

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

**Inspection report
Designated centres for older people**



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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|------------------------------------|---|
| Centre name: | Saint Anne's Nursing Home |
| Centre ID: | 0388 |
| Centre address: | Woodford |
| | Loughrea |
| | Co Galway |
| Telephone number: | 090 9749334 |
| Fax number: | N/A |
| Email address: | woodfordnursinghome@eircom.net |
| Type of centre: | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public |
| Registered provider: | Patrick Cox |
| Person in charge: | Patrick Cox |
| Date of inspection: | 13 July and 14 July 2010 |
| Time inspection took place: | 13 July Start: 10:00 hrs Completion: 18:30 hrs 14 July Start: 08:30 hrs Completion: 16:00 hrs |
| Lead inspector: | Marguerite Gordon |
| Support inspector: | Nan Savage |
| Type of inspection: | <input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced |

About inspection

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

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

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that, the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

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

About the centre

Description of services and premises

Saint Anne's is a three-storey period residence set on three acres of gardens within walking distance of Woodford village. The centre has 18 places for older people and offers residential and convalescent care. There were 17 residents on the day of inspection, one of whom was under 65 years of age. Some of these residents have dementia related conditions.

The facilities are located on the ground, first and second floor with stair and lift access to the upper floors. The main entrance is at ground floor level with wheelchair access to the side of the building. The front door opens into an entrance hall and the nurses' office is situated directly opposite. The spacious hallway has seating, and leads to the main day room, the dining room, a quiet sitting room, another sitting room, kitchen and laundry. There is one toilet and two wheelchair assisted toilets. The day room is furnished with comfortable seating, small tables for individual residents and a large television. The large windows provide residents with views of the surrounding gardens and orchard.

Bedroom accommodation on the first and second floor met the minimum requirements as defined in the *National Quality Standards for Residential Care Settings for Older People in Ireland*. All bedrooms have wash-hand basins. On the first floor there are six single bedrooms and three two-bedded rooms. There are two assisted toilets, one bath, and one level access shower on the first floor. On the second floor, there are four single rooms and one two-bedded room. There is one assisted bathroom which includes a toilet.

There is ample parking provided at the front of the building.

Location

Saint Anne's is located on the outskirts of the village of Woodford in east Co Galway.

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|--|--------------|
| Date centre was first established: | January 1994 |
| Number of residents on the date of inspection | 17 |
| Number of vacancies on the date of inspection | 1 |

| Dependency level of current residents | Max | High | Medium | Low |
|--|------------|-------------|---------------|------------|
| Number of residents | 4 | 12 | 1 | 0 |

Management structure

The Provider, Patrick Cox is the owner and the person in charge. He is referred to as the Person in Charge in this report. Staff nurses, care assistants, catering and cleaning staff all report to the Person in Charge.

The staff nurse on duty deputises in the absence of the Person in Charge. Staff nurses, care assistants, catering and cleaning staff all report to the Person in Charge. The Person in Charge has overall responsibility for administration, finance, maintenance work and fire safety.

| Staff designation | Person in Charge | Nurses | Care staff | Catering staff | Cleaning and laundry staff | Admin staff | Other staff |
|--|------------------|--------|------------|----------------|----------------------------|-------------|-------------|
| Number of staff on duty on day of inspection | 1 | 2 | 1 | 1 | 1 | 0 | 0 |

Summary of findings from this inspection

This was an announced registration inspection and the first to be carried out by the Health Information and Quality Authority (the Authority). The provider had applied for registration under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

As part of the registration process, the provider has to satisfy the Chief Inspector of Social Services that he is fit to provide the service and that the service will comply with the Regulations. This registration inspection took place over two days. The provider had applied for registration for older persons over 65 years of age including residents with dementia, and one resident with chronic illness under 65 years of age.

A fit-person interview was carried out with the provider, and a separate fit-person interview was carried out with him as person in charge. He had completed the fit-person self-assessment document in advance of the inspection. The registration application and required documentation were reviewed by the inspectors to inform the inspection process.

Inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The provider was knowledgeable of and committed to meeting the requirements in 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*. During the interview the person in charge was asked about any improvements made since undertaking the fit person self assessment. He outlined how he had reduced the maximum resident occupancy from 22 to 18, and commenced a continuous upgrading plan for the premises. He had also introduced new assessments and care plans.

While areas for improvement were identified, overall the inspectors found evidence of good practice in all areas. The person in charge had established a process to ensure the delivery of services to residents in a consistent and safe manner.

Improvements were required in some areas such as care planning, management of restraint and medication storage and prescribing practices and procedures.

Other areas for improvement included access to physiotherapy and occupational therapy, provision of recreational activities, inclusion of residents' social and personal needs in care plans, the statement of purpose, policies and procedures and the complaints procedures.

These issues are included in the Action Plan at the end of the report.

Comments by residents and relatives

In advance of the inspection, inspectors received four completed questionnaires from relatives with comments on the care received and quality of life at the centre. Inspectors also spoke with residents and some relatives on the day of the inspection.

Comments from residents' included: "Staff treat us with kindness and respect", "lovely carers" and "very kind and thoughtful". Relatives comments included: "It is very homely here they (residents) feel they are guests and not sick old people". Relatives commented on how welcome staff made them feel. "We are always made to feel welcome". Another relative commented positively on staff interaction with residents, "My mother is shown absolute respect by the staff" and "Staff are very kind and helpful".

In relation to healthcare, relatives expressed satisfaction with communication around healthcare provision. Comments included: "We are kept up-to-date with any changes by the owner and staff". "The improvement in his health is unbelievable" and "I can see for myself how well she is taken care of".

Relatives commented favourably on the time staff spent with residents and the religious services provided. Comments included: "There is time for good interaction and chats about times past" and "The old films are great". Residents told inspectors that they enjoyed the weekly mass, one resident said she got "great comfort from the hand massages". Two residents said they "enjoyed chats with each other and the company was good". One resident said that he spent most of the time in his bedroom and he "would be lost without the radio".

Several residents said that they had choices around how they spend their day. One lady said she could "lie in for a while longer" if she wanted. A few residents said that breakfast was early but they could have it later if they wanted.

Residents were positive about the quality of food and choices offered. Several said that they always get whatever they want and have "snacks anytime" they liked either day or night.

Both residents and relatives said that they would approach either the provider or the staff on duty if they had a concern or a complaint. Most residents said that they were "content" or "happy as things are" and had "no reason to complain". Both relatives and residents said they always felt that any issue raised was responded to.

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

Meeting the Legal Requirements/Business Planning

The person in charge demonstrated a good knowledge of the Regulations and the Standards. He stated that he was committed to working towards achieving full compliance. He outlined how there is always a programme of continuous improvement ongoing, he had reviewed the building and had decided to reduce the maximum resident occupancy from 22 to 18 in order to comply with the Standards and the Regulations.

During the fit-person interview, he outlined the arrangements in place should significant expenditure be required and the additional challenges he faced in maintaining the old style building at an acceptable standard. He discussed the phased plan for upgrading the premises and other areas where progress had been made, such as the provision of recreational activities. He had identified auditing of services and further training for staff in areas such as care planning as areas that required further improvement.

There was a clear management structure. The person in charge lives adjacent to the centre and was present every day. A staff nurse deputised on the occasions when he was absent. The provider's wife was also a staff nurse at the centre. Part-time staff worked additional hours to cover staff absences and agency arrangements were not necessary. Inspectors reviewed rotas for four weeks and found that there were adequate staffing levels and skill-mix on duty at all times.

Protection of Older People

There was a policy in place on detecting and reporting elder abuse. The training records showed that all staff had attended training on the prevention of elder abuse. Staff members spoken to could give examples of different types of abuse and outlined what they would do if they suspected elder abuse or if an allegation of abuse was made to them.

Insurance

Inspectors read the insurance certificate and were satisfied that appropriate insurance was in place to protect the residents' property.

Residents Finances

The person in charge said that he did not manage residents' finances and that residents' managed their own finances or relatives managed finances for those residents who were unable to do so independently.

Contracts of Care

Contracts of care were in place for each resident. Inspectors reviewed a sample of the contracts of care which were in line with Regulations. They set out details of services to be provided for residents and the fees to be charged.

Fire Safety

Staff who spoke with inspectors displayed a satisfactory level of knowledge of fire safety. Inspectors read all fire safety documentation, which included a certificate of compliance with fire regulations. Records of fire safety equipment checks were available. Charts for daily checking of fire exits were reviewed and found to be completed, dated and signed. The fire alarm testing records were up-to-date and signed. Staff had received appropriate fire training, the most recent fire training took place on 12 January 2010, and an evacuation drill had also been carried out. Inspectors saw that fire exits were unobstructed.

Risk Management

There was a risk management policy in place. It included measures for the identification of hazards, risk assessment and procedures to control risks identified. Inspectors reviewed the policy and read the incident and accident reports. The policy provided guidelines to staff on what to do in the event of an accident or incident. Care plans were in place to manage relevant clinical risks such as falls. Untoward events were recorded and included an account of the action taken and the outcome. Records were signed and dated by the person witnessing the event and by the person in charge following review.

Safety Statement/Emergency plan

There was a safety statement in place. Inspectors were satisfied environmental risks had been identified and control measures were in place to minimise and manage risk. An emergency plan was in place which included arrangements for evacuation and alternative accommodation for the residents in the event of an emergency evacuation.

Recruitment

Inspectors reviewed the centre's recruitment policy and found it to be satisfactory. The inspectors reviewed three personnel files and found they were in line with Regulations.

Some improvements required

Residents' Register

The register of residents was maintained in two separate books which caused confusion. Information in both registers was not clearly set out and it was difficult to ascertain the number of residents in the centre.

Complaints

There was a complaints policy in place, which included an independent appeals process. The person in charge displayed a positive attitude towards complaints. He told inspectors that he viewed complaints as an opportunity to improve the service. He took a proactive approach and tried to resolve issues before they escalated. Inspectors saw the complaints procedure which was displayed in a prominent position. Residents and relatives said they could raise any issues with the person in charge or staff members. However, while the person in charge adopted a proactive approach to complaints management verbal complaints were not recorded. Therefore it was difficult to monitor the quality of the service provided and improve practice.

Significant improvements required

Operating Policies

The operating policies were not signed or dated and did not consistently inform practice. Staff were not involved in developing the policies, and some staff interviewed were not aware of their content. There was no system in place to ensure that staff read and understood the policies or used the policies to guide practice. Some policies required by the Regulations such as the management of behaviour that challenges had not been provided.

Statement of Purpose/Residents' Guide

The centres statement of purpose and the Residents' Guide did not contain all the required information to meet the Regulations. For example, the statement of purpose did not accurately reflect the maximum number of residents or the type of care to be provided. The Residents' Guide did not include services and facilities including access to activities.

Risk Management/Audits

The risk management policy did not include a process for auditing and monitoring to inform learning and guide practice. There was no auditing of information on accidents and incidents, falls and medication management. There was no process for reviewing information as a result of adverse events therefore there was no learning or improvements in the quality of service and safety of residents.

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

Daily Life

There was a relaxed family atmosphere noted which promoted person-centred care. The person in charge knew the residents well, led by example and inspired staff to provide person-centred care with emphasis on quality of life and positive outcomes for residents. A resident told an inspector that she considered the centre to be "home from home". The person in charge emphasised the importance of meaningful engagement with residents and he prioritised meeting with residents on a daily basis. Staff spoken to said they enjoyed their work and enjoyed the residents' company. Inspectors observed residents interacting and chatting with staff and with each other. They saw that residents were addressed in a respectful manner by staff.

Choice

Staff provided residents with choice in many aspects of their lives. Residents told inspectors that they could choose the time they got up and went to bed. A choice of bath or shower was offered to residents - some residents told inspectors that they preferred to shower and they could have a shower when they requested one.

Residents were nicely dressed; most residents selected their clothes themselves each day. An inspector saw a staff member support a resident who required assistance in choosing her own clothes to wear. Residents and relatives said they were satisfied with the laundry service provided.

Residents could choose the times of their breakfast. Inspectors observed breakfast being brought to residents at various times during the morning. Some residents preferred to have breakfast early in the morning and this was facilitated by night staff. Residents had been asked what they liked for breakfast and the time they would like it, and inspectors saw that this information was kept in the kitchen.

Residents said they were satisfied with the hairdressing service provided and looked forward to their "hair do". A local hairdresser attended on an appointment basis when residents requested it. Inspectors saw the care assistants shampooing and putting in curlers for residents. Staff confirmed that they provided hair care services to residents.

Meals and Mealtimes

Residents were offered a choice of nutritious food at each mealtime. Inspectors observed staff discussing the menu options for dinner and for evening tea with individual residents. They were asked what meal they would like and also how they would like it served. The inspector saw how the written menu which was presented in large print to some residents who had visual impairment. The tables were nicely set with centrepieces, condiments, tablecloths and napkins. The circular tables accommodated four residents and supported them to chat creating a relaxed atmosphere. An inspector observed residents talking to each other and enjoying their meal. Lunch was unhurried, nicely presented and residents who required assistance were supported appropriately. Staff sat and interacted with residents while providing assistance.

An inspector spoke with the chef who described how she got feedback from staff and residents, mostly in an informal way. She was knowledgeable about residents' individual preferences and dietary requirements which informed the menus. The inspector noted that individual dietary requirements were catered for such as diabetic and low salt diets. Drinks and snacks were available at any time to residents. Fresh water was available in the sitting room. An inspector saw staff access food and drinks for residents throughout the day, and residents told the inspectors that these were also available at night.

Religious and Spiritual Needs

Arrangements were in place for residents to practice their religious beliefs as they choose. All of the residents were Roman Catholic. Weekly mass took place in the day room and masses from the local church were broadcast on the radio. A resident said he looked forward to the weekly mass and in particular the informal chats with the priest after mass. Arrangements were in place for residents who may be from other denominations.

People with Dementia

The person in charge told an inspector that two of the 17 residents had varying degrees of cognitive impairment. Inspectors observed staff interaction with the residents and noted that staff knew how to engage with these residents. The layout and facilities of the building allowed these residents to walk or wander around with ease without compromising their safety. The pace was unhurried and tranquil. Staff could identify signs of early distress or agitation and put interventions in place which reduced agitation. For example, inspectors saw a care assistant working with a resident who was agitated and pulling at her clothes. She sat with the resident and calmly listened which helped the resident to relax.

Some improvements required

Privacy and Dignity

During the fit person interview, the person in charge told inspectors that his philosophy was that staff treat residents with respect, and promote their independence as much as possible. Inspectors observed that the privacy and dignity of residents was respected and promoted by staff. Staff addressed residents in a caring, friendly and respectful manner. Inspectors saw staff encouraging residents to assist themselves when having their meal or when walking.

Residents confirmed to inspectors how they were encouraged and given time to wash and dress themselves in the morning. Inspectors noticed residents arriving in the day room at various times that suited them. Staff members knocked and waited before entering residents' bedrooms, ensured doors were closed, and curtains were drawn while delivering personal care. However, the privacy of residents who shared bedrooms was compromised. Mobile screens were used by staff when delivering personal care. These screens did not extend fully around residents' beds and did not adequately ensure the privacy of those residents.

Activity Provision

There was limited recreational activity provided for residents. The person in charge was working to enhance the range of activities provided. He told inspectors that activities were provided on weekday afternoons and staff were encouraged to be involved in activities. Inspectors saw an afternoon activity list which included flower arranging, games and exercises. Inspectors met with a care assistant who said she was assigned to support the activity programme on two days of the week. She told inspectors that she was gathering information on what interested residents by chatting with them and discussing their interests and hobbies. She said the exercise class on Friday and card games were popular with residents. Inspectors saw how she provided hand massage to a number of residents. Residents and relatives told the inspector that they looked forward to the music sessions in the afternoon. Inspectors noted that the activity programme was not prominently displayed. When inspectors spoke with residents, they were not aware of what was planned for that day.

Lockable Space

Suitable storage facilities were not provided for residents. They did not have a private lockable space in their rooms where they could store personal valuables securely.

Social Assessment

While work had commenced on including information on residents' personal and social history in their care plan, this needed further development to involve each resident and ensure that his or her individual preferences and needs were included and met.

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

Health Promotion/Healthcare

Residents healthcare needs were adequately monitored. Blood pressure and blood sugars were regularly monitored and recorded by staff. General practitioners (GPs) offered vaccinations as required. A number of residents and relatives told the inspector about the improvement in their health as a result of the care and attention they received. A relative of a younger resident described how her brother was not able to use one of his hands on admission. She told inspectors that with individual attention and care and encouragement her brother could now use his hand to hold a cup and drink independently. Inspectors saw staff encouraging residents to walk - some residents were assisted by staff and some used assistive aids to walk independently. Residents' weights were checked each month or more regularly if required. Nutrition and hydration assessments were used to develop care plans for residents who had been identified as being at risk.

Healthcare Services

Residents and relatives said they were satisfied with the healthcare services provided. Residents had their own GP of choice and three different GPs attended to residents needs. An out-of-hours medical service was provided on a rota basis by the three GPs. A relative told the inspector "My mother is well looked after she gets her bloods done to check her Warfarin levels regularly". The person in charge told the inspector that a dietician and social services were accessed through the local hospitals following GP referral. The person in charge told inspectors that a dental service was available through the local dentist. Mental health services were provided from a local hospital in Ballinasloe. One resident was availing of the psychiatric services in a nearby clinic. Mental health staff were available to offer support and advice on an ongoing basis. Residents were supported to attend outpatient hospital appointments. If a family member was not available, a staff member accompanied the resident to appointments.

Some improvements required

Chiropody

Although residents and relatives said they were satisfied with the chiropody services, inspectors found that only two of the 17 residents had been provided with chiropody care.

Assessments and Care Plans

There was a pre-admission policy in place, which guided practice. The inspectors reviewed a number of residents' files. The person in charge assessed all residents for suitability prior to admission and this assessment, which involved the resident and their relative, informed the resident's care plan. The person in charge had recently implemented a comprehensive nursing assessment for all residents and risk assessments for prevention of falls, pressure ulcers, nutrition, and behaviours that challenge. Care plans addressed residents' identified needs and daily progress notes were recorded. However, care plans were not consistently updated, for example a resident who was recently unwell and confined to bed did not have a care plan to reflect this. Residents were not involved in developing and reviewing their care plans.

Significant improvements required

Medication Management

The medication management policy was not signed or dated and did not guide practice. It did not provide guidance on the use of medications administered when required (PRN) or the transcribing of medications by nurses. Inspectors examined medication records and found there was no signature of the transcribing nurse on the medication prescription sheets. The policy did not include a process for auditing medication, to monitor practices and prevent error. There was no thermometer in place to monitor the temperature of the medication fridge. Although medications requiring strict controls were correctly stored and administered, these medications were not checked at the end of each shift. Staff spoken to were not aware of this guideline from An Bord Altranais.

Restraint

While the person in charge promoted a restraint free environment, the restraint policy in place was not dated. The policy was not evidence based and did not reference the use of bed rails as a form of restraint. The person in charge told inspectors that four residents used bed rails. There were no consent forms in place and no details on the reason for the type and duration of the restraint in use. There was no evidence that risk assessments were carried out or that alternatives to the use of restraint were explored prior to using bed rails.

Falls

The policy in place to guide the clinical management and medical care of residents who sustained injuries from falls did not include the taking and monitoring of a residents neurological observations. The inspector reviewed a number of accident records and saw that neurological observations were not taken and recorded when a resident sustained a fall or a head injury from a fall.

Allied Health Services

Inspectors found that residents were not referred to allied health services such as physiotherapy and occupational therapy. The person in charge acknowledged that some residents could benefit from such referrals but said that allied health services were difficult to access.

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

Premises

The building was spacious and there was a good standard of décor. Fixtures, fittings and equipment were well maintained. Residents told inspectors that they found it homely and comfortable. The colour scheme and furnishings were appropriate and bright. Residents had a choice of lounges and quiet areas and inspectors saw residents using these throughout the day. There was a proactive approach to structural improvements and inspectors saw one of the large windows being replaced in a vacant bedroom.

Infection Control

The premises were maintained clean and odour free. Personal protective equipment such as gloves and aprons were available and inspectors saw staff wearing gloves and aprons appropriately. Staff were also noted to use the alcohol gels provided frequently during the day. There was a detailed cleaning schedule in place and the cleaning staff member spoken to by the inspector had a good knowledge of her role in infection control - she was using colour coded mops for different areas of the building. Arrangements for the disposal of domestic and clinical waste management were appropriate.

Equipment

There was sufficient assistive equipment provided to meet the requirements of the residents, such as mobility aids, hoists, and alternating pressure relieving mattresses. Equipment was well maintained and servicing records reviewed were satisfactory.

Laundry

Residents said they were satisfied with the laundry service. The inspector reviewed the laundry service and saw that resident's personal clothing was appropriately labelled and separate areas were utilised for the storage of clean and soiled laundry.

Kitchen

Inspectors met with the chef and viewed the kitchen which was clean and well maintained. Catering staff had received training in food hygiene. There were ample supplies of meat, fresh fruit, vegetables and dry foods in stock. A variety of snacks such as yoghurts and fresh fruit were available to residents as required.

Significant improvements required

Infection Control

Inspectors were concerned that some work practices posed a significant risk of cross infection. For example:

- there was no sluice room or bedpan washer available and staff told inspectors that commode pots and urinals were disinfected in residents' toilets and in the laundry room
- there were no staff changing facilities provided. A staff member told inspectors that they wore their uniforms to and from work
- Inspectors saw handrails used throughout the day by residents which were covered in material made of carpet and not readily cleaned or disinfected. Staff told inspectors these were only cleaned on a monthly basis. When inspectors brought this to the attention of the person in charge, they agreed to implement appropriate cleaning of the handrails to prevent cross infection.

Secure Outdoor Area

There was no secure outdoor area for residents with dementia.

Storage

There were inadequate storage facilities available. Inspectors observed assistive equipment such as commodes stored in residents' bedrooms.

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

Communication Policy

There was a policy in place which provided staff with guidelines on communicating with residents who had communication difficulties including those with dementia. Inspectors observed staff taking the time to reassure residents with dementia, speaking slowly, clearly and sensitively, and repeating the information to residents to ensure that the resident understood what was being said to them.

Communications

Inspectors observed communication between the person in charge, staff, residents and relatives and saw that they interacted in an open and receptive manner with each other. The small size of the facility, the number of residents and the homely atmosphere all supported informal communications. Residents, visitors and staff told inspectors that the person in charge was always available and they welcomed the informal communication with him on a day-to-day basis.

Staff members knew the residents very well and were aware of their individual needs. Inspectors observed that the person in charge, staff members, residents, and visitors used each other's first names. Residents said they would talk to the person in charge if they had any problem or were worried. Relatives gave examples of issues they raised such as personal laundry issues, which were resolved quickly and to their satisfaction. During the fit-person interview the person in charge said that his philosophy was to ensure that the resident and their needs were kept central to the provision of service. He ensured this through example and by working with staff members to provide resident care. Staff members confirmed to inspectors that this was the practice.

Team Communication

The person in charge had arrangements in place for communication between staff. Inspectors observed the daily handover meeting attended by all staff which was chaired by the nurse on duty. Relevant information about residents was shared within the team. Staff were reminded about a hospital appointment for one resident and updated about another resident who was unwell. Staff told inspectors of the importance of handover meetings and said that they were helpful especially when they returned from leave. Staff teams rotated so that all staff were familiar with all residents.

Residents' records, care plans and personal information were stored in a safe, secure location in the person in charge's office.

Residents had access to television and radio in the sitting rooms and in their bedrooms. Inspectors saw residents reading the local newspaper and discussing topics of interest. The inspector saw staff support residents with impaired vision by providing them with reading glasses or reading the local newspaper aloud which residents said they enjoyed. There was also a cordless telephone for residents' use.

Some improvements required

Signage in the centre was noted to be poor. While residents appeared to know their way around the building, bathrooms were not identified and there was no means for residents to identify their bedrooms.

Significant improvements required

While staff communicated in a meaningful way with residents on a day-to-day basis, there was no formalised resident group in place to allow residents have a say in the day-to-day running of the service.

There was no advocacy service available to residents and no means for residents with dementia to have their views heard or provide feedback on the quality of the service.

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

Staffing Levels

Inspectors reviewed rosters and found that there were sufficient staffing levels and skill-mix on duty to meet the needs of residents both day and night. Resident dependency levels were calculated using a validated tool. This was used along with clinical judgement to inform staffing requirements. Relatives and residents stated they were satisfied with staffing levels provided during the day and on night duty.

Staffing Deployment over the 24 hours period

| Time | (17 residents) | |
|-----------|---------------------|----------------|
| | Nurse | Care Assistant |
| AM | 2+ person in charge | 1 |
| Afternoon | 2+ person in charge | 1 |
| Evening | 1 | 2 |
| Night | 1 | 1 |

Staff turnover was very low and most of the staff had been working in the centre for a number of years. One care assistant had completed (Further Education and Training Awards Council (FETAC) Level 5. They were knowledgeable about residents, had established a good relationship with them and inspectors saw them responding to their needs in an informed way. When the inspector spoke to staff they were interested in their work, were clear about their roles and responsibilities and were able to explain these to inspectors.

A care assistant told inspectors that there were three staff on duty during the day. The nurse in charge held a meeting following the morning handover to plan and prioritise the work for the day. The care assistant was responsible for the more independent residents and worked with a nurse when a resident required the assistance of two. Staff supported each other when required. The centre was small and all staff were familiar with each of the residents.

Significant improvements required

The person in charge had not recently undertaken formal education and training. While he had provided mandatory training for staff he had not provided continuous education and professional development for staff. The person in charge acknowledged this deficit and said that he had identified training needs for nurses in areas such as assessment and care planning. He also stated that he would be introducing a staff appraisal system which would inform further training needs.

Apart from mandatory training the person in charge had not provided sufficient training for care assistants such as care of the resident with dementia or behaviours that challenge.

Staff who spoke with inspectors were not knowledgeable about the Standards.

The induction arrangements for newly employed staff were informal. Staff worked alongside existing staff for a number of shifts before they worked alone. There was no competency based assessment or record to confirm and ensure that new staff covered and understood all of the areas identified in the induction process.

There was no formal staff appraisal system to inform future training and professional development needs.

Closing the visit

At the close of the inspection visit, a feedback meeting was held with the provider Mr Patrick Cox who is also the person in charge, 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, relatives, provider and staff during the inspection.

Report compiled by:

Marguerite Gordon

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

13 and 14 July 2010

Provider's response to inspection report

| | |
|----------------------------|---------------------------|
| Centre: | Saint Anne's Nursing Home |
| Centre ID: | 0388 |
| Date of inspection: | 13 July and 14 July 2010 |
| Date of response: | 6 September 2010 |

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (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 in place did not guide practice. There was no auditing of information on items such as, accidents and incidents, falls records, medication management and there was no process for reviewing information, learning from it and using it to improve the quality of service and safety of residents.

Action required:

Provide and implement a risk management policy that facilitates investigation and learning from incidents /accidents involving residents, including near misses.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
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>Accidents and incidents were reviewed individually by the person in charge and appropriate preventative measures implemented.</p> <p>An overall auditing system has now been developed.</p> | Done |

| <p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> | |
|--|------------|
| <p>The restraint policy was not evidence based and did not reference the use of bed rails as a form of restraint.</p> <p>There were no consent forms in place and no information on the reason for the use of restraint, the type of restraint and duration for its use.</p> <p>Risk assessments were not undertaken or alternatives to restraint explored prior to using bed rails.</p> | |
| <p>Action required:</p> <p>Implement a restraint policy that is evidence based to include the use of bed rails as a form of restraint.</p> | |
| <p>Action required:</p> <p>Set out each residents needs in an individual care plan including those requiring restraints. Maintain records of risk assessments and on any occasion where restraint is used, the nature of the restraint and its duration.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 25: Medical Records Regulation 8: Assessment and Care Plan Standard 21: Responding to Behaviour that is Challenging Standard 32: Register and Residents' Records</p> | |
| Please state the actions you have taken or are planning to take following the inspection with timescales: | Timescale: |

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| <p>Provider's response:</p> <p>We have always used cot sides to ensure the safety of the resident and this fact is documented in residents care plans and in instances can be cross referenced to accident log. Like most experienced practitioners, I would not consider using a cot side as a restraint they are ineffective and counter productive. I am aware of current thinking that cot sides are a form of restraint (though I am not fully aware of the practical expertise of the thinkers) and so have amended my policy to include them and have also introduced consent forms for their usage.</p> | <p>Done</p> |
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| <p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The medication management policy was not signed or dated. It did not include guidance on the use of medications administered when required (PRN) and the transcribing of medications by nurses.</p> <p>Medications which required strict controls were not checked at the end of each shift.</p> <p>There was no signature of the transcribing nurse on the medication prescribing charts.</p> <p>There was no auditing and monitoring of medication practices to prevent error.</p> <p>There was no thermometer in place to monitor the temperature of the medication</p> |
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| <p>Action required:</p> <p>Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the ordering, prescribing storing and administration of medication.</p> |
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| <p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p> |
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| <p>Please state the actions you have taken or are planning to take following the inspection with timescales:</p> | <p>Timescale:</p> |
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| <p>Provider's response:</p> <p>All issues raised have now been addressed.</p> | <p>Done</p> |
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4. The provider has failed to comply with a regulatory requirement in the following respect:

Residents did not have access to health services such as physiotherapy and occupational therapy.

Action required:

Provide all appropriate healthcares and when a resident requires occupational therapy or any other service, access to such a service is facilitated.

Reference:

Health Act, 2007
Regulation 9: Health Care
Standard 12: Health Promotion
Standard 13: Healthcare

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

Timescale:

Provider's response:

I do not accept that I have failed to comply with this requirement. We spent a lot of time and effort on general physio for our residents and this has been noted and commented on in the improvements noted by relatives for a recently admitted resident. For another resident admitted in January her care plan would reflect that she was unable to stand unaided. She is now mobilising freely. Where more specialist advice is required we have previously referred residents for both private and public physio. A recently admitted resident who could benefit from these services has now been referred for same and we await developments. What we did have during the inspection was a discussion regarding the difficulty in accessing these services. Most publically provided services are either hospital or health centre based and will not come into private centres. Additionally there is no provision in funding under the nursing home support scheme for either transport or escort to such services. This is an area where perhaps the Authority, the Health Service Executive and the National Treatment Purchase Fund might intercommunicate and thus improve and facilitate access to these services.

Referrals have been made and we await developments

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

Residents did not have a social assessment and did not have sufficient opportunities to participate in activities appropriate to his/her interests and capacities.

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| Action required: | |
| Provide residents with opportunities to participate in activities appropriate to his/her interests and capacities. | |
| Reference: | |
| Health Act, 2007 Regulation 6: General Welfare and Protection Standard 18: Routines and Expectations | |
| Please state the actions you have taken or are planning to take following the inspection with timescales: | Timescale: |
| Provider's response: | |
| We have already introduced an information gathering and recording system and utilise this to formulate more individual centred activities in addition to our already established more generalised activities programme. | 31/10/2010 |

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

Inspectors observed that some infection control arrangements did not meet requirements For example:

- there was no sluice room or bedpan washer available, commode pots and urinals were disinfected in residents toilets and laundry room
- there were no staff changing facilities provided. Staff wore their uniforms to and from work
- the surface of the handrails, which were constantly used, were covered in carpet material. Staff told inspectors these were cleaned on a monthly basis. This posed a potential risk of infection. When inspectors brought this to attention of the person in charge and staff, they agreed to identify and implement appropriate cleaning of this material that prevents infection.

Action required:

Ensure necessary sluicing facilities are provided.

Action required:

Provide suitable facilities for staff for the purpose of changing.

Action required:

Ensure that all parts of the centre are kept suitably clean.

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| Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment | |
| Please state the actions you have taken or are planning to take following the inspection with timescales: | Timescale: |
| Provider's response: A suitable area has been identified within the building for the provision of a sluice area. Work on this will commence in early November and will be completed by end December. Staff facilities will have to be located external to the existing building. Work will commence on these in January 2011 and completion by end March. Appropriate cleaning measures are now in place and written into our policies and schedules. | 31/12/2010 31/03/2011 done |

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| 7. The provider is failing to comply with a regulatory requirement in the following respect: There was no formal staff induction or performance management system in place. | |
| Action required: Develop and implement a formal induction programme. | |
| Action required: Develop and implement a system for performance management which is linked to professional development for staff. | |
| Action required: Maintain appropriate records to reflect staff induction, appraisal and professional development. | |
| Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision | |
| Please state the actions you have taken or are planning to take following the inspection with timescales: | Timescale |

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| <p>Provider's response:</p> <p>Whilst we have always operated effectively on an informal basis for all of the above a more formal and recorded system is being developed.</p> | 31/10/2010 |
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| <p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Not all policies required by Regulations were in place. For example, there was no policy on the management of behaviour that challenges, or nutrition.</p> <p>There was no formal plan to review operating policies in accordance with the new Regulations and Standards.</p> <p>Staff were not familiar with the policies.</p> | |
| <p>Action required:</p> <p>Provide all policies required by the Regulations.</p> | |
| <p>Action required:</p> <p>Review the operating policies and procedures to ensure they are specific to the requirements of the centre.</p> | |
| <p>Action required:</p> <p>Develop a system of implementation so that staff understand and implement all policies, procedures and guidelines.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems</p> | |
| <p>Please state the actions you have taken or are planning to take following the inspection with timescales:</p> | <p>Timescale:</p> |
| <p>Provider's response:</p> <p>All of the above are being addressed. All our policies are centre-specific none are 'bought in'.</p> | 31/10/2010 |

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

Nurses did not have specific education in caring for older people.

The staff did not demonstrate contemporary knowledge of care planning, audit, medication issues or falls management.

Care assistants did not have formal training.

Action required:

Provide increased education and training opportunities for staff in accordance with contemporary evidence based practice to suit the needs of the residents.

Reference:

Health Act, 2007
Regulation 17: Training and Staff Development
Standard 24: Training and Supervision

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

Timescale:

Provider's response:

One care assistant is completing her FETAC course. We will encourage others to do likewise.

We will continue to provide effective training and leadership to our staff though this may be informal rather than formal. However we will maintain more detailed records of same.

Staff will be afforded every opportunity and encouragement to avail of further education and training opportunities. In certain instances it will be mandatory.

Continuous

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

The privacy of residents who shared bedrooms was compromised. Mobile screens were used by staff when delivering personal care. These screens did not extend fully around residents' beds and did not adequately ensure the privacy of those residents.

Action required:

Review the arrangements for residents to undertake personal activities in private insofar as is reasonable practical.

| | |
|--|-------------------|
| Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity | |
| Please state the actions you have taken or are planning to take following the inspection with timescales: | Timescale: |
| Provider's response: Arrangements are being made to install fixed all encompassing screening where necessary. In the interim staff have being reminded of their duty to ensure privacy and use additional screens where required. | 31/10/2010 |

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| 11. The person in charge has failed to comply with a regulatory requirement in the following respect: Care plans were not consistently updated. Residents were not participants in the care planning process. | |
| Action required: Implement a system that keeps the residents' care plan under formal review as required by the residents' changing needs and circumstances. | |
| Action required: Put a system in place that each resident's care plan is developed and agreed with each resident. | |
| Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan | |
| Please state the actions you have taken or are planning to take following the inspection with timescales: | Timescale: |
| Provider's response: A more formal system for reviewing care plans is being introduced and will accommodate residents/relatives participation. | 31/10/2010 |

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| <p>12. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was no formalised resident group in place for residents or relatives to air their views, or provide feedback on the quality of the service. There was no advocacy service in the centre.</p> | |
| <p>Action required:</p> <p>Put formal arrangements in place to facilitate consultation and participation of residents in the organisation.</p> | |
| <p>Action Required:</p> <p>Provide residents with privacy so that each resident can undertake personal activities in private.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation</p> | |
| <p>Please state the actions you have taken or are planning to take following the inspection with timescales:</p> | <p>Timescale:</p> |
| <p>Provider's response:</p> <p>Previous formal resident group functioned successfully for a period but unfortunately participation dwindled. Thereafter we found our more informal system quite effective So also for advocacy services. However we are attempting to resurrect both again and have a meeting scheduled for October.</p> <p>Screening</p> | <p>31/10/2010</p> <p>as above</p> |

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| <p>13. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was no record of verbal complaints to monitor and inform the quality of the service provided.</p> |
| <p>Action required:</p> <p>Put systems in place that ensures all complaints are recorded and managed.</p> |

| | |
|--|-------------------|
| 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: All complaints recorded were verbal. Formal auditing system being introduced. | 31/10/2010 |

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|---|-------------------|
| 14. The provider has failed to comply with a regulatory requirement in the following respect: There was no secure outdoor area for residents with dementia. There was no designated smoking area. There were inadequate storage facilities and assistive equipment such as hoists and commodes stored in residents' bedrooms. | |
| Action required: Provide external grounds, which are suitable for, and safe for use by residents. | |
| Action required: Provide a suitable smoking facility for residents. | |
| Action required: Provide suitable storage facilities for assistive equipment. | |
| Action required: Provide adequate space for personal possessions so that each resident can contain control over their personal possessions. | |
| Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment | |
| Please state the actions you have taken or are planning to take following the inspection with timescales: | Timescale: |

| | |
|---|------------|
| Provider's response: | |
| Contractor has being engaged to provide additional security to grounds. | 31/10/2010 |
| An area for residents to use as a smoking area has been identified and will be ready for use by end November. | 30/11/2010 |
| Alternative storage arrangements have been made. | done |

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

Residents did not have a private lockable space in their rooms.

Action required:

Provide adequate space for personal possessions so that each resident can contain control over their personal possessions.

Reference:

Health Act, 2007
Regulation 7: Residents' Personal Property and Possessions
Standard 4: Privacy and Dignity

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

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|---|------------|
| Provider's response: | |
| Arrangements are being made to incorporate a lockable facility for each resident. | 31/10/2010 |

16. 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 Regulations.

Action required:

Provide a written statement of purpose and function that describes the service provided in the care centre and fully meets the requirements of the Regulations.

| | |
|--|-------------------|
| 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: |
| Provider's response: Statement of Purpose has been amended to include all information as required. | Done |

| | |
|--|-------------------|
| 17. The provider has failed to comply with a regulatory requirement in the following respect: The Residents' Guide did not contain all the required information to meet the requirements of the Regulations. | |
| Action required: Produce a written guide referred to as the Residents' Guide to include all the information as required in the Regulations. | |
| Reference: Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information | |
| Please state the actions you have taken or are planning to take following the inspection with timescales: | Timescale: |
| Provider's response: Amended | Done |

| | |
|--|--|
| 18. The provider has failed to comply with a regulatory requirement in the following respect: The register of residents was maintained in two separate books. Information in the register was not clearly set out and it was difficult to ascertain from the register the number of residents in the centre. | |
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|---|-------------------|
| Action required: | |
| Ensure that an up-to-date record of residents, called the "directory of residents", is established and maintained in relation to every resident in a designated centre in an electronic or manual format. | |
| 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: Register is now suitably amended. | Done |

Recommendations

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

| Standard | Best practice recommendations |
|---|---|
| Standard 17: Autonomy and Independence | Signage in the centre was noted to be poor. While residents appeared to know their way around the building, bathrooms were not identified and there was no means for resident's to identify their bedrooms. |

Any comments the provider may wish to make:

Provider's response:

Firstly I would like to take the opportunity to thank the inspectors for the professional, courteous and non intrusive manner in which the inspection was conducted. Their inspection in no way hindered the operation of the centre, the delivery of care to our residents or caused any disruption to them.

This was our first inspection by the Authority and understandably some staff were nervous both in carrying out their roles and in being interviewed. However the inspectors were very considerate in helping them overcome their fears and by the end of the second day I felt the normal very relaxed atmosphere had returned to the centre.

The inspection was thorough and detailed. Every aspect of the operation of the centre was examined and time was made to ensure the views of residents and any relatives present were sought. It was the type of inspection I have long advocated.

The report from the inspection is comprehensive and I feel gives a generally fair and balanced account. Most of it is positive and this in itself is a major development from previous reports that tended to highlight only those items requiring attention.

Yes we have improvements to attend to, mainly in record keeping, policy development and some facility provision and it is our intention to carry out those improvements as soon as possible.

One of the words that keeps recurring in the report and action plan is 'formal', for example in relation to reviews and staff training. I don't believe that we should disregard the informal and attach greater significance to something just because it is formal. The all important criteria should be is it effective regardless of whether it is formal or informal. I would hate to envisage a scenario where the standard of our paperwork or literary skills took precedence over service provision or care delivery.

Provider's name: Patrick J. Cox

Date: 6 September 2010