<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Rosary Hill House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>0426</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Stradbally</td>
</tr>
<tr>
<td></td>
<td>Castleconnell</td>
</tr>
<tr>
<td></td>
<td>Co Limerick</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>061-377530</td>
</tr>
<tr>
<td><strong>Fax number:</strong></td>
<td>061-377566</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:rosaryhillhouse@gmail.com">rosaryhillhouse@gmail.com</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>☑ Private ☐ Voluntary ☐ Public</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Rosary Hill House Nursing Home Ltd</td>
</tr>
<tr>
<td><strong>Person in charge:</strong></td>
<td>Maria Middleton-Spellissy</td>
</tr>
<tr>
<td><strong>Date of inspection:</strong></td>
<td>24 May 2011</td>
</tr>
<tr>
<td><strong>Time inspection took place:</strong></td>
<td><strong>Start:</strong> 11:00hrs  <strong>Completion:</strong> 17:30hrs</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Margaret O'Regan</td>
</tr>
<tr>
<td><strong>Support inspector:</strong></td>
<td>Breeda Desmond</td>
</tr>
<tr>
<td><strong>Type of inspection:</strong></td>
<td>☑ Follow up inspection ☐ Announced ☐ Unannounced</td>
</tr>
</tbody>
</table>
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*.

Additional inspections take place under the following circumstances:

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

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

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

Description of services and premises

Rosary Hill House Nursing Home is a centre for older people with 24 residential places. There were 23 residents on the day of inspection. It is a two-storey building with the ground floor used for resident accommodation and the first floor used for storage, laundry and staff facilities. Accommodation compromises of four single bedrooms, one twin-bedded room and two five-bedded rooms and one four-bedded room. The communal areas include a day room, a foyer with comfortable seating and a dining room domestic in character, which leads to an outdoor courtyard. Five of the seven bedrooms have en suite toilet, wash-hand basin and shower facilities. The other bedrooms have wash-hand basins.

A Jacuzzi bath and hairdressing facilities are available on the ground floor. There is a large sluice room and cleaning room. Residents who smoke do so outside or in a designated area of an infrequently used corridor. Corridors have hand rails fitted and a number of assisted toilets are available near to the communal areas. Car parking is available to the front and rear of the building.

The nurses’ office is located centrally and all staff meet there for a report at the beginning of each shift. Within the office is secure storage for residents’ files and medications.

Location

Rosary Hill House Nursing Home is situated in the village of Castleconnell, in close proximity to the Dublin road and Limerick city environs.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
<th>27 January 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>23</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependency level of current residents</th>
<th>Max</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents</td>
<td>0</td>
<td>5</td>
<td>8</td>
<td>10</td>
</tr>
</tbody>
</table>
The Provider is Rosary Hill House Nursing Home Ltd, a subsidiary of Cloonraver Property Holdings. There are three directors, one of whom is Martin Lynch, and he is the person nominated to act on behalf of the company. The Person in Charge is Maria Middleton-Spellissy and she is in post since March 2011. She is also Person in Charge in Cahermoyle Nursing Home, which is owned by the same company and is located in Ardagh, Co Limerick, a distance of 50 kilometers from Rosary Hill. The Deputy Person in Charge is Denise McEvoy. The Person in Charge reports to the Provider. All other staff report to the Person in Charge.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Deputy 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>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
The Health Information and Quality Authority's Social Services Inspectorate first inspected Rosary Hill House Nursing Home on 4 May 2010 and 5 May 2010. It was an announced registration inspection. In June 2010, the person in charge (PIC) resigned, having been appointed to the post in April 2010. Initially the person in charge in Cahermoyle Nursing Home covered the PIC duties in Rosary Hill. Cahermoyle Nursing Home is a subsidiary of Rosary Hill's parent company. Subsequently, in September 2010, the person in charge at Cahermoyle resigned. A follow-up inspection was conducted at Rosary Hill on 6 October 2010 to ensure matters arising on the May inspection had been addressed.

Thirteen of the fifteen actions identified had been dealt with. The outstanding issues were in relation to the compilation of the appropriate staff records and the completion of a resident's brochure. The inspector established on the October 2010 inspection, that the provider had appointed an acting person in charge but the Chief Inspector of Social Services had not been informed, as is required by regulation. The provider informed the inspector he was actively recruiting for the post of PIC. Later, in November 2010, the acting person in charge left to take up a position of person in charge in another centre and a new acting person in charge was arranged. Prior to Maria Middleton-Spellissy being appointed as PIC of Rosary Hill and Cahermoyle nursing homes in March 2011, inspectors had an interview with her to discuss her experience, qualifications and suitability for her pending post. The Authority was notified of her appointment as PIC for both centres in April 2011. Fulfilling PIC duties in two centres made it incumbent on the provider and the person in charge to satisfy the Chief Inspector that the PIC was engaged in the governance, operational management and administration of both centres on a regular and consistent basis. An inspection took place on 24 May 2011 to assess this. On the day prior to inspection the inspector phoned the person in charge and arranged to meet with her in Cahermoyle Nursing Home the following morning.

From discussions with the person in charge and with other staff a number of aspects of the service were identified as requiring immediate attention. These included:

- the provision of an accurate and up-to-date statement of purpose
- the training of new staff in relation to elder abuse prevention
- the carrying out of care planning for residents
- the level of engagement of the person in charge in the operational management of the centre
- the level of supervision of staff by the person in charge
- the compilation of appropriate staff files
- the provision of a complete Resident's Guide
- the maintenance of complete and accurate records
- the maintenance of an accurate directory of residents
- the provision of adequate fire training for staff
- the management of medication in accordance with professional guidelines
- the review of the quality of care of residents.

Improvements were required in these areas in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older people in Ireland.
On the morning of inspection the inspector met the person in charge of Rosary Hill in Cahermoyle Nursing Home. In the afternoon the inspector went to Rosary Hill and spoke with residents and staff there. The atmosphere in Rosary Hill was as relaxed and good humoured as it had been on previous inspections. The dependency profile of residents was such that many residents were able to go out daily and inspectors saw a number of relatives freely coming and going; partaking in activities with their family members, such as doing crosswords, reading the newspaper and watching television. This, combined with the relatively small size of the centre, added to the ‘home from home’ character of the nursing home. Staff were seen to speak in a friendly manner with residents and were respectful in how they addressed residents. All staff and residents with whom the inspector spoke with stated they found the attitude in the centre to friendly and helpful.

The inspector had concerns that management practices had deteriorated between the November 2010 and May 2011 inspections. Record keeping was incomplete and there was an absence of documented up-to-date residents assessments and care planning. In addition, new staff had not received mandatory training in elder abuse detection and prevention nor fire safety. The inspector was not satisfied that the person in charge was involved in the governance, operational management and administration of the centre on a regular and consistent basis.
Issues covered on inspection:

Statement of Purpose

The person in charge and members of the management team had changed a number of times since the statement of purpose was submitted to the Chief Inspector in April 2010. However, up-to-date versions of this document were not submitted to the Authority. In addition, the statement of purpose currently on file does not include a breakdown, by grade, of the staffing complement; the size of the bedrooms and communal areas; and the arrangements in place for residents to attend religious services. In addition, the detail about the type of nursing care provided in the centre is limited.

General Welfare and Protection

New staff had taken up positions in the centre since the previous inspection. However, not all new staff had received training in elder abuse detection and prevention. The deputy person in charge at Rosary Hill told inspectors that staff training is organised by the person in charge and she was not aware of the training status of staff. The person in charge was not familiar with the centre’s policy on protection and stated she had not reviewed it since she commenced in the post.

Assessment and Care Plan

The person in charge advised inspectors that care plans were being reverted from a paper copy to an electronic system, which had previously been in place. Inspectors were informed that issues had arisen in Cahermoyle with regards to the internet service available and this needed to be rectified before all care plans would be on soft copy. Inspectors were told both systems were in operation at the time of inspection. However, on a visit to Rosary Hill it was noted that residents, admitted since November 2010, did not have a care plan in place either in soft copy or hard copy. The nurse on duty advised the inspector the centre was in the process of changing over to an electronic system but a date for this had not been set. In the meantime, care plans for new admissions had not been completed and other care plans had not been updated on a three-monthly basis as is required by regulations.

Person in Charge

As this centre was one of two which the person in charge was responsible for, and considering the centres are 50 kilometres apart, a key aspect to this inspection was to determine if the person in charge was involved in the governance, operational management and administration of Rosary Hill Nursing Home on a regular and consistent basis. It was evident from conversations with the PIC and staff that the PIC was ordinarily based in Cahermoyle Nursing Home. It was also evident that the person
in charge had phone contact with staff in Rosary Hill on a daily basis. The deputy person in charge of Rosary Hill stated she felt supported by the PIC and had no difficulty in contacting her about staffing issues, changes to roster and admissions of residents to hospital. Visits by the PIC to the centre were described as occurring once or twice weekly. These were informal and unannounced, but appeared to happen on a day when the deputy PIC was working from 08:00hrs to 20:00hrs. On such occasions the PIC called to the centre on her way home from Cahermoyle Nursing Home. Therefore, the day-to-day management of the centre was to a large degree attended to by the deputy person in charge rather than the PIC.

Considering that the PIC was managing two centres there was a heightened necessity for a robust and clear system of governance to be in place. However, the inspector found that governance was poor. For example,

- the role of the deputy PIC was ill-defined, while she was managing the day-to-day running of the centre she was not involved in the drafting of policies nor had any responsibility for providing staff training
- the development and review of policies was slow, one new policy had been created in the two months since the PIC took up her post. It was in relation to the use of mobile phones
- there was regular contact between the provider and the PIC but no formality around these meetings such as agendas, minutes or actions taken as a result of meetings
- there had been no review undertaken as to how the management of two centres by the PIC was working. Neither was there a review or appraisal as to how the deputy person in charge was getting on in her role
- there was lack of clarity as to what documents were submitted by staff and who was responsible for managing staff files. The PIC had placed a notice on the board indicating which documents were missing for each staff member, but staff stated they had already submitted some of these. Staff files were not available for inspection as the inspector was informed they were managed by the financial controller/administrator and he was not in the centre at the time of inspection
- an assessment of staff training needs had not been undertaken and new staff had not received mandatory training in fire and elder abuse detection and prevention
- there was minimal supervision of staff resulting in care plans not being completed, medication charts not having the required documentation and records such as the directory of residents being incomplete.

Training and Staff Development

There was a lack of supervision of staff by the person in charge, in particular a lack of supervision and mentoring for the deputy person in charge who had limited nursing experience and limited management practice. The absence of staff appraisals was an issue on the first inspection in May 2010, in October 2010, the then acting person in charge was conducting them. When she left in November 2010 staff appraisals ceased. It was apparent to the inspector practices has deteriorated since previous inspections.
For example, new staff had not received appropriate mandatory training in elder abuse prevention and detection nor in fire management; assessments and care planning was not conducted and medication records were not in line with professional guidelines.

**Provision of Information to Residents**

In the previous inspection the Resident’s Guide was incomplete. At the time of this inspection a copy of the guide was not available for inspection.

**Maintenance of Records**

The records of four residents admitted since last November were examined. Three were missing photographic identification, none of the four had assessments conducted on admission or since admission and none had care plans in place. The nurse on duty stated that paper copies of assessments and care plans had been suspended in recent times because of the imminent change to an electronic version; however, she did not have a definite date for the electronic system to commence. The person in charge had earlier spoken with inspectors about the change to the electronic system but stated paper copies were still in use in Rosary Hill.

**Directory of Residents**

The directory of residents was examined and it was noted that the details for a resident admitted in March 2011 was not entered in the register.

**Staffing Records**

Staff files were in a locked room at the time of inspection and the staff on duty did not have access. However, a notice was on display in the nurse’s office indicating that several staff documents such as photo id, medical cert of fitness, references and current professional registration certificate were outstanding. In addition the list indicated that Garda Síochana vetting forms needed to be completed by all staff. The person in charge stated these Garda Síochana vetting forms had already been completed but had not been sent to be processed. This issue of incomplete staff files was raised in two previous reports.

**Fire Precautions and Records**

New staff had not received the mandatory fire training required. One such staff member was working as the nurse in charge of the night shift and responsible for the health and safety of 24 adults in her care. No date was set as to when such fire training would take place.
Ordering, Prescribing, Storing and Administration of Medicines

The inspector observed a medication administration round in practice and noted that practices were in line with professional guidelines. However, residents admitted since March 2011 did not have photographic identification on their charts.

Review of Quality and Safety of Care and Quality of Life

The system for reviewing the quality and safety of management practices was deficient. While the provider met with the person in charge regularly, appraisals had not been conducted with her or her deputy to evaluate the effectiveness of the management structure in place.

There was a lack of urgency with regards to the need to set a date for mandatory training for matters relating to resident safety, in particular fire training and elder abuse protection. Neither had a date been set for the commencement of the electronic system of resident assessment and care planning. No date was set for the review of policies. No audit had taken place with the aim of eliciting how the quality of life for residents could be improved.

There was no clear assessment system in place for clinical issues such as the use of restraint, the incidence of falls or the use of psychotropic medication. Staff meetings had taken place but no date was set for the next meeting.

Overall there was an ineffective management system in place to support and promote the delivery of quality care.
Report compiled by

Margaret O’Regan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

17 June 2011

### Chronology of previous HIQA inspections

<table>
<thead>
<tr>
<th>Date of previous inspection</th>
<th>Type of inspection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 May 2010 and 25 May 2010</td>
<td>☒ Registration</td>
</tr>
<tr>
<td></td>
<td>☐ Scheduled</td>
</tr>
<tr>
<td></td>
<td>☐ Follow-up inspection</td>
</tr>
<tr>
<td></td>
<td>☒ Announced</td>
</tr>
<tr>
<td></td>
<td>☐ Unannounced</td>
</tr>
<tr>
<td>8 October 2010</td>
<td>☐ Registration</td>
</tr>
<tr>
<td></td>
<td>☐ Scheduled</td>
</tr>
<tr>
<td></td>
<td>☒ Follow-up inspection</td>
</tr>
<tr>
<td></td>
<td>☐ Announced</td>
</tr>
<tr>
<td></td>
<td>☒ Unannounced</td>
</tr>
</tbody>
</table>
Action Plan

Provider’s response to additional inspection report

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Rosary Hill House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0426</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>24 May 2011</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12 July 2011</td>
</tr>
</tbody>
</table>

Requirements

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

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

The statement of purpose had not been updated and submitted to the Chief Inspector when there were changes to management personnel. The statement of purpose did not contain all the matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centers for Older People) Regulations 2009 (as amended) including:

- the size of the bedrooms and communal areas;
- the number of staff employed, broken down by grade and
- the arrangements in place for residents to attend religious services.

The detail about the type of nursing care provided in the centre is insufficient.

Action required:

The statement of purpose must be kept under review and the Chief Inspector informed of any changes.
**Action required:**

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

**Reference:**

Health Act 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>15 July 2011</td>
</tr>
<tr>
<td>The Statement of Purpose is currently being updated and will be submitted to the Chief Inspector by 15 July 2011.</td>
<td></td>
</tr>
</tbody>
</table>

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

Not all staff had received training in the detection, prevention and management of elder abuse.

The person in charge was not familiar with the centre’s policy on protection.

**Action required:**

All necessary arrangements must be made, including the training of staff, which are aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

**Action required:**

The person in charge and all other staff must be aware of the centre’s policy on dealing with allegations of abuse.

**Reference:**

Health Act 2007  
Regulation 6: General Welfare and Protection  
Standard 8: Protection
3. The person in charge is failing to comply with a regulatory requirement in the following respect:

An individual care plan had not been developed and agreed with each resident. In other instances the resident's care plan was not kept under formal three-monthly review.

**Action required:**

Each resident’s needs must be set out in an individual care plan developed and agreed with each resident.

**Action required:**

Resident care plans must be revised as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

**Reference:**

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

---

4. The provider and person in charge are failing to comply with a regulatory requirement in the following respect:

The person in charge was not engaged in the governance, operational management and administration of the centres on a regular and consistent basis.
**Action required:**

The person in charge must satisfy the Chief Inspector that they are engaged in the governance, operational management and administration of the centres on a regular and consistent basis.

**Reference:**

Health Act 2007  
Regulation 15: Person in Charge  
Standard 27: Operational Management

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
</table>
| **Provider’s response:**  
The PIC was only appointed to the position in April 2011 and was assessing the home. The PIC and the service provider are to spend more time engaged in the governance of the centre. In particular meeting with the assistant PIC. Each meeting is to have agendas and minutes. The company is considering the employment of an external consultant to assist in the governance of the centre. | 8 July 2011 |

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

There was a lack of supervision of staff by the person in charge and practices had deteriorated since previous inspections. New staff had not received appropriate mandatory training in elder abuse prevention and detection nor in fire management. Staff appraisals had not taken place.

**Action required:**

Staff members must have access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

**Action required:**

The person in charge must ensure that all staff members are supervised on an appropriate basis pertinent to their role.

**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>All staff are now trained in elder abuse, 50% of staff have been appraised, the balance to be completed by 15 July 2011. All staff except for the five new staff member have had training in fire management. These staff will receive training at the next course. We await confirmation of date but expect to be completed by 22 July 2011.</td>
<td>22 July 2011</td>
</tr>
</tbody>
</table>

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

A copy of the Resident's Guide was not available for inspection.

**Action required:**

A copy of the Resident’s Guide must be submitted to the Chief Inspector.

**Reference:**

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

<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>A Resident's Guide was in place but was out of date due to recent changes. An up-to-date version is now available and will be forwarded to the Chief Inspector with this submission.</td>
<td>8 July 2011</td>
</tr>
</tbody>
</table>

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

Records in relation to residents were seen to be incomplete, not kept up-to-date and not maintained in a manner to ensure completeness.
**Action required:**

Records in relation to residents as listed in Schedule 3 of the regulations must be complete, kept up-to-date and maintained in a manner to ensure completeness.

**Reference:**

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

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>8 July 2011</td>
</tr>
<tr>
<td>All residents’ files are now up-to-date and will be maintained in a manner to ensure completeness.</td>
<td></td>
</tr>
</tbody>
</table>

8. **The person in charge is failing to comply with a regulatory requirement in the following respect:**

The directory of residents was examined and it was noted that the details for a resident admitted in March 2011 was not entered in the register.

**Action required:**

An up-to-date record of residents, called the “directory of residents”, must be maintained in relation to every resident. The directory of residents must include the information specified in Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Reference:**

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

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>8 July 2011</td>
</tr>
<tr>
<td>The directory of residents is now up-to-date.</td>
<td></td>
</tr>
</tbody>
</table>
9. The provider and person in charge are failing to comply with a regulatory requirement in the following respect:

Documents specified under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were not in place for each member of staff.

**Action required:**

Ensure all staff employed have on file the information and documents specified in Schedule 2 of the regulations.

**Action required:**

Ensure the authenticity of the references referred to in Schedule 2 is verified.

**Action required:**

The name, date of birth and details of position and dates of employment at the centre of each member of the nursing and ancillary staff must be maintained.

**Action required:**

A copy of the certificate of current registration of each member of the nursing staff must also be kept.

**Reference:**

- Health Act 2007
- Regulation 18: Recruitment
- Regulation 24: Staffing Records
- Standard 22: Recruitment
- Standard 23: Staffing Levels and Qualifications

**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>Current registrations of all nursing staff are in place. A record of staff employed at the Home is now maintained.</td>
<td>Completed</td>
</tr>
<tr>
<td>Staff files which were previously incomplete are currently being completed and will be up-to-date by 31 July 2011.</td>
<td>31 July 2011</td>
</tr>
</tbody>
</table>
10. **The provider is failing to comply with a regulatory requirement in the following respect:**

Mandatory fire training had not been provided for staff.

**Action required:**

Arrangements must be made for persons working at the centre to receive suitable training in fire prevention.

**Reference:**

Health Act 2007  
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>Fire training was previously provided to staff. Training will be provided to the five new members of staff who recently commenced employment with the company. This to be done on 13 July 2011.</td>
<td>13 July 2011</td>
</tr>
</tbody>
</table>

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

There was an ineffective management system in place to support and promote the delivery of quality care.

**Action required:**

A system must be established and maintained for reviewing the quality and safety of care provided to, and the quality of life of, residents.

**Action required:**

A report must be made of any review conducted in relation to the quality and safety of care in the centre and a copy of this report must be sent to the Chief Inspector.

**Action required:**

The quality review system must provide for consultation with residents and their representatives.
**Reference:**

Health Act 2007  
Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 29: Management Systems  
Standard 30: Quality Assurance and Continuous Improvement

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
</table>
| Provider’s response:  
Management systems are in place, however, they will be improved on to ensure a better quality of care. The management of the company has agreed to implement a more rigorous review of its operation by more regular meetings with the PIC and the assistant PIC, the staff, the residents and their families.  
It is also proposed to employ an external consultant who specializes in nursing home matters to assist the company in its review. We will seek approval from the Authority’s inspectorate of this person’s qualification prior to appointment.  
The home provides good care to its residents as outlined by the inspectors, but acknowledges that certain areas need improvement. Progress has been hindered by unpredicted changes at management level. However, the directors now feel that the review being implemented will achieve positive results and comply with the standards as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). | 19 July 2011 |
Provider’s response:

Quality care is being provided in the home.

In addition, the deputy PIC has a defined job description and at that time would not have been involved in drafting policies and procedures until the PIC was officially appointed.

As the PIC was only appointed in April, sufficient time would not have elapsed for the PIC to assess the deputy PIC.

Similarly, as the PIC was only appointed in April, the directors of the company would not have been due to assess the PIC by the date of the inspection (seven weeks after appointment).

I think it would be unfair to assess anybody after only seven weeks. However, her assessment is due to take place on 19 July 2011, after three months in her post.

Provider’s name: Martin Lynch

Date: 8 July 2011