

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	CareChoice Clonakilty
Centre ID:	230
Centre address:	Clonakilty
	Co Cork
Telephone number:	023-8836300
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Email address:	clonakilty@carechoice.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	CareChoice Clonakilty Ltd
Person in charge:	Lynn Pursord
Date of inspection:	15 September 2009 and 16 September 2009
Time inspection took place:	Day 1 Start: 10:00hrs Completion: 17:00hrs Day 2 Start: 09:00hrs Completion: 15:00hrs
Lead inspector:	Breeda Desmond
Support inspector(s):	Ann O'Connor Patricia Sheehan
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Announced <input checked="" 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 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

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

Acknowledgements

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

About the centre

Description of services and premises

CareChoice Clonakilty is a purpose-built centre which caters for 46 residents. It contains many facilities which contribute to the care of residents, including a designated wing with a sensory room for care of residents with a diagnosis of dementia. There are several lounges, a room for crafts and events, a hair salon, an oratory and enclosed landscaped gardens. A mini-bus is available to transport residents to diverse social activities.

A multidisciplinary team of nurses, care attendants, catering staff, housekeeping staff, caretakers, activities coordinator and receptionists provide care and services to residents in the centre.

The stated philosophy of CareChoice Clonakilty is dedication and commitment to providing residents with the choices they need to ensure quality of life.

Location

CareChoice Clonakilty is located in the suburbs of Clonakilty town. It is set on a four acre enclosed site with landscaped gardens. There is a retirement village adjacent to the centre.

Year centre was first established:	September 2001
Number of residents on the date of inspection	32

Dependency level of current residents	Max	High	Medium	Low
Number of residents	21	3	6	2

Management structure

Paul Kingston and Aisling Lane are the Managing Directors of CareChoice Clonakilty. The Person in Charge is Lynn Purssord, who reports to the Managing Directors. The Person in Charge is supported by a team of experienced nurses. In the absence of the Person in Charge a designated nurse is delegated the responsibility to manage the centre.

Summary of findings from this inspection

This was an unannounced first inspection undertaken by the Health Information and Quality Authority. The inspection was carried out over two days.

The person in charge was unwell and was not on duty for the inspection. The inspection team met with one of the managing directors. The other managing director attended the feedback meeting on the second day of the inspection. The centre was found to be largely compliant with the Health Act 2007 (Care and Welfare in Designated Centres for Older People) Regulations 2009 and the *National Standards for Residential Care Settings for Older People in Ireland*.

In general, a high standard of person-centred care for residents in a homely environment is provided. There was evidence that the care team promoted positive outcomes for residents through person-centred care. Inspectors observed that staff had a thoughtful approach with residents and that residents' privacy and dignity was respected. Residents were friendly, talkative and willing to engage with inspectors and all residents were neatly dressed.

Inspectors were made feel welcome and were facilitated by staff and management throughout the inspection. Staff were seen to deliver care in a professional manner and displayed an awareness of residents' preferences and interests. All staff were neatly presented. The registered providers were seen to be open to discussions regarding improvements to service delivery.

Formal nurse meetings are held bi-monthly with management; formal meetings with care attendants and support staff meetings are bi-annually with management and informal meetings were held with staff and management continually. There was evidence of ongoing training being encouraged and accommodated by management.

Inspectors found the premises, fittings and equipment to be of a good standard and well maintained. The décor throughout the centre is warm and appropriate and all residents' rooms contain personal items.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Improvements include:

- staff files are kept up to date
- resident records are kept up to date and care practices are provided in line with best practice and current guidelines
- ensure a clear statement of purpose is available
- ensure key operational policies and procedures are in place for
 - complaints
 - documentation for the prevention, detection and response to elder abuse.

Residents' and relatives' comments

Inspectors spoke with seven residents who informed them that they were very happy with the care they received and the setting in which it was delivered. Comments included: "We are well cared for". One resident said "I go out often. Seven of us were taken to the agriculture show and we were treated like royalty".

Another resident said "Staff are helpful. All aspects of my care are attended to. We are very much cared for in a respectful way".

Another resident showed inspectors her talking watch which she purchased from a catalogue and explained that when you pressed a button it told her the time.

One resident stated "They see after me well. I can get tea even at 06:00 hrs as I am bad to sleep".

Many residents told inspectors there was adequate staff at night. Residents reported that they had a choice at all meals and were able to have snacks and drinks at any time. They reported that they felt safe and never had to make a complaint.

One resident identified two areas for improvement. She explained that she would like more high chairs as many of the chairs were too low for her and she found it difficult to go from sitting to standing in the available chairs. She also told inspectors "a further improvement would be to place stoppers behind doors to prevent them banging against the wall, particularly at night".

One relative told inspectors that she was very happy with the care her relative received. She reported that the staff were approachable and looked after her relative well.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act, 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The managing director present on the first day of inspection, displayed her knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* when interviewed by inspectors. She expressed a clear commitment to the delivery of quality care through continual evaluation of services provided and policy development.

All relevant certifications including fire and insurance were visibly displayed in the main hallway for public viewing. In the main hallway there was a large notice board with several posters and flyers advertising in-house events as well as local community events.

A proactive approach to policy development was demonstrated. All policies were being updated to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

There was a brochure as well as a summer activities programme available.

All residents' contracts of care were available to inspectors. These were completed as soon as possible after admission. There was a bound register for the recording of resident details as required under the *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009*. There was an active residents committee.

All accidents and incidents were recorded and followed through by the person in charge.

The communication book informed staff of duties, resident care, activities and had extensive entries.

The present providers took over the centre in November 2008, and have concentrated effort on the provision of mandatory training for staff including manual handling and lifting, and fire training. They were aware of the need for further staff development. Many care attendants were participating in Further Education Training Awards Council Level 5 training. The catering team had undergone Hazard Analysis Critical Control Point training and spoke about their knowledge of this training to inspectors.

There was a company handbook available to all new staff which outlines the mission and vision statement and employment policy. There was an extensive policy for staff recruitment, induction, training, and job descriptions for all specialities. Staff files were available for inspection.

Some improvements required

Informal staff meetings were held regularly, but minutes of these were not documented.

Some policies and procedures were not up-to-date or centre specific.

Staff files were not completed. Items missing included birth certificates, photographic identifications and full employment histories as required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Residents admitted at weekends did not have their details entered into the residents' register or the computer system.

Significant improvements required

There was no statement of purpose available as required under regulation 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

A centre-specific policy and procedures for the prevention, detection and response to elder abuse was not available.

A number of staff interviewed were not aware of the provisions of the Health Act, 2007 and a copy of the Health Act was not available to staff.

There was no clear process in place to demonstrate how information was disseminated to staff and residents.

The complaints procedure in place did not comply with the requirements of regulation 39 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. A complaints book was available but the last entry was made three years ago in 2006.

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

Residents were relaxed and happy. Several residents were observed moving around both independently and with assistance. There was a choice of food available at all mealtimes. Inspectors observed staff asking residents their menu choice and a menu was on display both in the dining room and in the reception area. Mealtimes were observed and seen to be unhurried. Residents had ample opportunity to enjoy the occasion and converse. Independence was promoted, facilitated and encouraged. Visiting times for relatives and friends of residents were flexible.

There was a recreational calendar on display. Recorded on this was a number of activities which included art, exercise, music, crafts, sonas, gardening, and life-story books. Artwork was displayed on the walls. Tomato plants planted by residents were growing on a window-sill. These activities were facilitated by the activities coordinator. There was a director of activities overseeing activities in all five CareChoice facilities. There was a designated sensory room to further enhance the care of those with a diagnosis of cognitive impairment. Inspectors observed this sensory room used on both days of inspection. One member of staff outlined the benefits of this room to residents.

Staff and residents spoken with outlined the complaints procedure to inspectors. They said the person in charge is available to deal with issues as they arise.

Respect for privacy and dignity was observed. A resident died during the night and a number of staff formed a guard of honour for the resident as her remains left the centre. Different religious denominations were catered for.

Every Wednesday two of the residents attend the day-centre in Bantry and they told inspectors they thoroughly enjoyed this weekly experience.

There was an activities room; however, many of the residents indicated that they preferred to stay in the larger lounge to participate in activities indicating that residents were able to exercise choice regarding the venue for activities.

Some improvements required

A number of wheelchairs did not have footrests attached.

An inspector observed a care attendant simultaneously feeding two residents while remaining in a standing position.

There were many notices on walls and doors including fire information, private information regarding residents' personal care and general information. The volume of notices indicated a lack of effective verbal communication and invaded the residents' privacy.

The television in the large lounge was small in proportion to the size of the room.

Significant improvements required

At the time of inspection all staff had not completed training in the prevention, detection and response to elder abuse. This training as required under regulation 6(2)(a) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

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 on-going 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

A sample individualised care plans were viewed by inspectors. Assessment tools for residents, both on admission and ongoing care were extensive. These were being further developed to comply with legislation and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Daily flow-charts were noted which outlined resident's daily care undertaken.

There was an extensive activities program including arts and crafts, exercises, drama, Sonas and reminiscence, massage and beauty treatments, bingo and board games, card groups, outings to local events, which promoted health, well-being and independence. Residents said they enjoyed these events and looked forward to them.

Three general practitioners provided primary healthcare services to the centre. Each had a book which specifically recorded requests for the general practitioner and the response received. An inspector spoke with a visiting general practitioner, who stated that she was impressed with the care delivered.

Staff discussed wound care management with inspectors. They have access to a wound care specialist and outlined individualised dietary assessments to enhance wound healing with high protein supplements when indicated.

Significant improvements required

While care plans were in place for residents, inspectors found that residents care plans were not reviewed at three monthly intervals as required under regulation 8(2)b) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Some aspects of medication management practice did not adhere to best practice, as prescribed in the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2009 and An Bord Altranais guidelines, these included that:

- some medications were only reviewed six monthly
- the storage of controlled drugs did not meet requirements. One resident had died several months previously and her controlled drugs were still in stock in the centre
- the medications fridge stored a number of objects which should not have been placed in this fridge
- the controlled drugs press contained objects other than controlled drugs
- some prescriptions were recorded inaccurately (some pro re nata (prn) drugs were documented on regular medication prescriptions and there was a specific section to facilitate pro re nata prescriptions)
- there was no photographic identification in the medication chart .

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

There are landscaped gardens to the front of the centre and the garden area to the front of the dining room had been completed on the day prior to inspection. The enclosed gardens were seen to be in need of attention. The caretaker present at inspection assured inspectors that the gardens were a "work in progress" and outlined his plan for the gardens.

The building was well maintained. The centre was painted in 2009 after the new providers taking over. The décor was appropriate. There were several alcoves with comfortable seating for residents and relatives to use. Along the hallways, there were wide window-sills with cushions for people to sit on and look out at the gardens. Throughout the centre, framed residents' artwork was displayed on the walls. There was a fish tank inside the main entrance and residents said they liked this. Residents' rooms were personalised with residents' mementos. All of these features added to the homely atmosphere in the centre.

Other features which added to the enhancement of resident safety and quality of care included:

- an excellent call bell system and call alert system for residents who were at risk of falls
- water dispensers available in all wings of the building
- an air-filter system throughout the centre.

There was a large display area in the entrance hall which outlined the name of the duty nurse in charge, daily menus, daily activities, local and community news, times of religious services and thank you cards.

Kitchen staff spoken to communicated an excellent knowledge of food management and hygiene practices.

Equipment was serviced in accordance with manufacturers' guidelines. Cleaning schedules included duties undertaken and times. They also outlined weekly and daily duties.

Some improvements required

There was a generator checking form but there was no documented evidence of checks.

There was an abundance of storage space available but this was under utilised.

Inspectors noted that there were several bags containing Health Service Executive sheets and clothes belonging to former residents stored in the laundry. These were occupying valuable space in the laundry and should be returned.

Significant improvements required

Inspectors observed a number of practices which indicated that the health and safety of residents was compromised:

- doormats were placed at the front door and the door used to access the garden, where they hindered the safe access and egress of residents using mobility aids
- some staff pagers were broken
- a number of wheelchairs had no footrests
- the height of seats did not vary to suit the needs of different residents.

Infection control supplies, such as disposable aprons, gloves and disinfectant gel, were not provided adjacent to rooms occupied by residents with infection.

Minor issues to be addressed

Items needing repair were left on a window sill with "for repair" signage, where there was free access to them.

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

One managing director showed inspectors reviews that had been undertaken to develop policies and procedures as per Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

There was a residents' committee and minutes from these meetings were seen by inspectors. The activities coordinator attends these meetings. Both she and the providers said issues highlighted were addressed during management meetings and inform future service direction.

Some improvements required

The Health and Safety Statement was a document of the previous provider namely, 'Golden Meadows'. It was not centre specific.

All policies were acquired from a company called "Health Care Informed" and were not formulated to reflect the specific needs of the residents.

Daily flow charts outlining care of residents in unit B were left on a window sill. This does not convey respect of privacy of the individuals.

There was no documented evidence to indicate that policies and procedures in place had been read by staff members.

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

There was evidence of excellent skill mix on a daily basis. This skill mix included experienced nurses and carers, an activities coordinator as well as ancillary staff. All staff were very professional, competent, welcoming and willing to engage with the inspection team. Staff presented in uniforms which were neat and clean. Documentation of mandatory training including manual handling and lifting and fire training was reviewed by inspectors. Some staff had received training in other areas including elder abuse, wound management, and dysphagia (swallowing difficulties).

Some improvements required

Staff interviewed by inspectors were not familiar with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Staff employed in the centre did not have ready access to the Health Act, 2007 or the regulations.

Significant improvements required

Staff had not received elder abuse detection and prevention training as required. The Elder Abuse policy was not available as required under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Minor issues to be addressed

The ongoing staff training and development programmes undertaken by staff were not comprehensively documented.

REPORT COMPILED BY

Date: 21 September 2009

Breeda Desmond

Inspector of Social Services

Social Services Inspectorate

Health Information and Quality Authority

Provider's response to inspection report

Centre:	CareChoice Clonakilty
Centre ID:	230
Date of inspection:	15 September 2009 and 16 September 2009
Date of response:	14 December 2009

Requirements

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

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

There was no statement of purpose.

Action required:

The registered provider must provide a statement of purpose as required under regulation 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

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 in the new format prescribed by the 2007 Health Act will be completed by 31 December 2009.	31 December 2009
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2 The provider is failing to comply with a regulatory requirement in the following respect:	
Written operational policies and procedures are not in place as required under regulation 27 and schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
Action required:	
The registered provider must ensure that all appropriate written operational procedures are in place as required under regulation 27 and schedule 5 of the <i>Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009</i> .	
Reference:	
Health Act, 2007 Regulation 27: Operating Policies and Procedures (Schedule 5) Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: There are existing policies and procedures in place however there is a major group wide review of policies and procedures which aim to meet both the current legislation and standards and on the ground practice. This review has now reached the stage of new policies and procedures being published and these will be rolled out in a comprehensive process in 2010.	February 2010

3. The provider has failed to comply with a regulatory requirement in the following respect:	
Staff files did not meet the requirements outlined in regulation 18(3)(d) schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
Action required:	
The registered provider shall ensure staff files meet requirements under regulation 18(3)(d) and schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	

Reference: Health Act, 2007 Regulation 18: Recruitment Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: Work commenced on gathering all additional information as required under the new regulations. This forms part of our Continuous Improvement Plan for 2010.	February 2010

4. The provider has failed to comply with a regulatory requirement in the following respect: New residents' details were not entered contemporaneously to the residents' register and computer files.	
Action required: The registered provider shall ensure residents records are kept in compliance with regulation 22 and schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
Reference: Health Act, 2007 Regulation 22: Maintenance of Records Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our process dictated that these details are entered in the Register or the computer system. We believe this to be an omission on the day in question. This has been discussed with the staff responsible and additional audits will take place going forward.	Complete

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

The complaints policy and procedures did not meet requirements under regulation 39 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Action required:

The registered provider shall make available a complaints policy and procedures which are compliant with regulation 39 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

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:

We have completely reviewed the complaints policy and procedure as part of our overall policies and procedures project. Although there is one in place the updated complaints policy & procedure which fully complies with the new 2009 regulations has been finalised and will be rolled out in early 2010.

January 2010

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

Staff in the centre were not aware of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Action required:

The person in charge shall ensure that all staff in the centre are familiar with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 17: Training and Staff Development
Standard 29: Management Systems

Please state the actions you have taken or are planning to

Timescale:

take with timescales:	
<p>Provider's response:</p> <p>The new July 2009 Regulations has been distributed. However more detailed staff sessions have been organised to ensure that staff understand these new regulations and how all our improvements/plans are linked to these. We have also sourced the summary booklet which explains the regulations succinctly and will be given to every member of staff.</p>	Complete

7. The provider is failing to comply with a regulatory requirement in the following respect:	
<p>Some medication management practices did not adhere to best practice as prescribed in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and An Bord Altranais professional guidelines.</p>	
Action required:	
<p>The person in charge will ensure medication practices are in compliance with regulations and guidelines including:</p> <ol style="list-style-type: none"> 1. The review of medications 2. The storage of controlled drugs 3. Storage of medications in the medications fridge 4. The recording of medications on appropriate documents. <p>The addition of photographic identification on medication charts would enhance medication management and reduce the risk of medication error.</p> <p>Actions to be carried out immediately.</p>	
Reference:	
<p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management 15 Medication Monitoring and Review</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <ol style="list-style-type: none"> 1. Six Monthly Reviews – Discussions are in place with all general practitioners with the aim of increasing the frequency of medication reviews. 2. Storage of controlled drugs – This was returned immediately and the audit of these procedures has been improved. 3. Medication fridge – a second fridge has been purchased. 	Complete

<p>4. Controlled drugs press storing other objects – these objects were removed and the press is now solely used for controlled drugs.</p> <p>5. Some medications were recorded inaccurately – the new director of nursing is reviewing all medication management policies and procedures. She will ensure that the recording of medications is done to the appropriate standards.</p> <p>6. Photographic identification – Completed.</p>	
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<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Care practices in the centre did not adhere to best practice and guidelines (assisting dependent residents with feeding).</p>	
<p>Action required:</p> <p>All care practices carried out in the nursing centre should be consistent with best practice and guidelines.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>We have reviewed the specific issue highlighted in the report to ensure that this practice does not happen in the future.</p>	<p>Complete</p>

<p>9. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The elder abuse policy did not meet requirements as required under regulation 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p>Action required:</p> <p>The registered provider will ensure an elder abuse policy and procedures are in place for the prevention, detection and response to abuse which are in compliance with legislation.</p>	
<p>Reference:</p>	

<p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The majority of staff completed the elder abuse Health Service Executive training programme in October 2009 immediately after the inspection.</p>	<p>Completed</p>

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 24 Training and Supervision	Ongoing staff training and development programmes to be documented.
Standard 29 Management Systems	Formal staff meetings are held on a regular basis to ensure staff are well informed.

Any comments the provider may wish to make:

Provider's response:

As this was our first inspection experience under the 'National Quality Standards for Residential Care Settings', we would like to thank the inspection team for a fair and open inspection process. We are working hard to meet all the standards as set out in the Health Act 2007 and the Regulations 2009. All issues raised in the report are being dealt with and we would like to thank the inspection team for recognising the high standard of person-centred care being delivered in our centre.

CareChoice took over this facility a year ago and since then we have invested heavily in ensuring the facility is at the standard we require. This included capital investment, for example servicing and/or upgrading all internal safety systems, purchasing new equipment, re-painting the building, landscaping the gardens and a new entrance gate. We also invested heavily in our staff as all staff needed to go through mandatory training of manual handling and cpr and some of the staff participated in our Further Education and Training Awards Council level 5 class. Communications was an area that we also began improving in 2009 but needs even more focus in 2010. There is a communication plan developed which will need to be fully implemented in 2010 under the leadership of our new director of nursing - Maureen O'Donovan. We are delighted with the improvements we have made in 2009 and we hope to continue to build on these in the future.

Our new director of nursing, Maureen O'Donovan took up post on 27 October 2009. Maureen has significant experience in care of the older person, having previously held director of nursing posts in Kinsale community hospital and Cobh community hospital. Maureen's focus is ensuring all care is delivered in accordance with the new regulations.

As registered providers our sole aim is ensuring all our residents receive the highest possible care.

Provider's name: CareChoice Clonakilty Ltd.

Paul Kingston & Aisling Lane [Managing Directors]

Date: 11 December 2009