

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 Cailíocht Sláinte

Centre name:	Elmgrove Nursing Home
Centre ID:	0035
Centre address:	Syngefield
	Birr
	Co Offaly
Telephone number:	057 91 21205
Fax number:	057 9120902
Email address:	None supplied
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Catherine Gallagher
Person in charge:	Catherine Gallagher
Date of inspection:	2 March 2011
Time inspection took place:	Start: 09:30 hrs Completion: 16:30 hrs
Lead inspector:	Sheila Doyle
Support inspector:	N/A
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 on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken following a change in circumstances; for example:

- following a notification to the Health Information and Quality Authority's Social Services Inspectorate 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 well-being 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

Description of services and premises

Elmgrove Nursing Home is a two-storey period residence set on four acres of mature gardens. The centre has 24 places for older people and offers residential and convalescent care. The admissions policy precludes people with a diagnosis of dementia from taking up residence. There were 14 residents on the day of inspection and all were over 65 years of age.

The facility is maintained to a high standard. A double front door opens into an entrance hall, with the day-room to the right and the dining room to the left. The large day-room is furnished with comfortable seating and has a large screen television set, sideboard and a piano. A second double door with stained glass panels opens into a hallway with a winding staircase. The nursing office is at the foot of the stairwell. There is one twin and six single bedrooms, five toilets and two specially adapted bathroom/shower rooms on the ground floor. Toilets are located close to the day and dining rooms. All bedrooms are spacious, however, there are no en suite facilities available. The laundry, sluice and treatment room are on the ground floor. The kitchen and catering staff facilities are situated beside the dining room.

A second staircase has a chair lift to the first floor which has 10 spacious single bedrooms. Five single bedrooms are up a further four steps and are not accessible by the chair lift. These rooms are offered to residents who can access the stairs independently. There are two assisted showers with toilets, a bathroom and two additional toilets on the first floor. There is also a large, elegantly furnished day-room and a suite with a bedroom, a bathroom, lounge and kitchenette on the first floor.

Parking is provided at the front and the side of the building.

Location

Elmgrove is situated on the Kinnity Road and is within walking distance of Birr town in County Offaly.

Date centre was first established:	1 September 1988
Number of residents on the date of inspection	14
Number of vacancies on the date of inspection	10

Dependency level of current residents	Max	High	Medium	Low
Number of residents	2	5	7	0

Management structure

The centre is owned by Catherine Gallagher who is the Provider and also the Person in Charge. She will be referred to as the Person in Charge throughout this report. The Person in Charge is supported by a full-time senior nurse who deputises in her absence. Staff nurses, care assistants, catering and cleaning staff all report 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	1	2	2	1	0	0

* The person in charge was off duty but came in to meet the inspector.

Background

A registration inspection was carried out on 10 May 2010. While areas for improvement were identified, overall inspectors found that the person in charge met 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*.

Inspectors were satisfied that residents were safe and enjoyed a good quality of life. There was a good standard of healthcare provided. General practitioners (GPs) provided a satisfactory medical service and residents had access to a wide range of acute and community healthcare services.

However, medication prescribing and administration practices required some improvement and there were some significant gaps in the management of governance and health and safety issues.

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

Summary of findings from this inspection

This second inspection was unannounced and focused on the areas where improvements were required from the registration inspection carried out in May 2010.

The inspector found that four of the actions from the inspection of May 2010 had been fully addressed, seven were partially completed and a further three were not completed within the agreed timescale.

Training had been provided for staff and additional programmes were being sourced. Medication practices had improved but additional issues were identified which required improvements. The improvements required relating to the premises had been completed including increased provision of storage and lockable facilities for residents.

Many of the actions plans relating to the assessment of residents' needs, care planning and the use of policies to guide practice had not been fully completed. The inspector was concerned about the use of bedrails. There was no evidence of a comprehensive assessment being undertaken or of alternatives being considered. Nutritional assessments were undertaken but again the results were not being used to formulate a plan of care for the residents. The person in charge was required to take immediate action to implement and document appropriate interventions to manage residents who had fallen, were at risk of pressure ulcer development, malnutrition and presented with behaviours that challenged.

A formal staff induction or performance management system was not in place and staff files still did not meet the requirements of the Regulations. There were no procedures in place for the collection of data for the purposes of continuous quality improvement.

These, along with additional issues identified at inspection, are addressed in the Action Plan at the end of this report.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide for each staff member the information and documents specified in Schedule 2 of the Regulations.

Some work had been done on this action.

The recruitment policy did not meet the requirements of the Regulations. For example, it specified that two references were to be obtained whereas the Regulations require three.

The inspector examined four staff files. Evidence of physical and mental fitness and application for Garda Síochána vetting was available on all. However, the files did not contain photographic identification or full employment history. Three written references were in two files and two references in the other two.

2. Action required from previous inspection:

The person in charge must familiarise herself with, and put into operation, all health and safety policies.

Ensure that all staff are aware of health and safety and risk management policies and use them to inform practice.

This action was partially completed.

The person in charge had employed an external company to develop the relevant policies on health and safety. However, these policies had not been implemented and she had not familiarised herself with their content and they were not used to guide practice. A health and safety representative was not identified and roles and responsibilities were not outlined. Hazard analysis was not undertaken as described in the policy. Hazard identification sheets were provided but were not completed. There was no action plan in place to examine how the control measures would be implemented and audited.

The risk management policy was developed but was not implemented. Clinical risk assessments were introduced and the inspector read where assessments for falls, pressure ulcers and nutritional risk were routinely carried out. However, the information gathered was not being used to inform practice or learning. For example, although incidents and accidents were documented, the information was not audited and used to minimise the risk of reoccurrence.

3. Action required from previous inspection:

Provide all policies required by the Regulations.

Review the operating policies and procedures to ensure they are specific to the requirements of the centre.

Develop a system of implementation so that staff understand and implement all policies, procedures and guidelines.

This action was partially complete.

All policies required by the Regulations were in place and were centre-specific. However, a system of implementation where staff could read and understand all policies was not in place. The inspector spoke to staff members who said that while they had read some of the policies they were not aware of the content of others. The inspector noted that the policies were not being used to guide practice.

4. Action required from previous inspection:

Put in place suitable arrangements, appropriate procedures and written policies in accordance with current Regulations, guidelines and legislation for the ordering, prescribing storing and administration of medication and disposal of unused or out-of-date medicines.

Put systems in place ensure that drugs which require extra safety procedures are checked at each change of shift.

This action was partially complete.

Medications which require extra safety procedures were checked at the end of each shift by two nurses, one from each shift and the balances were recorded. The inspector checked the balances and found them to be correct.

The medication management policy had been updated to include guidelines on the management of as required (PRN) medications, disposal of medications and the crushing of medication.

However, the inspector was concerned that two medication management practices observed could impact on the safety of residents:

- medications were prescribed for 8.00 am and the staff nurse spoken with confirmed that these medications were administered at 8.00 am. However, the nurse signed the administration record stating that the medications were administered at 10.00 am. This discrepancy could increase the risk of medication error

- the inspector noted that some residents were prescribed nutritional supplements. The nurse confirmed that the residents received the supplements. However, the nurse did not sign the administration record to indicate that they were administered which also posed a risk of error.

5. Action required from previous inspection:

Ensure that risk assessments are completed appropriately and include all the required information.

Put in place system whereby issues such as falls risks or use of restraint are addressed in the care plan.

Implement a system for the assessment of residents who present with behaviours that challenge to identify factors which may have triggered the behaviours.

This action was partially completed.

Risk assessments had been introduced and the inspector saw that these were completed for residents on areas such as falls, pressure ulcers and malnutrition. However, residents did not have a care plan in place to manage any of the risks identified.

The inspector read the care plan of a resident who was identified as very high risk of developing pressure ulcers. There was no plan in place to address this risk. However, the inspector did note that the staff spoken with were knowledgeable of the risk and appropriate assistive equipment was in place.

The inspector read the care plan of a resident who had fallen and had been assessed as high risk and noted that there was no plan in place to address this risk.

The inspector also read a care plan of a resident who was seen to be using bed rails. A consent form was signed but a risk assessment had not been completed and there was no evidence that alternatives had been considered or that the use of bed rails was being reviewed.

Another resident who presented with behaviour that challenged did not have appropriate assessments completed to identify factors which might trigger the behaviour. A policy was in place which outlined the procedure to follow including appropriate assessment and identification of possible trigger factors. Staff spoken with were not aware of the contents of the policy.

These issues were discussed with the person in charge and she was required to take immediate action. She was required to submit the completed care plans to the Authority within 21 days.

6. Action required from previous inspection:

Provide increased education and training opportunities for staff in accordance with contemporary evidence based practice to suit the needs of the residents.

This action was partially completed.

The inspector read the training records which indicated that all staff had attended a training session on recognising and responding to elder abuse in October 2010. All nurses had attended a medication management course in June 2010. Part one of training on the use of a malnutrition screening tool was undertaken by the nurses. The person in charge was awaiting confirmation of the date for the second part of this training to be provided. She had also applied for places on upcoming courses on the use of restraint and nursing documentation. However, staff spoken with did not demonstrate up to date knowledge of issues such as nutrition management, care planning or the assessment for people with challenging behaviour.

7. Action required from previous inspection:

Provide and implement a policy on nutrition to reflect current evidence based practice.

Put a system in place to routinely monitor residents' weight.

Provide foot plates for wheelchairs.

This action was partially completed.

A policy on nutrition which reflected current evidence based practice was developed and a system was implemented whereby all residents were assessed for risk of malnutrition using a validated tool. The inspector read care plans of residents who had been assessed as being at risk of malnutrition and noted that intervention strategies were not recorded in the care plan. Staff spoken with were knowledgeable about the needs of the resident and outlined what they did to ensure the nutritional requirements were met. However, this information was not recorded in the care plan.

These issues were discussed with the person in charge and she was required to take immediate action. She was required to submit the completed care plans to the Authority within 21 days.

Foot plates for wheelchairs had been provided.

8. Action required from previous inspection:

Establish and maintain a system for reviewing the quality and safety of care provided and the quality of life of residents in the centre.

This action was not completed.

There were no procedures in place for the collection of data for the purposes of continuous quality improvement.

9. Action required from previous inspection:

Install suitable locks on bathroom and toilet doors.

This action was completed.

All bathrooms and toilets had a locking device.

10. Action required from previous inspection:

Put in place written operational policies, procedures and practices relating to infection control and train all staff members in those procedures.

Install a bedpan washer.

Provide changing facilities for staff.

Ensure that kitchen staff only use the facilities provided for catering staff.

Remove cloth towels from all communal bathrooms and toilets.

This action was completed.

Written operational policies, procedures and practices relating to infection control were in place and staff were observed to be diligent in hand-washing techniques.

Appropriate sluicing facilities were installed and a staff member showed the inspector the correct procedure for use.

Additional changing facilities had been provided.

The inspector saw that the facilities provided for catering staff were only used by catering staff.

The inspector checked the communal bathrooms and toilets and there were no cloth towels in use.

11. Action required from previous inspection:

Provide suitable storage facilities for equipment.

Provide residents with private lockable storage space.

This action was completed.

Additional storage space had been provided and the inspector saw that equipment was safely stored.

Each resident had been provided with lockable storage space in their bedside locker.

12. Action required from previous inspection:

Ensure that an up-to-date record of residents, called the "directory of residents", is established and maintained in relation to every resident in a designated centre in an electronic or manual format.

This action was completed.

An up-to-date directory of residents was maintained which contained all the information required by Schedule 2 of the Regulations.

13. Action required from previous inspection:

Use a validated assessment tool to plan the staffing levels and skill-mix in order to meet the needs of residents.

This action was not completed.

The person in charge did not formally assess and record residents' dependency levels to inform staffing requirements. Adequate staff were in place at the time of inspection but this was based on set rosters rather than the assessed needs of residents.

Best practice recommendation from previous inspection:

Maintain appropriate records to reflect staff induction, appraisal and professional development.

Develop and implement a system for performance management which is linked to professional development for staff.

Develop and implement a formal induction programme.

These actions were not completed.

The person in charge told the inspector that as yet a formal induction, appraisal or professional development plan was not introduced. She outlined that she frequently discussed progress and training needs with staff but no records were maintained.

Best practice recommendation from previous inspection:

Provide staff with name badges.

Staff had been provided with name badges and the inspector saw that they were being worn.

Best practice recommendation from previous inspection:

Put a system in place to make talking books and other assistive aids available for visually impaired residents.

This had been partially completed.

Sourcing of equipment was still underway but the material had not yet been provided.

Other issues identified at inspection:

Quarterly notifications had not been received by the Chief Inspector as required. This was discussed with the person in charge who undertook to return the required documentation immediately.

The inspector noted that the person in charge did not have access to a computer in the centre and no email address had been provided to the Authority. This was discussed with the person in charge and the inspector outlined the advantages of this including access to the Authority's website and on line assistance.

Report compiled by:

Sheila Doyle

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

4 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
10 May 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan



Provider's response to additional inspection report *

Centre:	Elmgrove Nursing Home
Centre ID:	0035
Date of inspection:	2 March 2011
Date of response:	6 April 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 person in charge has failed to comply with a regulatory requirement in the following respect:

Residents did not have a care plan in place to manage any of the clinical risks identified by assessment. The person in charge was required to take immediate action to address this issue.

Action required:

Ensure that risks assessments are completed appropriately and include all the required information.

Action required:

Put in place a system whereby issues such as risk of developing pressure ulcers, falls, and use of restraint are addressed in residents' care plans.

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

Action required:	
Implement a system for the assessment of residents who present with behaviour that challenged in order to identify factors which may trigger the behaviour.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Submitted 30 March 2011	To be submitted to the Authority on or before 30/03/11

2. The person in charge has failed to comply with a regulatory requirement in the following respect:	
Residents did not have a care plan in place to respond to the needs identified through malnutrition risk assessments. Immediate action was required to address this concern.	
Action required:	
Put in place a system whereby interventions for residents identified as being at risk of malnutrition are addressed in the care plan.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Submitted 30 March 2011	To be submitted to the Authority on or before 30/03/11

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

The recruitment policy did not meet the requirements of the Regulations.

Staff files did not contain photographic identification or full employment history. Three written references were in two files and two references in the other two.

Action required:

Put in place a recruitment policy that meets the requirements of the Regulations.

Action required:

Provide for each staff member the information and documents specified in Schedule 2 of the Regulations.

Reference:

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

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

Have taken on board the inspectors' comments, we have commenced a more comprehensive system for our staff recruitment which will comply with the Regulations listed above and expect to have this fully implemented by 30 May 2011.

30/05/2011

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

Medication practices were in place which posed a risk to the safety of residents. Medications were prescribed for 8.00 am and while the medication was administered at 8.00 am the nurse signed the administration record stating that the medications were administered at 10.00 am.

Some residents were prescribed nutritional supplements and residents received the supplements. However, the nurse did not sign the administration record to indicate that they were administered.

Action required:

Put in place a system where medications are administered at the times prescribed and appropriately recorded on the administration record.

Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: This was a printing error, 7.00 am was typed instead of 8.00 am, I fully explained this to the Inspector and it was immediately corrected. At no time did this pose a risk to the patients as the dispensing nurse was aware of time allocation. I have put in place a new Medication Management Sheet to ensure this will not occur again. All nurses have attended a study day on Medication Management by Laois/Offaly HSE.	Immediate

5. The person in charge has failed to comply with a regulatory requirement in the following respect: The health and safety policy identified the hazards and the control measures for food safety and safety of residents, visitors and staff. Hazard analysis was not undertaken as described in the policy. Hazard identification sheets were provided but were not completed. There was no action plan in place to examine how the control measures would be implemented and audited.
Action required: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.
Action required: Implement the written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.
Action required: Put in place a system so that all staff are aware of the contents of the policy.
Reference: Health Act, 2007 Regulation 30: Health and Safety Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>I have taken on board the Inspectors comments, and in my endeavours to be compliant, I am currently researching with an external consultancy an effective means to implement and measure this. I hope to have this implemented within three months.</p>	<p>27/07/2011</p>

<p>6. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The risk management policy was developed but was not implemented.</p> <p>The information gathered was not being used to inform practice and for learning.</p>	
<p>Action required:</p> <p>Implement the risk management policy throughout the centre.</p>	
<p>Action required:</p> <p>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.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures 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>With the our new Minimum Data Set Tool this will effectively measure and identify risks with our residents, along with the three-monthly and six-monthly audits, we feel this now complies with requirements. Minimum data set tool is being implemented for all residents. To be fully completed by 27 July 2011.</p>	<p>27/07/2011</p>

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

There was no system in place to ensure that all policies were implemented and understood by staff.

Staff were not familiar with the policies.

Action required:

Develop a system of implementation so that staff understand and implement all policies, procedures and guidelines.

Reference:

Health Act, 2007
Regulation 27: Operating Policies and Procedures
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

We do have a system in place to ensure that all policies are implemented and understood by staff, regrettably the documentation was not to hand on the day of inspection, this was explained to the inspector on the day of inspection.

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

There were no procedures in place for the collection of data for the purposes of continuous quality improvement.

Action required:

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

Reference:

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>With the our new Minimum Data Set Tool this will effectively review the quality and safety of care provided to, and the quality of life of residents in Elmgrove, along with the three-monthly and six-monthly audits, we feel this now complies with requirements. Minimum data set tool is being implemented for all residents. To be fully completed by 27 July 2011.</p>	<p>27/07/2011</p>
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9. The person in charge has failed to comply with a regulatory requirement in the following respect:

The person in charge did not formally assess residents' dependencies to inform staffing requirements.

Action required:

Use a validated assessment tool to plan the staffing requirements and skill-mix in order to meet the needs of residents.

Reference:

Health Act, 2007
 Regulation 16: Staffing
 Standard 23: Staffing Levels and Qualifications

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>With the our new Minimum Data Set Tool this will effectively assist in assessing the staffing requirements and skill-mix in order to meet the needs of residents in Elmgrove, along with the three-monthly and six-monthly audits, we feel this now complies with requirements. Minimum data set tool is being implemented for all residents. To be fully completed by 27 July 2011.</p>	<p>27/07/2011</p>
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10. The person in charge has failed to comply with a regulatory requirement in the following respect:

Staff spoken with did not demonstrate contemporary knowledge of issues such as nutrition management, care planning or the assessment for people with challenging behaviour.

Action required:	
Continue to provide increased education and training opportunities for staff in accordance with contemporary evidence based practice to suit the needs of the residents.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>With the our new Minimum Data Set Tool this will effectively assist in issues such as nutrition management and the assessment for people with challenging behaviour, along with the three-monthly and six-monthly audits, we feel this now complies with requirements.</p> <p>Intensive in-house training regarding all aspects of Care Planning and education are being implemented to meet the needs of our residents. Minimum data set tool is being implemented for all residents. To be fully completed by 27 July 2011.</p>	27/07/2011

11. The person in charge has failed to comply with a regulatory requirement in the following respect:	
Notifications were not received by the Authority within the timeframes allowed.	
Action required:	
Provide a written report to the Chief Inspector at the end of each quarter of the occurrence or otherwise in the designated centre of all matters required by the Regulations.	
Reference: Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>Apologies for delay of submitting same, Inspector was most helpful in advising if no incidents had occurred or minor incidents that the importance of submitting same was a regulatory requirement.</p> <p>I note my own failing on this but will endeavour to comply.</p>	
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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	<p>Maintain appropriate records to reflect staff induction, appraisal and professional development.</p> <p>Develop and implement a system for performance management which is linked to professional development for staff.</p> <p>Develop and implement a formal induction programme.</p>
	<p>Provider's response:</p> <p>I am currently seeking education and assistance in this area.</p>
Standard 18: Routines and Expectations	<p>Some residents would benefit from talking books and other assistive aids being available for visually impaired residents</p>
	<p>Provider's response:</p> <p>Every effort is being made to source talking books, especially local talking newspapers, which are proving very difficult, contact was made with Laois talking newspaper for the visually impaired and I am currently awaiting response.</p>

Any comments the provider may wish to make:

Provider's response:

I appreciate the advice and time the Inspector awarded us, both residents and staff found the Inspector very respectful and courteous.

Provider's name: Catherine Gallagher

Date: 6 April 2011