Hillcrest House inspection report, 19-20 April 2012

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

Centre name:	Hillcrest House
Centre ID:	0346
Centre address:	Long Lane Letterkenny Co. Donegal
Telephone number:	074-9122342
Fax number:	074-9122040
Email address:	Ann_pgall@hotmail
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered providers:	Anne Gallagher
Person in charge:	Anne Gallagher
Date of inspection:	19 and 20 April 2012
Time inspection took place:	**Day-1 Start:** 12:15 hrs **Completion:** 18:30 hrs **Day-2 Start:** 09:00 hrs **Completion:** 17:45 hrs
Lead inspector:	Siobhan Kennedy
Support inspector:	N/A
Type of inspection:	☐ Announced ☒ Unannounced
Purpose of this inspection visit:	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ Follow-up and Monitoring Inspection

About the inspection

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

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

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, 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 wellbeing 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

Hillcrest House was established in 1987 and the present owners have been operating it since 1993. The centre provides accommodation for up to 34 residents requiring long-term, respite or convalescent care.

The building is split-level to the front. The entrance is through a conservatory area used as a sitting room that leads to the main corridors, which locates three communal sitting areas, dining room, kitchen and catering areas, bedrooms, foyer, oratory, offices, sluice room, hairdressing salon, visitors' room and kitchenette. Laundry facilities and a store for cleaning and other equipment are located outside the main building.

Ground floor bedroom accommodation comprises of 31 beds. There are 13 single rooms and nine two-bedded rooms, 11 of these bedrooms have en suite toilet and wash-hand basin facilities and 10 have en suite shower facilities. There are two assisted bathrooms on the ground floor (one with a bath and shower, the other with a shower) and three toilets - one of which is located near the main communal areas. On the first floor, which is accessible by a passenger lift and stairway, there are three single bedrooms (without en suite facilities) and one assisted toilet.

To the side of the centre, accessible from the foyer, there is an enclosed outdoor space for residents. A mature garden and patio area is located at the front entrance and there is a parking area in front of the building.

Location

The centre is located in Letterkenny, County Donegal approximately one kilometre from the town centre and is in close proximity to Letterkenny General Hospital.

Date centre was first established:	1987 1993 present ownership
Number of residents on the date of inspection:	28 (two residents in hospital).
Number of vacancies on the date of inspection:	4

Dependency level of current residents	**Max**	**High**	**Medium**	**Low**
Number of residents	0	3	8	17

Management structure

Anne Gallagher is the Registered Provider and Person in Charge. A deputy manager, Sarah Gallagher, deputises for the provider/person in charge in her absence. A team comprising of staff nurses, care assistants, domestic assistants, kitchen staff and maintenance staff, supports managements. Presently, there is no laundry staff member employed and care assistants carry out this task.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	6	2	1	0	3*

* activity coordinator working in the centre from 2.00 pm to 5.00 pm and two FETAC Level 5 students

Summary of findings from this inspection

The purpose of this unannounced inspection was to monitor specific regulations and assess the progress made by the provider/person in charge in relation to the issue identified in the Action Plan of the previous inspection report (inspection carried out on 1 August 2011 to vary registration conditions - increase the maximum number of persons that can be accommodated at the centre from 31 to 34). This related to updating the premises in order to have suitable laundry and cleaning rooms.

The inspector met with residents, relatives, visitors, staff, observed care practices and reviewed care plans, complaint records, accident/incident logs, and fire safety documentation. The provider/person in charge facilitated the inspection process.

The inspector found that the matter identified in the previous inspection report had not been addressed. However, workmen were on the premises and the inspector was informed that they were constructing the new facilities.

The overall views of residents and relatives were satisfactory. They were positive in their comments about the facilities and quality of care provided. Aspects specifically mentioned related to prompt medical assistance, catering services, opportunities to be involved in activities and the attentiveness and support of staff.

The inspector observed the staff group carrying out their duties and interacting well with residents and relatives. An activity coordinator and community musician provided social and recreational activities for residents over the two days of the inspection. This was good entertainment for those residents who participated.

Allied Health Professionals provided services to residents as required and chiropodists were in the centre on the second day of inspection. Residents confirmed that this was a good service. Each resident had a care plan and those examined by the inspector showed evidence of assessment of needs and interventions to meet those needs. Risk assessments had been carried out in relation to a number of health care issues, for example accidents and falls.

The Action Plan at the end of this report highlights those areas where improvements are still required to comply with 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*. Broadly, these relate to the implementing the risk management policy/procedure throughout the centre, premises, staffing, and documentation.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide suitable cleaning rooms (for non-catering staff) which are in accordance with the regulations and standards for new extensions.

Provide suitable laundry service which is in accordance with the regulations and standards for new extensions.

This requirement was not addressed.

At the time of inspection, the workmen were on the premises. The provider/person in charge informed the inspector that they were there to construct new laundry and cleaning rooms.

Governance

Article 5: Statement of Purpose

The provider/person in charge gave the inspector a copy of the statement of purpose. The centre was registered on 30 April 2011 and subsequently, an inspection was carried out on 1 August 2011 to vary the registration. In the main, the statement of purpose contained the information as per Schedule 1 of the Regulations with the exception of the following:

- the range of needs that the designated centre is intended to meet
- the type of nursing care to be provided
- any criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions and
- procedures regarding emergencies.

The provider/person in charge agreed to review further the complaints policy regarding the information provided to residents as per the role of the Authority.

Article 16: Staffing

The inspector checked the staff rota. In the main, it was well maintained and identified staff who were on duty. However, there was no documentation to explain the abbreviations used.

In discussions with staff, they confirmed that they were supported to carry out their work by the provider/person in charge and highlighted her leadership qualities saying she was "approachable'' and "open to suggestions made by staff''.

On the days of inspection, residents were complimentary of the staff team and commented on their caring nature.

The inspector noted that the documents to be held in respect of persons managing or working at the centre as per Schedule 2 of the Regulations had not been obtained for all members of staff. For example, one staff member who has been working at the centre did not have three references and Garda vetting have not been obtained for them. The provider willingly agreed to check the documentation and ensure that it was in place for all persons working at the centre.

A staff file was given to the inspector for examination. It contained the following information in respect of training/supervision:

- August 2005, - received induction training
- November 2008, - attended elder abuse training
- August 2009 and October 2010 - attended a moving and handling course and received certification
- June 2009, - received FETAC Level 5 – Care of the Older Person
- September 2009, November 2010 and October 2011 - participated in a staff appraisal.

From the documentation provided to the inspector it was difficult to review/verify the number of staff who had attended training and assess the applicability/suitability of the training content with the exception of a presentation/seminar notes on blood pressure. However, the inspector was able to ascertain the following information in respect of the 33 staff members working in the centre:

- 17 participated in moving and handling training on 12 and 13 October 2010
- four participated in infection control training on 6 December 2010
- there was no evidence of staff members having completed training in challenging behaviour or first aid.

Although the provider/person in charge identified in the action plan dated 30 September 2010 that the training needs analysis of staff would be incorporated into the current and ongoing staff appraisal system this did not appear useful in providing and overview to assist management to plan staff training.

Cleaning/domestic staff were only available until 2.00 pm. Thereafter, care staff carry out domestic duties. The training records identified that only four staff members attend training on infection control on 6 December 2010.

There was evidence that staff meetings were planned and participated in by staff and management. Although minutes were taken of the meetings and were dated by day/month, they did not include the year concerned.

Article 23: Directory of Residents

The inspector examined the directory of residents. While it contained much of the information required in Schedule 3 of the Regulations, the following omissions were noted:

- the address of the resident's next of kin or of any person authorised to act on his/her behalf
- the address of the resident's general practitioner
- the name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre
- the admission and discharge of a resident from the centre was not consecutively recorded.

Article 31: Risk Management Procedures

While the provider/person in charge was aware of health and safety legislation, risk assessments and managing risks to minimise their potential impact, the inspector observed/ascertained the following risks during the inspection:

- the health and safety statement had not been reviewed on an annual basis
- no staff member has participated in training in health and safety training
- management did not have a policy in relation to smoking in the centre and residents were smoking in an open foyer area, contaminating clean air and creating a potential risk of fire
- cleaning equipment was left in communal areas, unattended by staff
- linen trolley's (clean and dirty) were left on the corridors obstructing handrails and potentially creating a risk of infection
- clean personal protective equipment was stored in the sluice room and in shower/bathrooms
- residents' toiletries and personal care items, for example, liquid products, razors, tablets for cleaning dentures were stored in unlocked, cupboards in bath/shower rooms, hairdressing room and in the cupboard under the wash hand basin in the foyer
- bars of soap and cotton hand towels were used in addition to liquid soap and paper hand towel increasing the risk of infection
- the container of alcohol hand gel positioned at the entrance to the centre as a method of infection prevention was empty during the period of inspection
- a notice on the door from the dining room to the kitchen area identified "only catering staff to enter" but care staff were observed freely accessing this area collecting trays of deserts/foods and returning utensils
- the cleaning equipment specifically for the kitchen area had not been identified
- residents' communal sitting areas were not closely supervised. In one of the sitting areas a resident who had fallen asleep held a cup with some tea in it on her lap.

Although the inspector was informed that all staff had participated in refresher training on moving and handling (see Article 16 staffing above), in some instances when staff were transferring residents from sitting chairs to wheel chairs and vice versa the environment/area was not properly prepared (as per the centre's policy and procedures) which may increase the risk of injury to residents.

Article 39: Complaints Procedures

The complaints policy provided information on the making, handling and investigation of complaints. It identified the nominated person who is available to deal with complaints in the centre and highlighted timeframes for investigations. While it did identify the agencies who may be contacted in the event that a complaint is not resolved satisfactorily, it did not fully outline the independent appeals process for the centre.

The inspector was informed that on a three-monthly basis the provider/person in charge sends out questionnaires to residents. Information provided is analysed and action taken as appropriate. In addition, residents meetings give residents an opportunity to communicate with management regarding areas of satisfaction and dissatisfaction.

Article 36: Notification of Incidents

The inspector reviewed records of accidents and incidents and found that an account of each event had been recorded including any actions taken as a result of the accident/incident.

The provider/person in charge had not notified the Authority as required by the relevant legislation on a quarterly basis of the following:

- any recurring pattern of theft or reported burglary
- any fire or, or loss of power, heating or water
- any incident were evacuation of the designated centre took place and any other incident that the Chief Inspector may prescribe.

However, no incidents of any of the above have occurred.

Currently a staff disciplinary matter is under investigation. This matter was not reported to the Authority in accordance with the Regulations. The provider/person in charge agreed to forward the notification and subsequent investigation information to the Authority.

Resident Care

Article 9: Health Care

Each resident had a care plan in place. The care plans contained details of residents' dependency, their needs, objectives of care, treatment plans and nursing interventions. Risk assessments had been carried out in relation to a number of health care issues for example, nutrition, accidents and falls.

Staff adopted validated tools to risk rate residents. For example, the Braden scale was used to identify the risk of developing pressure sores. At the time of this inspection, there were no residents with pressure ulcers or infections.

The following issues were identified with regard to the care planning process in the centre from plans reviewed:

- personal details in relation to a resident's family member were incorrect as the information had not been updated when there was a change in circumstances
- the care plan, of a resident who was prone to challenging behaviour/agitation did not provide descriptors of the agitation and did not specify proven methods of interventions which have a positive outcome for the resident
- measures taken to restrain residents were not discussed and agreed with family members
- a resident' s assessment of needs did not take account of the resident' s smoking habits and necessity for supervision even though this was alluded to in the daily notes.

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

The inspector observed staff in charge of medicines administer these to residents. The system in operation was prepared blister packs supplied by the pharmacist. The associated documentation identified the prescribed medicines by size and colour, and the dates and times on which they were to be administered to the resident. On the prescription sheet for a resident that was checked, the resident's date of birth was not recorded and there was no photograph of the resident.

Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982.

A list of the names and a copy of the signatures of all nurses involved in administration of medication was maintained. Some of the signatures did not reflect the names of the staff nurses as used in their professional registration documents with An Bord Altranais.

Article 6: General Welfare and Protection

In the main, management have put measures in place to protect residents' from abuse. Some staff members spoken to were knowledgeable about reporting mechanisms and what to do the in the event of a disclosure about actual, alleged, or suspected abuse. One staff member has a not yet participated in training aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse. Currently there are no ongoing investigations in this area.

Article 20: Food and Nutrition

Residents were offered a choice of food for lunch, which was nicely presented and had portions appropriate to residents' preferences. Residents were also offered choices in relation to refreshments with the meal. The inspector was informed that catering staff had received training in food safety. The dining tables were attractively set and the menu was displayed on the notice board. In discussions with the inspector, residents confirmed their satisfaction with the meals provided.

Staff were observed assisting highly dependent residents with their lunch. This was carried out with patience and at a pace that was dictated by the residents.
During the meal, staff talked to the residents and were noted to listen to their responses.

Article 13: Clothing

Currently there is no laundry staff member employed in the centre. The inspector observed care staff carrying out this task. A relative commented that on occasions laundry could go missing but staff make every effort to ensure that it is retrieved. The provider/person in charge informed inspectors that a laundry staff member will be employed when the new laundry facilities are operational.

Article 7: Residents' Personal Property and Possessions

The inspector examined documentation in relation to residents' personal property and possessions. Some of the records reviewed were not kept up-to-date and signed by the resident/next of kin and for another resident no records had been initiated.

Environment

Article 19: Premises

A description of the premises is provided at the beginning of this report. In the main, the centre provided a comfortable and homely environment for residents. Residents were encouraged to personalise their own bedrooms and many of them availed of this opportunity by having their own mementos and framed pictures displayed. Communal sitting rooms, conservatory and foyer were spacious and had natural lighting. There was a variety of equipment available to meet the residents' needs including large screen televisions, radios and music centres.

A number of environmental issues, which did not comply with the regulations and standards, were identified. These included the following:

- the door of the shower/bathroom was ill fitting and difficult to lock from within which compromised the dignity of a resident using it as the door did not close properly when a staff member left the room
- the sluice room was not equipped as per the regulations and standards in that there was no bed pan washer, it was not possible to turn on the hot water tap of the wash-hand basin, a shelf was available for bedpans but there was no racking nor lockable storage for cleaning chemicals. However, the provider/person in charge stated that currently no chemicals are stored in the sluice room
- the cleaning room for catering staff was not equipped as per the standards
- residents' communal areas such as bathrooms/shower rooms were being used to store equipment and during the inspection, it was noted that at times, cleaning equipment was placed in the oratory which meant that the oratory was not safe for residents to freely access
- the secure patio area located off the foyer was in the main finished in loose stone, did not have a paved walkway for residents use and had no seating area
- several doors of rooms had no signage indicating their use, for example, the clinical room and a bathroom/shower room
- the wardrobe door in bedroom 17 could not be fully opened as it was obstructed by the wash-hand basin
- a commode was in room 17 but there was no seat on it
- black dining room chairs were stain marked
- the paint work on the walls and doors of a variety of areas in the centre were chipped, marked and were in need of redecoration. Specific areas included bedroom number 16, dining room, door to sitting room, on the corridor beside room 19 and door of room 19
- externally, patches of paint had come off the walls to the side and gable of the centre (as a result of being power washed in preparation for painting)
- the wire fencing had broken down on the fire evacuation route. However, following the inspection the provider/person in charge informed the inspector that the wire fencing was the responsibility of her boundary neighbour and

- there were potholes in the driveway, stone slabs were loose by the laundry area and the back panel of a garden seat located at the front of the centre had decayed.

Three residents wear pendants, which raises an alarm if the residents are in the vicinity of any of the two exit doors of the centre. On hearing the alarm, staff check the whereabouts of the residents. The alarm panel did not assist staff by identifying the particular exit at which these residents may be.

Article 32: Fire Precautions and Records

In general, fire safety prevention measures were evident. For example, fire extinguishers were serviced on 27 February 2012 and staff had received fire safety training. However, external fire escape routes had uneven surfaces caused by raised manholes and loose patio tiles. There was a gap at floor level of two double fire doors in a corridor area. There was no fire evacuation signage from one of the sitting rooms and the door to the "first sitting room" was held back with a latch.

Closing the visit

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

Acknowledgements
The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, the provider/person in charge and staff during the inspection.

Report compiled by:

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

2 May 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	**Type of inspection:**
27 and 28 May 2010	☒ Registration ☐ Scheduled ☐ Follow-up inspection ☒ Announced ☐ Unannounced
20 September 2010	☐ Registration ☐ Scheduled ☒ Follow-up inspection ☐ Announced ☒ Unannounced
1 August 2011	☐ Registration ☐ Scheduled ☒ Follow-up inspection ☒ Announced ☐ Unannounced

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report *

Centre:	Hillcrest House
Centre ID:	0346
Date of inspection:	19 and 20 April 2012
Date of response:	12 May 2012

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:

Adequate precautions are not taken against the risk of fire in the following areas:

- external fire escape routes had uneven surfaces caused by raised manholes and loose patio tiles
- there was a gap at floor level of two double fire doors in a corridor area
- there was no fire evacuation signage from one of the sitting rooms and
- the door to the "first sitting room" was held back with a latch.

Action required:

Take adequate precautions against the risk of fire by addressing the above issues.

Reference:

Health Act, 2007
Regulation 32: Fire Precautions and Records
Standard 25: Physical Environment

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: These matters are being addressed.	 15/06/2012

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

The health and safety of residents, visitors and staff is not promoted and protected as the following risks were identified:

- the health and safety statement had not been reviewed on an annual basis
- no staff member has participated in training in health and safety
- residents were smoking in an open foyer area, contaminating clean air and creating a potential risk of fire
- management did not have a policy in relation to smoking in the centre
- cleaning equipment was left in communal areas, unattended by staff
- linen trolley's (clean and dirty) were left on the corridors obstructing handrails and potentially creating a risk of infection
- clean personal protective equipment was stored in the sluice room and in shower/bathrooms
- residents' toiletries and equipment for example liquid products, razors, tablets for cleaning dentures were stored in unlocked, cupboards in bath/shower rooms, hairdressing room and in the cupboard under the wash-hand basin in the foyer
- bars of soap and cotton hand towels were used in addition to liquid soap and paper hand towel increasing the risk of infection
- the container of alcohol handgel positioned at the entrance to the centre as a method of infection prevention was empty during the period of inspection
- a notice on the door from the dining room to the kitchen area identified "only catering staff to enter". However, care staff freely accessed this area collecting trays of deserts/foods and returning utensils
- the cleaning equipment specifically for the kitchen area had not been identified
- residents' communal sitting areas were not closely supervised
- all staff were not implementing safe work practices when transferring residents between sitting chairs and wheelchairs.

Action required:

Implement the risk management policy/procedure throughout the centre by addressing the matters above and ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Reference:

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

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Health and Safety statement shall be reviewed. This shall be imparted to all staff to update their training in Health and Safety Smoking policy will be implemented. Linen trolleys will be relocated. Risk assessments and review of policy re storage of toiletries shall be undertaken. Alcohol gel has been replenished. Staff reminded not to enter the kitchen. Cleaning equipment specifically for the kitchen has always been identified and this was reiterated with catering staff. Residents sitting areas are supervised and closely supervised when the necessity arises.	17/06/2012 30/07/2012

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

Not providing suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose as follows:

- suitable cleaning rooms (for non-catering staff) and laundry service were not in accordance with the regulations and standards for new extensions
- the door of the shower/bathroom was ill fitting and difficult to lock from within which compromised the dignity of a resident using it as the door did not close properly when a staff member left
- the sluice room was not equipped as per the Regulations and Standards in that there was no bedpan washer, it not possible to turn on the hot water tap of the wash-hand basin, a shelf was available for bedpans but there was no racking nor lockable storage for cleaning chemicals
- the cleaning room for catering staff was not equipped as per the Standards
- residents' communal areas such as bathrooms/shower rooms and the oratory were being used to store equipment
- the secure patio area located off the foyer was in the main, stoned and did not have a paved walkway for residents use and had no seating area
- the door to the clinical room had no signage
- the wardrobe door in bedroom 17 could not be fully opened as it was obstructed by the wash-hand basin and a commode was in this room with no seat on it
- black dinning room chairs were stain marked

- the paintwork on the walls and doors of a variety of areas in the centre were chipped, marked and were in need of redecoration for example bedroom number 16, dinning room, (although the inspector was informed that this had been completed in the previous three weeks), door to sitting room, on the corridor beside room 19, and door of room 19
- externally, paint was coming off the walls of side and gable of the centre, there were potholes in the driveway, stone slabs were loose by the laundry area and the back panel of a garden seat located at the front of the centre had decayed
- the residents' restraint alarm system was not specific in identifying the exit door where the alarm was being set off.

Action required:

Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose by addressing the above points.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response All matters are currently being addressed. item 3.2, 3.5, 3.9, have already been addressed All other issues are being addressed.	30/07/2012

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

Measures to protect residents being harmed or suffering abuse are not in place. Some staff members have not participated in training aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Action required:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All staff with the exception of the maintenance person (who does not have unsupervised access to residents) had, at the date of our inspection, received training regarding the protection of our residents. The maintenance person shall receive this training by 23/05/2012.	23/05/2012

5. The provider is failing to comply with a regulatory requirement in the following respect: All staff (maintenance staff member) have not been recruited, selected and vetted in accordance with best recruitment practices.	
Action required: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.	
Reference: Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The recruitment procedure for the maintenance persons ongoing and shall be completed by 30/05/2012.	30/05/2012

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

There are inappropriate staff numbers and skill mix to meet the assessed needs of residents, as a designated laundry staff member has not been employed and there is no designated cleaning staff from 2.00 pm onwards. Care staff are diverted from their specific roles and responsibilities to carry out these tasks.

Action required:

Review the skill-mix of staff so that at all times it is appropriate to the needs of residents and the size and layout of the designated centre.

Reference:

Health Act, 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: I am confident that at present the skill-mix of staff is meeting the needs of residents. The skill-mix of staff will remain under review and should the necessity arise to increase, this shall be undertaken.	ongoing

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

All staff have not up-to-date mandatory training (moving and handling, first aid, infection control, challenging behaviour) and access to education and training to meet the needs of residents.

Action required:

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

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 with timescales:	**Timescale:**

Provider's response: This matter is under review and training shall be provided as required	30/07/2012 and ongoing

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

Each resident is not protected by the designated centre's policies and procedures for medication management in the following matters:

- a prescription sheet for a resident did not detail the resident's date of birth and there was no photograph of the resident
- some of the signatures of the staff nurses involved in administration of medicines did not correspond with their names as per their professional registration documents with An Bord Altranais.

Action required:

Put in place appropriate and suitable practices relating to the administration of medicines to residents.

Reference:

Health Act, 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Photograph of the resident in question has been taken and will be in place by 23/05/2012. One staff member uses her middle name and has signed the directory by the name by which she is commonly addressed She has now been reminded to use her birth name.	23/05/2012

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

Some records in respect residents' personal property were not kept up-to-date and maintained in accordance with the Regulations (signed by the resident/next of kin) and for another resident no records had been initiated.

Action required: Maintain an up to date record of each resident's personal property that is signed by the resident.	
Reference: Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: This matter is currently being addressed.	30/05/2012 and ongoing

10. The provider is failing to comply with a regulatory requirement in the following respect: The statement of purpose did not contain the following: ▪ the range of needs that the designated centre is intended to meet ▪ the type of nursing care to be provided ▪ any criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions ▪ procedure regarding emergencies. The role of the Authority in the complaints policy and procedure was not wholly specific and accurate.	
Action required: Amend the statement of purpose to include all matters listed in Schedule 1 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 with timescales:	**Timescale:**

Provider's response: The statement of purpose is currently under review to address the issues highlighted.	30/06/2012

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

Resident's care plans were not revised to take account of the following:

- changes in resident's personal details and circumstances
- descriptors of challenging behaviour/agitation and specific proven methods of interventions which have a positive outcome for the resident
- discussions with residents and their next of kin regarding any restraint used
- assessment/supervision of residents who smoke.

Action required:

Revise each resident's care plan, after consultation with him/her.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Residents care plans are under review to address these issues.	30/05/2012

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

The complaints policy/procedure did not fully outline the independent appeals process with in the centre.

Action required:

Ensure the complaints procedure contains an independent appeals process.

Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Complaints policy shall be amended to include an independent appeals procedure	30/06/2012

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

The directory of residents did not contain the following information:

- the address of the resident's next of kin or of any person authorised to act on his/her behalf
- the address of the resident's general practitioner
- the name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre
- the admission and discharge of a resident from the centre was not consecutively recorded.

Action required:

Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.

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 with timescales:	**Timescale:**
Provider's response: The directory of residents shall be updated to include the information as required.	30/05/2012

Any comments the provider may wish to make:

Provider's response:

I acknowledge the professional manner in which the inspection was conducted.

Provider's name: Anne Gallagher
Date: 13 May 2012