

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

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



Centre name:	St. Theresa's Nursing Home
Centre ID:	0293
Centre address:	Friar Street
	Cashel
	Co Tipperary
Telephone number:	062-61477
Fax number:	062-63166
Email address:	carmel.mccormack@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Michael McCormack
Person in charge:	Carmel Devaney
Date of inspection:	17 September 2010
Time inspection took place:	Start: 10:30hrs Completion: 20:00hrs
Lead inspector:	Mary Moore
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Regulatory Monitoring Visit Report

About the inspection

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

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

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- **for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.**

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

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

About the centre

Description of services and premises

St. Theresa's Nursing Home was established in 1999 as a fifteen-bedded centre but relocated from John Street in Cashel to its current location in the old Presentation Convent in 2003 as a thirty-bedded unit. Long-term, respite, convalescence and palliative care is provided. On the day of inspection, the centre was fully occupied and all residents were in receipt of long-term care. All residents with the exception of one were over the age of 65 years.

The building was originally built as a convent in the mid 1800's and is located on a large private secure site. It is a three-storey premises that has been extensively refurbished by its present owners. Residents are accommodated on the first and second floors. There are nine bedrooms on each floor providing accommodation for 15 residents. Per floor there is one single en suite bedroom with assisted toilet, shower and wash-hand basin, two single bedrooms with shared en suite with assisted toilet, shower and wash-hand basin, two twin-bedded rooms with assisted toilet, shower and wash-hand basin en suite and four twin-bedded rooms with shared en suite of assisted toilet, shower and wash-hand basin per each set of twin-bedded rooms (i.e. one en suite per each four occupants). There is a further assisted bathroom provided on the second floor and a sluice room on each floor.

Communal accommodation for residents is provided on the ground floor. The entrance is wheelchair accessible and leads to a foyer with stairwell to the first and second floors and a corridor that leads to a large quiet sitting room and conservatory area on the left and if one continues onwards, it leads directly into the main communal and dining areas for the residents. Accessed from the main dining area are the main kitchen and ancillary stores, staff facilities, and the laundry. There are two toilets for residents' use within close proximity of the main dining/communal areas and the original passenger lift is accessed from the dining area.

The surrounding grounds are safe, secure, attractive and well maintained. Residents have access to all of the grounds but primarily utilise the area to the rear of the building, which offers seating and safe walkways. There is ample car parking to the front of the building.

Location

St. Theresa's Nursing Home is located in the centre of Cashel town with direct and easy access to all the amenities available in a busy tourist location.

Date centre was first established:	2003
Number of residents on the date of inspection	30

Dependency level of current residents	Max	High	Medium	Low
Number of residents	14	12	4	0

Management structure

The Registered Provider is Michael McCormack and the Person in Charge is Carmel Devaney. A team of nursing staff, care assistants, catering staff and household staff provide for the care and personal needs of the residents on a daily basis. All staff report to the Person in Charge.

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	1*	4	2	2	0	1**

* The Person in Charge

** The Registered Provider

Summary of findings from this inspection

This was the first inspection undertaken by the Health Information and Quality Authority in St. Theresa's Nursing Home. It was a one day scheduled unannounced monitoring inspection. The inspector was met and made welcome by the person in charge. The registered provider, the person in charge and all other staff throughout the inspection facilitated the inspector.

The inspector met and spoke with residents, relatives, and the registered provider, the person in charge and staff members. Records viewed by the inspector included residents' care plans, medical records, accident and incident records, complaints log, records of staff training, staff files, staff rosters, policies and procedures, fire safety records, risk management records and register of residents.

Overall, a good standard and quality of care was provided to residents in a safe and comfortable environment. Choice was facilitated; individuality, privacy and dignity were respected. The person in charge demonstrated sound clinical knowledge of the residents and a commitment to a person centred culture of care, ongoing review and continuous improvement. There was evidence of good care practices observed in meeting the needs of residents on a daily basis. There was evidence of good operational procedures and investment aimed at providing and maintaining a safe and comfortable environment in what was quite an old building. Staff were seen and heard to engage with residents, relatives and each other in a respectful and professional manner.

The Action Plan at the end of this report identifies improvements that are required to comply with 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*.

Improvements include:

- medication management
- completion of staff files
- procedures for the management of complaints
- timely medical reviews of residents
- accident and incident documentation
- policy review.

Comments by residents and relatives

The inspector met and spoke with two relatives and spoke to many residents, all expressed satisfaction with the care and services provided and spoke highly of the person in charge and all staff.

Relatives spoke of how their choice of care centre had been influenced by its "good reputation", and the reception and information that they had received when they undertook a pre-admission visit. They felt they were welcome to visit at any time and were delighted with the recent introduction of the keypad system on the doors that they perceived as "more welcoming" as they no longer had to wait for the door to be unlocked.

Residents and relatives confirmed the availability and accessibility of the person in charge who was described as easy to talk to and referred to by all as "Carmel". Staff in general were described as kind and attentive and relatives observed that staff treated all residents equally. While relatives spoken to rarely visited at night time, they had no reason to conclude that staffing levels were inadequate, as their family member always appeared to have their needs met. One relative told the inspector that her family member would know and tell if things were not right.

Residents and relatives were satisfied that healthcare needs were met to a good standard, staff were described as "very quick to respond to illness" and there was good access to the acute services as required. One relative told the inspector that while they had found the recent admission to the acute hospital of their family member quite traumatic they were satisfied that it was appropriate and necessary and in the best interests of their loved one. Residents and relatives confirmed that choice and flexibility in the daily routine was facilitated, residents had access to meaningful and enjoyable occupation and residents were encouraged by staff to function to their maximum potential and remain independent. While no resident or relative spoken to had ever made a complaint all reported that they would feel quite comfortable and confident in approaching the person in charge if they were dissatisfied with any aspect of the care and service.

Governance

Article 5: Statement of Purpose

A statement of purpose and function was available as required by Article 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). It did not however contain many of the matters as listed in Schedule 1.

The provider met the diverse needs of the residents as specified in the statement of purpose and function through the following:

- staff demonstrated in their knowledge, actions and communications a commitment to a person centred culture of care and respect for the privacy and individuality of each resident
- residents were provided with a safe, comfortable environment that was maintained to a high standard and met their individual and collective personal and healthcare needs
- residents and relatives confirmed that choice and individual preference in the daily routine was facilitated
- residents were observed to be actively encouraged to remain active and independent
- there was a commitment to the provision of meaningful and enjoyable activity
- there was evidence of ongoing review and continuous improvement to enhance the quality and safety of the services and care provided.

Article 15: Person in Charge

Carmel Devaney is the person in charge and was the only nurse on duty on the day of inspection due to annual leave and unexpected sick leave. This was explored further with the person in charge and staff rosters and staff files were reviewed to confirm nurse-staffing levels and cover arrangements. The person in charge normally works 36 to 40 hours per week and is supported in her role by a recently appointed key senior manager, who has worked in the centre since 2007. The roster demonstrated and staff confirmed that there is a registered nurse on duty at all times and cover for unexpected shortages is normally provided from amongst the existing cohort of nursing staff including the person in charge as was the case on the day of inspection.

The person in charge reported and staff spoken to confirmed that she is readily available to staff for advice or support on an on call basis. The person in charge demonstrated good knowledge and commitment to the implementation 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*.

Article 16: Staffing

Notwithstanding the depletion of staffing as discussed above, the inspector was satisfied that the overall numbers and skill mix of staff observed on the day was adequate to meet the number and assessed needs of the residents. This was aided by the security and layout of the building and the fact that only one of the 30 residents remained upstairs on the day of inspection. This resident confirmed to the inspector that there was "enough staff to look after" her. Consideration of a relief bank of nursing staff to cover unexpected shortages was discussed with the person in charge. There was a staff member on induction on the day of inspection and another staff member spoken to told the inspector that she had received two weeks induction when she commenced employment in 2009.

Regular staff meetings were held, at least monthly, and minutes reviewed demonstrated operational, clinical and resident related issues were discussed and acted on. At one meeting, staff had suggested the introduction of "toiletry baskets" for each resident's individual toiletries in shared bathrooms and these were observed to be in place.

Six staff nurses were employed including the person in charge and there was documentary evidence of up-to-date registration with their regulatory body, An Bord Altranais. Staff records demonstrated and staff interviewed confirmed that they had received education and training on elder abuse, manual handling, fire prevention and management. Staff spoken to were knowledgeable as to their duties and responsibilities.

A sample of staff files reviewed demonstrated that staff had been recruited in line with best practice, files were comprehensive and some contained all of the mandatory documentation required to be held in respect of each person managing or working at a designated centre as outlined in Schedule 2 and Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Some files however were incomplete, as they did not contain evidence of the employee's physical and mental fitness for the purposes of the work they were to perform in the centre.

Article 23: Directory of Residents

A directory of residents was in place and was clearly maintained. Apart from information on the gender of the resident the directory included the information as specified in Schedule 3 paragraph 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Article 31: Risk Management Procedures

A record was maintained of all accidents and incidents affecting the resident or having the potential to be detrimental to the health and welfare of the resident. This was a double-sided entry record however and in some cases incidents pertaining to different residents were recorded on the same double-sided page. Some records did not clearly state the exact nature of the incident and little room was available to provide comprehensive detail of the incident, the consequences and actions taken.

There was an emergency plan in place and a new health and safety statement was implemented in May 2010 but collectively they did not address all of the issues as listed in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The storage of clinical waste was not in line with best practice and national guidelines.

Not all policies reviewed were centre-specific and did not demonstrate an evidence based approach or evidence of staff involvement and consultation; some were not specific as to responsibilities and procedures to be followed.

There was a comprehensive risk management policy in place and individual "Personal Risk Management Plans" for residents had been introduced and were observed to be in place where behaviours deemed to be a risk to self or others were exhibited. Records reviewed demonstrated a balance between risk, safety and the resident's right to choice and self-determination. Specific to risk management staff had received training in 2009 in assessing and managing risk and understanding and managing challenging behaviours, infection control in 2010 and staff spoken to including laundry staff were knowledgeable in relation to the segregation and care of infected/contaminated linen. Movement alarm mats were in place as part of a falls prevention programme for residents assessed at risk of falling once they had gotten out of bed. These were connected to the nurse call system and alerted nursing staff once the resident stood on the mat. The exit doors from each floor were also connected to the nurse call system.

Article 39: Complaints Procedures

The complaints procedure was displayed in the main reception corridor and provided a synopsis of the centre-specific complaints policy and procedure. While the procedure detailed an independent appeals process, it did not specify who the designated person was other than being a "more senior person in management" and this requires clarification. A complaints register was in place and two complaints were logged in the period from September 2009 to date. There was evidence of review, investigation, action and follow up to establish the resident's satisfaction with the outcome. The person in charge also held a meeting with staff to discuss one of the complaints and minutes demonstrated a culture that was receptive to complaints and encouraged feedback and learning to prevent a reoccurrence.

Article 36: Notification of Incidents

The person in charge had satisfied her legal obligation to submit notification to the Chief Inspector of incidents occurring in the designated centre within the agreed timeframes.

Resident Care

Article 9: Health Care

Residents were observed to be well cared for and this was confirmed in residents' and relatives' comments. The person in charge reported that four general practitioners (GPs) attended to the residents' healthcare needs and they reviewed residents when requested by nursing staff.

A chiropodist was available every four to eight weeks and speech and language review was available on referral on an outpatient basis. Six residents with established and enduring poor mental health were reviewed by the clinical nurse specialist for psychiatry of old age every three weeks while a general psychiatrist also called to the centre every quarter.

Medical records reviewed demonstrated that while some were comprehensive and current others were not and some while currently updated had no documentary evidence of medical review in the previous six to seven months.

Care plans were reviewed and in general were found to be comprehensive and included a suite of basic assessment tools, appropriate problem identification and care planning, a detailed daily nursing record and evidence of three-monthly evaluations or more frequently where required. The inspector did note that two assessment tools for fall risk were unnecessarily in use and the monthly monitoring of residents' weights and vital signs had not been recorded since July 2010.

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

There were no controlled drugs in stock and a record was maintained of all returns to the pharmacy including controlled drugs. The inspector saw that there were two medication management policies in place, both implemented in 2009 and this requires clarification. Medication records were transcribed by the person in charge and witnessed by a second nurse, the date of transcription and date of co-signing by the prescriber were not documented on all records reviewed; this was not in line with local policy or An Bord Altranais Guidelines 2007. Two residents were observed to have *pro re nata* (PRN - medication that is not scheduled or required on a regular basis) prescriptions for the treatment of anxiety and psychoses but a review of their medication administration records demonstrated that these medications had been administered to the residents twice daily for the previous twelve days. In line with best practice and local policy, any PRN medication that is required on a regular basis requires GP review of the resident and their medication to establish its appropriateness and efficacy.

Article 6: General Welfare and Protection

There was a centre-specific policy in place on the prevention, detection and management of elder abuse. Training records demonstrated that the Health Service Executive (HSE) programme, recognising and responding to elder abuse in residential settings had been utilised by the person in charge to educate and raise staff awareness. Staff spoken to confirmed they had received training, demonstrated a clear understanding of the topic and a commitment to person centred care and their role and reporting responsibilities. One staff member told the inspector that the person in charge “wouldn't tolerate anything like that”.

Article 20: Food and Nutrition

Best practice was observed in the provision of a varied and nutritious diet to residents that incorporated individual preferences and requirements. There was a plentiful and varied supply of fresh produce in stock and records demonstrated that a variety of fresh meat was delivered every one to two days. The environmental health officer called regularly and actually happened to inspect the premises on the same day as the Authority. All staff were trained and received regular updates in the Hazard Analysis Critical Control Points (HACCP) food safety management system.

The chef and the kitchen assistant attended the daily morning handover report and they clearly explained to the inspector that this provided them with information as to what resident was unwell and perhaps not eating properly or had developed specialised dietary requirements. The kitchen assistant had undertaken and compiled a database of each individual resident's dietary likes and dislikes and habits. These were very person centred and contained such minute detail as “likes the crust off her bread”. Staff told the inspector that these were reviewed every four months or more frequently if a resident's care plan changed. There was evidence that resident choices were incorporated into the daily menu. There were five current swallow care plans for residents with specific needs evidenced in the kitchen and staff were knowledgeable as to their implementation. A list of resident's birthdays was also maintained and staff told the inspector that they always baked a cake for these occasions.

Food was attractively presented and all residents expressed enjoyment and satisfaction with their meals. One elderly resident told the inspector that staff always liquidised her porridge for her because she liked it very smooth and then put in manuka honey “which is very good for you” in it. Adequate and appropriate supervision and assistance was provided at mealtimes where required. Residents were seen to be provided with a choice of fluids, there was also a water dispenser on each floor and in the main communal area.

Environment

Article 19: Premises

The premise is a period, three-storey stone structure, originally built and utilised as a convent for a religious order. It has been extensively refurbished and modernised to provide a safe, comfortable and appropriate residential care environment for older adults. It was visibly clean and cleaning staff clearly explained to the inspector the colour-coded system of cleaning that was in place. Equipment and general furnishing was of a good standard. All shared en suite bathrooms could be locked to preserve privacy and all contained liquid soap and paper towels. The original passenger lift remained in situ but a new lift with capacity to carry eight persons had also been installed earlier this year.

Article 32: Fire Precautions and Records

There was evidence of extensive fire safety works including the provision of fire doors and the construction of an enclosed external fire escape of concrete and stainless steel construction. Fire action notices were clearly displayed throughout the building and were attached to the back of each bedroom door. Fire action notices had been translated into the native language of employees not of Irish origin. All fire fighting equipment was marked as serviced in May 2010 and current service certificates of inspection and maintenance were available for the fire alarm and emergency lighting systems. A fire safety consultant had been contracted to undertake an audit of the premises, a letter was on file dated 28 June 2010 stating that building, and management practices were substantially compliant with the Fire Services Acts 1981 and 2003. Fire prevention and fire management training had been provided for staff in April and June 2010. Staff spoken to were knowledgeable as to their roles and responsibilities in the event of fire.

Other than the inspections required by fire safety legislation there was no record maintained of routine daily/weekly fire safety checks such as emergency lighting, fire exits, fire alarm and fire fighting equipment. This was discussed with the provider who reported he was undertaking such checks but not documenting them.

Closing the visit

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

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

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

7 October 2010

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

**Inspection report
Designated centres for older people**



Provider's response to inspection report

Centre:	St. Theresa's Nursing Home
Centre ID:	0293
Date of inspection:	17 September 2010
Date of response:	9 December 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 (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:

Some residents' medical notes were not current or comprehensive, and did not reflect regular and timely consultation as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Ensure that all appropriate healthcare is facilitated for each resident by a medical practitioner of the resident's choice or acceptable to the person.

Action required:

Ensure that residents' medical records are maintained in a manner that demonstrates completeness, accuracy and evidence of regular and timely consultation.

Reference: Health Act, 2007 Regulation 22: Maintenance of Records Regulation 25: Medical Records Regulation 6: General Welfare and Protection Standard 32: Register and Residents' Records Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: General practitioners are chosen by residents or their representatives on admission. Details of four general practitioners are given to the resident or their representative to facilitate a choice of GP that is acceptable to the resident. We will continue to provide this information for the resident on admission. Consult with general practitioners and psychiatric consultants to update and review residents' medical records.	6 December 2010 31 January 2011

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Aspects of medication management and review were not in line with best practice and An Bord Altranais Guidelines 2007.</p> <ul style="list-style-type: none"> ▪ there were two medication management policies in place ▪ the practice of routine transcription of medications was not in line with the centres own policy on transcription or regulatory body requirements. All records were not dated by the transcribers and the prescriber and therefore did not clearly indicate that the transcription had been countersigned within an acceptable timeframe. ▪ PRN medications were administered on a routine and regular basis.
<p>Action required:</p> <p>Ensure all medication policy, practices and procedures are compliant with current legislation and An Bord Altranais Guidelines 2007.</p>
<p>Action required:</p> <p>Ensure that records of all drugs and medicines prescribed are signed and dated by the nurse transcribers and a medical practitioner.</p>

Action required:

Each resident on long-term medication is reviewed by his/her medical practitioner on a three-monthly basis, in conjunction with nursing staff and the pharmacist. Special consideration is given to the use of PRN medication in particular antipsychotic and sedating medication.

Reference:

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

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

Provider's response:

Medication policies have been reviewed and revised to ensure all medication policies, practices and procedures are compliant with current regulation and An Bord Altranais guidelines 2007.

6 December 2010

All medication charts that are transcribed are being reviewed by the nurse in charge, the assistant nurse in charge and the general practitioners to ensure the transcription is in line with the centre specific policy and regulation. The nurse in charge will ensure that records of all drugs and medicines prescribed are signed and dated by the nurse transcribers and the general practitioner.

31 January 2011

Each resident on long term medications is being reviewed by the general practitioner, the nursing staff and the pharmacist. We have reviewed PRN medication of antipsychotic and anxiolytic medications and we will ensure that these medications are scheduled for stated times and not PRN.

6 December2010

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

Risk management documentation pertaining to the assessment, identification and implementation of required controls did not address all of the risks as specified in Article 31 of in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Documentation maintained on accidents and incidents was not individualised and was not specific to the exact nature of the incident.

Clinical waste storage was not in line with current national guidelines.

Action required:	
Ensure that risk assessments are carried out for every area of work and associated work activities. The findings of the risk assessment and the action taken to manage identified risks are recorded. The risk assessments encompass both clinical and non-clinical risks.	
Action required:	
Revise existing documentation so that each record is individualised, the exact nature of the incident or accident is specified and adequate space is available to provide and document comprehensive detail.	
Action required:	
Review and utilise data collated as recommended for the purposes of ongoing quality monitoring and continuous improvement. Take appropriate action in response to any findings of concern arising from the data	
Action required:	
Policies and procedures consistent with current national guidelines on infection prevention and control systems are used by staff on a daily basis. These include the safe handling and disposal of healthcare risk waste.	
Reference:	
<ul style="list-style-type: none"> Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 19: Premises Regulation 35: Review of Quality and Safety of Care and Quality of Life Regulation 31: Risk Management Procedures Standard 30: Quality Assurance and Continuous Improvement Standard 29: Management Systems Standard 26: Health and Safety 	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response:	
Risk assessments are currently being reviewed and will include both clinical and non-clinical risks. All risk assessments for every area of work and associated work activities will be included.	31 January 2011
Existing documentation of incidents/accidents is being revised to ensure that each entry is individual, will state the exact nature of the incident/accident, and will give comprehensive detail of the incident, the consequences and actions taken.	31 January 2011
Review and utilise data collected and collated as recommended for	31 January 2011

<p>the purposes of ongoing quality, monitoring and continuous improvement. Take appropriate action in response to any findings of concern arising from the data. We will analyze the information and try to improve practices to reduce incidents or accidents by having an action plan review and audit.</p> <p>Clinical waste is being stored in a specific clinical waste locked bin located in a safe area of the grounds supplied by a waste management company in Carlow. Staff have been informed and policy updated to reflect change in storage.</p>	6 December 2010
---	-----------------

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Current records had not been maintained of all fire alarm tests carried out together with the result of any such test and action taken if required to remedy defects.</p>	
<p>Action required:</p> <p>Ensure that adequate precautions are taken against the risk of fire including the checking and maintenance of physical fire precautions in accordance with the relevant legislation and manufacturers and installer's guidance.</p>	
<p>Action required:</p> <p>Maintain in a safe and accessible place a record of all such checks and maintenance.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety Standard 29: Management Systems</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>Routine daily/weekly fire safety checks e.g. emergency lighting, fire exits, fire alarm and fire fighting equipment will be documented by the registered provider Michael McCormack after each inspection.</p> <p>Records of checks and maintenance are kept in a secure and accessible place by Michael McCormack and staff are informed of the location of said documents.</p>	<p>6 December 2010</p> <p>6 December 2010</p>

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

A sample of staff files reviewed did not contain all of the mandatory documentation required to be held in respect of each person managing or working at a designated centre as outlined in Schedule 2 and Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Provide full and satisfactory information in relation to all staff in respect of the matters listed in the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) 2009 (as amended).

Reference:

Health Act, 2007
Regulation 18: Recruitment
Standard 22: Recruitment

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

Timescale:

Provider's response:

Information in relation to staff as to their physical and mental fitness for the purpose of their work in the centre is being reviewed and collected.

31 December 2010

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

The statement of purpose and function did not contain all the information required as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) as listed in Schedule 1.

Action required:

Update the written statement of purpose to include all of the information as 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

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
<p>Provider's response:</p> <p>The statement of purpose and function has been updated as listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended)</p>	6 December 2010

<p>7. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>There was evidence that some policies were not centre-specific and did not clearly outline responsibilities and procedures. They were not reviewed by staff, evidence based and implemented in practice.</p>	
<p>Action required:</p> <p>The person in charge will ensure that policies are centre-specific, reflect current best practice and legislative requirements.</p>	
<p>Action required:</p> <p>The person in charge will ensure that policies are implemented in practice to guide and inform a high standard of evidence-based nursing practice.</p>	
<p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 8: Assessment and Care Plan Regulation 17: Training and Staff Development Standard 11: The Resident's Care Plan Standard 29: Management Systems 	

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
<p>Provider's response:</p> <p>Policies are currently being reviewed to be centre-specific, reflect current best practice and legislative requirements.</p> <p>Policies reviewed will demonstrate an evidence based approach, evidence of staff involvement and consultation as well as being specific as to the responsibilities of staff and management and procedures to be followed.</p>	<p>31 January 2011</p> <p>31 January 2011</p>

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

The directory of residents did not contain all of the information required in respect of each resident as outlined in Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Provide and maintain a directory of residents in an electronic or manual form that requires all of the required information.

Reference:

Health Act, 2007
Regulation 23: Directory of Residents
Standard 32: Register and Residents' Records

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

Timescale:

Provider's response:

Directory of residents is currently being reprinted to include the gender of the resident on admission.

31 December 2010

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

The complaints policy and procedure did contain an independent appeals process as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), it was not specific however as to its operation.

Action required:

Revise the complaints procedure so that it shall include specific detail as to the operation of the independent appeals process.

Reference:

Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

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

Timescale:

Provider's response: Complaints policy is being reviewed and will include specific details as to the operation of the independent appeals process	31 January 2011
--	-----------------

Any comments the provider may wish to make:

Provider's response:

I wish to thank the inspector for her report and can assure the inspectorate of my commitment to provide high standards of person-centred quality care to residents in a safe and comfortable environment at St Teresa's Nursing Home.

Provider's name: Michael McCormack

Date: 9 December 2010