

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Clover Lodge Nursing Home	
Centre ID:	26	
Centre address:	Shinrone	
	Birr	
	Co. Offaly	
Telephone number:	0505 47969	
Fax number:	050547960	
Email address:	sheila@clhc.ie	
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public	
Registered provider:	John Devoy	
Person in charge:	Frances Parlon	
Date of inspection:	06 and 07 October 2009	
Time inspection took place:	06 Oct Start: 09:45 hrs Completion: 16:15 hrs 07 Oct Start: 10:00 hrs Completion: 15:00 hrs	
Lead inspector:	Marguerite Gordon	
Support inspector(s):	Eileen Kelly	
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 co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Clover Lodge Nursing Home is a purpose-built, two-storey building. This service has places for 56 residents with 36 residents present at the time of inspection.

On the ground floor, there is a spacious lobby area with comfortable seating, a reception desk, a large sitting room and a dining room. In addition, a visitors' toilet and two wheelchair accessible toilets are also located on the ground floor. Residents have access to an enclosed courtyard with a water fountain and another garden area with pathways and garden seating.

The nurses' station is close to residents' bedrooms. All bedrooms have en suite shower and toilet facilities. There are 31 single and seven twin bedrooms on the ground floor and seven single rooms and two twin rooms on the first floor. Other rooms on the first floor include a hairdressing room and a large room for multi-denominational religious services for residents.

Adequate car parking is provided at the front of the centre.

Location

The centre is within a short walking distance of the village of Shinrone in County Offaly, which has a church, a pub and local grocery shop.

Date centre was first established:	05 September 2001
Number of residents on the date of inspection	36

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	6	23	7

Management structure

John Devoy is the Provider of Clover Lodge Nursing Home which is part of the Cloverland Group. Sheila Power is the director of care and oversees the management of two designated centres, in the Cloverland Group. Frances Parlon is the Person in Charge and reports to both the provider and the director of care. The nursing staff report to the person in charge and are responsible for supervising a team of 23 care assistants. The catering assistants report to the chef who, along with household staff, report to the person in charge.

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

Summary of findings from this inspection

This was a two-day unannounced inspection. Inspectors spoke with residents and relatives to get their views, as well as staff on duty, the person in charge, senior nurse manager and the provider. Inspectors also reviewed a number of documents and records including policies, duty rotas and care plans.

Staffing levels were assessed as being adequate to meet the needs of residents. Inspectors were satisfied that a high standard of healthcare was provided and the availability of medical services was satisfactory. Dietician and physiotherapy services were also provided. Inspectors found that residents' privacy and dignity was respected and staff were observed providing care in a respect and kind manner.

Inspectors reviewed areas of significant concern including medication administration practices, risk management policies, activity provision and the quality of residents' care plans. Inspectors also identified some areas where improvement is required including resident consultation and communication practices. The level of staff knowledge regarding the Health Act, 2007 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 also needed to be addressed.

The Action Plan at the end of this report identifies areas where improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the Authority's *National Standards for Residential Care Settings for Older People in Ireland*.

A follow up inspection of this centre has taken place and the report will be published shortly.

Residents' and relatives' comments

As this was an unannounced inspection, the number of relatives in the centre during inspection was limited. Inspectors spoke to fourteen residents and three visitors. Residents spoke positively about some aspects of life in the centre and identified areas where they would like to see improvements.

Most residents were familiar with the names of individual staff. Several residents said that they enjoyed the flexibility of choosing when to get up and go to bed and when they could take a rest during the day. One resident told inspectors how he liked being able to get up and have a late breakfast. Another resident said she liked getting up early (8.30 am) as she had always been an early riser. A resident told inspectors that he enjoyed going out to the local church and pub in the village by himself. Inspectors saw one resident independently returning from early morning mass in the village.

Residents expressed dissatisfaction with their daily routines stating they were sometimes bored and found the day very long. One man said that he sat around all day, but bingo in the sitting room was good. Another resident said: "We spend the day sitting down looking around us and you are fed up in the place after the whole day".

Inspectors spoke to three relatives, who said they were pleased with the care provided to their relatives and were always made to feel welcome by staff.

Overall findings

1. Governance: how well the centre is organised

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

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

Evidence of good practice

The provider and senior manager were seen to have knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. They had begun to look at the Authority's document *"Are you ready for inspection"* and demonstrated an understanding of the *National Standards for Residential Care Settings for Older People in Ireland* having started the development of a learning folder for staff on them. Contracts of care were also seen to be in place for all residents.

Inspectors saw draft copies of the centre's statement of purpose and Residents' Guide and considered this documentation to be of an adequate standard. The provider told inspectors that the centre's independently audited accounts were currently being finalised.

The centre had a comprehensive complaints policy which was displayed in the hallway for residents and relatives to access. Inspectors also saw the record of complaint investigations. The director of care told inspectors about her plans to introduce a complaints/suggestions box for residents' and relatives' use to be located in a prominent place. On the day of inspection the director of care and the provider both demonstrated openness in discussing complaints with inspectors and talked about having a positive approach to complaints. Residents said that if they had a concern, they would speak to "himself"; the provider said he believed in having an open door policy and being receptive to residents' feedback and comments.

The fire register was reviewed and fire equipment servicing was found to be up-to-date with all staff having received fire safety training. The most recent fire training had taken place in February 2009. Adequate insurance cover was also in place.

Significant improvements required

Roles and responsibilities

There was ambiguity around deputising arrangements in the absence of the person in charge. On the day of the inspection, the recently appointed person in charge was off-duty and the staff nurse was unsure about whether or not she or the other staff nurse on duty was in charge. In order to clarify this, the staff nurse telephoned the director of care who identified who was in charge on the day. The director of care and the person in charge arrived at the centre shortly afterwards to assist with the inspection.

Policies and procedures – risk management

The policies, procedures and guidelines in place did not fully meet the criteria set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, schedule 5.

In addition, there was no integrated policy on risk management for the centre and there was no communications policy in place.

Continuous improvement

A record of incidents and accidents was kept however, near misses were not documented and data was not used for the purpose of auditing outcomes for residents in order to inform continuous improvement.

Some improvements

While the provider and the director of care demonstrated knowledge of the Health Act, 2007 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, the person in charge, staff nurses and care assistants did not display an adequate awareness of this legislation and the requirements for the centre.

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

Inspectors observed that there was flexibility about the timing of meals, and saw five residents in the dining room having a late breakfast which was their choice. Inspectors saw that there was good interaction between staff and residents in the dining room during lunch. Staff assisted in serving lunch and spoke to residents in a respectful manner.

The dining room consisted of several small tables which had been set for the meal. Inspectors observed residents talking to each other and enjoying the meal as a social occasion. Staff were seen to be attentive to residents at mealtimes. Residents with higher support needs were seen to be well assisted using best practice techniques and were seated appropriately. Staff were seen to maintain eye contact with them and talked to them as the meal progressed. Inspectors joined the residents for lunch and found that the food was nicely presented and appetising. Residents were offered second helpings, although they received their meals ready plated.

Residents had a choice of drinks at their meals and had easy access to drinks throughout the day, both in their bedrooms and in communal areas. Inspectors observed staff assisting residents with high dependency levels with drinks, using suitable and appropriate drinking cups.

Inspectors met with the chef and viewed the kitchen. Inspectors were given appropriate clothing to wear before entering the kitchen which showed knowledge of infection control prevention practices. The chef maintained a list of residents' specific dietary needs and requirements and met with residents to use their feedback to structure menus to reflect their personal preferences. Inspectors saw evidence of fresh fruit and snacks, such as yoghurts, which were made available to residents at any time.

Residents' spiritual needs were seen to be facilitated by practice at the centre. For example, there was a room available to accommodate multidenominational services and priests and a pastor visit on a weekly basis.

Staff who spoke with inspectors, were knowledgeable about the protection of vulnerable adults and had received training on this issue. There were information leaflets at reception which raised awareness about elder abuse. Inspectors also observed that nursing and care assistants respected the privacy and dignity of residents, for example, staff knocked on doors and waited before entering residents' bedrooms. During the inspection, residents were seen to be spoken to in a courteous and respectful manner while care and support was being provided.

Inspectors saw one of the care assistants responding to a resident with high dependency levels who had indicated that he was uncomfortably warm. This resident was assisted in repositioning his chair and a fan was provided. He indicated his satisfaction with a smile and a nod.

Some improvements required

With regard to resident participation, there was no residents' group for residents to provide feedback on the quality of service and participate in a meaningful way in the running of the centre. In addition, there was no advocacy service available to residents.

Although some residents said they were satisfied with the laundry service and most were seen to be dressed comfortably and in clean clothes. However, inspectors saw a number of residents wearing shabby, well-worn clothes.

Significant improvements required

While inspectors observed some social interaction between residents during mealtimes, the communal room was not conducive to easy communication. Inspectors saw residents seated around the walls of a large sitting room for long periods. The seating arrangement gave little opportunity for meaningful conversation between residents and they told inspectors that they found the day very long. Residents comments confirmed that they were bored because they had little to do during the day.

Although residents told inspectors that they used the garden in the summertime, there was a very limited range of activities available and they did not meet the needs of all residents. There were also seen to be few opportunities to engage or occupy residents. Daily afternoon bingo sessions were the main activity provided. While some residents said they enjoyed bingo, others told inspectors that they disliked it and found that there was little opportunity to do anything else other than say the rosary.

One resident told inspectors that he used to love playing cards but never got to do this anymore. A nurse informed inspectors that music sessions and outings were sometimes organised for residents. However, residents told inspectors that these events only rarely took place. There were books in the sitting room but inspectors did not see residents or staff using them. There was no evidence of consultation to identify individual residents' interests or preferences and carers' interactions with residents focused mainly on meeting their physical care needs.

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

The person in charge was proactive in her approach to meeting residents' healthcare needs. A physiotherapist came to the centre for three hours twice a week and a dietician visited the centre once a month to provide nutritional assessments to all residents. Inspectors saw that nutritional interventions were reflected in care plans. Residents' food intake and fluid charts were reviewed and the monitoring system was considered satisfactory.

Inspectors spoke to a care assistant and discussed the post-operative recovery management of a resident who had had a hip replacement operation. The care assistant was following the physiotherapist's advice in promoting this resident's independence and inspectors saw a care assistant explaining to another resident the benefits of wearing hip protectors, as recommended by the physiotherapist.

Residents were able to choose their own general practitioner (GP). Medical services were provided to residents by the GP who visited weekly. An out-of-hours medical service is also provided. Speech and language therapy and other healthcare services are available to residents as required.

One resident told inspectors that he had an outpatient appointment following a cataract operation. Another resident also had an outpatient appointment after an orthopaedic operation following a fall at the centre. A member of staff told inspectors that this resident had made great progress since her operation and stated that staff were committed to promoting her independence. Inspectors observed this resident being assisted and supervised while walking which showed staff supporting her recovery.

Other peripatetic services were provided privately to residents and include dental, optical, chiropody and hearing services. Residents' healthcare records were seen to be securely stored and easily accessible when inspectors required them.

Significant improvements required

At the time of the inspection, the medication administration and recording practices were observed to be unsafe. Inspectors reviewed medication administration records and they found that three residents had not been administered a prescribed medication. Although the person in charge told inspectors that these medications had been administered there was no record of this which poses a risk to the safety of residents as the medication could have been administered twice.

The medication policy in place had not been updated since 2004 and does not reflect the current An Bord Altranais guidelines.

The bed rail in place for one resident had a wide gap between the bed and mattress and the rail. There was a signed consent/permission in place for this restraint, but the physical gap between the rail and the bed posed a risk of potential injury to the resident, should they become caught in it.

Risk assessments had been carried out on issues such as falls; however, these risk assessments did not consistently inform residents' care plans. For example, a resident had been identified as being at high risk of falls but there was no information in his care plan as to how this risk was to be managed. An inspector saw that a resident was having difficulty using cutlery during lunch because of a sore on one of his fingers which he told inspectors had been there for a number of days. There was no evidence of assessment or reference on this resident's care plan to his discomfort or need for treatment. Another resident had a lap belt restraint but there was no evidence of restraint management on his care plan. Staff told inspectors that this resident was assisted with walking every two hours but there was no documentation to support this.

Inspectors reviewed four care plans and found they did not consistently reflect the resident's status. One resident had a care plan drawn up in June 2008 for diarrhoea. However, the review in September 2009 indicated this was still a problem. Inspectors spoke to a staff nurse and established that this problem had been resolved but this had not been recorded and so his care plan review did not accurately reflect current needs.

Care plans lacked a person-centred approach and there no evidence of resident involvement in the development or the review of their care plans. One resident's care plan identified depression as a concern but the planned intervention was generic, for example "encourage participation in activities", rather than a guideline specific to this individual's needs.

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 was provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The centre was spacious with a good standard of décor. There was ample space for residents to walk independently or with assistive devices and a range of seating was provided throughout.

Residents' bedrooms were comfortable, with en suite facilities in all rooms. Residents had decorated their rooms with their own possessions such as photographs, pictures and ornaments. All bedrooms also have adequate wardrobe storage space and bedside lockers.

Inspectors observed that the premises were clean and had good infection control practices in place, which were being followed by staff. Gloves, aprons, hand gels and hand-washing facilities were widely available and inspectors saw that staff were using them as appropriate. Alcohol rub and hand-washing facilities were prominently situated throughout the centre. There was a cleaning schedule in place and cleaning staff spoken to by inspectors had a good knowledge of their role in infection control. Cleaning chemicals were stored securely and separately. Cleaning staff told inspectors that mop-heads were washed separately at high temperatures to promote infection control.

Residents said that they were satisfied with the laundry service and that clothes rarely went missing. Inspectors saw that residents' clothing was appropriately labelled. Inspectors reviewed the laundry service and spoke to the person providing it. It was noted that separate areas were used for the storage of clean and soiled laundry and that appropriate measures were in place for the prevention of infection.

Inspectors saw hoists, wheelchairs, alternating pressure-relieving mattresses and Zimmer frames in use. The maintenance and servicing records for this assistive equipment was available and found to be satisfactory.

Changing and canteen facilities were provided for staff and all staff had secure individual locker space. Separate changing facilities were provided for kitchen staff.

Significant improvements required

Televisions were placed on bed tables in some residents' rooms and these were observed to be unstable and not secured. This posed a potential risk that the television could fall onto a resident or visitor and injure 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

The procedures and policies in place were found to appropriately inform care practices, and there was a record that staff had read and understood all policies as required.

Inspectors observed that staff and residents knew each other very well. Staff were able to tell inspectors about the life histories of several residents and their interests and past occupations.

The provider's personal telephone number was on the notice board and was available to staff, residents and visitors in the event that they needed to contact him. Relatives told inspectors that they were made feel welcome at the centre and were positive about their ability to visit their relatives when they chose as there were no restrictions on visiting.

Nursing and care staff were seen to share appropriate information in the handover process during shift-change. Inspectors observed good communication between staff, with care assistants giving relevant details of the residents in their care.

Inspectors noted that the provider communicate informally with residents and saw that he knew them individually, calling them by their names. Residents were also seen to refer to the provider by his first name. One resident said that if she had a concern she would approach him about it. The director of care said she got to know the residents particularly well while carrying out orientation with the new person in charge. Inspectors also saw that the other staff knew residents well. For example, one of the nurses was overheard informing a care assistant that the resident she was providing care to preferred to sit near the fish tank rather than in the sitting room.

Inspectors saw staff members employing appropriate techniques while talking to residents who had communication and hearing difficulties. In the case of one particular resident who was deaf, inspectors observed staff interacting in a way that allowed the resident to lip-read.

Some improvements required

Some of the language terms used were seen to be inappropriate, institutionalised and disrespectful. For example, some staff referred to residents as "feeds" which did not promote dignity.

In addition, personal information about residents was printed on the notice board at the open nurses' station such as "Mr X requires two-hourly turns" and there was a list of residents who required "feeds".

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. Staffs are supported in their work by ongoing training and supervision.

Evidence of good practice

The newly appointed person in charge had previously worked as a senior nurse at the same centre. She told inspectors that she had been given the opportunity to work on a one-to-one basis with the director of care for a number of weeks prior to formally taking on her new role.

Residents said there were enough staff on-duty. Inspectors reviewed the staff rosters which confirmed that there were sufficient staff nurses and care assistants on duty to meet residents' needs. Inspectors spoke with the person in charge who described how staff provided care in teams with a nurse leading each team. Staffing levels remained constant throughout the day, with two staff nurses and six care assistants on-duty from 08:00 to 20:00 hours. One nurse and two care assistants were rostered for night duty. Inspectors were satisfied that the skill mix of staff on-duty met the residents' needs.

All care staff had received training in the protection of vulnerable adults, fire training, moving and handling and cardio pulmonary resuscitation. Five care assistants had completed Further Education Training and Awards Council (FETAC) healthcare support, Level 5 training and three other care assistants had commenced the same programme.

Inspectors reviewed two staff files. While Garda Síochána vetting was not in place for long-serving staff members, the provider told inspectors that he had applied for vetting for remaining staff members and was aware of the legislative requirements in relation to this.

The provider described the centre's recruitment procedures to inspectors and he explained that they used two external agencies for recruiting staff nurses, and recruited care staff mainly through FAS training schemes. All staff, including the recently appointed person in charge, had a contract of employment in place and inspectors read these documents.

Some improvements required

While general training was provided to staff, the person in charge had not undertaken training in the care of older persons.

Report compiled by

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

11 December 2009

Action Plan - Provider's response to inspection report

Centre:	Clover Lodge Nursing Home
Centre ID:	26
Date of inspection:	06 and 07 October 2009
Date of response:	30 December 2009

Requirements

These requirements set out what the registered provider must do to meet 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 2009*.

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

Prescribed medication was not recorded as being administered for three residents. The medication policy in place was not updated and did not include An Bord Altranais Guidance to Nurses and Midwives on Medication Management July 2007.

Action required:

Put in place suitable practices and written operational policies relating to the ordering, prescribing and administration of medication

Make staff are familiar with such policies and procedures.

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:
<p>Provider's response:</p> <p>Management have reviewed and implemented new policy and procedures regarding drug administration. Staff have been briefed and management will closely monitor these changes to ensure compliance going forward.</p>	Completed

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Deputising arrangements were unclear. The staff nurse on duty on the day of inspection was unsure whether it was her or the other staff nurse who was in charge of the centre.</p>
<p>Action required:</p> <p>Put systems in place that provides a clear management structure and a named person in charge of the centre at all times.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 15: Person in Charge Standard 27: Operational Management</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A new manager was appointed 01 October 2009, however to illness of the registered provider there was a delay in the appointment memo being circulated to all staff. This was memo was since circulated to all members of staff and there is a clear understanding of the roles and responsibilities within the nursing home.</p>	Completed

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was no risk management policy in place to inform practice. Incidents and accidents were not audited. Near misses were not documented.</p>
<p>Action required:</p> <p>Provide and implement a risk management policy that facilitates investigation and learning from incidents /accidents involving residents, including near misses.</p>

Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: A risk management policy has been put in place. In addition, management have appointed a third party organisation to audit, review and update this policy going forward. Audit and reviews will also cover accidents and near misses A communications policy is now in place.	Completed Completed

4. The provider has failed to comply with a regulatory requirement in the following respect: There were insufficient opportunities for residents to participate in activities and residents stated they were bored.	
Action required: Provide residents with opportunities to participate in activities appropriate to his/her interests and capacities.	
Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A full time "dedicated activities coordinator" has been recruited and a detailed schedule of activities from 10:30 hrs to 16:30 hrs is published daily and displayed in a prominent position in the nursing home. Residents are encouraged to participate however they are also free to refrain from participation of any and all activities if they so wish. Resident feedback is encouraged to ensure the activities provided are meeting the desires of the residents. The activities coordinator, in conjunction with senior nursing staff will staff regularly reviews the residents communication sheets in the care	Completed

plans to help identify preferred and suggested activities.	
--	--

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Some of the language usages were institutional with a group of residents being labelled as the "feeds". Personal information about residents was posted on a notice board.</p>	
<p>Action required:</p> <p>Put systems in place that provides for privacy and dignity in relation to residents' personal information.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity</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>Management have reviewed this policy and implemented the necessary changes to provide greater privacy and dignity.</p>	<p>Completed</p>

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The wide gap between the bed and the bed rails posed a risk to residents. Televisions were placed on tables that were not secured.</p>	
<p>Action required:</p> <p>Take reasonable measures to prevent accidents to residents in their bedrooms and throughout the centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety</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 bed in question has been changed for a model with integrated side rails. This is part of an ongoing renewal programme in the nursing home.</p> <p>The position of television sets within rooms is being reviewed. Management had in the past provided wall mounted brackets to ensure greater safety however some residents wished to have their own television sets from home, this has resulted in sets being placed on tables in rooms. A more secure solution will be provided.</p>	<p>Completed</p> <p>January 2010</p>
--	--------------------------------------

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

There were deficits in the care planning process for residents. For example:

- The care plans in place did not consistently reflect the resident's current health status
- some residents at risk of falls did not have a care plan to address the risk identified
- there was no evidence of resident involvement in developing his/her care plan or in the review of their care plan
- one resident had a lap belt but not assessment and care plan for it.

Action required:

Put systems in place to ensure that residents' needs are set out in an individual care plan developed and agreed with each resident. Keep the resident's care plan under formal review as required by the resident's changing needs. Ensure that all issues such as falls, risks or use of restraint are addressed in the care plan.

Reference:

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

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

Timescale:

Provider's response:

A complete review of care plans has been completed and the necessary changes and updates implemented to all care plans to ensure greater emphasis on individual needs.

Completed

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

The policies and procedures in place do not fully meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Action required:

Provide and implement all policies and procedures as listed in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 27: Operating Policies and Procedures
Standard 13: Healthcare
Standard 29: Management Systems

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

Timescale:

Provider's response:

All policies and procedures were undergoing formal review at the time of the inspection. Management confirm that all policies have now been fully reviewed and implemented.

Completed

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

There was no residents' committee or formalised, process in place for feedback from residents to inform service improvement. There were no advocacy arrangements for residents who could not articulate their views or wishes.

Action required:

Put formal arrangements in place to facilitate consultation and participation of residents in the organisation.

Reference:

Health Act, 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 2: Consultation and Participation

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

Timescale:

<p>Provider's response:</p> <p>Management will write to all residents and family members to request and encourage participation in a residents committee. Extra care will be taken to ensure that residents who are incapable of representing themselves or the views will have representation by a family member or advocate on a "residents committee".</p>	<p>January 2010</p>
---	---------------------

<p>10. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>While there was mandatory training provided to staff, the person in charge had not received training in the care of older persons.</p>	
<p>Action required:</p> <p>The person in charge should have access to education and training to enable her to provide care in accordance with contemporary evidence based practice.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision</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>A formal review of the "person in charge" training and development requirements has taken place. Arrangements have been made to provide the training needs identified in the review and agreed with the person in charge. This personal development and training plan will be reviewed ongoing in line with company "staff appraisal" procedures which currently exist for all staff members</p>	<p>February 2010</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 4: Privacy and Dignity	All residents should be dressed to a reasonable standard.

Any comments the provider may wish to make:

Provider's response:

None received

Provider's name: John Devoy

Date: 30 December 2009