

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Conna Nursing Home
Centre ID:	0215
Centre address:	Conna
	Co Cork
Telephone number:	058-59876 and 058-59888
Fax number:	058-59911
Email address:	connanhnursinghome@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Patrick Beecher
Person in charge:	Marian Prendergast
Date of inspection:	25 November 2009 and 26 November 2009
Time inspection took place:	Day-1 start: 10:00hrs Completion: 18:00hrs Day-2 start: 09:30hrs Completion: 14:30hrs
Lead inspector:	Patricia Sheehan
Support inspector(s):	Breeda Desmond and Noel Sheehan
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About inspection

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

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

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

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

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

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

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

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

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

Acknowledgements

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

About the centre

Description of services and premises

Conna Nursing Home is a purpose-built centre which can provide residential care for 50 older people. There is a nurses station, dining room, lounge, library, smoking area, hair salon and therapy room located off a central foyer which has additional seating areas. Bedrooms are set out in corridors leading from this central reception area with a conservatory at the end of one of the corridors and an enclosed garden. There are 18 single bedrooms and three twin bedrooms with en suite facilities and a further 24 single rooms sharing en suite facilities. There are two single bedrooms without en suite facilities.

The extensive grounds are landscaped and there is both ample space for residents to walk outside and car parking for visitors.

Location

Conna Nursing and Convalescent Home is located on the edge of Conna village, Co. Cork, in a rural and scenic location.

Date centre was first established:	2003
Number of residents on the date of inspection	44

Dependency level of current residents	Max	High	Medium	Low
Number of residents	5	27	5	7

Management structure

The centre is owned by a partnership of seven people. One of those partners, Pat Beecher, is the Managing Director and the Designated Provider. The Director of Care, Marian Prendergast, is the Person in Charge and she reports to the provider.

The person in charge is supported in her role by a nurse in charge, Catherine Feeney, and the nursing, care, household and administrative staff report to her. Catering staff report to a catering manager who in turn reports to the person in charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff
Number of staff on duty on day of inspection	1	4	11	3	3	1

Summary of findings from this inspection

This was an announced registration inspection.

As part of the registration process, the provider has to satisfy the Chief Inspector of Social Services that he was fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

The inspection was facilitated in a helpful and welcoming way by the person in charge, nurse in charge, and other staff working.

Inspectors met with residents, staff and relatives. They spent time sitting with residents and observing practice to gain a greater insight into residents' experience of the service. They reviewed documents including care plans, medical records, fire safety records, staff records and policies and procedures.

Separate interviews were carried out with the provider and the person in charge, both of whom had completed the "fit person" self-assessment together. This document was reviewed by the inspectors, along with all the information in the registration application form and associated documents. A fit person interview was also carried out with the nurse in charge.

The provider and person in charge were clear on their respective roles and levels of responsibility and were committed to the achievement of high standards. The management and staff were committed to the residents and there were good working relationships between staff and management. Staff were appropriately skilled to meet the needs of the residents and healthcare practices were excellent.

There was a variety of activities in which residents could participate and the continuation of connections with relatives was facilitated by an open visiting policy.

Premises, fittings and equipment were exceptionally clean and well maintained, and there was an excellent level of furnishings throughout the centre.

Areas for improvement include:

- making arrangements for adequate privacy in shared en suite facilities
- increasing opportunities for activities and engagement for residents with cognitive impairment
- establishing systems for quality assurance and continuous improvement
- further development of key informational and governance documents.

These issues and others are included in the action plan at the end of the report.

Residents' comments

Residents and Relatives provided feedback to inspectors during the inspection and one inspector joined residents for lunch.

Residents reported a high level of satisfaction with life. One resident said "all staff are lovely, kind and care for us well". Another said "she was always offered a shower or wash every day and loved getting her own teapot at breakfast served to her in bed". All residents said they felt well cared for, safe and, with one exception, enjoyed the different activities, particularly the exercises and live music sessions. Another said "she was pleased that she could get books from the mobile library that visited". Many of the residents described how they liked going to the monthly coffee mornings at the community centre in the village. A couple of residents commented in particular about opportunities to visit the local public house and go for walks to the village.

With one exception residents reported that the food tasted good and choices were offered at the main meal. Another resident said that the meat was "tough". Residents spoke of their privacy being protected when seeing their General Practitioner (GP) and choice about when they might get up in the morning and retire at night. There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents' satisfaction.

Residents said that they were aware of how to complain and one resident on the newly developed resident committee commented that he hoped such a group would help people express their opinions.

Relatives' comments

Relatives interviewed were pleased with quality of information provided prior to admission and the time taken by the person in charge during their initial visit to reassure and assist with the adjustment to a care setting. Relatives expressed a high degree of satisfaction with the care their relatives received in the centre and the availability of medical, associated healthcare and other services. All said they felt enough drinks and snacks were served throughout the day and evenings. Without exception they were all pleased with the attitude of staff, the dignity with which residents were treated, and the respect they were shown.

Other relatives comments included: "I am always surprised at the interest they take in mum's health and welfare, and the patience they showed us", "She has improved so much and that would not have been possible at home".

Relatives expressed approval of how belongings were looked after and the level of activities. They felt able to talk to nurses at any time and were consulted regarding care plans. Relatives considered that residents were assisted to be as independent as possible and had many choices in daily life.

Many relatives felt welcome to visit at all times and one relative commented "our friends and family that have visited have commented on how happy she is and how easy it was to visit".

Many relatives identified the person in charge or the nurse in charge as the one they would make a complaint to or the person they would approach if they wanted to discuss a particular aspect of care.

One relative expressed a desire to have a small kitchenette for visitors especially if there was a birthday or family event being celebrated.

Overall findings

1. Governance: how well the centre is organised

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

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

Evidence of good practice

The statement of purpose outlined the ethos and governance of the centre, and the importance of dignity for residents, which was seen in practice. Staff interviewed spoke of their understanding of roles and the management structure.

A good organisational structure was evidenced by a well run centre and a good team spirit. Accessibility to the person in charge by all staff was observed by the inspectors. A clear direction for the centre was provided by the person in charge, as demonstrated by her effective deployment of resources and focus on staff development.

The provider, person in charge, and nurse in charge demonstrated during the "fit person" interviews an understanding of their individual roles and responsibilities resulting from the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. For example, all care staff were being facilitated to gain a Further Education and Training Awards Council (FETAC) level 5 qualification.

The policies and procedures reviewed by the inspectors were comprehensive, and a complaints procedure was displayed. The environment was conducive to everyone being able to raise issues and make complaints. A welcoming culture was reflected by the manner in which external health service specialists and relatives were received. Residents, relatives, and staff were clear about whom they would approach about any concern.

A risk management policy was in place and residents were observed walking with staff support or with assistive equipment, and transferring from wheelchairs to lounge chairs. Call bells were answered promptly and there was a record of accidents and incidents maintained.

Information related to insurance cover and equipment maintenance was kept in accordance with legal requirements. There was evidence of an ongoing maintenance programme. The register of residents was current and up to date.

Some improvements required

The statement of purpose did not address the centre's aims, objectives, and the arrangements made for consultation with residents about the centre's operation. The organisational structure described did not reflect actual practice and the resident profile did not cover all the range of needs that the provider intended to meet.

The complaints procedure guided residents and their relatives to seek assistance from an external advocacy group if they were unsatisfied with the response to their complaint. However, this guidance did not meet the requirement to have an independent appeals process. The provider expressed his understanding that complaints should be in writing; however, a record of all complaints must be maintained irrespective of whether they are verbal or written.

There were arrangements for the recording and investigation of incidents. However, there was no structured system for consistent analysis of such occurrences in order to promote learning and improve outcomes for residents.

Systems for the regular review of the quality of care and the quality of life of residents resulting in improvements were not established.

Minor issues to be addressed

The person in charge did not have any post-registration qualification in healthcare management which would enhance her knowledge and expertise.

2. Quality of the service

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

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

Evidence of good practice

A high level of engagement and interaction between staff and residents was observed. A recently married staff member described how she came to see the residents to display her wedding dress. Staff demonstrated a keen interest in the residents by coming in on an off duty day for Christmas card making. The depth of relationships was reflected in the numerous "Thank You" cards displayed at the nurses station and photograph album of different resident events over the years.

Inspectors observed that staff encouraged residents to maintain their independence as much as possible. For example, independent dining was encouraged at lunch with staff assistance given in a sensitive and personalised manner. At mealtimes, and during the day, residents were provided with a choice of food and drinks. Person-centred values were evident at mealtimes with excellent food presentation and service. Residents spoke of how pleasant they found the whole dining experience. Lunchtime was relaxed and staff addressed each resident respectfully.

Inspectors observed that the privacy and dignity of residents was adhered to. Staff respectfully addressed each resident and they knocked on doors, waited for a response before entering the residents' rooms. Where the resident shares a room, screening is provided, to assist with not compromising the residents' privacy during the provision of personal care.

Residents were supported to continue the daily routines and individual preferences they had prior to admission. One resident who had been an avid rally car driver in his youth kept his car parked at the centre. A few residents described how they continued life long reading habits with plenty of books available. A number of residents explained how they chose what to eat from the menu, where to eat and the time they retired or rose in the morning. Residents were facilitated to go into the village to join in any events or just to have a walk. Inspectors observed one resident with cognitive impairment walking around frequently and went out the alarmed doors on a regular basis during the inspection. Staff escorted the resident back without any distress.

Residents knew how to make a complaint, and their religious preferences were respected with the provision of a non-denominational oratory. Staff had received training in elder abuse and those who were interviewed understood their role in adult protection.

There was a residents' committee in operation which offered residents an opportunity to participate and engage in the running of the centre. Inspectors spoke to some residents on the committee and reviewed minutes from their meeting. A resident on the committee was interviewed and he expressed his hope that it would become quite an active group and that residents would want to make suggestions.

Residents interviewed spoke of joining in, or opting out of, activities according to their choice, and inspectors observed this in practice and viewed written activity programmes. Inspectors observed the live music session scheduled for every Wednesday morning and a recently introduced gramophone recital in the afternoon. The regular live music sessions were very popular as was weekly mass and hairdressing appointments.

Residents maintained social relationships with families with visitors able to come and go as they pleased.

Some improvements required

A structured programme of activities provided opportunities for participation in general recreational activities. However, no particular consideration was given to ways of engaging residents with cognitive impairment in purposeful organised activity which would contribute to their quality of life.

The size of the one television screen in the lounge was not sufficient to enable all residents to be able to view it for occupation and leisure activities.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

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

Evidence of good practice

Opportunities for physical activity were available and residents spoke of their enjoyment of the 'fit for life' programme.

Inspectors observed that residents looked well cared for and residents said that they considered their daily personal care needs were met.

Snacks and drinks were readily available and lunch served on the day of inspection was nutritious. Menus viewed by inspectors demonstrated access to a varied balanced diet. Resident weight gain or loss was monitored monthly and inspectors viewed these records. The practice of supplements being added to liquidised diets where appropriate was noted and this practice was observed by inspectors in the afternoon.

Resident records reviewed by inspectors had individualised care plans with access to assistive devices, healthcare services and support services as required. It was observed that two residents were physically restrained and their care plans contained appropriate assessment according to best practice. A number of local GPs and an out-of-hours service provided medical services to the centre. Access to peripatetic services was good and inspectors observed a community therapist and psychiatric nurse visit their clients.

An inspector accompanied the nurse on a medication round and observed that staff adhered in practice to policies and procedures in accordance with professional regulatory requirements. The nurse demonstrated an excellent knowledge of medication management. She monitored and reviewed with the GP any adverse effects from medication and documented any clinical indications for withholding or changing the medication amount. The inspector observed that tablets in blister packs were individually wrapped and labelled. Records were kept to account for all medicines and scheduled controlled drugs were found to be secured in the correct manner.

Minor issues to be addressed

There was no evidence that the wishes of relatives or representatives were taken into account when a resident was deemed to lack capacity to discuss care options.

4. Premises and equipment: appropriateness and adequacy

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

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

Evidence of good practice

Inspectors observed that the centre was furnished and decorated to an exceptionally high standard with an overall environment that was aesthetically pleasing. For example, a large glass oval table in the foyer held an elegant vase of flowers and the aquarium was bright and colourful. The high ceilings in the foyer and natural light throughout facilitated the sense of space and the overall colour scheme was calming. Both the provider and person in charge commented on their mutual desire to provide "hotel like standards".

A well-designed layout with under floor heating resulted in a safe and comfortable private space with easy access to all communal areas, including the garden. The fireplace in the lounge, with a gas insert and fireguard, created a home like ambience as did the resident dog and cat.

Inspectors observed a high standard of cleanliness and residents reported satisfaction with the facilities provided and a general feeling of safety and security. Treatment rooms were utilised by nursing staff to ensure privacy and dignity while delivering specialised care.

A high level of assistive equipment, such as electric profiling beds for all residents, correctly adjusted pressure relieving mattresses and cushions, stand up hoists and mobility aids, was provided by the centre. Chairs were available in different heights and all wheelchairs had foot plates and residents were transferred with footplates in use that avoided leg injuries. Inspectors saw evidence that six-monthly servicing of equipment occurred and that equipment was adequately maintained. Resident lifting training had been completed by all staff.

Inspectors found that the kitchen was well organised and satisfactory in size. Laundry facilities and procedures observed were in line with best practice. Staff facilities were of a high standard.

Staff wore uniforms and appropriate protective clothing, and there were adequate alcohol hand rub dispensers and secure chemical storage. The health and safety statement was site specific and a missing person's policy was in place. Fire evacuation procedures were displayed and the fire register was current.

Some improvements required

There was a lack of storage space for equipment and for residents personal belongings in rooms where there was one wardrobe provided for two people. Floor covering on the corridor of one wing was lifting up.

Hygiene and infection control measures were demonstrated. However, there was no procedure in place for storage of clinical waste and there were no hand wash basins in the sluice rooms.

Significant improvements required

Residents' privacy and dignity was compromised by the locking system not working on the doors of the shared en suite facilities which were accessed from both bedrooms.

The main residents' bathrooms did not contain showers. The person in charge explained that the two residents who did not have en suite facilities accessed showers by using the en suite facilities in another resident's bedroom. This practice compromised their privacy and dignity.

The toilets along the main corridor near the reception area did not have call bell facilities and inspectors observed residents accessing these toilets.

Fire precautions and fire records were in place however, there had been no fire drill in 2009 with the most recent one conducted in October 2008.

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

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

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

Evidence of good practice

Inspectors observed interactions between staff and management and between staff and residents/relatives. A good level of communication was noted within the centre and all staff wore name badges. Information was shared with staff and relatives as required and both residents and relatives said they received adequate information about health needs from the staff members. There was a written Residents' Guide which many residents had in their possession.

An information board were used for information sharing with residents about activities and other centre events. Information about advocacy services for those who needed assistance with expressing their views was available in the resident guide. There were weekly local papers for information about community events in addition to daily national newspapers.

Relatives and families reported feeling listened to and welcome at any time. They stated that access to the person in charge and all staff was straightforward. They knew whom to contact if they wanted to make a complaint. Signed contracts of care were viewed by inspectors.

Policies and procedures were evidence based and up-to-date. Staff interviewed were familiar with key policies such as elder abuse and the restraint policy, and spoke of receiving draft policies for their input. Staff meetings were held on a regular basis and minutes of such meetings were reviewed by inspectors.

Records were current, secure and stored appropriately which demonstrated good record-keeping practices.

Some improvements required

The Residents' Guide did not contain a summary of the statement of purpose, the terms and conditions regarding accommodation, or a copy of the contract regarding services and facilities. The guide contained inaccurate information as regards accommodation as it stated there were 42 single bedrooms with en suite facilities whereas 24 of the single bedrooms had shared en suite facilities.

Minor issues to be addressed

There was no evidence to demonstrate that all staff were aware of all operational policies. For example, the safety statement was signed by only one staff member.

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

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

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

Evidence of good practice

Residents and relatives interviewed by inspectors reported that staff had the skills and competence to meet the needs of the residents. Inspectors observed care being delivered in a caring and respectful manner.

Inspectors viewed personnel files and noted that staff turnover was low and a large number of current staff had been working in the centre since its inception. Staff members spoke of their strong connection to the centre with its location in their community and knew some of the residents and their families very well.

Staff interviewed spoke of their recruitment, induction, probation and the supervision arrangements. Development of an appraisal system was in progress. Their accounts of mandatory training were supported by documentary evidence when their files were reviewed. Job descriptions for all posts were printed and the content was of a good quality.

Records also supported the provision of ongoing professional development. Nurses and care staff had undergone training in wound management and continence promotion within the last year with further courses planned for next year. All of the care staff, with the exception of student nurses and those already with the certificate, had commenced the Further Education and Training Awards Council (FETAC) level 5 qualification.

Some improvements required

The personnel files reviewed did not contain full information as required by the regulations. Three written references and birth certificates were not in all files reviewed. Garda vetting applications were not in process for all staff.

There was no evidence that staff members were made aware of the regulations commensurate with their role. A copy of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 was not available in the centre during the inspection. Not all staff were aware of the statement of purpose.

REPORT COMPILED BY

Patricia Sheehan

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

14 December 2009

Provider's response to inspection report

Centre:	Conna Nursing Home
Centre ID:	0215
Date of inspection:	25 November 2009 and 26 November 2009
Date of response:	14 January 2010

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 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

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

The design and layout of the premises in respect of washing facilities and call systems did not meet the needs of all residents.

Action required:

- make certain that the locking system on doors of shared en suites works effectively in order to maintain privacy and dignity
- make certain that the two residents in rooms without en suites can access shower facilities without having to use another resident's en suite
- make certain that corridor toilets utilised by residents contain a call system.

Reference: Health Act 2007 Regulation 19: Premises Regulation 10: Residents' Rights, Dignity and Consultation Standard 25: Physical Environment Standard 4: Privacy and Dignity	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: 1) Privacy and dignity for residents who share en-suite facilities will be maintained, as the magnetic locking system on bathroom doors is currently being overhauled. 2) Privacy and dignity for the two residents in single rooms without en suite facilities will be maintained regarding shower facilities as a shower unit will be installed in the bathroom on the Douglas corridor. 3) Call bells are being connected in the toilets on each corridor	31 May 2010 28 February 2010

2. The provider is failing to comply with a regulatory requirement in the following respect: There had been no fire drill since October 2008 as a means of ensuring staff and, insofar as is practicable, resident awareness of the procedure to be followed in the case of fire.	
Action required: Make certain that fire drills are conducted at suitable intervals to ensure that staff and residents are aware of the procedure to be followed in the case of fire.	
Reference: Health Act 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Fire drill will be carried out twice yearly in January and June, and a Fire Safety officer has been appointed.	28 February 2010 and 31 July 2010

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

The statement of purpose did not fully comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as listed in Schedule 1.

Action required:

Review the statement of purpose to incorporate all matters as listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

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:

Statement of purpose is being reviewed to deal with issues raised.

31 March 2010

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

The complaints procedures did not fully comply with all the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Action required:

- establish an independent appeals process as part of the complaints procedure
- update the displayed complaints procedures to reflect the complete procedure
- maintain a record of all complaints irrespective of whether verbal or written.

Reference:

Health Act 2007
Regulation 12: Visits
Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We are currently reviewing the complaints procedure and to establish an independent appeals process by securing the services of a Peace Commissioner.</p>	31 March 2010

5. The provider is failing to comply with a regulatory requirement in the following respect:	
<p>Significant events involving residents were recorded and investigated but there were no arrangements for learning from these serious incidents as a necessary part of risk management.</p>	
Action required:	
<p>Make arrangements for analysis and learning from serious incidents or adverse events involving residents.</p>	
Reference:	
<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>Analysis and learning from serious incidents and adverse events involving residents is ongoing. However, we plan to formalise this through meetings every 3 months to assess the previous 3 months starting 1 April 2010.</p>	30 April 2010

6. The provider has failed to comply with a regulatory requirement in the following respect:	
<p>A system that reviews and improves, at appropriate intervals, the quality of care and the quality of life of residents was not established.</p>	
Action required:	
<p>Develop and implement a system to review and improve the quality of care and the quality of life of residents, which incorporates consultation with both residents and their representatives.</p>	

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:
Provider's response: We will have management meetings every 3 months to discuss, review and improve the quality of care and quality of life of residents. We have set up a residents' committee, which will meet every 2 months and a relatives meeting will also take place every 3 months.	Ongoing

7. The provider is failing to comply with a regulatory requirement in the following respect: There were not opportunities to participate and engage in activities appropriate to the interests and capacities of residents with dementia and cognitive impairment and access to television viewing was not sufficient for all residents.	
Action required: Make certain that: <ul style="list-style-type: none"> ▪ there are opportunities to participate and engage in activities appropriate to the interests and capacities of residents with dementia and cognitive impairment ▪ access to television viewing is adequate for all residents when seated in the lounge 	
Reference: Health Act 2007 Regulation 6: General Welfare and Protection Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We plan to engage with the Alzheimers' Association in relation to activities for residents with cognitive impairment i.e in the springtime gardening and outdoor walks, baking under the Chef's guidance and we have now started Aromatherapy sessions twice weekly on Monday and Thursday.	30 April 2010

We have purchased a large screen television for the day room and the second television will be relocated to the dining room for sports and sky viewing.	
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8. The provider is failing to comply with a regulatory requirement in the following respect:	
A procedure was not in place for the safe storage of clinical waste, and sluicing facilities did not contain hand washing facilities.	
Action required:	
Establish a procedure for the storage of clinical waste, and make certain sluicing facilities contain hand washing facilities.	
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:
Provider's response:	
1) A policy is now in place for the storage of clinical waste and all staff are aware of the procedure to follow regarding same. 2) Hand-washing facilities will be installed in the 3 sluice rooms.	31 March 2010

9. The provider is failing to comply with a regulatory requirement in the following respect:	
There was not suitable storage for residents' personal belongings in all rooms and for centre equipment, and a section of flooring was not sufficiently maintained.	
Action required:	
Ensure that <ul style="list-style-type: none"> ▪ suitable provision is made for residents personal belongings in all rooms ▪ suitable provision is made for storage of equipment ▪ All flooring is kept in a good state of repair. 	
Reference:	
Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: 1) In respect of suitable storage space for residents personal belongings for rooms 2 and 15 (double rooms) the wardrobe are being redesigned. 2) All wheelchairs will be stored in the equipment room when not in use and storage space will be made available for other equipment. 3) The flooring referred to in the report will continue to be maintained.	31 March 2010

<p>10. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The residents' guide did not fully comply with the requirements for the provision of information to residents.</p>	
<p>Action required:</p> <p>Review the guide to ensure it complies fully with the requirements and that it contains accurate information regarding facilities.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: 1) Residents guide is currently under review.	Ongoing

<p>11. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Full information in relation to Garda vetting, references and birth certificates, as listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, were not available for all staff.</p>	
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Action required:	
Obtain full and satisfactory information in respect of the matters set out under Schedule 2 for all people managing or working in the centre.	
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: 1) Garda vetting for all staff members is currently being sought. 2) Staff have been requested to obtain references and birth certificates.	30 June 2010

12. The provider is failing to comply with a regulatory requirement in the following respect:	
There was no evidence that staff members were made aware of the regulations commensurate with their role and the statement of purpose.	
Action required:	
Make certain that: <ul style="list-style-type: none"> ▪ All staff members are made aware of the regulations commensurate with their role and the statement of purpose ▪ A copy of the Health Act 2007 and the regulations is available to all staff 	
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:
Provider's response: 1) The specified documentation is available to all staff who have been informed and advised to read these documents and sign when read.	Ongoing

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 27 Operational Management	Explore options for the person in charge to obtain a post-registration qualification in healthcare management or equivalent suitable to her role and level of responsibility.
Standard 3 Consent	Obtain evidence that the wishes of relatives or representatives are taken into account when a resident is deemed to lack capacity to discuss care.
Standard 29 Management Systems	Consider developing a method of verifying all staff awareness of operational policies.

Any comments the provider may wish to make:

Provider's response:

N/A

Provider's name: Pat Beecher

Date: 02 February 2010