<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ros Aoibhinn Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0276</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Irish Street</td>
</tr>
<tr>
<td></td>
<td>Bunclody</td>
</tr>
<tr>
<td></td>
<td>Co Wexford</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>053-9377850</td>
</tr>
<tr>
<td>Fax number:</td>
<td>053-9377850</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:aidansawyer@hotmail.com">aidansawyer@hotmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>[ ] Private               [ ] Voluntary        [ ] Public</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Aidan Sawyer and Úna Sawyer</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Mary Dockrell</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>22 June 2011</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td>Start: 10:30hrs        Completion: 19:00hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Tom Flanagan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Catherine O’Keeffe</td>
</tr>
<tr>
<td>Purpose of this inspection visit:</td>
<td>[ ] Application to vary registration conditions [ ] Notification of a significant incident or event [ ] Notification of a change in circumstance [ ] Information received in relation to a complaint or concern [ ] Follow-up inspection</td>
</tr>
</tbody>
</table>
About the Inspection

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

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

Additional inspections take place under the following circumstances:
- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly “spot check” the service.

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

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

Description of services and premises

Ros Aoibhinn is a detached two-storey premises on a two and a half acre site. It was established as a nursing home in 1986. It is registered to provide for the care of 31 residents. There were 22 residents living there on the day of inspection. All but one of the residents were over 65 years of age.

Residential accommodation is located on the ground and first floors, which can be accessed by stairs or stair lift. There are five single bedrooms, nine twin bedrooms, one three-bedded room and one five-bedded room.

Two of the single bedrooms and six of the twin bedrooms have en suite facilities with shower, toilet and wash-hand basin. Two of the en suites are shared by residents in adjoining rooms. There is a shower room on the ground floor with shower, toilet and wash-hand basin; there are also two assisted toilets on this floor. On the first floor there is a bathroom with bath, toilet and wash-hand basin, and a shower room with shower, toilet and wash-hand basin.

There is a day room and an adjoining conservatory. A second day room is available for the use of residents and visitors. There are two dining rooms, a small nurse’s station, an administration office, a sluice room and a treatment room. There is a staff toilet and a small staff changing room.

A secure outdoor patio area with seating and garden furniture can be accessed from the conservatory.

Car parking is available at the front of the premises.

Location

Ros Aoibhinn Nursing Home is approximately one kilometre from the centre of Buncloody, Co Wexford and from the N80.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
<th>1986</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of residents on the date of inspection</strong></td>
<td>22</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection</strong></td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependency level of current residents</th>
<th>Max</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents</td>
<td>0</td>
<td>15</td>
<td>7</td>
<td>0</td>
</tr>
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</table>
## Management structure

Aidan Sawyer and Úna Sawyer are the Registered Providers. Aidan Sawyer is the nominated Provider. Mary Dockrell is the Person in Charge. Michelle Laffan is the Senior Nurse. The Providers both work in the nursing home, Aidan Sawyer is responsible for administration and Úna Sawyer is the activities officer. The nurses, carers, catering staff and the maintenance staff report to the senior nurse, who reports to the Person in Charge. The Person in Charge reports to the nominated Provider.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of staff on duty on day of inspection</strong></td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
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</tbody>
</table>
Background

This was the fourth inspection of Ros Aoibhinn Nursing Home and it was an unannounced follow-up inspection. Ros Aoibhinn Nursing Home was first inspected by the Health Information and Quality Authority on 11 November 2009 and 12 November 2009 and a registration inspection was carried out on 21 September 2010 and 22 September 2010. A follow-up inspection was carried out on 8 February 2011.

On 8 February 2011, inspectors found that the provider had organised training for staff in fire safety and in the prevention, detection and investigation of elder abuse. An overall training matrix had been established. A new fire register, and fire safety precautions were in place. An emergency plan had been developed. A new directory of residents was in operation. An external contractor had conducted a review of health and safety and a new policy and procedures was in place. Some policies and procedures had been updated and some new policies developed. Improvements had been made in the maintenance of records. Residents had access to a safe supply of drinking water at all times. A ceiling in one of the bedrooms had been re-painted. The provider has undertaken to make alterations to the layout of the premises within the timeframe allowed by the standards.

A number of improvements were required in the following areas:
- the statement of purpose and the Resident's Guide
- risk management policy and procedures
- a system to review the safety and quality of life and care for residents
- a choice of general practitioner on admission
- referrals of residents to a dietician
- assessments and care plans
- staff files
- policies and procedures
- residents forum.

The reports on the inspections of 11 November 2009 and 12 November 2009, 21 September 2010 and 22 September 2010, and 8 February 2011 are available to download on www.hiqa.ie.
Summary of findings from this inspection

The inspectors met with the person in charge and the senior nurse and reviewed the progress in relation to the actions outlined in the report of the inspection of 8 February 2011. The providers were on leave and could not be present.

They interviewed three members of staff and spoke informally to several residents. They viewed staff rosters, personnel files, policies and procedures, residents’ files, care plans, medical records, and other documentation required by legislation. They also visited the rooms of several residents and viewed the interior of the premises.

The inspectors found that four of the nine actions outlined in the report of the previous inspection had been satisfactorily completed. Five actions had not been satisfactorily completed as yet.

Since the previous inspection, the provider had updated the staff files to include all the documentation required under Schedule 2 of the regulations. A new senior nurse had been appointed. The person in charge and the provider had attended training in audits and risk management. Audits on care plans and accidents and incidents had been carried out and discussed at management meetings. Staff meetings had taken place monthly and the records of these meetings were complete. There had been a meeting of the residents committee. Life history books had been completed with residents and these had been included in the residents’ files. Pre-admission assessments had been introduced by the person in charge.

There were a number of areas where improvements were required:
- risk management policy and its implementation
- systems to review the safety and quality of life and care for residents
- assessment and care plans
- provision of healthcare
- medication management
- the statement of purpose and the Resident’s Guide
- the premises
- infection control
- policies and procedures
- records, including records of controlled drugs and records of meetings.

These actions are required in order to comply with the Health Act 2007 and 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 and are set out in the Action Plan at the end of this report.
Actions reviewed on inspection:

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

   Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

   The inspectors found that this action was partially completed.

   The provider had put in place a risk management policy, which addressed all the issues referred to in regulation 31. The policy was signed and dated by the person in charge. However, the policy was generic and did not address specific risks associated with Ros Aoibhinn Nursing Home such as delays in receiving certain medications from the pharmacy, access to a busy road and the use of the stair lift. There was no evidence that staff had read and understood this policy or that it was implemented throughout the centre.

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

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

   The inspectors found that this action was partially completed.

   Both the provider and the person in charge had attended a training day on risk management and audit in nursing homes on 31 March 2011. There was evidence that the person in charge had undertaken an audit of the residents’ care plans in May 2011 and identified shortcomings. There was also evidence that she had reviewed accidents and incidents from February to April 2011. Minutes of a management meeting on 5 May 2011 showed that the results of both audits were discussed. The person in charge told inspectors that further audits would be carried out. However, there was no plan in place to undertake further audits and there was no system in place to ensure that learning took place from the audits that were carried out.

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

   Facilitate each resident’s access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.

   Ensure that each resident’s needs are set out in the care plan and that the care plans are developed and agreed with each resident.

   The inspectors found that this action was partially completed.
An inspector viewed a sample of five care plans. There was evidence that one resident had a current schedule of appointments for physiotherapy, occupational therapy, speech and language therapy and for consultants in Wexford General Hospital. A number of residents had been seen recently by a chiropodist. One resident was currently under the care of the psychiatry of old age team. The person in charge told inspectors of the arrangements that were in place for residents to be reviewed by an optician and a dentist. However, she said that it was difficult to access dietetic services through the Health Service Executive (HSE) and that no arrangements were in place to access a dietician privately should residents require this service.

The files of residents contained completed life history books that included relevant information on the social and psychological needs of the residents. The person in charge had also introduced a system of pre-admission assessments in recent months. However, an inspector viewed a pre-admission assessment which lacked relevant information regarding the resident’s medical condition and did not assist in determining whether the centre was suitable to meet the resident’s needs.

One resident, who was recently admitted, had methicillin-resistant *Staphylococcus aureus* (MRSA) and the resident’s file was marked to indicate this. However, a nurse on duty was not aware of the resident’s condition. There was no problem identification sheet in the care plan to highlight the problem and there was no policy in place on the treatment of residents with MRSA.

There was evidence that residents were weighed monthly and the Malnutrition Universal Screening Tool (MUST) was completed and reviewed. However, food intake charts were completed between 08:00hrs and 20:00hrs and not over a 24-hour period and a resident whose condition was not improving was not referred to a dietician or a speech and language therapist. A geriatric depression scale was also used to assess residents. However, there was no guidance for staff on how to treat the resident if the assessment indicated that the resident was depressed.

The person in charge told an inspector that one resident was using a special chair due to a risk of falls. There was a restraint plan in place, regular checks were made and the resident was assisted to exercise. However, there was no recent falls risk assessment completed. Bedrails were used at night for this resident. However, there were no regular checks or observations recorded.

The files of two residents, who were recently admitted, demonstrated poor practice as the residents concerned had not been reviewed by a general practitioner (GP) for 11 and 12 days, respectively, since they were admitted.

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

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
The inspectors found that this action was partially completed.

The provider revised and updated the statement of purpose since the inspection of 8 February 2011. However, it required further revision in order to meet all the requirements of Schedule 1 of the regulations.

### 5. Action required from previous inspection:

Provide appropriate medical care by a medical practitioner of the residents’ choice or acceptable to the residents.

The inspectors found that this action was completed.

An inspector spoke to one resident who had been admitted recently and who confirmed that the issue of choice of GP had been discussed and that he/she was able to exercise that choice.

### 6. Action required from previous inspection:

Put in place all of the written and operational policies listed in Schedule 5.

The inspectors found that this action was partially completed.

Inspectors found that there was a book of policies which corresponded to the list of policies required under Schedule 5 of the regulations. Many of these policies, including the policies on recruitment and risk management, which had been signed and dated by the person in charge, were generic and did not reflect the practice in the centre. There were also a number of policies, such as those on medication and admission, which did reflect the practice in the centre. However, these were poorly constructed and badly written. Inspectors found that there were two policies on medication management and two policies on admission. The person in charge could not tell inspectors which of the policies were in operation.

There was no system in place to ensure that staff read and understood the policies and signed to record this.

### 7. Action required from previous inspection:

Maintain, in a safe and accessible place, a record of the name, date of birth and details of position and dates of employment at the designated centre of each member of the nursing and ancillary staff; details of the qualifications and a copy of the certificate of current registration of each member of the nursing staff employed; and appropriate weekly duty rosters covering 24-hour periods.

The inspectors found that this action had been completed.
An inspector viewed the files of four members of staff in detail. Each file contained all
the items of information required under Schedule 2 of the regulations. The files of all
nursing staff contained details of their current registration status with An Bord
Altranais. The files of care staff also contained individual certificates of Further
Education and Training Awards Council (FETAC) Level 5 modules completed.

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

Produce a Resident's Guide which 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 to residents; the
most recent inspection report; a summary of the complaints procedures provided for
in Regulation 39; and the address and telephone number of the Chief Inspector.

The inspectors found that this action was completed.

The provider revised and updated the Resident’s Guide since the inspection of 8
February 2011.

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

Put in place arrangements to facilitate residents’ consultation and participation in the
organisation of the designated centre.

The inspectors found that this action had been completed.

Following the inspection of the 8 February 2011, the provider submitted a copy of a
letter that he had sent to all residents and their representatives inviting them to a
residents/relatives forum on 28 April 2011. An inspector viewed minutes of this
meeting, which recorded discussion on range of issues. A further meeting was due to
be arranged for the end of June 2011.
Other issues reviewed on inspection:

Premises

The front door to the premises was locked. The break glass unit alongside the door did not contain a key and the person in charge and the nurse on duty kept the keys of the door. This practice was unsafe as there may be difficulty in unlocking the front door in the event of a fire if the key holders were isolated at the other end of the premises.

Two chairs in the visitors/quiet room were soiled and had not been cleaned throughout the day of inspection.

There was no lockable storage for residents in two of the upstairs rooms.

A chair had been placed in front of the fire exit upstairs and a door, which was not a fire door, had been put in place to divide the upstairs corridor in order to isolate a resident with behaviour that was challenging. Since the inspection, the provider has informed the inspector that the fire exit is unobstructed and the door has been removed from the corridor.

Medication management

An inspector viewed the prescription and administration charts. A number of practices were seen to be unsafe. GPs had not signed for each medication separately; pro re nata (PRN) (as required) medications were not written up in a discreet section but were written among the prescriptions for other medications. The daily administration times for medications prescribed to be administered three times daily were not specified and the nurse who was interviewed was unsure of the times of administration. There was no particular day and times indicated for medications which were prescribed to be administered weekly. Controlled drugs were administered by one nurse who signed her initials and not by two nurses who are required to sign their names.

Controlled drugs were checked twice a day by two nurses. However, the nurses signed their initials not their names. The system of recording was confusing as the stock check was recorded on the same sheet as the administration of medication and it was difficult to differentiate between the two functions. There were two keys in use for the cupboard containing controlled drugs, not one as required.

An inspector noted that there was a delay in residents receiving antibiotic medication. A resident had been prescribed medication the day before the inspection but had not yet received it by 17:00hrs on the day of inspection. Another resident had been prescribed medication and it was not administered until two days later. This practice could impact on the residents’ rate of recovery from illness or infection.
Records

An inspector viewed the minutes of management meetings, staff meetings and meetings of the residents committee. Minutes of five staff meetings held between 10 March 2011 and 14 June 2011 had been typed and contained records of agendas, attendees and the issues discussed. Minutes of management meetings and the residents committee were handwritten and incomplete.

Infection Control

An inspector observed a tray on the bedside locker of one resident. This contained unsterilized syringes and was covered by a towel. This was seen be an unsafe practice which could lead to the spread of infection.

Recruitment

Inspectors interviewed a senior nurse who had been recruited a number of weeks before the inspection. She had been interviewed by the providers and not by the person in charge as outlined in the recruitment policy. The policy stated that new staff will receive induction training, will receive a clear job description and will be afforded time to read the policies and procedures. However, none of these had been provided to the new staff member. Inspectors found that the recruitment policy was not implemented. The nurse did not receive fire safety training and was not clear about what to do in the event of a fire.
Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge and the senior nurse to report on the inspectors’ findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents and staff during the inspection.

Report compiled by:

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

30 June 2011

<table>
<thead>
<tr>
<th>Date of previous inspection:</th>
<th>Type of inspection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 November 2009 and 12 November 2009</td>
<td>Registration, Scheduled, Announced</td>
</tr>
<tr>
<td>21 September 2010 and 22 September 2010</td>
<td>Registration, Scheduled, Announced</td>
</tr>
<tr>
<td>8 February 2011</td>
<td>Registration, Scheduled, Unannounced</td>
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</table>
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Ros Aoibhinn Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0276</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>22 June 2011</td>
</tr>
<tr>
<td>Date of response:</td>
<td>2 August 2011</td>
</tr>
</tbody>
</table>

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The risk management policy was generic and not implemented throughout the centre.

Action required:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Reference:

Health Act 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
2. The provider has failed to comply with a regulatory requirement in the following respect:

There was no system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the centre.

**Action required:**

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

**Reference:**

Health Act 2007  
Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>Completed 2 August 2011</td>
</tr>
<tr>
<td>Audits on care plans, medication management and accidents and incidents will be carried out on monthly. The results of these audits will be discussed at the monthly management meetings.</td>
<td>12 August 2011</td>
</tr>
</tbody>
</table>

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

The needs of a resident, who had MRSA, were not set out adequately in his/her care plan.

A falls risk assessment had not been carried out on a resident who was using a special chair.

**Action required:**

Set out each resident’s needs in an individual care plan developed and agreed with the resident.
**Action required:**

Keep each resident’s care plan under formal view as required by the resident’s changing needs or circumstances and no less frequent than at three-monthly intervals.

**Reference:**

Health Act 2007  
Regulation 8: Assessment and Care Plan  
Standard 10: Assessment  
Standard 11: The Resident’s Care Plan

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>Any resident with MRSA will have a care plan setting out his/her needs in relation to MRSA.</td>
<td>Completed 2 August 2011</td>
</tr>
<tr>
<td>Falls risks and restraint assessments are carried out on all residents prior to the use of restraint.</td>
<td>Completed 2 August 2011</td>
</tr>
</tbody>
</table>

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

Antibiotic medication which was prescribed for residents was not sourced and administered without delay.

Two residents were not seen by a GP for 11 and 12 days, respectively, following their admission. No arrangements were in place to provide residents with access to multidisciplinary services if they were not provided by the Health Services Executive (HSE).

**Action required:**

Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

**Action required:**

Facilitate each resident’s access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.

**Reference:**

Health Act 2007  
Regulation 9: Health Care  
Standard 13: Healthcare
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
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</table>
| **Provider’s response:**  
All prescribed medication will be obtained on the day it is prescribed. Out-of-hours phone numbers are now available for the pharmacist and arrangements are in place to source medication without delay.  
Residents of Ros Aoibhinn have access to private physiotherapy, chiropody, dental and optical services on a regular basis. We now have acquired the services of a private dietician. | **Completed**  
2 August 2011  
**Completed**  
2 August 2011 |

<table>
<thead>
<tr>
<th>5. The provider has failed to comply with a regulatory requirement in the following respect:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The front door to the premises was locked. The break glass unit alongside the door did not contain a key and the person in charge and the nurse on duty kept the keys of the door.</td>
<td></td>
</tr>
</tbody>
</table>

**Action required:**
Provide adequate means of escape in the event of fire.

**Reference:**
Health Act 2007  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
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</thead>
</table>
| **Provider’s response:**  
The front door is not a designated exit. However, a key pad has now been fitted. | **Completed**  
2 August 2011 |

<table>
<thead>
<tr>
<th>6. The provider has failed to comply with a regulatory requirement in the following respect:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The majority of the written operational policies listed in Schedule 5 of the regulations were not centre-specific and were not implemented throughout the centre.</td>
<td></td>
</tr>
</tbody>
</table>
**Action required:**

Put in place all of the written and operational policies listed in Schedule 5 and ensure that they are centre-specific and implemented throughout the centre.

**Reference:**

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

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>Completed 2 August 2011</td>
</tr>
</tbody>
</table>

All of the Schedule 5 polices have been made centre-specific and are being implemented throughout the centre. The policies have been discussed at staff meetings and staff have signed to say that they have read and understood the policies.

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

There were two medication management policies in place. GPs had not signed for each medication separately. PRN (as required) medication was not written up separately from other medications.

No particular day and time was indicated for medications which were prescribed to be administered weekly. The administration of controlled drugs was not in accordance with professional guidelines.

Observations and regular checks on residents who were using bed rails were not recorded.

**Action required:**

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Action required:**

Maintain, in a safe and accessible place, a record of each drug and medicine administered in respect of each resident, giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by a medical practitioner and the nurse administering the drugs and medicines in accordance with any relevant professional guidelines.
**Action required:**

Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

**Reference:**

Health Act 2007  
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Regulation 25: Medical Records  
Standard 13: Healthcare  
Standard 14: Medication Management  
Standard 15: Medication Monitoring and Review

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
</table>
| Nursing staff attended a refresher course on medication management on 19 July 2011. There is one policy on medication management in place. PRN (as required) medication is now recorded separately from other medications.  
We have had discussions with the GPs regarding the issue of GP signatures on prescriptions for medication. A local GP will write to the inspector with regard to the current system of signing off on medication.  
Specific times are now indicated for medications which are prescribed to be administered weekly or at intervals during the day. There are now two separate registers to stocks and administration of controlled drugs. The registers are signed by two nurses.  
Hourly checks are now carried out and recorded on residents with bedrails. | Completed 2 August 2011 |

**Completed**

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

There was no overall policy on infection control. A nurse was not aware that a resident had MRSA and unsterilized syringes were left in the room of another resident.
**Action required:**

Establish an overall policy on infection control and ensure that the policy is implemented throughout the centre.

**Action required:**

Ensure that staff receive training in infection control.

**Reference:**

Health Act 2007  
Regulation 30: Health and Safety  
Standard 26: Health and Safety

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>There is a policy on infection control in place and is being implemented throughout the centre.</td>
<td>Completed 2 August 2011</td>
</tr>
<tr>
<td>Thirteen staff attended a refresher course on infection control on 19 July 2011. The remaining staff will attend a course on infection control which has been arranged for 9 August 2011.</td>
<td>9 August 2011</td>
</tr>
</tbody>
</table>

9. The provider has failed to comply with a regulatory requirement in the following respect:

The statement of purpose did not include all the items of information required under Schedule 1 of the regulations.

**Action required:**

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Reference:**

Health Act 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>Completed 9 July 2011</td>
</tr>
<tr>
<td>The statement of purpose has been amended and a copy forwarded to the inspector.</td>
<td></td>
</tr>
</tbody>
</table>

**10. The provider has failed to comply with a regulatory requirement in the following respect:**

Two chairs in the visitors/quiet room were soiled and had not been cleaned throughout the day of inspection.

There was no lockable storage for residents in two of the upstairs rooms.

**Action required:**

Keep all parts of the designated centre clean and suitably decorated.

**Action required:**

Provide suitable storage facilities for the use of each resident.

**Reference:**

Health Act 2007  
Regulation 19: Premises  
Standard 25: Physical Environment  
Standard 28: Purpose and Function

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>Completed 2 August 2011</td>
</tr>
<tr>
<td>All cleaning staff have been reminded to be more vigilant and more regular checks will be carried out.</td>
<td>Completed 2 August 2011</td>
</tr>
<tr>
<td>New bedroom furniture had just been put in the rooms and these have now had locks fitted.</td>
<td></td>
</tr>
</tbody>
</table>

**11. The provider has failed to comply with a regulatory requirement in the following respect:**

The records of the management meetings and the residents committee were handwritten and incomplete.
**Action required:**

Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

**Reference:**

Health Act 2007  
Regulation 22: Maintenance of Records  
Standard 32: Register and Residents’ Records

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
</table>
| Provider’s response:  
The records of all meetings are now in typed form. | Completed 2 August 2011 |
Any comments the provider may wish to make:

Provider’s response:
None received

Provider’s name: Aidan Sawyer
Date: 2 August 2011