

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Maryborough Nursing Home
Centre ID:	0248
Centre address:	Maryborough Hill
	Douglas
	Cork
Telephone number:	021-4891586
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Email address:	maryboroughNH@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Vivienne O'Gorman
Person in charge:	Vivienne O'Gorman
Date of inspection:	23 February 2010 and 24 February 2010
Time inspection took place:	Day-1 Start: 10:10hrs Completion: 16:30hrs Day-2 Start: 08:15hrs Completion: 18.15hrs
Lead inspector:	Allison Cummings
Support inspector(s):	Patricia Sheehan
Type of inspection:	<input type="checkbox"/> Registration <input checked="" 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 cooperation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Maryborough Nursing Home was purpose-built 20 years ago and is a single-storey building with accommodation for 35 older people.

There are 23 single and two twin-bedded rooms, all with shower en suites. There are also four twin-bedded rooms without en suites. There are two assisted shower rooms that do not include a bath. There is a communal toilet within close proximity to the dining and sitting areas.

The kitchen is adjacent to the dining room and there are three separate sitting rooms. Additional seating is located in the main entrance and in an area off a corridor leading to bedrooms. There are double doors leading from a main corridor onto a secure central courtyard with permanent outdoor furniture.

There are two laundry rooms, sluice facilities, four storage rooms, a staff toilet and coat room. Car parking is available outside the main entrance door.

Location

The centre is located on a quiet road in a residential area of Cork city on a regular bus route to the city. It is within a short driving and walking distance of a small complex of shops within a housing estate.

Date centre was first established:	1989
Number of residents on the date of inspection	34

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	10	10	14

Management structure

Vivienne O'Gorman is both the Provider and the Person in Charge. All nurses, care, catering, cleaning and maintenance staff report to her.

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	1	1	0	0

Summary of findings from this inspection

An inspection took place on 23 February 2010 and 24 February 2010 and a number of significant improvements required the provider's immediate attention. These referred to aspects of care and features of the premises that posed immediate risk and were outlined in an emergency action plan sent to the provider on 25 February 2010.

Inspectors met with the provider, her business partner, staff, residents, friends of residents and relatives. They reviewed documents including residents' care records, staff rosters, education and training records, policies and procedures.

Maryborough Nursing Home failed to comply in a number of areas with the Health Act 2007 (Care and Welfare in Designated Centres for Older People) Regulations 2009 (as amended).

Some nursing care and care practices were found to be inadequate and did not meet the needs of residents. Some inappropriate care practices compromised the privacy and dignity of residents. There were inadequate infection control precautions in place to protect residents, and some features of the premises were not suitable for the purpose for which they were being used.

Over the course of the two day inspection, inspectors observed an unsuitable and insufficient level of care to maintain the residents' welfare and wellbeing.

The action plan at the end of this report identifies areas where improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Residents' and relatives' comments

Inspectors formally interviewed four residents and met with many more residents during the two days of the inspection. The friend of a resident also completed a questionnaire.

All residents said they felt safe in their environment and that visits were welcomed from friends and family. They also reported that their health needs were looked after and that they had a choice in their daily routine. However, two residents referred to a lack of fulfilling activities during the day.

When inspectors joined residents for lunch they all reported that they enjoyed the food. Residents that were more formally interviewed concurred with these opinions. However, residents said they did not have choice in relation to their food.

The friend of a resident described the staff as "caring, understanding and affectionate to her (the resident) while also cognisant of her (the resident's) speech

difficulties". Feedback from a resident also positively described the manner of staff by saying "staff are nice". This friend also described how the resident could have their own personal belongings, "we were allowed decorate her room with personal belongings, photos and the like". A resident also referred to having "photos and bits and pieces" in her bedroom.

Overall findings

1. Governance: how well the centre is organised

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

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

Evidence of good practice

The provider was described by staff as being approachable and accessible. Many of the residents knew who the provider was and they said they would go to her if they had any problems. Staff described that they felt supported by the provider.

All staff interviewed were aware of the reporting arrangements and knew who deputised in the absence of the person in charge.

Most of the care staff had worked at the centre for many years and were able to describe their day to day roles and knew the residents well.

Inspectors were informed by the provider and nursing staff that there was a registered nurse on duty at all times and this was confirmed on the staff rosters.

Some improvements required

Omissions were found in the register of all residents:

- gender
- marital status
- ethnic/cultural background
- address of next of kin
- address of general practitioner (GP)
- date, time and cause of death
- name and address of authority/organisation that arranged the admission.

In the case of one resident who had been discharged, there was no record of the onward placement. In the case of a resident who had passed away, there were no records of the date, time, and cause of death.

There was no written formal agreement in place for a volunteer who fulfilled administrative duties.

Significant improvements required

The provider did not demonstrate appropriate leadership as she did not have a working knowledge of, or make available to staff, 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*. As a result, staff could not demonstrate any knowledge of the legislative requirements and a number of key requirements had not been implemented. For example, there was no statement of purpose, quality system for continuous service improvement, arrangements to manage risk and complaints, emergency plan or accessible safety statement.

There was no risk assessment policy or documented evidence of risk assessment having been undertaken. There was no policy for management of incidents and no written records of any investigations. The required quarterly returns in relation to incident notifications had not been submitted to the Authority. There were no arrangements for the learning of incidents involving residents. This was all confirmed by the provider.

The inspection was triggered in response to a complaint regarding the lack of heating in a resident's en suite bathroom, but inspectors found no written record of the complaint or any subsequent investigation. The provider confirmed that the complaint had been dealt with. However, the management of the complaint including communication with the resident's family was not documented. The provider confirmed that there was no complaints policy. The complaints procedure posted on the wall of a main corridor was not in compliance with the regulations.

The existing arrangements for protecting residents' finances were not adequate. In particular, inspectors observed that proper records were not kept and receipts were not issued when residents' cash was handled by the provider.

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

For independent residents, there was a pleasant dining experience. The dining room contained small tables with up to four residents at each table. When inspectors joined residents for lunch on the first day of inspection, they noted that it was generally a relaxed and unrushed occasion, with residents conversing amongst themselves and with staff.

It was clear to inspectors that staff knew residents well. For example, care staff monitored one resident's intake as her appetite had decreased due to poor health. Care staff gently encouraged the resident throughout lunch in the hope that she would consume a little more of her meal. During lunch residents commented to inspectors on their enjoyment of the food. There was a choice of drinks with the meal including milk, water, fruit juice and tea.

Residents' choices were accommodated wherever possible. For example, a resident was seen having a leisurely late breakfast in the sitting room. One resident was still in her nightgown at the time of her lunch and she confirmed that this was her choice. Residents interviewed by inspectors also commented that they made independent decisions about their daily routine.

Some improvements required

Inspectors read notes kept of the residents' committee meeting. They reflected residents being provided with an opportunity to give formal feedback to management. However, the provider had not acted upon the residents' feedback, thereby not availing of the opportunity to change practice or improve the service, particularly in the areas of food choice and fulfilling activities.

Whilst residents said they enjoyed their meals, they confirmed that there was no choice of food and there was no menu made available to them. Inspectors also observed the lack of choice at mealtime. There was no effort made to make the dining experience pleasurable for residents who required assistance with their meals. Inspectors observed that they remained seated in the sitting room while more able residents dined in the dining room.

During the two days of inspection there was no evidence of any fulfilling activity being provided. There were long periods in the morning and afternoon when there were no organised activities for residents. Residents who were highly dependent had very little access to organised activities, and this was confirmed in conversation with them.

There was no written evidence of person-centred care plans for residents outlining any individual plan of activity. For example, one resident said that her eyesight had deteriorated, which prevented her from joining any of the activities, but there was no evidence on her care plan of any attempt to compensate for this.

Inspectors found that some care practices compromised the dignity of some residents. For example, large cloth bibs and disposable aprons were placed on residents regardless of whether they needed them or not. The same type of disposable aprons were worn as personal protective equipment by nursing and care staff during the provision of care to residents. Care staff stood when assisting some residents with eating, thereby minimising the opportunity for personal interaction. Inappropriate signage was also seen on a resident's bedroom door, stating that the resident was a diabetic. Stickers were seen on the headboards of residents' beds stating that they were at risk of falling. Clipboards with attached records of individual resident's repositioning and turning were seen in the hallway outside their bedrooms.

With the exception of four residents who had a telephone in their bedroom, inspectors could not identify any private area for residents to make or receive phone calls. A staff member showed inspectors the two telephones available to the other 30 residents. One was located in a main corridor and the other was in the kitchen. Due to their location, the staff member explained that a seat would have to be specifically made available for residents to use the telephone. If the telephone in the kitchen was to be used by residents, in order to allow for any privacy the cord would have to be stretched out into the main corridor.

There were inadequate arrangements for the prevention of, detection of, and response to elder abuse. Although staff interviewed said they had watched an informative dvd on the topic, the policy did not adequately cover prevention, reporting procedures and processes for managing an allegation of abuse.

Significant improvements required

Physical restraint procedures had the potential to compromise the health and well-being of residents. Inspectors observed many residents restrained with lap belts and tables, and reclined for prolonged periods of time. In the residents' care records there was no evidence of assessment prior to the initiation of restraint, no record of the occasion on which restraint was used, the nature of the restraint and its duration. Inspectors reviewed the restraint policy and found that it was not evidence based and did not adhere to regulations. It suggested that physical restraint was used for conveniences as opposed to being a last resort in the management of challenging behaviours. For instance, the policy stated that "at quieter times of the day nursing staff and care attendants will mobilise the person". It did not include

the need for assessing residents prior to the initiation of physical restraint, for taking resident's consent, the records to be kept, or the monitoring arrangements.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

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

Evidence of good practice

Nursing staff demonstrated an adequate knowledge of the medications that residents were prescribed and they administered medications in accordance with the centre's medication administration policy.

There was documented evidence in the sample of residents' medical notes read by inspectors, that GP reviews of residents did occur every three months. The provider and nursing staff confirmed this.

Significant improvements required

There was no written evidence of up to date individual assessment, or residents' involvement in planning their own care, which was confirmed in conversation with residents. For example, there was no documented nutritional screening and there were no seated weighing scales. Inspectors were informed by the provider that a new care planning system was in the process of being implemented. However, nursing staff did not demonstrate a comprehensive understanding of care planning.

Inadequate pressure area care was seen in terms of the frequency of resident positioning and re-positioning and there were no documented individual risk assessments. The provider informed inspectors and nursing staff that an unqualified staff member set the parameters on pressure-relieving mattresses.

Risk of cross contamination was seen in relation to the management of clinical waste. There were inadequate processes for the safe segregation, storage and disposal of clinical waste.

Inspectors observed and were informed by staff of inadequate infection control practices including:

- communal sponges that were laundered in the centre and reused for washing residents were visibly stained
- communal use of hip protectors and stockings to hold incontinence pads in place
- limited availability of antimicrobial hand wash, gels and paper towels
- limited availability of appropriate personal protective equipment such as suitable disposable gloves and aprons

- temporary storage of used incontinence products within a plastic container in the corridor
- there was high risk of cross contamination during the wound dressing of a resident's infected wound. Cross contamination risk also occurred when the nurse placed the dirty wound dressing pack into a waste bin beside a box of sterile catheters in the dressing/treatment room
- there were inadequate infection control precautions for the management of a resident with confirmed MRSA in a pressure sore.
- the cleaning staff member was not wearing a uniform or personal protective clothing during cleaning procedures.

A resident's dignity was compromised and inadequate documentation of wound management was demonstrated by the provider. Inspectors were shown by the provider a photograph on her own mobile phone of a resident's long term infected wound. The photograph was shown by the provider as evidence that the centre kept photographic evidence of the stages of wound healing. On inspection there were no photographs kept in the resident's care records of their wound healing to assist with their wound management.

Although nursing staff adhered to the policy in regards to administering medication to residents, inspectors identified a number of areas of concern in regards to overall medication management. The medication management policy was incomplete as it did not include the procedures for transcribing a prescription, storage, medication errors, PRN (when necessary) usage and count discrepancies. Inspectors observed unsafe practices including the counting and labelling procedures for controlled medications, lack of photographic identification of residents on medication administration records, transcription of prescriptions and not always returning unused medicines to a pharmacy. The medication fridge was also observed to have no temperature gauge and it was visibly dirty.

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

There was a choice of three sitting rooms available to residents and one had a piano that was available for residents to play. During the inspection a resident was observed playing the piano.

Individual personal items such as photographs and ornaments were seen in residents' bedrooms and each resident had their own wardrobe and cupboard. This was confirmed by residents and staff.

There was access through double doors within close proximity of the two main sitting rooms, to an enclosed central courtyard with permanent outdoor furniture.

Service records for the electronic pressure relieving mattresses were within the last 12 months.

Some improvements required

A visitor's room was not available for residents to meet in private with their family and friends. All three sitting rooms were occupied throughout the two days with residents sitting in various chairs.

Inspectors observed that the majority of wheelchairs that were stored in a corridor did not have foot plates and when residents in wheelchairs were pushed by staff, the residents' feet were left dragging on the floor.

Significant improvements required

The laundry facilities were not adequate as there were inappropriate processes for segregating clean and dirty laundry and there was insufficient space for drying clean clothes. The provider was not knowledgeable about the appropriate infection control measures in processing different categories of laundry. She informed inspectors that relatives of residents were asked to take some of the resident's dirty laundry home.

Storage in the laundry was also inadequate as dirty cleaning equipment was stored in the same room as clean laundry, unused food supplements and medicines.

There was also inappropriate storage of supplies as medicines and sterile dressings were stored in an unlocked and rusted metal cupboard. Cleaning products, chemicals, toiletries and uncovered toothbrushes were also stored in an adjacent rusted metal cupboard.

Inspectors observed poor infection control practices in relation to the use of sluice facilities. The sluice facility used to clean soiled linen was located in an assisted shower room with a second sluice facility also used to store clean towels, continence products, undergarments and a continence pad macerator. The macerator was dirty with visible remains of continence pads around the lid and staining on the sides. There was no hot water supply and the ceramic sluice sink was used by staff for hand washing. The floor surrounding the sink and macerator was visibly dirty.

A cleaning schedule was shown to the inspectors detailing the daily cleaning schedule and it was signed each day by the cleaning staff member. However, there were deficits in cleaning practices. For example inspectors observed the cleaner did not wear a uniform or personal protective clothing and there was not appropriate colour coding, segregation of mops and storage of cleaning supplies. Inspectors also observed visibly dirty covers on the chairs in the dining room.

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

Throughout the inspection, inspectors saw staff and residents chatting with staff providing information to residents in an attentive way. Residents and staff were overheard addressing each other by name. Staff knew residents well as they were able to tell inspectors about each resident. When inspectors spoke with residents the information from staff matched with what residents told inspectors about themselves.

There was a spoken hand-over of residents care between nursing staff at each change of shift and it was undertaken in an office to secure residents privacy. Nursing staff gave an update to care staff following handover and allocated the individual care of residents to care staff as required.

There was a notice board in the foyer providing information about the centre and any activities to residents and visitors.

Some improvements required

The resident's guide that was provided to the inspectors by the provider did not include the information that is required in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). There was also no documented evidence that residents had a contract of care. This was confirmed by the provider.

The provider had developed some local policies and procedures. However, they were not evidence based and not all the policies and procedures were in place as required in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The policy folders in the nurses' stations were not standardised and they contained various versions of some policies. It was not clear which policy was in use and this could give rise to confusion or inconsistent practice.

Significant improvements required

Storage of residents care records was not appropriate as there was more than one place active records were kept and it was confusing when inspectors found that they had to look in a variety of places for information. Nursing care was not documented in accordance with professional guidelines.

Confidentiality of previous residents was compromised in that their records stored in boxes in an unlocked storage room.

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.

Some improvements required

There was no policy on recruitment, selection and vetting of staff. The sample of personnel files that was examined by inspectors did not contain all the information that is required in respect of the persons managing or working at a designated health centre as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Significant improvements required

While opportunities were made available for nurses to attend continued professional development, there were no clear records of any ongoing training for other staff. The provider confirmed there was four out of 18 care staff who had undertaken an appropriate Further Education and Training Awards Council (FETAC) programme.

The person in charge did not provide staff with education and training to enable them to provide care in accordance with contemporary evidence based practice as contained in the *National Quality Standards for Residential Care Settings for Older People in Ireland*. There was one staff member observed doing a combination of jobs including cleaning, maintenance and assisting residents with some care practices. The provider and the staff member confirmed that they had not received training. Staff and the providers' personnel files did not contain up to date training records.

REPORT COMPILED BY

Allison Cummings

Inspector of Social Services

Social Services Inspectorate

Health Information and Quality Authority

31 May 2010

Provider's response to inspection report

Centre:	Maryborough Nursing Home
Centre ID:	0248
Date of inspection:	23 February 2010 and 24 February 2010
Final Date of response:	29 September 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:

Suitable and sufficient care to maintain residents' welfare and wellbeing was not provided. Inspectors observed and were informed by staff of inadequate infection control practices including:

- communal sponges that were reused for washing residents were visibly stained
- communal use of undergarments including hip protectors and stockings to hold incontinence pads in place
- limited availability of antimicrobial handwash, gels and paper towels
- temporary storage of used incontinence products within a plastic container in the corridor
- a lack of accessibility to personal protective equipment such as disposable gloves and aprons
- there was high risk of cross contamination during a wound dressing of a resident's infected wound. Cross contamination risk also occurred when the nurse placed the dirty wound dressing pack into a waste bin beside a box of sterile catheters in the dressing/treatment room
- there were inadequate infection control precautions for the management of a resident with confirmed methicillin-resistant staphylococcus aureus (MRSA) in a

<p>pressure sore.</p> <ul style="list-style-type: none"> one staff member was not wearing a uniform or protective clothing during cleaning procedures. 	
<p>Action required:</p> <p>The registered provider shall ensure that suitable and sufficient care to maintain each resident's welfare and wellbeing is provided by undertaking comprehensive risk management practices.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 4: Privacy and Dignity Standard 25: Physical Environment Standard 26: Health and Safety</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> <ul style="list-style-type: none"> communal sponges that were reused for washing residents were visibly stained <p>I have investigated what other facilities are using and these vary from J Cloths to face clothes, some use one use disposable sponges. These would add €400 per week to our operating costs. I intend to continue to use sponges, and wash as 60 degrees celsius, After washing any sponges that are stained will be discarded.</p> <ul style="list-style-type: none"> communal use of undergarments including hip protectors and stockings to hold incontinence pads in place <p>This would indicate that communal underwear was in use, this not correct. Underwear would indicate knickers, bras and vests. Now and in future all hip protectors will be named and stored in resident's rooms. Soft heel protecting socks will be stored in residents' rooms.</p> <ul style="list-style-type: none"> limited availability of antimicrobial hand wash, gels and paper towels. <p>Paper towel dispensers and antibacterial soap dispensers are now in all rooms.</p> <ul style="list-style-type: none"> temporary storage of used incontinence products within a plastic container in the corridor. 	<p>Completed by 5 March 2010</p>

This container was covered , in future all pads will be disposed of after treating a resident

- a lack of accessibility to personal protective equipment such as disposable gloves and aprons.

I disagree, a large supply of these were and still are in the nursing home, all staff know where these are. However, aprons on roller dispensers will be installed after current stock of flat packed aprons are used.

- there was high risk of cross contamination during a wound dressing of a resident's infected wound. Cross contamination risk also occurred when the nurse placed the dirty wound dressing pack into a waste bin beside a box of sterile catheters in the dressing/treatment room.

The nurse did error during this wound dressing, perhaps this was due to the stress of being observed but the nurse denies putting the dirty wound pack in to a bin. She claims that she double bagged it and disposed in landfill bin, as was our policy. However we now have a contract with Initial a biohazard waste disposal company. Hazard bins are now in the relevant rooms and a hazard system applying to all this material.

- there were inadequate infection control precautions for the management of a resident with confirmed MRSA in a pressure sore.

Antimicrobial hand spray along with aprons and disposable glove dispensers are placed out side each room any resident with confirmed MRSA and all staff are aware of the precautions to be taken

- One staff member was not wearing a uniform or protective clothing during cleaning procedures.

Uniforms have been provided for this staff member.

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

Suitable and sufficient care to maintain residents' welfare and wellbeing was not provided. Inspectors observed and were informed by staff of inadequate general hygiene practices including:

- one sluice facility was used to clean soiled linen and was located in the residents' shower room
- a second sluice facility was used to store clean towels, continence products, undergarments and a continence pad macerator. The macerator was dirty with

visible remains of continence pads around the lid and staining on the sides. There was no supply of hot water. The ceramic sluice sink was used by staff for hand washing. The floor surrounding the sink and macerator was visibly dirty

- one laundry room did not adequately segregate clean and dirty laundry
- A second laundry room contained clean linen and residents' clothes as well as stored food supplements and medicines. The mops, brooms and dusters were also stored in this room. One mop was very rusted
- there was inappropriate storage of supplies in the dressing/treatment room. Medicines and sterile dressings were stored in an unlocked and rusted metal cupboard. Cleaning products, chemicals, toiletries and uncovered toothbrushes were also stored in an adjacent rusted metal cupboard.

Action required:

Provide suitable sluicing, laundry and storage facilities and procedures.

Reference:

- Health Act, 2007
- Regulation 19: Premises
- Standard 4: Privacy and Dignity
- Standard 25: The Physical Environment
- Standard 26: Health and Safety

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

Timescale:

Provider's response:

- one sluice facility was used to clean soiled linen and was located in the residents' shower room

The sluice has been removed from this shower room, this shower room has been closed down and is under renovation. Eight patients do have showers in their rooms and during this renovation we will request permission other residents to use their shower facilities

- a second sluice facility was used to store clean towels, continence products, undergarments and a continence pad macerator. The macerator was dirty with visible remains of continence pads around the lid and staining on the sides. There was no supply of hot water. The ceramic sluice sink was used by staff for hand washing. The floor surrounding the sink and macerator was visibly dirty

Hot and cold stainless sink installed in this room. All laundry, towels have been removed from this room and cleaning of this room has been improved.

- one laundry room did not adequately segregate clean and

Completed by 5 March 2010

<p>dirty laundry</p> <p>All clean and dirty laundry is now separated, Separate colour coded bins are now in use for clean and dirty laundry.</p> <ul style="list-style-type: none"> A second laundry room contained clean linen and residents' clothes as well as stored food supplements and medicines. The mops, brooms and dusters were also stored in this room. One mop was very rusted. <p>This laundry room now only contain clean laundry</p> <ul style="list-style-type: none"> there was inappropriate storage of supplies in the dressing/treatment room. Medicines and sterile dressings were stored in an unlocked and rusted metal cupboard. Cleaning products, chemicals, toiletries and uncovered toothbrushes were also stored in an adjacent rusted metal cupboard. <p>All these were in locked room, all cleaning materials have been removed from this room and all cupboards have thoroughly cleaned and repaired.</p>	
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<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There were inadequate facilities and processes for the safe segregation, storage and disposal of clinical waste.</p>	
<p>Action required:</p> <p>Provide arrangements for the proper disposal of swabs, soiled dressings, incontinence wear and other similar substances and materials.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 26: Health and Safety</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>We now have a contract with a biohazard waste disposal company to dispose of swabs and dressings.</p>	<p>Completed by 5 March 2010</p>

<p>4. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Suitable and sufficient care to maintain the residents' welfare and wellbeing was not provided. Inspectors observed inadequate pressure area care, including positioning, re-positioning and an unqualified staff member setting the parameters on a pressure-relieving mattress.</p>	
<p>Action required:</p> <p>The registered provider shall ensure that residents receive a high standard of evidence based nursing practice.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 24: Training and Supervision</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>Positioning and reposition of residents' times are now being recorded and signed. Only nurses will set the parameters on these air mattresses. To ensure the parameters are correct we have purchased a chair scales and this now on site.</p>	<p>With immediate effect</p>

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Suitable and sufficient care to maintain the residents' welfare and wellbeing was not provided. Inspectors observed inappropriate and prolonged restraint of residents including the use of reclining chairs, lap belts and tables. There was no documented evidence of assessment prior to the initiation of restraint. There was no record of any occasion on which restraint was used, the nature of the restraint and its duration.</p>	
<p>Action required:</p> <p>Adequately assess residents' needs for restraint and if required, safely restrain residents in accordance with best practice.</p> <p>Maintain records of any occasion on which restraint was used, the nature of the restraint and its duration.</p>	

Reference: Health Act, 2007 Regulation 25: Medical Records Standard 21: Responding to Behaviour that is Challenging	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All residents whom we consider need restraint for their own safety have been reassessed and the assessment documented. All periods of restraint, methods and duration of restraint will be recorded. All repositioning will be recorded.	With immediate effect

6. The provider has failed to comply with a regulatory requirement in the following respect:	
There were unsafe medication management practices including inadequate: <ul style="list-style-type: none"> ▪ counting procedures for controlled drugs ▪ labelling of controlled drugs ▪ photographic identification of residents on the medication administration records ▪ transcription of prescriptions ▪ return of unused medicines to a pharmacy. 	
Action required:	
Deliver appropriate medication management practices in accordance with legislation and professional guidelines.	
Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: <ul style="list-style-type: none"> ▪ counting procedures for controlled drugs All administration of controlled drugs were recorded and signed and witnessed. We are attempting to source a controlled drug book that will incorporate a shift counter check. Counter checking of tablets is simple procedure but decanting liquids, measuring	Completed by 5 March 2010

<p>and rebottling will lead to considerable losses and is an unhygienic practice. We discussed this with our supplying pharmacist; the pharmacist told us that decanting would lead to losses of seven mls or more per week.</p> <p>Please confirm that liquid controlled drugs are to be decanted and measured at end of each shift.</p> <ul style="list-style-type: none"> ▪ labelling of controlled drugs <p>Discussed this with pharmacy supplier, error on their part. The box was labelled but the bottle was not labelled. This is now corrected and will checked on receipt in future.</p> <ul style="list-style-type: none"> ▪ photographic identification of residents on the medication administration records <p>All residents have been photographed and a photograph is used on medical administration records since 04 March.</p> <ul style="list-style-type: none"> ▪ transcription of prescriptions <p>The practice of transcription will be discontinued.</p> <ul style="list-style-type: none"> ▪ return of unused medicines to a pharmacy. <p>I have returned all unused medicine to the pharmacy and all pro re nata (PRN) medication is ordered on an individual basis. All unused medications will be returned on a regular basis.</p>	
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<p>7. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There were inadequate arrangements for safeguarding residents' finances and valuables, including cash.</p>	
<p>Action required:</p> <p>Make arrangements to safeguard residents' finances and valuables. Maintain appropriate signed records and receipts for residents' cash and valuables.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 9: The Resident's Finances</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>I have put in place a system. Residents cash and valuables have been stored in A4 sized zipped plastic wallets. All have been checked, recorded and signed off on by residents where they are capable of doing so. Where they are not capable next of kin will be asked to sign off on the record. The signed off record is also stored in the plastic wallet. Each wallet is stored in a separate suspension file and locked in a filing drawer for this purpose only.</p>	<p>With immediate effect</p>
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<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was a lack of adequate training provided to staff regarding the provisions of the Health Act 2007 and all regulations and rules made there under, commensurate with their role, the statement of purpose and with any policies and procedures dealing with the general welfare and protection of residents.</p>	
<p>Action required:</p> <p>Ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made there under, commensurate with their role, the statement of purpose and with any policies and procedures dealing with the general welfare and protection of residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision</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>Copies of the Health Act 2007 and the National Quality Standards for Residential Care Settings for Older People in Ireland will be ordered and given to each member of staff. Also a staff awareness day will be arranged.</p>	<p>1 January 2010</p>

<p>9. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no statement of purpose and function.</p>	
<p>Action required:</p> <p>Establish a statement of purpose which includes:</p>	

<ul style="list-style-type: none"> ▪ a statement of the aims, objectives and ethos of the designated centre ▪ a statement as to the facilities and services which are to be provided by the registered provider for residents ▪ a statement as to the matters listed in Schedule 1. 	
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 including statement of the aims, objectives and ethos of the designated centre is now in place. Statement as to the facilities and services which are to be provided by the registered provider for residents and statement as to the matters listed in Schedule 1 are nearly completed and will be in place by 1 December 2010	1 December 2010

<p>10. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>A quality system had not been established to review and improve the quality and safety of care provided to residents, including residents' quality of life.</p>
<p>Action required:</p> <p>Establish and maintain a system for:</p> <ul style="list-style-type: none"> ▪ reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals ▪ improving the quality of care provided at, and the quality of life of residents in, the designated centre.
<p>Action required:</p> <p>Make a report in respect of any review and make a copy of the report available to residents and, if requested, to the Chief Inspector.</p>
<p>Action required:</p> <p>Provide for consultation with residents and their representatives when establishing and maintaining a quality system.</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 are working on compliance with Standard 30 and quality system will be in place.	1 January 2011

11. The provider is failing to comply with a regulatory requirement in the following respect: There were inadequate policies and procedures in place for effective risk management.	
Action required: Put in place arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.	
Action required: Develop a comprehensive written risk management policy and ensure that it is implemented throughout the designated centre.	
Action required: Develop an emergency plan in place for responding to emergencies.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We are working on compliance with Standard 26.	1 January 2011

<p>12. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The person in charge did not notify the chief inspector of incidents as outlined in Regulation 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p>Action required:</p> <p>The person in charge must notify the chief inspector of incidents as outlined in Regulation 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Any notice made in accordance with this article that is given orally must be confirmed in writing within three working days of the occurrence of the incident.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 36: Notifications of Incidents Standard 26: Health and Safety</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>We are now compliant with Regulation 36 and Standard 26.</p>	<p>29 September 2010</p>

<p>13. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There were no written operational policies and procedures relating to the making, handling and investigation of complaints. Existing systems were ineffective.</p>	
<p>Action required:</p> <p>Develop written operational policies and procedures relating to the making, handling and investigation of complaints.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>We have a complaint's policy and procedure in place and we believe</p>	<p>29 September</p>

we are now compliant	2010
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<p>14. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Clinical assessments and care plans were not reviewed quarterly (or more frequently as needed). There was not a nutritional assessment tool in use to assess residents' nutritional status.</p>	
<p>Action required:</p> <p>Ensure each resident's needs are set out in an individual care plan and kept under formal review, including the assessment and planning to monitor the nutritional status of each resident.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment</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>Clinical assessments and care plans are now reviewed monthly and as needed. There is a nutritional assessment tool in use to assess resident's nutritional status.</p>	<p>29 September 2010</p>

<p>15. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Care plans were not developed and agreed with each resident.</p>	
<p>Action required:</p> <p>Make arrangements so that the residents' care plan is developed and agreed with each resident.</p>	
<p>Action required:</p> <p>Make each resident's care plan available to them.</p>	
<p>Action required:</p> <p>Ensure that revisions to residents' care plans are made only after consultation with them</p>	

or their appointed representative.	
Action required: Notify the resident of any review of their care plan.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Arrangements are now in place for each resident's care plan development and care plans are agreed with each resident. Each resident's plan is available to them. Revisions to care plans are made only after consultation with residents or their appointed representative. Residents are notified of any review to their care plan.	29 September 2010

16. The provider is failing to comply with a regulatory requirement in the following respect: Cleaning methods and equipment were not in accordance with best practice.	
Action required: Ensure that the centre is kept clean, in accordance with current national guidelines.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Cleaning programme has been revised. Cleaner is on a course on 28 September 2010 and 29 September 2010.	30 September 2010

<p>17. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Residents' records were not always kept in a safe and secure place.</p> <p>Records for current residents were not kept in a manner that ensured completeness and ease of retrieval.</p>	
<p>Action required:</p> <p>Keep residents' records in a safe and secure place, including photographic evidence for purposes of health monitoring and records for deceased or discharged residents.</p> <p>Maintain all records in a manner as to ensure completeness and ease of retrieval.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 22: Maintenance of Records Standard 32: Register and Residents' Records</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>Photographs are printed and kept in files and with drug charts. Records are securely locked, no records are off site. There is a full-time administrative staff now on site since 1 June 2010.</p>	<p>29 September 2010</p>

<p>18. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Staff did not have access to education and training to enable them to provide care in accordance with contemporary evidence based practice.</p>	
<p>Action required:</p> <p>Ensure that staff members have access to education and training to enable them to provide care in accordance with contemporary evidence based practice.</p>	
<p>Action required:</p> <p>A contemporaneous and accurate personnel file is kept for all staff and trainees of the training undertaken and completed.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 17: Training and Staff Development</p>	

Standard 23: Staffing Levels and Qualifications Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response</p> <p>Access to training and education for staff has always been our policy and records of training and courses will be maintained and documented in staff records. Two staff have been on courses in September 2010. A contemporaneous and accurate personnel file is maintained for all staff and trainees of the training undertaken and completed.</p>	29 September 2010

19. The provider is failing to comply with a regulatory requirement in the following respect:	
<p>There was no process in place to implement and provide feedback to residents on the suggestions they made about the day to day running of the centre. Careful consideration must be given to seeking the views of residents who have difficulty communicating.</p>	
Action required:	
Put in place arrangements to facilitate residents' rights, needs and wishes.	
Reference:	
<p>Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Advocacy meetings have been taking place to respond to resident's requests and suggestions.</p>	1 July 2010

20. The provider is failing to comply with a regulatory requirement in the following respect:	
<p>There were no menus available for residents and residents did not have choice at each mealtime. Material bibs and plastic aprons were given to most residents at mealtimes.</p>	
Action required:	
Offer residents a menu and choice of meals at mealtime. Provide appropriate assistance	

to residents at mealtimes in a sensitive, individual and discrete manner.	
Reference: Health Act 2007 Regulations 20: Food and Nutrition Standard 19: Meals and Mealtimes	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Menus are on display since the inspection. Staff have been instructed to sit with residents rather than stand when feeding residents.	1 March 2010

21. The provider has failed to comply with a regulatory requirement in the following respect: There were insufficient opportunities for residents to undertake fulfilling and meaningful activities.	
Action required: Provide residents with opportunities to participate in activities appropriate to his/her interests and capacities.	
Reference: Health Act 2007 Regulation 6: General Welfare and Protection Standard: 12: Health Promotion Standard: 17: Autonomy and Independence Standard 18: Routines and Expectations.	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: I disagree that there were insufficient opportunities for resident's activities. Prior to inspection we had a poetry afternoon once a week, pianos provided, newspapers available, music afternoon once per week, and films afternoons. We have had occupational therapy every Friday for the past two years.	29 September 2010

22. The provider has failed to comply with a regulatory requirement in the following respect:
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<p>Labelling on residents' bed headboards and doors were institutional and compromised their privacy and dignity.</p>	
<p>Action required:</p> <p>Put systems in place that provides for privacy and dignity in relation to residents' personal information.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity.</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>All labels, fall risk codes and other warnings have been removed from beds. Names have been removed from doors except when a resident required or insisted to have a name on the door.</p>	<p>1 July 2010</p>

<p>23. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There were no private areas for residents (except for four residents who had a telephone in their bedroom) to make or receive telephone calls.</p>	
<p>Action required:</p> <p>Provide telephone facilities that each resident can access in private.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation: 11 Communication Standard: 4 Privacy and Dignity</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>A portable phone is now available</p>	<p>1 July 2010</p>

<p>24. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The elder abuse policy was not adequate.</p>	
<p>Action required:</p> <p>Develop and implement a centre specific policy on elder abuse and provide training to all staff on the prevention, detection, reporting and response to abuse as per the policy.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 6: General Welfare and Protection Standard 8: Protection</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>An elder abuse policy is in place. All staff was tutored in small groups. Some more work will be completed to comply with Standard 8.</p>	<p>1 January 2011</p>

<p>25. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Footplates were not used on wheelchairs when transporting residents around the centre.</p>	
<p>Action required:</p> <p>The person in charge must ensure that footplates are used on wheelchairs when transporting residents around the centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>All wheelchairs now have footplates attached.</p>	<p>1 March 2010</p>

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

The resident's guide did not include the information as outlined in regulation 21 in the the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Amend the resident's guide so that it includes:

- a summary of the statement of purpose
- the terms and conditions in respect of accommodation to be provided for residents
- a standard form of contract for the provision of services and facilities by the registered provider to residents
- the most recent inspection report
- a summary of the complaints procedure provided for in article 39
- address and telephone number of the Chief Inspector.

Action required:

Supply a copy of the resident's guide to each resident.

Reference:

Health Act, 2007
Regulation 21: Provision of Information to Residents
Standard 1: Information

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

Timescale:

Provider's response:

A resident's guide will be in place by January 2011.

1 January 2011

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

A contract of care was not agreed with each resident.

Action required:

Agree a contract for the provision of services with each resident within one month of the admission of that resident to the designated centre.

Action required:

Ensure that the contract deal with the care and welfare of the resident in the designated

centre and shall include details of the services to be provided for that resident and the fees to be charged.	
Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Contracts of care will be amended to comply with Standard 7.	1 December 2010

<p>28. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Many policies and procedures had not been established in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p> <p>Written policies and procedures lacked adequate document control, were not evidence based and did not meet the regulations. Staff accessibility and knowledge of policies was compromised.</p>
<p>Action required:</p> <p>Ensure that the centre has all of the written and operational policies listed in Schedule 5.</p>
<p>Action required:</p> <p>Ensure that staff receive training in, are familiar with, and implement all policies and procedures.</p>
<p>Action required:</p> <p>Make arrangements so that policies, procedures and practices are regularly reviewed in light of changing legislation, alert directions, quality monitoring, residents' views and best practice. Ensure that they are subsequently amended and implemented as required.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 17: Training and Staff Development Regulation 27: Operating Policies and Procedures Standard 29: Management Systems</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We are working on amending written and operational policies listed in Schedule 5 to comply with Regulations and Standard 29. All staff will receive training in, will be familiar with and will implement all policies and procedures. Policies and procedures and practices will be regularly reviewed and amended if necessary.</p>	<p>1 January 2011</p>

<p>29. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The policies and procedures for recruiting, selecting and vetting of staff were inadequate. Personnel files were not furnished with the information as per Schedule 2 of the Health Act 2007.</p>
<p>Action required:</p> <p>Revise the recruitment policy so that processes for recruiting staff include the need for obtaining information and documents as specified in Schedule 2.</p>
<p>Action required:</p> <p>With respect to staff working in the centre, obtain the information and documents as specified in Schedule 2.</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>The recruitment policy has been revised in July 2010.</p> <p>Most of staff information as specified in Schedule 2 have been obtained. All should be in place before January 2011.</p>	<p>1 July 2010</p> <p>1 January 2011</p>

Recommendations

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

Standard	Best practice recommendations
Standard 26: Health and Safety	There is a safety statement for each residential care setting and each staff member understands his/her responsibility for the safety of residents and other staff members. Staff safety representatives are facilitated to discharge their responsibilities.
Standard 24: Training and Supervision	All newly recruited care staff and those in post less than one year commence training to FETAC Level 5 or equivalent within two years of taking up employment. Long standing care staff have their competency and skills assessed to determine their need for further training and suitable arrangements are put in place to meet their identified training needs.

Any comments the provider may wish to make:

Provider's response:

None received.

Provider's name: Vivienne O'Gorman

Date: 29 September 2010