**Centre name:** Strawhall Nursing Home.

**Centre ID:** 0295

**Centre address:**
- Strawhall
- Fermoy
- Co Cork

**Telephone number:** 025-31678

**Fax number:** 025-32020

**Email address:** Mcrice@eircom.net

**Type of centre:**
- [x] Private
- [ ] Voluntary
- [ ] Public

**Registered provider:** Edward and Margaret Rice

**Person in charge:** Ann O’ Neill

**Date of inspection:** 16 and 17 September 2009

**Time inspection took place:**
- **16 September start:** 11:15hrs **Completion:** 18:00 hrs
- **17 September start:** 08:15hrs **Completion:** 15:00 hrs

**Lead inspector:** Kay Kennedy

**Support inspector(s):** Catherine O’ Keeffe

**Type of inspection:**
- [ ] Registration
- [ ] Scheduled
- [ ] Announced
- [x] 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](http://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**

Strawhall Nursing Home was established in 1988. The centre is set in its own mature gardens and is situated within walking distance of the town of Fermoy. The centre has 27 places, comprising of 17 single rooms, four with en suite facilities, and five double rooms without en suites facilities.

The centre is a two-storey building. Accommodation for residents consists of five single bedrooms and two twin rooms upstairs, with the remainder of the accommodation located on the ground floor. There are two dining areas – the main one off the kitchen and a smaller one off the main sitting room. An enclosed courtyard provides residents with safe and spacious areas for recreation.

The centre caters for a wide variety of residents, from very active residents to those with high dependency requirements. It also provides long-term, palliative and respite care.

**Location**

The home is situated in Strawhall, which is within walking distance of the town of Fermoy in County Cork.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
<th>1988</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection</td>
<td>27</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>2</td>
<td>9</td>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>

**Management structure**

The centre is owned by Ned and Margaret Rice and the Person in Charge is Ann O’Neill. Ann O’Neill is supported by a team of nursing staff, care staff, catering staff, household and laundry staff.

<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>Number of staff on duty on day of inspection</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Summary of findings from this inspection

This was an unannounced inspection and took place over two days.

The provider and person in charge demonstrated their commitment to improving the service to residents, both were actively involved in the day-to-day running of the centre and inspectors observed an open culture of communication between residents, staff, and relatives. There were efforts to ensure that relatives were involved in the running of the centre, although no formal resident or relative committees had been established yet.

Inspectors were satisfied that the nursing, medical and other healthcare needs of residents were well catered for. Chiropody and physiotherapy sessions were easily accessible and other therapies are available from the nearby Fermoy Community Hospital. Comprehensive care plans were in place for each resident.

A wide variety of activities were available to residents and links have been developed with the local Vocational Education Committee (VEC) through the provision of weekly activities to residents.

There was a good standard of décor throughout the centre. The inspectors found that the premises, fittings and equipment were generally well-maintained. However, there were issues with the laundry and sluicing facilities and the systems in place for cleaning and laundry.

The Action Plan at the end of this report identifies areas where improvements are required including storage of some medications, the disposal of unused medications, laundry facilities and cleaning and sluicing facilities, policies in relation to recruitment of staff and general policies and procedures for the centre.

Residents’ and relatives’ comments

Residents
Inspectors interviewed six residents and sought the views of other residents throughout the inspection. Inspectors also joined residents for lunch. Residents reported a high level of satisfaction with life in the centre. They said that they felt cared for and involved. One resident told an inspector (both verbally and in the pre-inspection questionnaire) about her overall satisfaction with life in the centre, however, she felt that the kitchen and dining areas could be extended to cater for all the residents and said she would like more private space, especially at weekends when many visitors are present.

Many residents expressed their satisfaction with the large conservatory which had a variety of seating and opened onto the well-kept gardens.

One resident of 96 years of age had gone into town by taxi to attend to her personal affairs, on her return she spoke with an inspector and was very proud of her abilities and was eager to ensure that she maintained her independence.
All residents interviewed said they were satisfied with the quality of meals and meal times.

**Relatives**
Inspectors received questionnaires from three relatives and spoke to four different relatives during inspection. Some relatives indicated they had visited the centre in advance of their relative moving in, which helped them to make their decision. Those interviewed said they were daily visitors in the centre.

Relatives said they felt fully consulted about their relatives’ care and changing needs. One relative said she felt that there was insufficient staffing at night. She stated “it would be useful to have more night staff, particularly when some residents are ill and may need more personal care”. She said she was satisfied with the care that relatives received and the availability of healthcare and other resident services. For the duration of the inspection, inspectors observed that staff were available to meet the residents’ care needs.

Without exception, those spoken with expressed satisfaction with the attitude, courtesy and professionalism of staff and the dignity with which residents were treated. Relatives identified the person in charge as the person they would go to if they had a concern, or wished to make a complaint. One relative stated that there was never need to make a complaint “because you can discuss any problem or concern with staff when they visit”.

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 demonstrated her knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. She and the person in charge were reviewing and updating documentation to comply with the requirements of the Health Act, the regulations and National Quality Standards for Residential Care Settings for Older People in Ireland.

The staff interviewed by inspectors had a clear understanding of the management structure in the centre. Roles and responsibilities were clearly defined and communicated to both staff and residents. Job descriptions were available for individual staff roles. The involvement of the registered provider with the person in charge and staff facilitated an open culture of communication. The provider meets with the person in charge daily to discuss issues in relation to the residents and the running of the centre. The person in charge has worked in the centre for over two years which has resulted in a consistent service.

A comprehensive statement of purpose was seen by inspectors and the centre’s philosophy and information was clearly stated.

There was evidence that a contract of care for each resident was completed within one month of admission, with clearly stated terms and conditions.

The complaints procedure, and certificates of registration and fire compliance were clearly displayed in the centre. The complaints log provided a clear outline of how complaints had been dealt with and how outcomes were communicated to relevant staff and those who made a complaint. Incident reporting procedures were inspected and the person in charge explained how outcomes were discussed with staff and learning was shared, with a view to reducing further incidents.
Some improvements required

While the centre’s policies and procedures were recently developed, they were not evidenced to best practice and there was no process in place to ensure staff read, understood and signed off on policies once implemented.
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

The centre was bright and well decorated and there was a paved enclosed area and well-kept gardens.

Residents are facilitated, as far as is possible, to remain in the care of their own general practitioner (GP) and the GP visited monthly or more frequently on request.

Inspectors joined residents for lunch in the main dining room, which was a bright and cheerful room. Table settings were of a good standard and included place mats and condiments. Staff were familiar with residents’ individual dietary requirements. Residents expressed satisfaction with their food and dining experience. Staff were in attendance to offer assistance to residents during their meal. The quality and presentation of the meals served were of a good standard and inspectors’ sampling of the meal confirmed this.

Residents had a safe, lockable facility in their bedrooms and could lock their doors if they wished. Staff knocked and waited for a response before entering residents’ rooms. Overall, residents’ call bells were seen to be answered promptly.

The person in charge demonstrated a safe, lockable facility in the administration office for storing and recording of residents’ personal property.

There was a daily activities programme in place for all residents and inspectors observed residents’ participation and noted that residents were able to participate at their own pace. Links with the community were in place and a partnership had been developed with students from the local Vocational Education Committee (VEC) which resulted in weekly art classes and aromatherapy sessions for interested residents.

A hairdresser visited the centre weekly.
Some improvements required

There was limited opportunity for residents to move around or outside the centre during the day. Residents were seated in a large sitting room for long periods of time and only facilitated to move for meal times and to use the toilet. It was noted that some residents seated for a long period of time were not re-positioned. The paved enclosed outdoor area was available for all residents however inspectors observed that residents were not encouraged or taken out into this outdoor area by staff.

Inspectors observed examples of practice that did not promote independence or person-centred care. For example there were commodes in all residents’ rooms despite some rooms having en suite facilities and some residents were wearing continence wear during the day despite en suite facilities being available. Inspectors observed a staff member leaving a resident, to whom she was attending, to answer a call bell. This resident was left totally exposed in her bed until the staff member returned. This resulted in the privacy and dignity of the resident being compromised.

Despite daily activities being provided to residents, there was no system in place to inform residents and staff of the planned daily activities programme, this impacted their ability to plan their day and decide which activities they wished to engage in.

Significant improvements required

While the quality of food and service was good, limited choice was offered to residents. Inspectors noted that mealtimes seemed rushed, with no quiet atmosphere during mealtimes. In addition, residents’ independence at meal-times was not promoted. Water carafes were available on some tables, however, less mobile residents were not facilitated in having frequent fluids.

Minor issues to be addressed

Inspectors observed tea and biscuits being served mid-morning and in the afternoon, although healthy snack options like fruit or yogurts were not offered to residents.

Some residents were unaware of what was being served for lunch or dinner and the menu on display in the dining room was not dated or clearly displayed in a manner where all residents could read it.
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

Inspectors observed that residents appeared well cared for, this was reflected by residents in their conversations with inspectors.

A comprehensive care planning process was in place for all residents. Each resident had an individual assessment of need carried out on admission to the centre. Residents’ care plans were comprehensive and individual resident assessments in all areas of care were in place. Assessments tools, such as assessments for moving and lifting residents, management of pressure-care, nutritional assessment and falls risks were in place. Residents deemed to be at risk had a care plan to monitor and manage actual and potential problems. A system was in place for residents’ care plans to be reviewed regularly and amended as required.

It was noted that where one resident was seated in a Buxton chair, he had attended a short activity programme, and had been supervised by a staff member and assisted with his mobility prior to being seated in the Buxton chair. Consent had been obtained following discussion with his wife, with the process clearly documented in his care plan.

An inspector accompanied a nurse on a medication round and safe practice was observed in the administration of medication and the procedure for recording the drugs administered. Residents who spoke with inspectors were well-informed about their medications.

Significant improvements required

During inspection, a resident sustained a fall. On reviewing this residents’ care plan the following morning, there was no documentation of the incident or the care delivered following the fall. The resident’s observations or vital signs were also not recorded. Although the resident had sustained a slight wound to his forehead, inspectors were told his GP had not been informed.
Appropriate wound-dressing techniques and procedures were not adhered to. An inspector observed one resident’s dressing being changed in another resident’s room. Infection control measures were therefore compromised.

While the centre’s policy in relation to medication administration was comprehensive, and staff interviewed were familiar with the policy, the centre’s medication management policy did not include the storage, handling and safe disposal of unused or out-of-date medication.
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

Many residents expressed their satisfaction with facilities provided and the standard of maintenance in the centre. Residents’ rooms were spacious and contained small personal items and photographs. A large conservatory was available for residents and their visitors to use, and on the days of inspection many residents were observed using this area. There was a variety of suitable seating available for residents.

Changing and showering facilities for staff were available upstairs. A staff room, with tea-making facilities, was situated downstairs and was also available for visitors to use.

Adequate equipment was provided to meet the needs of residents. Assistive equipment such as pressure relieving cushions and hoists were seen to be well maintained. Inspectors were shown service contracts in relation to all equipment in the centre with service history in place.

A chair lift was available for residents using upstairs accommodation and residents were accompanied by a staff member when moving between floors. The open layout of the centre allowed residents to move around at their ease throughout the centre.

Some improvements required

Inspectors noted there was inadequate storage space for wheelchairs, walking aids and commodes. Residents’ walking aids were stored along a small narrow corridor.

Inspectors observed staff moving freely in and out of the main kitchen posing an infection control risk. A large fridge in the staff dining room was opened frequently compromising storage temperatures which posed a risk to food safety.

While cleaning schedules were observed for some areas, equipment on the corridor was dusty and was not included on any schedules. Commodes, bed pans or urinals were not included on any cleaning schedule.
There was no facility in place for staff to change their clothes.

**Significant improvements required**

Laundry facilities were not fit-for-purpose and were inadequate to protect or care for personal clothing. Inappropriate systems were in place for marking residents’ individual clothes. The oil boiler for the heating system was located in this laundry area. Infection control measures were compromised, as the linen skips did not allow for appropriate segregation of household or contaminated linen from residents’ personal items.

There were inadequate storage facilities for cleaning materials and equipment as the cleaning mops and buckets were stored in the laundry area.

Sluicing facilities were inappropriate for the size of the centre and the number of residents and posed a risk to infection control. There was no appropriate facility for sluicing and cleaning bed pans or urinals, no hand-washing facility for staff using the sluice room and there was no ventilation in the 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

The involvement of the provider and the person in charge in the day-to-day running of the centre facilitated open communication between residents, staff and management. Residents, relatives and staff described an open approach to communication and were clear whom they would approach with an issue.

The person in charge outlined to inspectors how she met with staff every three months and discussed various issues, such as conflicts, infection control, the National Quality Standards for Residential Care Settings for Older People in Ireland, any new staff or resident initiatives and any proposed or planned policies and procedures. There were minutes of all meetings.

Relatives said they felt welcome and involved in the centre. A suggestion box was placed in front of the conservatory inviting suggestions and comments and a “volunteer invitation”, encouraging families and community participation in the centre, was displayed in a prominent place in the front hall. Communication during the pre-admission stage was identified by the person in charge as being particularly beneficial. One relative interviewed stated that meeting with the person in charge had assisted him in reaching a decision to have his relative transferred to the centre.

Residents reported how daily newspapers were delivered and they were facilitated to read.

Some improvements required

The residents’ brochure had not been updated and amended to reflect the new management structure, telephone numbers and contact details as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Two residents’ meetings had taken place with residents, however, there were no minutes of these meetings. There was no advocacy programme or in-house resident / relative representative group in place to ensure the residents’ rights and needs are
represented and protected. Inspectors were informed that plans were in place for a residents’ committee to be formally developed.
6. **Staff: the recruitment, supervision and competence of staff**

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

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

**Evidence of good practice**

Inspectors observed an adequate ratio of residents to staff on duty throughout the inspection and their review of the staff rosters confirmed that on a day-to-day basis there were adequate staffing levels and skill-mix to meet residents’ needs.

All nurses’ current certificates of registration with An Bord Altranais were viewed by inspectors and were seen to be up to date and recorded appropriately.

Inspectors were informed that an induction programme was in place for all new staff.

**Significant improvements required**

The training records reviewed by inspectors confirmed that some staff had undergone further training including FETAC (Further Education and Training Awards Council) level 5 training, and training on elder abuse. However, training had not been provided to staff nurses on wound care management, wound dressing techniques and pressure care prevention. In addition, new staff who commenced in 2009 had not undertaken fire safety training and there was no evidence of training in Hazard Analysis and Critical Control Points (HACCP).

While there was a policy in place relating to recruitment and selection the staff files did not contain all the required criteria such as Garda Síochána vetting and birth certificates, three references as set out in Schedule 2 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Minor issues to be addressed**

There was no evidence of a formal staff appraisal system in place. Therefore there was no means of assessing staff or determining what continuous professional development staff required in order to meet the needs of the residents.
Report compiled by

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

14 October 2009
Provider's response to inspection report

Centre: Strawhall Nursing Home
Centre ID: 0295
Date of inspection: 16 September 2009 and 17 September 2009
Date of response: 19 November 2009

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:
Limited choice of meals was offered to residents and independence at mealtimes was not promoted for all residents. Less mobile residents were not facilitated to have frequent fluids.

Action required:
Provide choice to residents at mealtimes. Put in place suitable arrangements to ensure each resident has access and to a safe supply of fresh drinking water at all times and receives appropriate assistance if required.

Reference:
Health Act 2007
Regulation 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:

We have amended our menu to offer a wider choice. Residents have access to and are assisted in having fresh drinking water at all times.

2 November 2009

2. The provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to record and take appropriate action to monitor residents’ condition and inform medical practitioner where a resident sustained a fall.

Action required:
The registered provider must ensure that there is suitable and sufficient care to maintain the residents’ welfare and wellbeing, having regard to the nature and extent of the residents’ dependency and needs, as set out in their care plan.

Reference:
Health Act 2007
Regulation 6: General Welfare and Protection
Standard 13: Health Care
Standard 11: The Resident’s Care Plan

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

Provider’s response: We have amended our policy on falls to ensure that:
- Vital signs are monitored.
- GP and family are informed.
- Staff are aware of the above.

Timescale: 18 November 2009

3. The provider is failing to comply with a regulatory requirement in the following respect:
There was no procedure for dressing residents’ wounds and the maintenance of infection control measures.

Action required:
Put in place appropriate training and supervision for staff to provide a high standard of evidence-based nursing practices when carrying out dressing procedures for residents.

Reference:
Health Act 2007
Regulation 6: General Welfare and Protection
Regulation 17: Training and Staff Development
Standard 13: Healthcare
Standard 24: Training and Supervision
Standard 26: Health and Safety
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>
<tbody>
<tr>
<td>Policy on dressing procedure amended and staff informed. Some staff have since attended a course and in-house training in place.</td>
<td>18 November 2009</td>
</tr>
</tbody>
</table>

4. The provider is failing to comply with a regulatory requirement in the following respect:
The centre's medication management policy does not include the disposal of out-of-date or unused medications.

Action required:
Put in place suitable arrangements and appropriate guidelines in line with current regulation, guidelines and legislation for the handling and disposal of unused or out-of-date medications.

Reference:
Health Act 2007
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:

<table>
<thead>
<tr>
<th>Provider's response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records of unused drugs are now kept and signed on return to the pharmacy.</td>
<td>2 November 2009</td>
</tr>
</tbody>
</table>

5. The provider has failed to comply with a regulatory requirement in the following respect:
Training has not been provided to staff nurses on wound care management and dressing techniques and pressure care prevention.

Action required:
Provide training to staff to ensure that they can provide care in accordance with contemporary evidence-based practice.

Reference:
Health Act 2007
Regulation 17: Training and Staff Development
Standard 24: Training and supervision
<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>Some staff has since attended a course on wound management.</td>
<td>18 November 2009</td>
</tr>
<tr>
<td>More staff to attend courses as they arise.</td>
<td>Six months</td>
</tr>
</tbody>
</table>

6. **The provider has failed to comply with a regulatory requirement in the following respect:**
The physical environment and facilities in the laundry are inappropriate to cater for laundering of linen and residents’ personal clothing.

**Action required:**
Provide adequate facilities for laundering of linen and residents clothing and make arrangements for residents’ clothes to be sorted and kept separately. Provide facilities that adequately cater for the size of the centre and number of residents.

**Reference:**
Health Act 2007
Regulation 13: Clothing
Standard 25: The Physical Environment

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take following the inspection with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>Segregation of all laundry in place.</td>
<td>21 September 2009</td>
</tr>
<tr>
<td>Planning permission sought at present for erection of a new laundry.</td>
<td>12 months subject to planning</td>
</tr>
</tbody>
</table>

7. **The provider has failed to comply with a regulatory requirement in the following respect:**
The provider failed to provide appropriate sluicing facilities and equipment and storage of cleaning chemicals.

**Action required:**
Put in place suitable arrangements to provide appropriate space to ensure necessary sluicing facilities, equipment and storage are provided.
**Reference:**
Health Act 2007  
Regulation 19: Premises  
Standard 25: Physical Environment  
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>
</table>
| Provider’s response:  
Planning permission presently being sought for erection of a new sluice room. | 12 months subject to planning |

<table>
<thead>
<tr>
<th>8. The provider is failing to comply with a regulatory requirement in the following respect:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff files did not contain all the required criteria such as Garda Síochána vetting, three references as set out in Schedule 2 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide full and satisfactory information on all staff in respect of the matters set out under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</td>
<td></td>
</tr>
</tbody>
</table>

**Reference:**  
Health Act 2007  
Regulation 18: Recruitment  
Standard 22: Recruitment

<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:  
Garda vetting was received on day following inspection 18<sup>th</sup> of September.  
Majority of references now in place. Remaining to be available within one month. | 18 September 2009.  
31 January 2010. |
9. **The provider is failing to comply with a regulatory requirement in the following respect:**
Staff who commenced working in the centre since 2009 have not received training in fire safety.

**Action required:**
Make suitable arrangements for persons working in the designated centre to receive suitable training in fire prevention and management.

**Reference:**
- Health Act 2009
- Regulation 32: Fire Precautions and Records
- Standard 26: Health and Safety

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

<table>
<thead>
<tr>
<th>Provider’s response</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>All staff to receive fire prevention and management training.</td>
<td>6-8 weeks. Deadline 31 January 2010</td>
</tr>
</tbody>
</table>

10. **The provider is failing to comply with a regulatory requirement in the following respect:**
The resident’s privacy and dignity was not maintained, while personal care was being attended to.

**Action required:**
Put in place suitable arrangements for all staff to maintain privacy and dignity for all residents when personal care is carried out.

**Reference:**
- Health Act 2007
- Regulation 10: Residents’ Rights, Dignity and Consultation
- Regulation 17: Training and Staff Development
- Standard 4: Privacy and Dignity

**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>
<tbody>
<tr>
<td>Policy on resident’s privacy and dignity was re-addressed at staff meetings.</td>
<td>2 November 2009</td>
</tr>
</tbody>
</table>
11. **The provider is failing to comply with a regulatory requirement in the following respect:**

There was no system in place to inform residents and staff of the planned daily activities programme which impacted on residents’ ability to plan their day and decide which activities they wished to engage in.

**Action required:**
Put in place suitable arrangements to ensure residents are aware of the activities available to them.

**Reference:**

Health Act 2007  
Regulation 10: Residents’ Rights, Dignity and Consultation  
Standard 18: Routines and Expectations

<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>Daily activities will be displayed.</td>
<td>31 January 2010</td>
</tr>
</tbody>
</table>

---

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

There was no process in place to ensure and record that all staff members were aware of the policies and procedures in place dealing with the general welfare and protection of residents.

**Action required:**
Put in place suitable arrangements for all staff to ensure staff read, understood and signed off on policies once implemented.

**Reference:**

Health Act 2007  
Regulation 17: Training and Staff Development  
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></td>
</tr>
<tr>
<td>Recently amended policies are being read, discussed and signed by staff.</td>
<td>6-8 weeks. Deadline 31 January 2010</td>
</tr>
</tbody>
</table>
13. The provider is failing to comply with a regulatory requirement in the following respect:
The policies were not evidenced to best practice and did not meet the criteria set out in Schedule 5 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Action required:
Provide written operational policies and procedures in accordance with best practice and current regulations.

Reference:
Health Act 2007
Regulation 27: Operating Policies and Procedures
Standard 13: Healthcare
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>6-8 weeks. Deadline 8 January 2010</td>
</tr>
<tr>
<td>The majority of policies are now evidenced based and remainder are being researched.</td>
<td></td>
</tr>
</tbody>
</table>

14. The provider is failing to comply with a regulatory requirement in the following respect:
Staff moved freely in and out of the main kitchen posing an infection control risk and the frequent opening and closing of fridge doors compromised the storage temperature of the fridge.

Action required:
Ensure that there are written policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors and that staff follow these procedures.

Reference:
Health Act 2007
Regulation 17: Training and Staff Development
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>5 December 2009</td>
</tr>
<tr>
<td>A consultant has been employed to provide training in HACCP to staff and complete audits.</td>
<td></td>
</tr>
</tbody>
</table>
### 15. The provider is failing to comply with a regulatory requirement in the following respect:
The cleaning schedule did not include all equipment in the centre such as commodes, bed pans or urinals.

**Action required:**
Ensure cleaning schedule includes commodes, bedpans and urinals.

**Reference:**
Health Act 2007  
Regulation 19: Premises  
Standard: 25 : Physical Environment  
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: Documentation to reflect this cleaning now in place.</td>
<td>2 November 2009</td>
</tr>
</tbody>
</table>

### 16. The provider has failed to comply with a regulatory requirement in the following respect:
There were no formal arrangements in place to support the residents’ right to consultation and participation in the day-to-day running of the centre.

**Action required:**
Put in place arrangements to support residents’ right to consultation and participation in the day-to-day running of the centre. Ensure all residents’ rights, needs and wishes are sought and facilitated.

**Reference:**
Health Act 2007  
Regulation 10: Residents’ Rights, Dignity and Consultation  
Standard 2: Consultation and Participation

<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: Residents' committee will be formed.</td>
<td>2 November 2009</td>
</tr>
</tbody>
</table>

### 17. The provider is failing to comply with a regulatory requirement in the following respect:
There was limited opportunity and assistance provided by staff for residents to utilise the external paved area during the day.
**Action required:**
Put in place suitable arrangements to ensure residents are able to utilise external facilities available to them.

**Reference:**
Health Act 2007  
Regulation 10: Residents’ Rights, Dignity and Consultation  
Standard 18: Routines and Expectations

<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: Residents are encouraged and assisted by staff to use outdoor area in suitable weather.</td>
<td>2 November 2009</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 19: Meals and Mealtimes</td>
<td>Display the daily menu in a suitable format and in a suitable location so that each resident or his / her representative knows what is available at each mealtime</td>
</tr>
<tr>
<td></td>
<td>Provide residents with nutritious snack options.</td>
</tr>
<tr>
<td>Standard 24: Training and Supervision</td>
<td>Establish and implement a staff development and appraisal policy in the centre.</td>
</tr>
</tbody>
</table>
Any comments the provider may wish to make:

Provider’s response:

We thank you for your recommendations and feel they will enhance the quality of care in our home.

Provider’s name: Margaret Rice.

Date: 19 November 2009.