<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Our Lady of Consolation Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0079</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Arden Road</td>
</tr>
<tr>
<td></td>
<td>Tullamore, County Offaly</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>057 9321320</td>
</tr>
<tr>
<td>Fax number:</td>
<td>057 9321320</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:rosmycunningham@yahoo.ie">rosmycunningham@yahoo.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>☒ Private ☐ Voluntary ☐ Public</td>
</tr>
<tr>
<td>Registered providers:</td>
<td>Our Lady of Consolation Nursing Home Ltd.</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Rosmy Cunningham</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>15 March 2011</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td>Start: 10:30am Completion: 15:00pm</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector:</td>
<td>Carol Grogan</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>☐ Announced ☒ Unannounced</td>
</tr>
<tr>
<td>Purpose of this inspection visit:</td>
<td>☐ Application to vary registration conditions</td>
</tr>
<tr>
<td></td>
<td>☐ Notification of a significant incident or event</td>
</tr>
<tr>
<td></td>
<td>☐ Notification of a change in circumstance</td>
</tr>
<tr>
<td></td>
<td>☐ Information received in relation to a complaint or concern</td>
</tr>
<tr>
<td></td>
<td>☒ Follow-up inspection</td>
</tr>
</tbody>
</table>
About the inspection

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

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

Additional inspections take place under the following circumstances:

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

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

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

Description of services and premises

Our Lady of Consolation Nursing Home is a purpose-built, single-storey centre that opened in 1978 and has 25 places for residential, respite and convalescent care. There were 25 residents on the day of inspection. All of the residents were over 65 years of age and some residents had dementia related conditions.

The main entrance has two sets of double doors opening into a small foyer. This is a pleasant area with comfortable seating which is well used by residents and visitors. There is a small oratory, two public toilets, a staff room and an office beside the foyer.

Close to the entrance are two corridors referred to as the Holy Family Wing and St Emilie’s Wing. The Holy Family wing has four two-bedded and five single bedrooms located on the left side with two wheelchair assisted toilets and a wheelchair assisted bathroom on the right side. The laundry, linen storage room, sluice room and cleaning room are also located on the right hand side of this wing.

St. Emilie’s wing is a similar layout with three two-bedded and six single bedrooms on the right hand side and the sluice room, two assisted toilets and one assisted bathroom to the left side.

The central space between the two corridors accommodates the day-room, dining room and kitchen. There is an entrance to the day-room mid way down the corridors of both wings.

There is also a door from the day-room leading to a toilet and shower area. Just off the day-room is the duty room and nurses’ station.

Outside there is ample parking to the front and there are storage sheds to the rear.

Location

Our Lady of Consolation Nursing Home is situated within the town boundary of Tullamore, County Offaly. It is opposite the general hospital and close to all town amenities and services.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
<th>25 October 1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>25</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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## Dependency level of current residents

<table>
<thead>
<tr>
<th>Dependency level</th>
<th>Max</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents</td>
<td>5</td>
<td>6</td>
<td>9</td>
<td>5</td>
</tr>
</tbody>
</table>

## Management structure

The centre was previously owned by a sole trader. It is now owned by a company - Our Lady of Consolation Nursing Home Ltd and has two Directors. Rosmy Cunningham is the nominated Provider and she is also the Person in Charge. She will be referred to as the Person in Charge throughout the report. She is supported in her role by a senior nurse, Teresa Scanlon. All staff report directly to the Person in Charge.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Our Lady of Consolation Nursing Home was first inspected by the Health Information and Quality Authority (the Authority) on 8 March 2010. This was followed by a registration inspection on 10 and 11 May 2010. A follow up inspection was carried out on 14 December 2010. These inspection reports can be found at www.hiqa.ie.

At the follow up inspection the inspector were concerned to find that only 4 of the 23 actions required from the registration inspection of 10 and 11 May 2010 had been fully completed, 8 were partially completed and a further 11 areas of concern had not been addressed within the agreed timeframe.

Actions relating to the provision and maintenance of equipment, residents’ privacy and residents’ clothing had been addressed. Other actions identified such as care planning, choices offered to residents, development and implementation of policies, medication management, audits, provision of lockable storage space, management of nutrition and aspects of the premises still required further improvement.

Risk management issues, the emergency plan, the complaints policy and procedure, use of restraint and storage arrangements were found to be unsatisfactory. The statement of purpose and Residents’ Guide did not meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Promoting consultation with residents and the provision of facilities for the occupation and recreation of residents were also found not to meet the requirements of the Regulations.

The issue of who is the provider carrying on the business of this designated centre remained unclear at previous inspections and further information was required by the Authority.
Summary of findings from this inspection

The Authority had been provided with additional information which indicated that the provider had changed from a sole trader to a company, Our Lady of Consolation Nursing Home Ltd. In addition, there was a change to the named person in charge. This required the Authority to carry out fit-person interviews with the new company directors and the new person in charge.

Following these interviews, inspectors carried out a follow up inspection on the issues identified from the previous inspection. Overall inspectors found that 9 of the 16 actions required from the follow up inspection of 14 December 2010 had been fully completed with ongoing systems in place to improve the service further, 6 were partially completed and 1 area of concern had not yet been addressed.

Promoting consultation with residents and the provision of facilities for the occupation and recreation of residents had improved as had medication management. Issues around the care planning process were being addressed with the introduction of new documentation.

Actions relating to the premises were partially addressed. Because of the change in the organisational structure, some documents such as the statement of purpose required amendments.

Some risk management issues were addressed although there was still no policy on self-harm and inspectors remained concerned about the high use of restraint in the centre.

These issues are addressed in the Action Plan at the end of this report.
Actions reviewed on inspection:

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

   Put in place a comprehensive centre-specific risk management policy.

   Provide training for all staff regarding the contents of risk management policy.

   Inspectors found that this action was almost fully completed.

   A risk management policy was in place. Hazards were identified through risk assessment and were risk rated. Areas of responsibility were outlined. Inspectors read the minutes of the staff meetings which confirmed that staff were instructed regarding the policy and their roles within it. Staff spoken with were knowledgeable about its contents.

   However, there was no policy on self-harm. The person in charge said she would address this immediately.

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

   Put in place appropriate and suitable practices and written policies relating to the storage, prescribing and administration of medicines.

   Ensure all staff are familiar with such policies and procedures.

   Provide a system where medication prescribing practices suit the residents’ choice of daily routine and are administered at times to ensure maximum benefit for the resident.

   Put a system in place to ensure that medications are administered at the prescribed time.

   This action was completed.

   A robust medication management policy was in place and staff spoken with were knowledgeable about its contents. Inspectors read where the policy had been discussed with staff and they signed once they had read it. Inspectors viewed prescription and administration records and noted that the timing of morning medications suited each individual resident’s routines and were administered at the time prescribed.
3. **Action required from previous inspection:**

Provide evidence to the Chief Inspector that the information missing at previous inspection has been obtained and that all staff files contain the information as specified in Schedule 2 of the Regulations.

This action was completed.

Inspectors viewed randomly selected personnel files and noted that they contained all the required information to meet the Regulations.

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

Ensure that residents’ care plans are completed, reflect the assessment findings and set out in detail the action to be taken by staff, to ensure that all aspects of the health, personal and social care needs of the residents are met.

This action was partially complete.

New care plan documentation was introduced as each resident’s care plan was being reviewed. This was a gradual introduction and inspectors read a sample of care plans from the nine residents who had this new documentation. Validated assessment tools were being used to monitor and promote the health of residents in such areas as nutrition and prevention of pressure ulcers.

Further action was required to ensure that the new documentation was implemented for the remaining 16 residents.

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

Provide evidenced based mechanisms for promoting consultation with residents about their personal choices and ensure arrangements are in place to facilitate, insofar as is reasonably practicable, consultation and participation in the organisation of the designated centre.

This action was complete.

The residents’ committee was re-established and meetings were held on a three-monthly basis. Inspectors read the minutes of the meetings and noted that some residents had made suggestions. One resident suggested that the activity programme included games such as ‘I spy’ and bingo and inspectors read where this was now included in the activity programme. Other residents suggested having breakfast and tea at a later time and inspectors saw that this too was accommodated.
6. **Action required from previous inspection:**

Review policy and practice on use of bedrails.

This action was not completed within the agreed timescale.

A policy had been developed but inspectors found that it was not used to inform practice. Inspectors read the care plans of some residents who were using bedrails and saw that consent forms had been signed. However, there was no evidence of a detailed assessment or consideration of alternatives. In addition there was no evidence of review.

Of the 25 residents, 15 were using bedrails. Lack of assessment and failure to explore alternatives could pose a risk to the safety of residents and could impinge on their rights to freedom of movement.

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

Provide facilities for the occupation and recreation of residents in consultation with the residents.

This action was complete and ongoing.

Inspectors saw that residents had been asked their views and preferences and this information was used to plan the activity programme. A greater range of activities were available and residents told inspectors that they enjoyed the choices available. Relatives were actively encouraged to offer suggestions particularly for residents unable to do this. At the time of inspection residents were busy getting decorations organised for St. Patrick’s Day and the senior nurse told inspectors that she bought stick on decorations and badges to ensure that residents with limited dexterity were still able to participate in decorating the centre.

Another resident had recently been invited to talk on the local radio and she told inspectors how much she enjoyed this. A resident was sitting close to the music that was playing and he told inspectors how much he enjoyed this. He then sang a song for the inspectors.

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

Ensure that all external and internal areas of the designated centre are kept in a good state of repair.

Provide and maintain suitable, safe external grounds for use by residents.

Put in place an appropriate number of toilets baths/showers and suitable assisted bathrooms and toilets.
This action was partially complete within the agreed timeframe. The person in charge still had five months of the agreed timescale to fully complete this action.

At the time of inspection, tarmac was being laid at the front and side of the centre. The provider told inspectors that fencing was on order and expected delivery was in six to eight weeks. This was to replace the barbed wire fencing at the side of the grounds. She also outlined other plans to make the outdoor area safer for residents including changes to the rear of the building. This area was noted previously to have an uneven surface which was poorly maintained and there was no walkway.

Inspectors walked out through the back door and found an unlocked shed and laundry. Access to these areas posed a risk to residents’ safety.

There was still no safe secure garden area, walkway or garden furniture and the front garden was unsecured with two openings onto a busy side road.

At previous inspections it was noted that the bathroom and toilet facilities did not meet the requirements of the National Quality Standards for Residential Care Settings for Older people in Ireland. Two wheelchair assisted bathrooms were available of sufficient size to allow for hoist use, giving a ratio of 1:12.5. There were four wheelchair assisted toilets, two on each wing giving a ratio of 1:6.25. A smaller unassisted shower room with a toilet was also provided just off the day-room. Residents’ seating had to be moved in order to access this room and staff said it was never used. This could also impact on the quality of service being provided as residents did not have the option of an assisted shower if that was their preference.

The person in charge acknowledged that these issues would need to be addressed to meet the required Standards within the allowed timescale. She told inspectors that she had engaged an architect to develop plans to address these deficits.

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

Provide adequate storage facilities.

This action was completed.

All equipment was safety stored. Unused equipment was stored in a building at the rear of the centre.

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

Put an emergency plan in place for responding to emergencies.

This action was completed but required amendment.
A centre-specific emergency plan was developed. However, this needed to be amended to reflect the changes to the management structure within the centre.

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

Re-draft the written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of the service, care and treatment provided in, or on behalf of a centre.

This action was partially complete.

A comprehensive complaints policy had been developed and staff spoken with were familiar with its contents. However, the Authority was incorrectly listed as an independent appeals contact. This was discussed with the person in charge who agreed to amend the document immediately.

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

Draw up and implement all the written and operational policies listed in Schedule 5 of the Regulations.

Ensure all staff are familiar with such policies and procedures and that they guide staff members’ practice.

This action was partially complete. The person in charge told inspectors that she intended to have it completed within the agreed timescale of four months.

The policies had been developed and the person in charge had a system whereby each policy once completed, was introduced to staff at the staff meetings. Inspectors read the minutes of the staff meetings and saw that this was the case. For example, the nutrition policy had been introduced together with education for staff on management of nutrition. Staff spoken with were knowledgeable about this. Inspectors read the care plans and saw that an appropriate nutritional assessment tool was completed for each resident and weights were monitored.

However, inspectors found that the policies were not consistently signed off as being implemented by the person in charge, were not dated nor were review dates included. In addition, staff were not consistently signing to acknowledge reading the documents.

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

Serve meals at times consistent with each resident’s individual needs.

Implement a policy for the monitoring and documentation of nutritional intake.

This action was complete and ongoing.
Since the re-establishment of the residents’ committee, residents had been asked about their preferred mealtimes. Inspectors read the minutes of meetings which confirmed this.

The timing of meals had been changed to times that suited the residents’ preferred routines. Some residents still preferred their breakfast early and this was accommodated by the night staff. Inspectors saw lunches being served at 12.30 pm instead of the previous time of 12.00 pm. Residents told inspectors that they liked the new system and on reading the minutes of residents’ committee meetings, inspectors noted that this was referred to on numerous occasions.

Inspectors spoke to a resident who told inspectors that she could have anything she wanted to eat and following the previous inspection, the chef now asked her frequently what she would like. Her favourite ‘brown stew’ had been included in the menu choices and she was very pleased about this.

As stated earlier the nutritional policy was re-drafted to include the monitoring and documentation of nutritional intake. Staff had received training and staff spoken with were knowledgeable in this area.

### 14. 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 the residents.

This action had been partially completed.

The person in charge had started to collect good quality information. Inspectors read the results of auditing that had taken place. Monthly auditing of medication management was undertaken and issues around medication safety were addressed. Inspectors read where the audit revealed that the medication fridge temperature was not consistently recorded. As a result of this, a more robust checking system was implemented. Inspectors checked the documentation and saw that daily checks were consistently undertaken and the results recorded.

Work place audits were also completed. The inspector read the audits which included checking fire exits as well as general potential hazards.

However, a robust system for reviewing the quality and safety of care provided and the quality of life of the residents had not been established and no audits had been undertaken on these issues. For example, information on issues around incidents and accidents or the use of restraint was not being collected and although each resident’s dependency level was recorded on each care plan, the collective information was not gathered and used to inform staffing levels.
15. **Action required from previous inspection:**

Provide full and satisfactory information as required to the Chief Inspector.

This action was complete. All information currently required by the Chief Inspector in relation to the provider has been submitted.

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

Redraft the statement of purpose and Residents’ Guide to comply with the requirements of Regulations 5 and 21.

This action was not yet fully complete due to the change in organisational and management structures and so further amendments were required. This was discussed at the feedback meeting and the person in charge undertook to forward the amended documents to the Authority the following week.
Report compiled by:
Sheila Doyle
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

16 March 2011

<table>
<thead>
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<th>Date of previous inspection</th>
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<tr>
<td>8 March 2010</td>
<td></td>
</tr>
<tr>
<td>10 and 11 May 2010</td>
<td></td>
</tr>
<tr>
<td>14 December 2010</td>
<td></td>
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</table>
Provider's response to inspection report *

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Our Lady of Consolation Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0079</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>15 March 2011</td>
</tr>
<tr>
<td>Date of response:</td>
<td>8 April 2011</td>
</tr>
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</table>

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

Restraint was used for residents without assessment, consideration of possible alternatives or review.

Action required:

Review the policy and practice on use of restraint such as bedrails.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 21: Responding to Behaviour that is Challenging

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>Policy and practise on the use of bedrails will be reviewed to meet the Standards.</td>
<td>2 months</td>
</tr>
</tbody>
</table>

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

There was a risk management policy in place but it did not fully meet the requirements of the Regulations.

**Action required:**

Put in place a comprehensive centre-specific risk management policy to fully meet the requirements of the Regulations.

**Reference:**

- Health Act, 2007
- Regulation 31: Risk Management Procedures
- Standard 26: Health and Safety

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>Risk management policy will be reviewed to include policy on self harm.</td>
<td>1 month</td>
</tr>
</tbody>
</table>

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

There was no safe secure garden area, walkway or garden furniture available for residents.

The front garden was unsecured with two openings onto a busy side road.

There was an uneven surface to the rear of the building.

A barbed wire fence was used to divide the centre from the adjacent property.

There were inadequate numbers of toilets and assisted baths/showers provided for the use of residents.
**Action required:**

Ensure that all external and internal areas of the designated centre are kept in a good state of repair.

**Action required:**

Provide and maintain suitable, safe external grounds for use by residents.

**Action required:**

Put in place an appropriate number of toilets baths/showers and suitable assisted bathrooms and toilets.

**Reference:**

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment
Standard 26: Health and Safety

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

<table>
<thead>
<tr>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider’s response:</strong></td>
</tr>
<tr>
<td>External and internal areas of the centre will be kept in a good state of repair.</td>
</tr>
<tr>
<td>Garden will be repaired to suit the maximum use by the residents.</td>
</tr>
<tr>
<td>Appropriate number of baths/showers will be put in place to meet the standards.</td>
</tr>
</tbody>
</table>

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

A new care planning documentation system was being implemented, however, not all residents’ had their care plans changed on to this new system. As a result some residents’ care plans were not individualised or person-centred and residents’ individual needs were not addressed.

Care plans did not reflect the residents’ social care needs.

**Action required:**

Ensure that residents’ care plans are completed, reflect the assessment findings and set out in detail the action to be taken by staff, to ensure that all aspects of the health, personal and social care needs of the residents are met.
5. **The provider is failing to comply with a regulatory requirement in the following respect:**

There was no system in place for auditing safety, the quality of care and the quality of life of residents.

**Action required:**

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

**Reference:**

Health Act, 2007
Regulation 35: 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:**

Provider's response:

Systems will be put in place to review the quality of care provided and the quality of life of the residents in the nursing home.

**Timescale:**

4 months

---

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

Centre-specific documentation had not been amended to reflect the changes to the organisation and management structure within the centre.

The emergency plan, statement of purpose and the Residents’ Guide was not amended to reflect the new changes to the organisational and management structure within the centre.
**Action required:**

Amend the statement of purpose to reflect the changes to the organisation and management structure.

**Action required:**

Amend the Residents’ Guide to reflect the changes to the organisation and management structure.

**Reference:**

Health Act, 2007  
Regulation 5: Statement of Purpose  
Regulation 21: Provision of Information to Residents  
Regulation 31: Risk Management Procedures  
Standard 1: Information  
Standard 26: Health and Safety  
Standard 28: Purpose and Function

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The emergency plan will be modified to include the changes in the organisation structure.</td>
<td>3 weeks</td>
</tr>
<tr>
<td>The statement of purpose will be re-drafted to include the changes in the organisation structure.</td>
<td>Complete</td>
</tr>
<tr>
<td>The Residents’ Guide will be re-drafted to reflect the changes in the organisation structure.</td>
<td>2 months</td>
</tr>
</tbody>
</table>

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

The complaints procedure did not meet the requirements of the Regulations. The Authority was incorrectly listed as an independent appeals contact.

**Action required:**

Redraft the written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of the service, care and treatment provided in, or on behalf of a centre to meet the Regulations.
### Reference:
Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>The complaint policy will be re-drafted to meet the requirements of the Regulations.</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

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

Policies were not consistently signed off by the person in charge, were not dated nor were review dates included. In addition, while there was a system in place to ensure staff read and understood the policies, staff were not consistently signing to acknowledge reading the documents.

**Action required:**

Put in place a system where all policies listed in Schedule 5 of the Regulations, are signed off by the person in charge, dated and have review dates.

**Action required:**

Ensure all staff are familiar with such policies and procedures and that they guide staff members’ practice.

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

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
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</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>Systems will be put in place to make required changes on the policies to meet the standards and to familiarise staff with such policies.</td>
<td>3 months</td>
</tr>
</tbody>
</table>
Any comments the provider may wish to make:

Provider's response:
We would like to thank the inspection team for their cooperation and guidance.

Provider's name: Rosmy Cunningham
Date: 5 April 2011