

**Health Information and Quality Authority
Social Services Inspectorate**

**Regulatory Monitoring Visit Report
Designated centres for older people**



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	St Mary's Home
Centre ID:	0103
Centre address:	Pembroke Park Dublin 4
Telephone number:	01 6683550
Fax number:	01 6683425
Email address:	stmarysnurse@eircom.net
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	St Marys Home Pembroke Park Association
Person in charge:	Anne Kavanagh
Date of inspection:	7 December 2010
Time inspection took place:	Start: 10:30 hrs Completion: 20:00 hrs
Lead inspector:	Marguerite Gordon
Support inspector:	Linda Moore
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Regulatory Monitoring Visit Report

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
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

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

St Mary's Home is a three-storey building which was established as a residential care home for female members of the Church of Ireland and subsequently registered as a nursing home. The centre has accommodation for 32 residents and there were 24 in residence on the day of inspection. All residents were female over 65 years with general care needs and some residents had dementia.

Accommodation for residents is provided on three floors with stair and lift access to the upper floors. The main entrance at the front of the building opens into a long hallway. Off the hallway is the main sitting room, a sun room, kitchen, waiting room, dining room, nuns' private dining area, laundry, two administrative offices and two staff toilets. There are two sluice rooms, one on the first and second floor.

There are no en suite facilities or wheelchair accessible toilets in the centre. Bedroom accommodation on the ground floor consists of four single bedrooms with wash-hand basins, and two separate toilets with sinks.

On the first floor, bedroom accommodation consists of ten single rooms, one twin bedroom with wash-hand basin and one three-bedded room with wash-hand basin, with four separate toilets and an assisted bath. There is a staff changing room with toilet on the adjoining half landing. On the second floor there are 13 single bedrooms with wash-hand basins, two separate toilets, one shower, and one assisted bath. On the adjoining landing there are two toilets and additional bathroom.

Residents have access from the ground floor to an attractive secure garden which is close to Herbert Park. There is on street parking with limited parking available on site.

Location

St Mary's Home is located on the south side of Dublin city, on its own grounds close to Herbert Park. It is within a few minutes walk from the bus stops and local shops in Donnybrook.

Date centre was first established:	1923
Number of residents on the date of inspection	24

Dependency level of current residents	Max	High	Medium	Low
Number of residents	2	13	5	4

Management structure

Ann Budd represents the trustees of St Mary's Home Pembroke Park Association who are registered providers on behalf of the Anglican Sisters. The Person in Charge is Anne Kavanagh and Ciara Bevan is the Administrative Manager - she and the Person in Charge report to the Provider. The nursing staff report to the Person in Charge and are responsible for supervising the care assistants. The household, maintenance and catering staff report to Ciara Bevan.

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	2	4	2	1 laundry 2 cleaning	1	1 activities coordinator

Summary of findings from this inspection

This was the first inspection carried out by the Health Information and Quality Authority (the Authority) and it was an unannounced regulatory monitoring inspection. The inspectors focussed on key regulatory requirements relating to governance, resident care and the environment to assess the extent to which the management of care ensured positive and safe outcomes for residents.

The inspector met with residents, some relatives, and the person in charge, the administrative manager, nurses and other members of staff. Records were examined including staff rotas, register of residents, written policies on health and safety as well as fire safety records and accident/incident report forms.

The centre was warm, comfortable, pleasantly decorated and provided a homely environment for residents. Prior to the inspection, the administrative manager and person in charge had identified areas for improvements which were outlined in their maintenance schedule to include provision of wheelchair accessible toilets.

Recent and ongoing improvements included the recruitment of a clinical nurse to support residents' needs. This person has been recruited and is due to commence in January 2011.

Inspectors found residents' nutritional needs were met and specialised diets were adequately provided where required. Staff had a satisfactory knowledge about fire safety and inspectors found a robust emergency policy in place.

There were adequate numbers of staff on duty and they had received relevant training to meet the needs of residents. However, inspectors were not satisfied with staffs knowledge on prevention, detection and response to elder abuse. Following this inspection, inspectors requested the person in charge to provide the Authority with information about the arrangements she had in place to ensure all staff were familiar with the policy, and procedures in place, aimed at preventing residents from being harmed or abused.

Inspectors were also concerned about the care of one resident and requested an updated plan of care was submitted to the Authority within two days of the inspection. This was submitted and found to be satisfactory.

The assessment and care planning process required significant improvement and the risk management policy and processes were poor. Other improvements were required in the auditing and learning from incidents, the use of restraint, medication management policy and practice issues, infection control practices, and the assessment and care planning processes. Other issues for improvement included the statement of purpose, storage space for equipment, staff files, the safety statement, lack of choice of meals, and records of complaint outcomes. These deficits are discussed further in the report and included in the Action Plan at the end of the report.

Comments by residents and relatives

The inspectors spoke with a number of residents and some relatives during the inspection. A relative told the inspector that she and her family were very pleased with the care her mother was receiving and if ever she had a problem that it is always addressed quickly. She told the inspector that her mother and family members were pleased to have chosen the new curtains for her mother's bedroom. Residents told the inspectors that it was important to them to attend religious services which were held each week in the chapel, and they commented that they enjoyed chatting together, playing cards, reading the newspaper and watching television.

Residents were complimentary about the staff, stating that they were very kind and caring. Comments included "All the staff are kind to me", "I don't feel rushed in the mornings" and "Everything is done for me that could be done". Residents were satisfied with the level of care they received, commenting "I get everything I need done for me" and "I'm very happy here".

Residents were satisfied with mealtimes, food and portion sizes. They stated that the food was always good. However, they said that there was not much choice and several residents commented "You take what you are given".

Residents commented that the building was always warm and comfortable - they could come and go freely whenever they wanted and their friends were always made to feel welcome. They stated that there was plenty of staff on duty and that they were always attentive. Relatives and residents told the inspector that if they had a problem or a complaint they would talk to the person in charge or a staff member.

Governance

Article 5: Statement of Purpose

The inspector reviewed the statement of purpose which provided information on the centre's aims and objectives, number of residents accommodated, services provided, the physical premises, and some key policies.

However the statement of purpose was not compliant with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). For example, the statement of purpose did not contain the required information about the name, professional qualifications and experience of the provider and the person in charge. It did not describe the organisational structure or describe the total staff compliment.

Article 15: Person in Charge

The person in charge told inspectors she had 14 years experience working with older people in nursing homes in Ireland and Australia. She commenced working as a staff nurse in the centre for one year prior to her promotion to director of nursing 13 years ago. She told the inspectors that she had successfully completed a Further Education and Training Awards Council (FETAC) Level 6 Gerontology training course this year.

The person in charge outlined how the provider worked with her to support her in her role and plan service developments to meet their legal requirements. An example of such improvements was the recent recruitment of a clinical nurse who will commence employment in January 2011. This initiative was to support the person in charge in her role, and to improve the quality of life and safety of residents. The person in charge and staff members told inspectors that the provider was on site a minimum one day each week. Formal management meetings were held on alternate months. Inspectors read the minutes of these meetings and met with the administrative manager and the person in charge.

Deputising arrangements were appropriate. The senior staff nurse deputised for the person in charge when she was absent. The person in charge and the administrative manager were contactable outside of normal working hours - the inspector reviewed staffing rotas and spoke with staff who confirmed this.

Article 16: Staffing

The inspectors were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff said that there were sufficient staff on duty and residents and relatives told the inspectors that they were satisfied with the staffing levels for day and night duty. The person in charge used a recognised dependency tool to inform decisions about staffing. The inspector reviewed the roster and it showed that there were usually two nurses and four care assistants and an activities person on duty in the mornings, and two

nurses and four care assistants during the day and in the evening. One nurse and two care assistants were on duty at night time. All nurses and care assistants reported to the person in charge. The person in charge explained that catering, cleaning and maintenance person all reported to the administrative manager. The person in charge showed the inspector a record of staff training for 2010 and the training scheduled for 2011. The inspector reviewed these records and saw that all staff had received mandatory training in fire safety and evacuation, detecting and reporting elder abuse and the moving and handling of residents. Other training included palliative care and venepuncture. The inspector reviewed the records and found that all staff nurses were currently registered with An Bord Altranais.

Inspectors reviewed three staff files and found that not all of the required documentation was in place. Files did not contain three references, confirmation of physical and mental fitness or evidence of Garda Síochána vetting for each staff member.

Article 23: Directory of Residents

The register of residents was examined by the inspector. It was up-to-date and contained all of the required information.

Article 31: Risk Management Procedures

The inspector viewed the emergency plan and saw that it contained guidance for staff in the event of such emergencies as disruption to the water supply, telephone service, electrical power, gas supply and heating. The plan included details of persons and services to contact in the event of an emergency. The plan provided instructions and guidance for staff for the evacuation of the building if necessary. Alternative accommodation was identified which could be used in the event of an evacuation. The plan was displayed in a prominent place.

The risk management policy was not comprehensive and did not comply with the requirements in the Regulations. For example, there was no system in place for the identification and assessment of risks throughout the centre and no procedures to follow in the case of accidental injury to residents or staff.

Incident forms were used to record all accidents and incidents including falls. Inspectors found that there were no procedures in place for reviewing incidents to determine patterns and trends and to implement interventions to prevent them from reoccurring.

While there was a safety statement in place it did not specify roles and responsibilities for staff members and did not reflect the current management structures.

Inspectors were concerned about a potential environmental risk to resident safety. Some residents on the first floor had access to a stairwell. This posed a risk to residents' safety. If a resident fell or sustained an injury, a long period of time might elapse before they were found. There were no risk assessments carried out to minimise this potential risk.

Article 39: Complaints

The complaints procedure was displayed in a prominent position and there was an independent appeals process in place. Residents told inspectors they would speak to the person in charge or a nurse if they had a complaint and staff were aware of the procedures to be followed if a resident or relative wished to make a complaint. The inspector examined the complaints records and found that details of complaints were documented and the actions taken, and lessons learnt were recorded.

However, the complaints policy did fully not comply with the requirements in the Regulations. For example, it does not provide detail whether the complainant was satisfied with the outcome or not.

Article 36: Notification of Incidents

The Chief Inspector had been notified of specific incidents as required by the Regulations. The inspector reviewed records and found that the person in charge submitted quarterly notifications to the Authority.

The person in charge discussed her obligation to notify the Chief Inspector of all serious adverse events and the requirement to submit to the Chief Inspector further notifications on a quarterly basis. Directions on notifications were included in the relevant policies to guide staff in this regard. For example, the requirement to notify the Chief Inspector of allegations of abuse was outlined in the abuse protection policy. Relevant notifications about loss of power, heating and water or of any fire were referenced in the emergency plan.

Resident Care

Article 9: Health Care

Inspectors saw staff encouraging residents to mobilise and move around; some residents were assisted directly by staff and some used assistive aids. A staff member told inspectors that three residents went out to the community independently - one of these residents told the inspector how she enjoyed going out alone to the shops and local park. A resident who recently availed of physiotherapy described the improvement in her walking and said she no longer required assistive aids. Residents could easily access the secure landscaped garden and nearby park.

Residents' health was promoted. The person in charge told inspectors that systems were in place for a physiotherapist to commence weekly sessions at the centre from 16 December 2010 to provide residents with individual and group physiotherapy. There was emphasis on good diet, with systems in place to monitor residents' nutritional welfare. Inspectors saw care staff encouraging and assisting dependent residents and providing nutritious drinks and snacks throughout the day.

Inspectors reviewed a sample of residents' medical and nursing records and found that residents were regularly reviewed by the GP. There was evidence of monitoring of fluid intake for residents at risk of dehydration and staff told inspectors about the importance of hydration. The inspectors examined residents' records which confirmed that the healthcare provision described by staff was delivered to residents.

There was a pre-admission policy which guided practice. The person in charge and administrative manager met the resident and/or family member and assessed the resident's suitability prior to admission. This information was provided by the resident and their relative and it was used in conjunction with a nursing assessment to inform the resident's care plan. The inspector saw that a bedroom was being refurbished for a resident's planned admission - the proposed resident had visited the centre and had been offered choice of floor covering and furniture for the bedroom.

Residents and relatives said they were satisfied with the healthcare services provided. Residents had a choice of GP, however most residents availed of the services of one GP who attended the centre on a weekly basis or as needed. An out-of-hours medical service was provided by a doctor on call. The chiropodist gave treatments every three months for each resident or more often if needed. Speech and language services were accessed through St Vincent's Hospital and a dietetic service reviews the menus from a nutritional perspective and makes recommendations to the chef - these recommendations are incorporated in the menus. The dietetic service is provided by a private company, sourced by the person in charge. Residents' weight and vital signs were recorded each month and staff told inspectors they would report abnormalities to the GP and dietician. The local dentist and optician attended on request, the inspector saw notices on the notice board explaining their services. The inspectors examined residents' records which confirmed the level of healthcare provision described by staff.

The person in charge told the inspectors that 12 of the 24 residents had varying degrees of dementia, some with behaviour that challenges. Mental health services were provided by a psychiatrist from St Vincent's hospital who attended the centre following GP referral. Inspectors reviewed the residents' files and saw that two residents were currently availing of this service. A staff member told the inspector that she learned that a calm approach and not to rush residents was very important when caring for residents who had dementia-related symptoms.

Inspectors reviewed a number of residents' assessments and care plans and found that the assessments and care plans did not consistently and accurately reflect each resident's health status. This posed a risk that changes in residents' needs would not be identified.

The care plan in place to direct the care for a dependent resident with breathing difficulties and a poor appetite did not reflect this resident's health status. On the day of inspection, the inspector requested that the person in charge complete an updated assessment and care plan reflecting this resident's assessed care needs and submit to the Authority within two days. This was submitted and reviewed by the inspector and found to be satisfactory.

Inspectors found that care plans were not always developed for problems identified in the risks assessments or other documentation. For example, the incidents and accident form recorded that a resident had sustained a fall but this was not reflected in the resident's reassessment or care plan.

A resident who had been assessed by the speech and language therapist as having a swallowing difficulty did not have a care plan recorded to address this care issue.

Multiple assessment tools were used to assess particular risks which was confusing and this made it difficult for staff to determine levels of risk for each resident. For example, three different tools were used to assess falls risk, two risk assessment tools were used to assess risks of pressure ulcers.

There was minimal evidence of residents' and relatives' involvement in the residents care plan. When inspectors asked residents, they were not aware of their care plan.

A staff nurse told inspectors that bed rails were used at night time for ten residents. When inspectors reviewed these residents' assessments and care plans, they did not contain any assessments to explore alternatives to the use of restraint. There was no evidence of the alternatives tried first which was contrary to the policy on restraint.

Article 33: Ordering, Prescribing, Storing and Administration of Medicines

An inspector reviewed the medication policy and practices and found that many areas required improvements to ensure residents' safety. The inspector saw that medications were reviewed on a three-monthly basis by the GP, drugs which required extra safety procedures were correctly stored and administered and these drugs were checked at the end of each shift. However, the medication management policy was not comprehensive and was not signed or dated. For example, it did not include centre-specific procedures for drugs which are administered when required (PRN), for the disposal of medications, and

did not include a centre-specific procedure for administration of subcutaneous injection. Inspectors examined medication records and found that medications that required crushing prior to administration were not individually prescribed and that the maximum dosage of PRN medications was not consistently stated. Inspectors found that the practices around the prescription and administration of warfarin (a high risk medication) were confusing and posed a risk of potential error. For example, warfarin dosages were written on a separate loose sheet, not on the resident's prescription and administration sheet. There was no audit of medication, to monitor practices and prevent error.

Article 6: General Welfare and Protection

Inspectors found the policy on elder abuse did not provide adequate guidance to staff on the procedures to follow in the case of alleged or suspected abuse. While staff had received training on the prevention and detection of elder abuse, inspectors were not satisfied with staff members' level of knowledge on this issue. When the inspector spoke with staff, they did not consistently demonstrate their learning from their training. Two staff members were unable to tell the inspector what action they would take or what they would do if they suspected abuse. Following this inspection, inspectors requested the person in charge to provide the Authority with information on the arrangements she had in place to ensure all staff were familiar with the policy, processes, and procedures in this regard. This information was to be received by 17 January 2011. The person in charge subsequently submitted these arrangements to the inspectorate on 21 December 2010 which outlined the arrangements she had in place to ensure prevention of residents from abuse or harm.

Article 20: Food and Nutrition

The inspector saw that residents were offered a varied and nutritious diet. There was one dining room and the tables were nicely set with centrepiece, condiments, tablecloths and napkins. Lunch was unhurried, nicely presented and residents who required assistance were assisted appropriately. Staff sat and interacted with residents while providing assistance and maintained eye contact with the resident.

Some residents required special diets, modified consistency or pureed diets and their needs were met. Each food type was served separately on the plate so that residents could enjoy individual flavours and textures. The quality, choice and appearance of the meals were of a good standard and residents told the inspector that they liked the food provided.

The inspector spoke with the assistant chef and found him knowledgeable about residents' individual dietary requirements. He explained that he sought feedback from staff and he used this information to plan the menus. The inspector viewed the menus and saw that nutritious meals were offered to residents. Individual dietary requirements such as diabetic diet, low salt and low cholesterol diets were available as required. Residents were offered a variety of drinks with their meals. The inspector saw staff offer residents drinks throughout the day. Inspectors saw a variety of drinks and a fresh fruit selection were available to residents in the dining room. Residents and staff said that drinks and snacks were always available to residents.

The inspectors viewed some residents' files and noted that nutritional assessments using a validated tool were carried out. Their weights were recorded on a monthly basis and residents with identified nutritional issues were monitored. The person in charge arranged for assessments by the dietician to be carried out if weight or nutrition was a concern and these referrals were recorded in the residents' files. Specific care plans were developed to address nutritional concerns.

Residents told inspectors that they were not offered a daily choice for lunch and evening meals. Inspectors viewed the menu and saw that a choice of main meal or evening was not available.

Environment

Article 19: Premises

The centre's décor was pleasant and was enhanced by the display of Christmas decorations at the time of the inspection. The main door at the front of the centre opened into a spacious hallway. The main sitting room had period features and provided a homely environment for residents. Beside the sitting room there was a bright conservatory which residents said they enjoyed using in warmer weather. There was an attractive secure garden at the back to which residents had easy access. Residents and relatives told the inspector that they found the premises homely and comfortable.

The premises were clean, personal protective equipment such as gloves and aprons were available. Staff interviewed had a good knowledge of infection control and the inspector saw staff using gloves, aprons and alcohol hand gels frequently throughout the day. The cleaning staff member used colour coded mops for different areas of the building. Cleaning chemicals were stored securely. Arrangements for the disposal of domestic and clinical waste management were appropriate.

However, inspectors found some areas where infection control practices required improvements and inspectors observed some infection control practices that were contrary to the centres policy on infection control. For example:

- when residents used the commode, inspectors observed staff members carrying the used commode pot along the residents' corridor past offices and residents' bedrooms to the sluice room. There was a noticeable odour of urine along the corridor. This was unpleasant and not in line with best practice in infection control
- an inspector saw dependent residents' dentures left on her bed table without a container
- inspectors saw residents toiletries stored in unlabelled containers in a shared bathroom.

There was sufficient assistive equipment provided to meet the requirements of the residents. This included mobility aids, hoists and alternating pressure relieving mattresses. Equipment was maintained with servicing records available.

Residents and relatives said they were satisfied with the laundry service. The laundering of bed linen and towels was carried out in the centre. The inspector spoke to the laundry staff member and saw that residents' personal clothing was appropriately labelled. Separate areas were utilised for the storage of clean and soiled laundry.

Inspectors met with the assistant chef and viewed the kitchen which was clean and well maintained. There were ample supplies of meat, fresh fruit, vegetables and dry foods in stock. A variety of snacks such as yoghurts and fresh fruit were available to residents as required.

There were no wheelchair accessible toilets in the centre, to comply with the requirements in the Regulations. While residents said the premises were homely, an adequate amount of assisted baths and showers was not available to residents. This issue will require attention in order to meet the Standards by 2015.

There were inadequate storage facilities. Inspectors observed assistive equipment such as hoists and commodes stored in residents' bedrooms giving an institutional appearance.

Article 32: Fire Precautions and Records

The provider had put fire precautions in place. Staff had been appropriately trained and were knowledgeable about what to do in the event of fire. The inspector reviewed fire policies, procedures and records. Fire training records were up-to-date. The most recent fire safety and evacuation training took place in May 2010. All fire fighting equipment had been serviced in March 2010. The fire alarms were serviced quarterly, and had last been serviced in November 2010. Fire alarm checks were carried out on a monthly basis and were recorded, signed and dated. Fire orders were displayed clearly throughout the building and all means of escape were found to be unobstructed.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge, Anne Kavanagh and the administrative manager Ciara Bevan 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, administrative manager and staff during the inspection.

Report compiled by:

Marguerite Gordon

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

21 December 2010

Provider's response to inspection report

Centre:	St. Mary's Home
Centre ID:	0103
Date of inspection:	8 December 2010
Date of response:	21 January 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:

Inspectors found the policy on elder abuse did not provide adequate guidance to staff on the procedures to follow in the case of alleged or suspected abuse. While staff had received training on the prevention and detection of elder abuse, inspectors were not satisfied with their knowledge on prevention, detection and response to elder abuse.

Action required:

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

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 8: Protection

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>As requested by the inspector on 7 December 2010 a further training course in Elder Abuse was arranged for all staff and completed on 14 January 2011. Notified to inspector by email on same date and acknowledged by telephone on 18 January 2011.</p> <p>The policy on elder abuse is currently under review.</p>	<p>14/01/2011</p> <p>28 February 2011</p>

<p>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The medication management policy and practices did not ensure the safety of residents and posed a risk of medication error. Inspectors examined medication records and found that medications that required crushing prior to administration were not individually prescribed and that the maximum dosage of PRN medications was not consistently stated. Inspectors found that the practices in the prescription and administration of warfarin (a high risk medication) were confusing and posed a risk of potential error. There was no audit of medication, to monitor practices and prevent error.</p>	
<p>Action required:</p> <p>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.</p>	
<p>Action required:</p> <p>Put in place suitable arrangements and appropriate procedures and written policies in accordance with current Regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

Provider's response:	
Practices in relation to medications that require crushing and maximum dosage of PRN medications have been addressed with the Registered Prescriber.	02/02/2011
Practices in the prescription and administration of Warfarin have been corrected.	12/01/2011
Operational policies relating to the ordering, prescribing, storing and administration of medicines will be reviewed.	28/02/2011
Staff training has been arranged for Saturday 5 February 2011	05/02/2011
We will review the arrangements, procedures and written policies in relation to the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies. The current practice is to return such medications to the pharmacy and staff are familiar with this practice. The pharmacy conducts medication audits with a nurse on a regular basis.	28/02/2011

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The risk management policy was not comprehensive and did not comply with the requirements in the Regulations. For example, there was no plan in place for the identification and assessment of risks throughout the centre and no procedures to follow in the case of accidental injury to residents or staff.</p> <p>There were no procedures in place for reviewing incidents to determine patterns and trends and to implement interventions to prevent them from reoccurring.</p>
<p>Action required:</p> <p>Provide and implement a risk management policy that complies with the requirements in the Regulations.</p>
<p>Action required:</p> <p>Provide and implement a risk management policy that facilitates investigation and learning from incidents/accidents involving residents, including near misses.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</p>

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
<p>Provider's response:</p> <p>We will provide and implement a risk management policy that complies with the requirements in the Act.</p> <p>We will provide and implement a risk management policy that facilitates investigation and learning from incidents /accidents involving residents, including near misses.</p>	<p>01/04/2011</p> <p>01/04/2011</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The inspector reviewed three staff files and saw that not all of the required documentation including three references, confirmation of physical and mental fitness and Garda vetting were in place.</p>	
<p>Action required:</p> <p>Provide for each staff member the information and documents specified in Schedule 2 of the Regulations.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We will review the files of staff recruited since the introduction of the Health Act and provide all of the required documentation.</p>	<p>01/06/2011</p>

<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The statement of purpose and function did not contain all the information required as outlined in the Regulations. It did not describe the organisational structure or the total staff compliment, or the professional qualifications and experience of the provider and the person in charge were not included in the information provided.</p>	
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Action required:	
Provide a written statement of purpose and function that describes the service provided in the care centre and fully meets the requirements 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:	
We will provide a statement of purpose and function that describes the service provided in the care centre and fully meets the requirements of the Regulations	01/06/2011

<p>6. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Inspectors observed the following issues that are required to be addressed in relation to the premises:</p> <p>Safety Inspectors were concerned about resident safety and lack of risk assessments in place for residents to determine that residents were safe or not to use or who may wander unsupervised into the adjoining stairwell on the first floor.</p> <p>Facilities There were no wheelchair accessible toilets in the centre. An adequate amount of assisted baths and showers was not available to residents.</p> <p>Storage There were inadequate storage facilities. Inspectors observed assistive equipment such as hoists and commodes stored in residents' bedrooms.</p> <p>Infection Control Practices Inspectors observed some poor infection control practices that were contrary to the centres policy on infection control. For example:</p> <ul style="list-style-type: none"> ▪ when residents used the commode, inspectors observed staff members carrying the used commode pot along the resident's corridor to the sluice room ▪ an inspector saw dependent residents' dentures left on her bed table without a container ▪ inspectors saw residents toiletries stored in unlabelled containers in a shared bathroom.

Action required:	
Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.	
Action required:	
Provide a sufficient number of toilets which are designed to provide access for residents in wheelchairs, having regard to the number of residents using wheelchairs in the designated centre.	
Action Required:	
Ensure that suitable storage facilities for equipment.	
Action Required:	
Put systems in place that provides for adherence to centres infection control policies and a high standard of evidence based nursing practice.	
Reference:	
Health Act, 2007 Regulation 19: Premises Regulation 7: Residents' Personal Property and Possessions Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Access control panels will be installed on the first floor stairwell doors. We have had our surveyor assess the existing toilets and we will be upgrading a toilet on both the first and second floor to become wheelchair accessible. We propose to have this work completed by the end of 2011. Suitable facilities for storing hoists is under review. Each resident has her own commode of the highest contemporary standard in her room. Each resident is assessed and the requirement for a commode is discussed with them. They have stated that they want to have the commode in their own room and this is reflected in their care plans.	 31/03/2011 End of 2011 01/08/2011

The commodes in use are of highest contemporary standards and are used in accordance with the manufacturer's specifications and our home's infection control policy, with no risk of leakage, odours or transmission of infection. The sealed lid ensures discreet and safe transport of urine. Our home has a strong record in the prevention of infection and in the control and effective treatment of externally-acquired infections.	In place
Denture containers have been provided and their use will be monitored.	28/01/2011
The toiletries observed have been removed from the bathroom	28/01/2011

<p>7. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Inspectors reviewed a number of residents' assessments and care plans and found that the assessments and care plans did not consistently accurately reflect each resident's health status. Inspectors found that care plans were not always developed for problems identified in the risks assessments. There was minimal evidence of residents' and relatives' involvement in the residents' care plans.</p>	
<p>Action required:</p> <p>Set out the health, personal and social needs of each resident in a care plan that accurately reflects assessed need, which is developed, agreed and reviewed with each resident and available to each resident or their representative.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan</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 person in charge has set in train a review of the assessments and care plans. In accordance with present practice these will be developed, agreed and reviewed with each resident or her representative.</p>	<p>28/02/2011</p>

<p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>A staff nurse told inspectors that bed rails are used at night time for 10 residents. When inspectors reviewed these residents' assessments and care plans, they did not contain any assessments to explore alternatives to the use of restraint. There was no evidence of alternatives tried first which was contrary to the policy on restraint.</p>	
<p>Action required:</p> <p>Set out each residents needs in an individual care plan including those requiring restraints.</p>	
<p>Action required:</p> <p>Maintain records of risk assessments and on any occasion where restraint is used, the nature of the restraint and its duration.</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>Assessments in relation to bed rails are currently under review. Individual care plans will be updated accordingly following discussion with the resident and/or her representative.</p> <p>A restraint register is already in place to record any occasion where restraint is used, the nature of the restraint, and its duration.</p>	<p>28/02/2011</p> <p>In place</p>

<p>9. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>While there was a safety statement in place it did not specify roles and responsibilities for staff members in the management of emergencies and did not reflect the current management structures.</p>	
<p>Action required:</p> <p>Provide written operational policies and procedures relating to the health and safety including food safety, of residents, staff and visitors.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 30: Health and Safety Standard 26: Health and Safety</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We will review our current written operational policies and procedures relating to the health and safety including food safety, of residents, staff and visitors.	01/04/2011

<p>10. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Residents told inspectors that they were not offered a daily choice for lunch and evening meals. Inspectors viewed the menu and saw that a choice of main meal or evening was not available.</p>
<p>Action required:</p> <p>Provide meals that offer choice at each mealtime.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The personal preferences of individual residents are known to the Chef and are catered for at all times. Every effort is now made to ensure that residents' individual choices are met, as they would be in their own home.	In place

<p>11. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The complaints policy did fully not comply with the requirements in the Regulations. For example, it does not provide detail whether the complainant was satisfied with the outcome or not.</p>
<p>Action Required:</p> <p>Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.</p>

Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The complaints policy will be updated to include a record of all complaints, detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.	31/03/2011

Any comments the provider may wish to make:

Provider's response:

We are concerned that the inspector refers to a *noticeable odour of urine along the corridor*. Residents, staff and visitors have always remarked that there is never a smell of urine in St Mary's and we believe that this is still the case.

Provider's name: St Marys Home Pembroke Park Association

Date: 21 January 2011