reduced to 28, one eight-bedded room was now occupied by seven residents. A new catering department had been completed. The dining experience had improved and some residents could now choose to dine in the day-care unit.

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

Overall inspectors were satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. Inspectors observed an adequate ratio of staff to residents during the inspection and staff rotas confirmed these staffing levels to be the norm.

Inspectors noted that other improvements were required to meet the Regulations and the Standards in terms of risk assessments, fire documentation and fire safety training.

These areas for improvement are contained in the Action Plan at the end of this report.

Comments by residents and relatives

Inspectors received seven completed questionnaires from residents and eight completed questionnaires from relatives. Inspectors met and spoke with many residents and some relatives during the inspection.

Residents expressed a high level of satisfaction with the care they received, and comments included "I am very well cared here, all my needs are met and I am so happy living here", and "There is always some one to listen and a friendly face".

Residents confirmed that they knew the person in charge and staff by name. They told inspectors that they could talk to the person in charge or any of the staff if they had a concern or issue and were confident that it would be dealt with promptly. Comments included "The staff are wonderful, they couldn't be better, they would do anything for you".

Residents and relatives were generally satisfied with the laundry arrangements stating that clothing was well cared for and that mislaid clothing was not an issue.

Residents spoken to were complimentary regarding the food and meal choices commenting that the food was always beautiful, hot and tasty and that great choice was offered. A relative who visited every day at lunch time told inspectors that the food was consistently very good.

Residents told inspectors how they enjoyed taking part in the daily activities including the daily exercise programme and daily prayers. Others said they liked to read in the conservatory while others enjoyed going to the day-care unit for meals and a chat. Residents told inspectors that they liked having the volunteers to chat with.

Relatives who completed the questionnaires in advance of the inspection were all satisfied with the level of care their family member received and felt encouraged and welcome to visit at all times.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the Regulations and Standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The provider and person in charge demonstrated their knowledge of the Regulations during the fit person interviews and had a positive approach to quality improvement. Both demonstrated good leadership skills and outlined to inspectors the many improvements they had made to the service following the previous inspection which took place on 18 February 2010.

The person in charge outlined the upgrading and structural improvements which had been made, such as painting of the entire building, redecoration and refurbishment of day rooms, provision of staff changing facilities, upgrading of the mop laundry area, the reduction in bed numbers and the provision of new signage both internally and externally.

The person in charge outlined to inspectors other key improvements made to the service following the previous inspection. For example, she had completed a number of quality audits with a view to improving practice. A review of all residents' files had taken place, care plans were being audited on a three-monthly basis, the dining experience had been improved and the laundry process for residents' personal clothing had been reviewed.

The person in charge talked to inspectors about her commitment to ensuring continuous professional development for both herself and the staff and showed records of the wide range of training which had taken place during the past 12 months.

The person in charge and staff showed a very good understanding of the issues involved in managing and responding to allegations, disclosures or concerns about abuse. There was a comprehensive policy in place on elder abuse and all staff and volunteers had received training in the prevention, reporting and detection of elder abuse. Staff interviewed were knowledgeable in this area. All staff had received training in relation to moving and handling, staff spoken to and training records reviewed confirmed this. Further training was scheduled for May 2011.

There was a clear management structure in place and staff interviewed were knowledgeable of their roles, responsibilities and reporting relationships. The person in charge had the skills, knowledge and experience necessary for the role. She demonstrated her competence when discussing care planning and clinical nursing issues. The person in charge had been working in the centre for numerous years and as person in charge since September 2010, she was able to clearly explain her role. She worked full-time including weekends and the CNM deputised for her in her absence. The person in charge was on call at weekends and out-of-hours. The staff rotas confirmed that weekend and out-of-hours staffing arrangements ensured that a senior member of staff was on duty to supervise the delivery of care. Staff and residents interviewed also confirmed this to be the case.

Both the provider and person in charge were well organised and had all the required documentation ready for inspection. The provider told inspectors that she had only recently taken over the role as provider but planned to visit the centre every six weeks. She also planned to hold monthly meetings with the person in charge and be available to support her.

The written contracts of care which had been completed for each resident and the directory of residents were reviewed and found to be up-to-date and in compliance with the requirements as set out in the Regulations. The insurance policy was up-to-date and available for inspection. The Residents' Guide was available and contained the required information as set down in the Regulations.

The inspectors reviewed the process for recording incidents and accidents and found them to be well managed. An incident/accident register was maintained which recorded comprehensive details of each incident/accident. The incidence of falls was below the national average with 12 falls recorded in the last six month period. The person in charge had completed a six-monthly falls audit, she also looked at trends such as number of falls, times of falls, staffing levels at the time and number of serious injuries as a result of falls. She was aware of her obligations to notify the Chief Inspector and all incidents had been reported to date. The person in charge told inspectors that the number of falls had decreased since auditing had commenced and that staff were now more aware and more vigilant regarding risk of falls.

The emergency plan was reviewed by inspectors who noted that the plan included clear guidance for staff in the event of a wide range of emergencies such as fire, flooding, power failure, communications failure and evacuation. Arrangements were in place locally for alternative accommodation in the event of the building having to be evacuated.

The person in charge showed inspectors a weekly report of information collected on areas such as numbers of residents with severe pain, pressure ulcers, use of restraint/ bedrails, psychotropic medicines, sleeping tablets, indwelling catheters, complaints, unexplained absences and significant events. She told inspectors that she reviewed this information each week to identify trends and improve practice.

Some improvements required

Inspectors reviewed a wide range of policies including those on medication management, health and safety, infection control, restraint, prevention and detection of elder abuse and managing behaviour that challenged. All policies were found to be very detailed, clear and comprehensive. Some were in draft format and some were not signed and dated. There was a process in place for staff to sign once they had read and understood them but, only a small number of staff had signed them. However, staff spoken to were knowledgeable regarding the policies.

The procedure for the management of residents' finances was examined by inspectors. The finances of seven residents were managed and small amounts of money were kept for safekeeping on behalf of other residents. Each resident's financial records were maintained securely by the administrator. While financial transactions were generally recorded clearly, not all transactions were signed by two persons and receipts were not available for all purchases, such as hairdressing receipts.

The process in place to manage complaints was generally good, but some further developments were required in order to comply with Regulations. The complaints procedure was displayed in a prominent position but incorrectly stated that appeals could be made to the Authority. Inspectors reviewed the statement of purpose and noted that it did not fully comply with the requirements of Schedule 1 of the Regulations.

Fire policies and procedures were reviewed by inspectors. Records indicated that all fire fighting equipment had been serviced in August 2010 and the fire alarm was serviced on a quarterly basis. Inspectors reviewed the fire register, records were maintained of daily fire alarm, fire panel and fire exits checks. Fire orders were displayed prominently throughout the building.

Significant improvements required

Documentation confirming that the building complies with the requirements of the statutory fire authority was not submitted with the application to register.

Not all staff had received fire safety training. Records indicated that all staff except for one staff nurse who usually worked at night time had received recent fire safety training. Staff spoken to confirmed they had received training and were knowledgeable on the issue. The person in charge stated she would make immediate arrangements to have this staff member receive fire training and confirmed to inspectors that this staff member would not be rostered on night duty until such time as training was completed.

Inspectors noted that some improvements were required to manage risk. There was a comprehensive health and safety statement and risk management policy in place. Risk assessments had been completed in 2009 but had not been updated or reviewed since. Inspectors noted that all risks had not been identified including risk of needle stick injuries and risks of moving and handling injuries.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Residents were treated with respect. Inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring and affectionate towards the residents.

Inspectors noted that the privacy and dignity of residents was respected. Screening curtains were fully closed when personal care was being delivered in shared rooms. Residents had individualised toiletries and wash basins stored at each bedside in their bedrooms.

Residents were offered a varied and nutritious diet. Some residents required special or modified diets and these needs were met. The quality and presentation of the meals was of a high standard. Residents commended the quality of the food and inspectors who sampled the food confirmed this. Staff and residents told inspectors that snacks and drinks were available throughout the day and night from the kitchen. Inspectors saw a variety of drinks and fruit platters in the day areas. Small refrigerated units, used to store a variety of drinks, and juices were provided in the two day rooms. A water dispenser was located in the front hallway and a new coffee/tea dispensing machine was located in a small alcove in the hallway where residents and visitors could help themselves at any time.

Inspectors observed the dining experience. Meals were served to residents in a number of locations. Some residents joined day-care attendees for lunch in the day-care centre, others had their meals in one of the two day rooms while other residents had their meals by their bedside. The dining room in the day-care centre was bright and residents sat at rectangular tables which supported good communication. Table settings were attractive with table cloths, centre pieces, serviettes and condiments. Staff had strived to improve the dining experience for those residents who dined in their bedrooms and in the two day rooms. Meals were served plated on trays from new enclosed trolleys which had both heated and refrigerated sections. The tray settings were attractive with tray cloth, serviette, condiments and separate sauce and gravy boats.

The daily menu was displayed in the dining room and throughout the building. The menu outlined the choices available each day for breakfast, lunch and evening meal. A selection of home baking was offered daily. Catering staff showed inspectors the three week rolling menu which they said was devised by the chef, dietician and HACCP coordinator and was reviewed and changed on a three-monthly basis. Staff and residents were observed to chat to one another over lunch and the atmosphere was relaxed and unhurried. Staff were observed to encourage residents to eat independently and offered assistance discreetly. Other staff were observed to sit beside residents who required assistance with eating.

Staff strived to meet residents' needs for social engagement and occupation in a meaningful way. A clinical nurse specialist (CNS) in Diversional Therapy was employed. The schedule of planned events and activities were displayed in the main hallway. A social assessment was completed for each resident which detailed resident's interests and hobbies. The CNS in Diversional Therapy told inspectors that she tried to incorporate and take account of all residents' interests when reviewing and developing the social activities programme. The programme of social events included, gentle hand massage, exercise programmes, life stories sessions, quizzes, crosswords, proverbs, current affairs, newspapers, arts and crafts, music events and seasonal events such as Halloween and Easter.

A number of volunteers had been recruited since the last inspection and they assisted with the activities programme on a daily basis. During the inspection inspectors observed volunteers having one to one chats with residents, assisting residents to go for walks, reading the newspapers to residents and facilitating gentle exercises to music. Residents spoken to told inspectors that it was great having the help of the volunteers and great to have people to chat with.

Inspectors spoke with the CNS who outlined a number of projects which had been completed and some that were ongoing. These included the Young Social Innovations project involving the local transition year students focusing on exercise and health promotion. Another project 'Transforming Identity' had been recently completed, it involved a local artist and residents participating in shared creative activities. The CNS told inspectors that it was of particular benefit to residents with cognitive impairment as it resulted in positive therapeutic outcomes such as making connections with emotional memories, reducing anxiety and finding new ways to connect and communicate. The information gathered was very person-centred and was shared with staff and relatives. The CNS also told inspectors of the Active Citizens project which was funded by the VEC and focused on the history of democracy and voting in Ireland. Two laptop computers were available for residents use. Some residents used the computers and transition year students were available to assist residents if they wished.

Inspectors noted that residents' autonomy and independence were promoted and residents were encouraged to remain active. Staff and volunteers were observed encouraging and assisting residents to mobilise and walk to the dining room and bathrooms. Residents confirmed that staff assisted them to go for walks both inside and outside in the garden when the weather was warm. There was a daily exercise programme and many of the residents spoke of enjoying attending the class.

Residents' religious and political rights were facilitated. The person in charge informed inspectors that all residents were Roman Catholic. Mass took place fortnightly, the local Chaplin led daily prayers in the oratory and distributed Holy Communion to all residents throughout the building and inspectors observed this during the inspection. The person in charge advised inspectors that arrangements were in place for residents of different religious beliefs. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during the recent national elections and residents confirmed this to be the case.

Residents maintained strong links with the local community and they told inspectors how they were encouraged to attend family occasions. Some residents were facilitated to go on outings with the day-care attendees particularly during the summer months. Residents had daily contact with the people attending the day-care centre and some residents told inspectors that they enjoyed meeting and getting the local news from them. Volunteers from the local area visited every day and provided good links with the local community. The local transition students, local choir, musicians and artists also visited.

Residents expressed satisfaction with the laundry service. All personal clothing was individually and discreetly labelled. The laundry service was provided locally in a private launderette. Residents and staff confirmed that following a recent review of laundry services, improvements were made and clothing did not go missing or get mislaid.

The person in charge and staff told inspectors that there were currently no residents with behaviour that challenged. All staff were knowledgeable on how to deal with behaviour that challenged and confirmed that they received recent training on the issue.

Significant improvements required

Inspectors observed one instance of a resident's dignity and privacy not being observed in the day-care centre dining room. The nurse was observed about to give an injection to a person while he was seated with others at the dining room table. When the inspector was seen entering the room, the nurse was told not to administer the injection by another nurse.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

One inspector accompanied the nurse on the midday medication round. The nurse was a qualified Nurse Prescriber. The nurse demonstrated her competence and knowledge when outlining procedures and practices in medication management. The policy on nurse prescribing was reviewed by the inspector and found to be very comprehensive and gave clear guidance to staff.

Medications requiring strict controls were appropriately stored and managed. The inspector saw that these were stored in a double locked cupboard in the locked clinical room. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy.

All residents had access to General Practitioner (GP) services. A local GP was employed by the HSE to provide medical care to all residents. The out-of-hours GP service was located in the adjoining building and easily accessible if required.

The GP visited daily to review residents' and medical records confirmed this. The medication charts confirmed that all medications were reviewed on a three-monthly basis. Residents staying for short respite breaks were also reviewed by the GP on the day of admission. All residents were screened on admission for Methicillin-Resistant *Staphylococcus Aureus* (MRSA). Inspectors met with the GP and a medical student during the inspection. He confirmed that he visited daily, outlined the out-of-hours arrangements and confirmed that he reviewed all residents and their medications on a three-monthly basis.

The inspectors noted that all residents had access to a wide range of health professionals and the records of appointments and referrals were maintained on the residents file. The person in charge outlined the services available. The community physiotherapist attended the day-care centre on a daily basis and residents could avail of this service on referral from the GP. The chiropodist visited twice-monthly. Speech and language therapy was available on a monthly basis on referral from the GP. The Occupational therapist (OT) was based in the building and all residents could be referred to the service. There was a bi-weekly wound care clinic in the adjoining day-care building and residents could access this service if required. Dietary advice was available from locally based dieticians. Dental services were available at the local

HSE clinic and residents were referred to a private optician in the local town. The person in charge spoke of the strong links with the psychiatry of later life team who visited the day-care unit on a weekly basis. She told inspectors that they currently were not attending to any of the residents but were available when requested to review any resident.

Inspectors reviewed the comprehensive end-of-life and palliative care policy. The person in charge outlined how they could access the Milford Hospice team for palliative care via GP referral. She stated that families were facilitated to stay if they wished with their relative, reclining chairs and small sitting room/kitchenettes were provided in the palliative care suites. Staff confirmed that they had received training in the use of syringe drivers to effectively manage pain and in administration of subcutaneous fluids.

Inspectors reviewed a sample of residents' files including the files of residents with wounds, residents receiving palliative care and residents requiring full nursing care. Records were clearly maintained and information was easy to access. Biographical details and a comprehensive nursing assessment were completed for residents on admission. A social assessment was completed for residents which included details of residents past and current interests and hobbies. Up-to-date individual risk assessments were carried out for prevention of falls, risk of developing pressure ulcers and manual handling. Weight loss was closely monitored, residents were nutritionally assessed using a validated tool and all residents were weighed monthly. Advice was sought from both the GP and a private dietician for those residents who were identified as being at risk of weight changes. Some residents were prescribed nutritional drink supplements when assessed as needing them. The care plans in place were found to be detailed, individualised and person-centred. Relatives had signed to acknowledge their involvement in residents care plans.

Some improvements required

The inspector reviewed the medication policy which was found to be comprehensive and gave clear guidance to nursing staff on areas such as medication prescribing, administration, 'as required' medication (PRN), transcribing, refusal and withholding of medications, medications requiring strict controls and medication errors. The medication policy did not provide guidance on specific areas such as administration of injections and anti-coagulation therapy. This was an area identified at previous inspection.

Inspectors reviewed a number of prescribing records and found them to be generally in accordance with best practice. However, the maximum dosage of PRN medications was not included by the Medical Officer.

Medication audits were being carried out both in-house and by the pharmacist. The person in charge had audited the practices of the nurse prescriber however the evidence of learning as a result of the audits was not documented.

There was one resident with two pressure ulcers. Inspectors found that the wounds were being well managed with photographs taken and an initial wound assessment completed. However, there was only one care plan in place for both wounds which made it difficult to ascertain the various interventions required for the two wounds. Detailed wound assessments and progress notes were recorded in the daily nursing notes but a separate wound assessment chart was not being completed at each change of dressing and therefore it was difficult to assess the progress of the wounds.

Inspectors noted that a comprehensive nursing assessment was completed for all residents on admission and thereafter a summary assessment was being completed on a three monthly basis. The summary assessment was not sufficient enough to provide comprehensive information on residents needs. Some residents had been discharged and readmitted. However, a comprehensive assessment had not been completed on readmission. This could result in some residents needs not being identified and updated.

Significant improvements required

Inspectors viewed the policy and procedure on the use of restraint which promoted a restraint free environment. Bedrails were in use for a number of residents. Consent forms and a risk assessment for the use of restraint had been completed. Duration and release times from the restraint had not been documented in accordance with the restraint policy. The person in charge told inspectors that training on the implementation of the policy was scheduled to take place in the near future.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The centre was well maintained internally and externally. Inspectors found it to be clean, bright, warm, comfortable and odour free. Inspectors noted that while the building had limitations with regard to space, size and layout, management had strived to improve the décor of all communal areas and bedrooms. The entire building had been repainted internally and new curtains had been provided in many areas. Dayrooms were more homely and domestic in character. New screening curtains and individual wardrobes and lockers including a lockable storage space have been provided for all residents.

Inspectors visited the recently completed new kitchen and found it to be clean, spacious and equipped to a high standard. A food safety management system was in place. There was a plentiful supply of foods available, both fresh and frozen, fruits and juices. Separate staff toilet facilities were provided for catering staff.

The inspectors noted that infection control practices in hand hygiene were robust. Inspectors reviewed the comprehensive infection control policy and detailed guidelines on hand hygiene, use of gloves, aprons and masks, management of spillages of blood and other bodily fluids as well as the disposal and segregation of healthcare waste. Wall mounted dispensers containing hand sanitising gel were located at the front entrance and throughout the building. Suitable signage was in place reminding people to use the hand gel and staff were observed being vigilant in their use. Many staff had received training in hand hygiene and infection control and training records confirmed this. Staff were knowledgeable in the management of infection control.

Two fully equipped sluice rooms with stainless steel fittings and bedpan washer were provided. Colour coded laundry storage bins/bags had been provided to segregate soiled laundry, personal clothing and enhance infection control practices. A separate laundry area was provided for the washing and drying of mop heads. All cleaning chemicals were securely stored.

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

Separate changing facilities had been provided for nursing and care staff.

Residents had access to mature well maintained gardens surrounding the building. Seating benches and garden furniture were provided for residents use. Residents confirmed that they enjoyed going for walks and sitting outside in warm weather. The person in charge told inspectors that a gate was ordered for one garden/patio area to ensure that a secure garden area would be available.

Some improvements required

While additional storage space was provided externally, inspectors noted that some equipment was being stored in bathrooms and large laundry trolleys were being stored in the corridors. This impacted on residents' space in bathrooms and restricted walking space on corridors.

Significant improvements required

The physical environment presented a major challenge to the provider in complying with the requirements of the Regulations and the Standards.

There was no dining room available to residents other than the day-care dining room and this impinged on residents' quality of life. Inspectors observed residents eating their meals from a bed-table at their bedside or from a bed-table in one of the small day rooms. This arrangement did not allow the dining experience to be an enjoyable, social and interactive occasion.

Inspectors noted there was limited communal, private and recreational space for residents and visitors. There was no separate room for residents to meet visitors in private and there was no separate smoking room. The entrance conservatory was designated as the smoking area which impacted on other residents comfort, and on visitors who had to pass through this area when entering and leaving the building. Residents confirmed that the limited space impacted on their choice, comfort and ability to have quiet private time either alone or with relatives.

Residents, and visitors who wished to access the two day rooms, had to go through the large multi-occupancy bedrooms in order to do so. This impinged upon the privacy and dignity of residents residing in these bedrooms.

Inspectors noted that the size and layout of the multi-occupancy rooms would not comply with the requirements of the Standards by 2015. The provider told inspectors that they would be putting a phased plan in place with a view to complying with the requirements of the Standards.

Inspectors noted that a number of radiators in residents' bedrooms and day rooms had extremely hot surface temperatures. This posed a risk of burning to residents and was brought to the attention of the maintenance officer who turned the thermostat on the radiators down. Inspectors noted the temperature decreased quickly. However, staff, visitors and residents could turn the temperature up and this remained a risk.

There were no hand rails provided on the link corridor between the residential area and the day-care centre. This did not support residents who wished to walk independently.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors found that there was a culture of open positive communication taking place. Residents and staff were observed to know each other well. Residents knew staff by first names and were seen to converse easily with them. They also said that they could approach any member of staff if they had a concern or issue and were confident that it would be dealt with appropriately.

Staff members communicated with residents in an appropriate and meaningful way. For example, they took time to explain to residents what was happening, to ask where they would like to sit and what they would like to drink.

Staff told inspectors that all grades of staff, including the person in charge, communicated with each other on a daily basis. Staff confirmed that they liked working in the centre and that they could approach any member of management if they had a concern or issue. All staff told inspectors that the person in charge was very approachable and many commented on the good working relationships they had with one another.

Inspectors noted a visiting policy was in place which stated that visiting hours were unrestricted. An individualised visitors' book was located at each bedside and this helped communication between residents and family/friends. Relatives and friends wrote in the book each time they visited. This was particularly beneficial to residents with communication difficulties as it served as a reminder to the resident and relatives could also check to see who had recently visited.

Catering staff were able to show inspectors the formal documentation system which was used by staff to communicate residents' daily food choices. Nursing staff communicated any special dietary requirements to the chef. As a result, the chef knew the residents well and was familiar with their likes and dislikes.

A wide range of information was available and easily accessible to residents. Many notice boards were displayed throughout the building. The 'Thought for the week' was displayed, residents confirmed that it was changed weekly and that staff and

residents were asked to contribute. New signage had recently been provided in the main front hallway which gave clear directions in large print on the layout of the building.

There was a good range of books, newspapers and magazines available to residents in the front conservatory and a library of audio books was also available. Daily and local newspapers were supplied with no additional charge. Many of the residents were observed reading the newspapers and others confirmed that they looked forward to reading the daily papers. Residents and staff informed inspectors that the local 'Clare Champion' newspaper was available on tape and residents enjoyed listening to it. Volunteers were observed spending time reading to some residents.

Inspectors viewed the minutes of the recent residents' forum meeting which was held on 24 February 2011, nine residents had attended. The meetings were held three monthly and facilitated by the CNS. Issues discussed by residents included lack of smoking facilities, upgrading of toilets, food and menu choices, new notice boards, access to the 'Clare Champion' on tape and the recruitment of volunteers. Residents confirmed that many issues raised had been acted upon and were pleased to show inspectors the new large flat screen television in the front conservatory that had been provided as a result.

The CNS told inspectors that three of the volunteers were scheduled to take part in the National Advocacy Training programme which was taking place locally in the coming months. She said that following their training they would be available to act as advocates on behalf of the residents.

One inspector attended the morning handover. All nursing staff and the person in charge attended. An up-to-date account of all residents' conditions and progress were discussed. There was lengthy and detailed discussion on the new respite admissions including an account of discussions with home helps regarding the home environment.

The person in charge talked to inspectors about the continuing support they received from 'The Friends of Ennistymon'. Its specific role was to fundraise and work in partnership with management to deliver projects. Inspectors were told how the residents continued to benefit from the proceeds of their fundraising events. Many facilities had been upgraded with the assistance of this fundraising.

The complaints procedure was clearly displayed and a suggestions box was located in the front conservatory area, residents, relatives and staff could make suggestions or comments. Inspectors were shown the questionnaires that had been completed by a number of residents and relatives. The feedback was very positive, residents had commented on areas such as privacy and dignity, comfort at night time, communication with staff, quality and choice of meals, standard of laundry, cleanliness, and care given.

Minor improvements required

Inspectors noted that multi-task attendants did not attend the handover meeting and there was no formal arrangement in place to communicate information regarding residents' up-to-date condition. Multi-task attendants told inspectors that information was usually passed on by the nursing staff in an informal way only. This posed a risk to residents in the event that some information regarding their care needs or dietary needs might not be communicated to all staff.

Inspectors reviewed the minutes of staff meetings and noted that formal meetings were not held on a planned regular basis. The last staff meeting with nurses took place on 2 March 2011 and the previous meeting in July 2010. The last support staff meeting took place on 17 February 2011 and the previous meeting was held in September 2010. The minutes of all meetings were typed and displayed for staff not in attendance on the day. Staff spoken to confirmed that formal staff meetings were held occasionally but that information was shared and issues were discussed informally on an ongoing basis. The person in charge told inspectors that she intended having more regular planned staff meetings in the coming year.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs.

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

On the day of inspection, there was an adequate ratio of staff to residents on duty throughout the day. Residents' dependency levels were assessed using a validated tool. There were usually five nurses and three multi-task attendants on duty during the daytime and two nurses and one multi-task attendant on duty at night time. Residents and relatives stated that they were satisfied with the level of staffing.

Inspectors spoke with staff who said that they were happy with their work and that their personal relationship with the residents was a key aspect of job satisfaction for them. Staff files indicated low rates of turnover. Many staff interviewed confirmed that they had been employed in the centre for numerous years.

Inspectors reviewed the comprehensive staff induction policy. Staff and volunteers confirmed that they had received adequate induction and mentoring on commencement of employment. Records of induction training were maintained in staff files. One inspector reviewed the records which contained details of the core areas that staff were expected to understand during their induction such as health and safety, fire management, confidentiality, prevention and detection of elder abuse, dignity of residents, policies and moving and handling training. Staff told inspectors that they were satisfied with the level of induction training received.

The person in charge demonstrated a strong commitment to the training and development of staff. She stated that she viewed this as a way of ensuring that staff were able to provide an effective service for residents. Training records reviewed by inspectors confirmed that staff training had focused on enhancing clinical nursing skills. This resulted in unnecessary transfer of residents to hospital for procedures such as treatment of dehydration and pain management. Staff agreed that the provision of on-going professional development was tailored to meet the needs of the service provided. Training records for 2010/2011 indicated that one staff nurse had trained as 'Train the Trainer' and 12 staff had completed the training in crisis prevention intervention which focussed on the management of behaviour that challenged. Seventeen staff had completed risk management training, all staff had regular training in infection control and catering staff and multi-task attendants had

completed food hygiene and food safety training. Two nurses were currently completing 'Six Senses' training programme which focused on developing person centred care by stimulating the six senses, security, continuity, belonging, purpose, achievement and significance. One nurse was completing a clinical leadership course. Further training was scheduled in infection control and cardiac pulmonary resuscitation (CPR). Seven multi-task attendants had completed Further Education and Training Awards Council (FETAC) Level 5 training programme.

All nursing staff registration numbers were available and up-to-date. Garda Síochána vetting was available for all staff.

Inspectors reviewed the files of a number of volunteers. The files were found to contain records of induction training, mandatory training and all of the required documentation including three references and Garda Síochána vetting.

Some improvements required

The person in charge told inspectors that there was no recruitment policy available as all recruitment took place centrally in the HSE human resource department. Inspectors reviewed a number of files for existing staff. The files did not contain all of the documents as required by the Regulations such as medical declarations and three written references for all staff.

The person in charge confirmed that the multi-task attendant role was task-focused and was not person-centred. While inspectors noted an adequate ratio of staff to residents on the day of inspection, the provider and person in charge stated that the single major challenge they faced was the on going provision of adequate numbers of staff. This was due to the HSE moratorium on staff replacement and recruitment. Risk assessments undertaken in the recent past had identified a shortage of staff which posed a risk to residents. The person in charge and staff told inspectors that availability of agency staff was at times unsatisfactory. While most of the multi-task attendants had undertaken FETAC Level 5 healthcare support programme they were not involved in providing direct care to residents except to assist at mealtimes. Their responsibilities were primarily cleaning and laundry duties. When questioned the multi-task attendants were knowledgeable and told inspectors that they would like to develop their role in providing a higher level of resident care. The person in charge said she intended to review the work organisation with a view to introducing a more person-centred approach to care and in light of the ongoing difficulties in providing adequate numbers of staff.

Minor improvements required

There was no formal staff appraisal system in place therefore, staff development, training needs and how staff could contribute to improving the quality of service could not be identified.

Closing the visit

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

Acknowledgements

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

Report compiled by:

Mary Costelloe

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

18 April 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
29 and 30 September 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
18 February 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Ennistymon Community Nursing Unit
Centre ID:	0608
Date of inspection:	12 and 13 April 2011
Date of response:	17 June 2011

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 provider has failed to comply with a regulatory requirement in the following respect:

Documentation confirming that the building complies with the requirements of the statutory fire authority was not submitted with the application to register.

Action required:

Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

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>A Fire Risk Assessment has been undertaken. Remedial works to be completed by July 2011. Certificate to be issued to the Authority.</p>	<p>August 2011</p>

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Records indicated that one staff nurse who usually worked at night time had not received recent fire safety training.</p>	
<p>Action required:</p> <p>Provide suitable training for staff in fire prevention.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Training provided</p>	<p>Completed</p>

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Risk assessments had not been updated /reviewed since 2009. Inspectors noted that all risks had not been identified including risk of needle stick injuries and risk from moving and handling injuries.</p> <p>Inspectors noted that a number of radiators in residents' bedrooms and sitting rooms had extremely hot surface temperatures. This posed a risk of burning to residents.</p>	
<p>Action required:</p> <p>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.</p>	

Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Risk Assessments completed in 2009 have been updated, documentary evidence available to support this. Risk of needle stick injuries and risk from moving and handling injuries is managed and the risk has now been entered into risk register to provide evidence of same. Risk in relation to radiators entered in risk register. Technical Services have provided thermostatic valves to all radiators. Technical Services are sourcing valves with a lock out facility to prevent radiators being turned up to an unsafe temperatures.	Ongoing Completed Completed June 2011

4. The provider has failed to comply with a regulatory requirement in the following respect: The medication policy was not up to date and it did not provide guidance on specific areas such as administration of injections and anti-coagulation therapy.	
Action required: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

Provider's response: Written guidelines on the specified areas of administration of injections and anti-coagulation therapy will be introduced.	June 2011
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5. The provider has failed to comply with a regulatory requirement in the following respect:

A comprehensive assessment for the use of restraint had not being undertaken and duration and release time from the restraint had not been documented in accordance with the restraint policy.

Action required:

Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

Reference:

- Health Act, 2007
- Regulation 25: Medical Records
- Standard 10: Assessment
- Standard 13: Healthcare

Please state the actions you have taken or are planning to take with timescales:	Timescale:
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Provider's response: National role out of this policy through a train the trainer programme will commence in June. A nurse from this hospital has agreed to become a trainer and will be trained in June 2011. Managements training priority at local level will be to have all staff trained.	June 2011 June 2011 August 2011
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6. The provider has failed to comply with a regulatory requirement in the following respect:

The maximum dosage of PRN medications was not included in the prescriptions by the Medical Officer.

Action required:	
Maintain, in a safe and accessible place, a record of each drug and medicine administered in respect of each resident, giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by a medical practitioner and the nurse administering the drugs and medicines in accordance with any relevant professional guidelines.	
Reference:	
Health Act, 2007 Regulation 25: Medical Records Standard 13: Healthcare Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The Medical Officer has completed an audit of the PRN medications to ensure the maximum dose is stated.	Completed
The Director of Nursing will audit all PRN medication prescriptions to ensure compliance to this requirement	Ongoing

7. The person in charge has failed to comply with a regulatory requirement in the following respect:
There was one resident with two pressure ulcers however there was only one care plan in place for both wounds. A wound assessment was not being completed at each change of dressing and records of dressing changes were maintained in the residents daily nursing notes which may it difficult to assess the ongoing progress of the wounds.
Action required:
Set out each resident's needs in an individual care plan developed and agreed with the resident.
Reference:
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Each wound has an individual care plan and records of dressing changes are now maintained with the care plan to assist staff to assess the ongoing progress of the wounds.</p> <p>A wound assessment chart will be introduced with an updated wound policy and education for staff in the use of the same.</p>	<p>Ongoing</p> <p>September 2011</p>

<p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The inspector observed one instance of a resident's dignity and privacy not being respected in the day-care centre dining room. The nurse was observed about to give an injection to a person while he was seated with others at the dining room table.</p> <p>Residents, and visitors who wished to access the two day rooms, had to go through the large multi-occupancy bedrooms in order to do so. This impinged upon the privacy and dignity of residents residing in these bedrooms.</p>	
<p>Action required:</p> <p>Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Injections are given in privacy.</p> <p>The development control plan will remove the two day rooms from use.</p>	<p>Completed</p> <p>Ongoing</p>

9. The provider has failed to comply with a regulatory requirement in the following respect:

The physical environment presented a major challenge to the provider in complying with the requirements of the Regulations and the Standards.

There was no dining room available to residents other than the day-care dining room which resulted in many residents having to remain at their bedside for meals. This impinged on residents' quality of life.

Inspectors noted there was limited communal, private and recreational space for residents and visitors. This resulted in many residents having to remain in their bedrooms for most of the day.

There was no separate room for residents to meet visitors in private and there was no separate smoking room.

Some equipment was being stored in bathrooms and large laundry trolleys were being stored in the corridors. This impacted on residents' space in bathrooms and restricted walking space on corridors.

Inspectors noted that the size and layout of the multi-occupancy rooms would not comply with the requirements of the Standards by 2015. There was no plan as yet in place with a view to complying with the requirements of the Standards.

Action required:

Develop a plan for the physical design and layout of the premises to meet the needs of each resident.

Action required:

Provide adequate sitting, recreational and dining space separate to the residents' private accommodation.

Action required:

Provide adequate dining space separate to the residents' private accommodation.

Action required:

Provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area which is separate from the residents' own private rooms.

Provide suitable storage facilities for equipment.

Action required:	
Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Technical Services have been requested to provide rails. The rails will be installed.	July 2011

11. The provider has failed to comply with a regulatory requirement in the following respect:	
Inspectors reviewed the statement of purpose and noted that it did not fully comply with the requirements of Schedule 1 of the Regulations.	
Action required:	
Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.	
Reference:	
Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The statement of purpose will be reviewed and amended to meet the regulatory requirement.	July 2011

<p>12. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Some policies were in draft format and some were not signed and dated. There was a process in place for staff to sign once they had read and understood them however, only a small number of staff had signed them.</p>	
<p>Action required:</p> <p>Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>All of the written and operational policies listed in Schedule 5 of the Regulations are in place.</p>	<p>Completed</p>

<p>13. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The complaints procedure was displayed in a prominent position but incorrectly stated that appeals could be made to the Authority.</p>	
<p>Action required:</p> <p>Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

<p>Provider's response:</p> <p>The sign has been reviewed in June 2011 and it now clearly states the appeals process with no reference to the Authority in the appeals section. The Residents' Guide will be reviewed to include this.</p>	<p>June 2011</p>
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14. The provider has failed to comply with a regulatory requirement in the following respect:

All transactions of residents finances were not signed by two persons and receipts were not available for all purchases, such as hairdressing receipts.

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.

Reference:

Health Act, 2007
 Regulation 6: General Welfare and Protection
 Standard 9: The Resident's Finances

Please state the actions you have taken or are planning to take with timescales:	Timescale:
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<p>Provider's response:</p> <p>All transactions from May 2011 are signed by two persons and receipts for all purchases including the hairdresser are available from this date.</p> <p>Director of Nursing will audit quarterly.</p>	<p>Completed</p> <p>Ongoing</p>
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15. The provider has failed to comply with a regulatory requirement in the following respect:

There was no copy of the recruitment policy available.

Inspectors reviewed a number of files for existing staff. The files did not contain all of the documents as required by the Regulations such as medical declarations and three written references for all staff.

Action required:	
Put in place written policies and procedures relating to the recruitment, selection and vetting of staff.	
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 have been obtained in respect of each person.	
Reference:	
Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The recruitment policy is on site and has been available since January 2010.</p> <p>An audit of personnel files has been completed in June 2011.</p> <p>Any documents specified in Schedule 2 that are not on file have been requested from Human Resources or the member of staff.</p>	<p>Completed</p> <p>August 2011</p>

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 24: Training and Supervision	Consider putting in place a staff development and appraisal policy.
Standard 10: Assessment	Consider a formal means of communicating on residents' daily progress to all staff.
Standard 29: Management Systems	Consider more regular, planned and formal staff meetings.

Any comments the provider may wish to make:

Provider's response:

None

Provider's name: Teresa Bulfin

Date: 17 June 2011