

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:	Fearna Nursing Home
Centre ID as provided by the Authority:	338
Centre address:	Bishops Street
	Elphin
	Co. Roscommon
Telephone number:	071 96 35424
Fax number:	071 96 35464
Email address:	martin@kodc.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Eldaban Holdings Limited
Person in charge:	Anne Marie O'Brien
Date of inspection:	10 November 2009
Time inspection took place:	Start: 09:00 hrs Completion: 17:30 hrs
Lead inspector:	Marie Matthews
Support inspector(s):	Geraldine Jolley
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

Fearna nursing home is a two-story building built in 1870. Originally established as a convent, it was first registered as a nursing home in 1994. It was purchased by the present owners Eldabane Holdings in 2001. It can accommodate up to 35 residents and provides general, respite and dementia care to persons under and over 65 years of age.

Accommodation comprises of ten single rooms, five twin rooms and five three bedded rooms. A dining room and sitting room are located on the ground floor. A second sitting room is located on the first floor. Stairs and a lift provide access to the second floor. Assisted toilets are located close to communal areas. There are 6 toilets on the ground floor and 4 on the first floor.

There are landscaped gardens and parking to the front and a small secure patio area is located off the dining room.

Location

Fearna nursing home is located on Bishop Street within walking distance from the shops in Elphin.

Date centre was first established:	05 September 1994
Number of residents on the date of inspection	27

Dependency level of current residents	Max	High	Medium	Low
Number of residents	11	10	6	

Management structure

Fearna nursing home is operated by Eldabane Ltd. Martin O'Dowd is the registered provider. The Person in Charge is Anne Marie O'Brien, Director of Nursing, who is supported by a team of seven nurses, twelve care assistants, five catering staff and five domestic staff.

Summary of findings from this inspection

This was an unannounced inspection. It was the first inspection of this centre by the Health Information and Quality Authority (the Authority). The inspectors were satisfied that the healthcare, social and medical needs of residents were well catered for. The residents benefited from a good standard of nursing care.

Good management and organisation were evident and the person in charge demonstrated good leadership skills and a caring attitude towards residents. The atmosphere was pleasant and staff had a good knowledge of each resident.

Inspectors met with residents and two relatives and spent time observing care practice as staff went about their daily duties to gain a greater understanding of what an average day was like for residents. Residents expressed satisfaction with the care that they received.

The premises, fittings and equipment were found to be clean. A number of bedrooms had two and three beds which impacted on privacy of residents. Facilities for sluicing and for laundry also required upgrading. Storage facilities were inadequate and there was no visitor's room for residents to meet with relatives in private.

The provider, and the person in charge, were aware that the age and design of the building presents considerable challenges as a facility for the long term care of older people. The inspectors were told a site has been purchased and planning permission acquired to build new premises.

A number of other areas are identified for improvement to comply with 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*. These are identified in the action plan at the end of this report and include a number of structural improvements to the premises and the need to develop the full range of written documentation and policies to comply with regulations.

Residents' and relatives' comments

The inspectors spoke with, and listened, to nine residents and two relatives who were visiting during the inspection. Inspectors joined residents for lunch and spoke to them during this period.

Without exception, residents gave a positive account of how they were treated. They told inspectors that they were well cared for. They described how they felt safe and how the staff knew all their needs. They described the person in charge as 'very caring and attentive'.

Inspectors were told that the food was 'very good' and residents were complimentary of the choice and quantity available to them.

When asked about their daily routine, most residents said they were able to exercise choice over how they spent their day, from getting up in the morning to retiring at night. Several residents said they enjoyed reading the paper and watching television. The mobile library visits the centre regularly and this service was valued by residents. One resident said he enjoyed art and took pride in showing the pictures he had coloured. Several residents said they enjoyed reading but found it difficult to read small print due to failing sight. One of the residents said that there was not enough to do during the day and another resident said he found the sing song repetitive and would like more variety.

Relatives said they were made feel very welcome when they visited and expressed satisfaction with the care of their residents. They described staff as approachable and kind.

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

There was a clear management structure in place. The person in charge demonstrated good leadership and a “hands on” approach. Inspectors found a positive attitude towards compliance with the new legislation and standards. Inspectors were told that the provider visited weekly. A registered nurse had been employed as a supervisor. She works between three centres owned by the provider assisting with documentation and policy formation. Third party financial audits have been carried out by an external company.

A number of documents were reviewed as part of the inspection. These included the statement of purpose, contracts for residents, the directory of residents, the residents’ guide, the insurance certificate, personnel files, staff training and education records, duty rosters and the fire training register. All documents were up-to-date. Records were well maintained and stored in a way which protected confidentiality, but ensured that information was accessible when required.

Health and Safety handbooks had been given to all staff. Systems for managing risk were in place and risks assessments had been carried out for legionella, manual handling, needle stick injuries, laundry and catering activities.

Inspectors found that the staff had a good understanding of their roles and responsibilities and that they enjoyed their work.

There were good accounts of accidents that had occurred. Details were factual and clearly outlined with dates and times recorded. There was column on the accident reports for staff to identify preventative actions and avoid reoccurrence of similar accidents.

Some improvements required

Although a complaints policy was in place it did not fully comply with legislation. Details of an independent appeals process were not included in the policy and an

independent person had not been identified to ensure that complaints were responded to appropriately.

Significant improvements required

The full range of policy documents outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 were not available. There was no communication policy and no written policy on recruitment of staff. Inspectors were advised that work on these documents was ongoing.

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

The person in charge, and the staff, showed commitment to providing a good quality of life for the residents.

The privacy and dignity of residents was respected. Inspectors observed that staff knocked and waited for a response before entering each resident's room. Adequate screening was provided in shared bedrooms.

Residents were facilitated in maintaining good contact with their family and friends. Some residents went home every week and this was encouraged. Residents told inspectors they could receive visitors whenever they wished and there was no restriction on visiting times.

Inspectors joined the residents for lunch which was relaxed with staff available to assist residents where necessary. The daily menu was displayed in the dining room and reflected the choice of food available. Meals were well presented and appetising and were well received by residents.

An activities programme was displayed in the sitting room including a range of social, recreational and physical activities. An activities co-ordinator employed two days a week co-ordinated the programme. Residents said they enjoyed art and word games. Music was also popular with residents and local musicians visited weekly. The activities co-ordinator told inspectors he meets each new resident following admission and finds out what interests and hobbies they like and would wish to continue.

Residents said they enjoyed radio and television programmes and there were both local and national newspapers available. A small number of residents enjoyed planting and tending to the gardens at the front of the premises.

Some improvements required

Some residents said there was not enough to do during the day and that they got fed up of the doing the same activities. One resident said they found the activities programme repetitive. While the activities coordinator provided a valuable service

other staff did not appear to be involved in ensuring the social and recreational needs of residents were met. The range of social activity involved limited outdoor interests.

Significant improvements required

There was no room available where residents could meet with visitors in private. Most residents said they brought relatives to their bedrooms or to the communal sitting room.

Minor issues to be addressed

The lunch menu was rotated on a weekly basis which could lead to repetition and predictability of meals. The use of bibs rather than napkins detracted from the dignity of the residents. All meals arrived fully plated and there was no opportunity for residents to serve themselves vegetables, gravy or sauces.

Inspectors noted that the art activity mainly involved colouring pictures which for some residents may not be an age appropriate activity.

During lunch a care assistant helping a resident to eat stood by the resident rather than sitting down. The policy stated the correct procedure was to sit and chat to make the process more enabling and enjoyable.

Inspectors noted that meals for residents who required a soft diet were puréed together rather than presented in individual portions.

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

Residents said that they were well cared for and that the nursing and care staff ensured that they were seen regularly by a doctor. All said that they had received the flu vaccine some weeks ago. Medical support to the centre is provided by local General Practitioners (GPs) and specialist services such as physiotherapy and chiropody are provided as required. Staff reported that arrangements were in place for an optician to visit and test residents' eyes.

There was a satisfactory system in place for obtaining medication routinely and in an emergency. The staff nurse on duty could describe the procedure for medication management clearly. Medication was supplied in blister packs and was stored in a purpose designed trolley which is kept in the treatment room. The medication records were up to date and all medication had been signed by GPs.

The staff nurse described how two wound care episodes were managed. An inspector reviewed one case and found that gradual improvement was confirmed by photographic evidence and nurses were working diligently towards further improvement. There was a wound care policy in place to guide staff and the inspector noted that risk factors for wound care prevention were identified. A system was in place to obtain consent for the use of photographs and restraint where indicated.

A computerised record system was in place to document care practice. The records were up to date and described care needs in a manner that was understandable and informative.

Some improvements required

The care records of three residents were inspected and assessment details prior to admission were not available. The inspector was told that staff rely on information provided by the hospital making the referral or family members. The information on care interventions to control risk factors was not always available in all records examined, for example, in the falls risk assessment, the action required was to prevent falls but there was no details to guide staff in how to do this.

While staff were aware of contact details, inspectors noted in once instance, this information had been omitted from a care record and the residents register.

Significant improvements required

The medication policy did not outline the specific arrangements in place for ordering or checking medication on receipt. There was no process in place for monitoring medication arrangements, identifying deficits or errors. Topical creams were noted in the bathroom areas with no names on them and in one case no lid. The sharing of such items between residents presents a serious infection control risk.

Minor issues to be addressed

Some medication records were completed using blue ink which is not in keeping with best practice recommended in An Bord Altranis Good Practice Guidance for maintaining Nursing Records.

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

The premises and equipment were clean and a very good standard of hygiene was evident throughout. Staff were seen sanitising mattresses and washing hands before and after assisting residents. Alcohol gel dispensers were provided throughout the centre and staff were seen using these during the inspection.

The kitchen and associated catering areas were examined and found to be clean, equipment was in good working order, stock rotation was evident and there was a good supply of food. A Hazard Analysis Critical Control Plan (HACCP) was in place and those records inspected were found to be in order. Previous Environmental Health Officer reports were examined by inspectors and compliance was evident.

Equipment was available to meet the requirements of the residents. Assistive equipment, such as pressure relieving mattresses, specialist seating and mobility aids were provided for residents who needed them.

There were arrangements in place for detecting and extinguishing fires. Documentary evidence confirmed that fire equipment including fire alarms, fire extinguishers and hose reels had been recently serviced. Fire officers visited in October 2009 at the request of the person in charge and had familiarised themselves with the layout of the building and gave a talk to staff and residents. The fire log confirmed this had taken place. Records showed that the last fire drill was carried out in October 2009.

Dining rooms were pleasantly decorated and comfortable with a television, open fire and dresser in each.

Systems and practices were established to maintain equipment, including the employment of a maintenance man shared between two centres and contracts with external companies. Certificates and maintenance documentation for the lift, the chair lift and for beds, hoists and wheelchairs were available, inspected, and found to be up to date.

Some improvements required

The person in charge had a list of items requiring maintenance on a piece of paper on her desk. There was no maintenance log available to track work requiring attention.

Significant improvements required

The building is old and has been adapted from its original use as a convent. There was evidence of dampness in some of the bathrooms. Some bedrooms were multiple occupancy which did not meet the standards for space, privacy or the dignity of the residents.

Fire doors were locked and the keys were contained in a break glass unit near the door. This was due to concern that cognitively impaired residents might leave the building. Inspectors were concerned that two fire doors were difficult to open with the key although staff were able to open both doors and said there was 'a knack' to it.

Sluice facilities were poor and there was no bed pan washer provided to sterilise bed pans. The room also served as an assisted toilet for residents. The location of this facility meant that soiled bed pans had to be brought through the premises to the sluice upstairs.

The laundry room was small and lacked adequate ventilation. A small window was open but air circulation was poor. The size of the room made it difficult to ensure adequate separation of clean and soiled clothing. There was no wash hand basin in this room.

There was a general lack of storage space throughout the building for equipment such as hoists, wheelchairs and other mobility aids. Corridors and bathrooms were used extensively for storage which detracted from efforts to create a homely atmosphere in these areas and made them very functional and institutional.

Minor issues to be addressed

A small number of bedrooms lacked personalisation and within the dining room, the area near the kitchen was dark and uninviting.

The secure patio area located off the dining room conservatory had only one bench provided for residents and there were no shrubs or flowers in the garden.

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 was 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

Staff were observed to be constantly engaged with residents throughout the day. Nurses and care staff were available in the sitting rooms and dining room and were chatting in a relaxed friendly manner with residents as they went about their duties. Nursing staff demonstrated a good knowledge of each resident's likes and dislikes.

Inspectors found that communication between staff and the person in charge was good. She was available to give advice and guidance and staff told inspectors that they were encouraged to discuss management issues and matters concerning residents with her to prevent problems arising. It was evident to inspectors that the person in charge spent time with residents' day discussing their needs and welfare as she was described by residents as being available every day.

One of the cleaning staff told inspectors that, if she encountered a problem with one of the residents, she would ring the call bell and remain with the resident until a nurse came. A carer interviewed said she felt able to approach the person in charge directly and was aware that staff could contact the provider in the absence of the person in charge.

All of the residents spoke highly of the staff and when asked if they had a complaint said they felt very comfortable approaching the person in charge with any issues they had.

Some improvements required

Policy development appeared to be the responsibility of the person in charge and the supervisor. There did not appear to be any input or feedback from other staff.

Significant improvements required

There was no residents group in place and no formal mechanism to involve residents in the day to day running of the centre or seek ideas about day to day activities. Inspectors were advised that setting up a group had been suggested to some

residents and the response was not enthusiastic. Inspectors were advised that the person in charge speaks to residents on a daily basis to get feedback.

Minor issues to be addressed

Inspectors found that staff meetings were not held regularly. Records showed an annual meeting only. Inspectors were told that the provider met with the senior staff weekly and nursing staff meet daily to discuss residents but do not record these meetings.

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

The inspectors were satisfied that the numbers and skill mix of staff were appropriate to meet residents' needs. The staff rotas showed that a nurse was on duty at all times. Holidays and illness cover was provided by staff who do not work full time. The person in charge told inspectors that staff discussed issues and resolved rota and leave arrangements to ensure adequate cover at all times and as a result there was no need to use agency staff. Staff interviewed confirmed this arrangement worked well.

Almost all the care staff had the Further Education and Training Awards Council (FETAC) level 5 training. An inspector spoke to a carer about the impact of training on practice. She described the training as very useful on a range of topics relevant to the care of older people.

Training had been provided to all staff on elder abuse and during discussion with inspectors, staff were able to demonstrate an understanding of the key indicators of abuse. Records showed training had also been provided on manual handling, infection control and dementia care. The inspectors observed staff approach residents quietly and discreetly when attending to personal care.

Significant improvements required

There was no written recruitment policy and there were no procedures in place relating to the recruitment, selection and vetting of new staff. Inspectors were advised that work has commenced on writing this policy.

Inspectors examined personnel files of two staff members. There were no birth certificates, photographic identification, evidence of Garda vetting or signed declarations of physical and mental fitness in the files reviewed.

Facilities for care staff were limited to toilets only. No changing facilities were provided.

REPORT COMPILED BY

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

15 December 2009

Provider's response to inspection report

Centre:	Fearna Nursing Home
Centre ID as provided by the Authority:	338
Date of inspection:	1 November 2009
Date of response:	12 January 2010

Requirements

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

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

The fire safety arrangements were compromised by fire doors that could not be easily opened.

Action required:

Ensure that fire doors provide adequate and easy means of escape in the event of a fire.

Reference:

Health Act 2007
Regulation 32 : Fire Precautions and Records
Standard 26: Health and Safety

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

Timescale:

<p>Provider's response:</p> <p>The locks on the fire door have been tested and the current locks are adequate. The local fire station staff had, at our request, a walk through of the building in late October and encountered no difficulties with the doors. He has been asked to return and confirm this. In damp weather the doors can swell and cause slight resistance to opening. The sides of the doors have now been planed to ease any resistance. Also the doors are opened each morning now rather than fortnightly and this has resolved the issue.</p>	<p>Completed</p>
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<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The use of multi occupancy rooms did not meet the required standards for space, privacy or the dignity of residents.</p>	
<p>Action required:</p> <p>Make available appropriate personal and communal space for all residents throughout the centre.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment.</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>This will be dealt with in the new building within 3 years. The plans and specifications have been sent to various local builders as we are at tended stage. The final grant of planning permission issued on 10 July 2008 is referenced on Roscommon Co Co as PD/08/929. The relevant fire cert issued on 10 September 2009 and is referenced in the relevant register as FS 18/09. I have sent copies to HIQA under separate cover.</p>	<p>3 years</p>

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

There were no facilities for residents to meet with visitors in private.

Action required:

Make available facilities for residents to see visitors in private.

Reference:

Health Act 2007
Regulation 12: Visits
Standard 4: Privacy and Dignity

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

Timescale:

Provider's response:

Residents can meet in any of the currently unoccupied rooms if they wish or in the dining room if available. The new building will have private meeting spaces. Also in the interim we will designate one of the unoccupied rooms as a visitors' room. For operational reasons however this room will not be in a fixed location but will vary with occupancy and the requirements of our residents. This will be implemented immediately.

Immediate

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

There was no forum in place to consult residents and (where appropriate) their relatives on the operation of the centre.

Action required:

A forum should be introduced to enable residents and (where appropriate) their relatives to be consulted and to participate in the operation of the centre.

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>This is being set up within the next 8 weeks but residents have shown little enthusiasm for it. They feel that anything they have to say can be said directly to staff and dealt with at the time without the need for a forum. As a result we have engaged the services of the Citizens Information Board and they are to attend on 21 January 2010 with a view to starting the process.</p>	<p>January 2010</p>
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<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The complete range of policies documents outlined in Schedule 5 were not available. There were no written operational policies on communication or on the recruitment of staff.</p>	
<p>Action required:</p> <p>The registered provider shall ensure that the designated centre has written operational policies and procedures on all items listed in Schedule 5.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>These are in the final stages of development and will be in place within 16 weeks</p>	<p>16 weeks</p>

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

Current sluicing facilities were inadequate and were shared with toilet facilities

Action required:

Refurbish the sluice room to provide a sluice sink sufficiently large to avoid spillage, directly connected to the foul drainage system, a bedpan washer and / or macerator, hand-washing facilities, a suitably sized sink, adequate racking/storage for bedpans/urinals and lockable cupboards for safe storage of cleaning chemicals to comply with the standards.

The resident's toilets in the sluice room should be relocated to ensure privacy.

Reference:

Health Act 2007
Regulation 19: Premises
Standard 25.36: Physical Environment

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

Timescale:

Provider's response:

The resident toilet is not used at present and all other matters will be reviewed. The bed pan washer will be in the new building but the macerator has not operated very effectively in other locations and we will have to review this.

3 years

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

All the information and documentation specified by Schedule 2 of the Regulations was not available.

Action required:

Have available for all staff the specified information and documents required by Schedule 2.

Reference:

Health Act 2007
Regulation 18: Recruitment
Standard 22: Staffing

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

Timescale:

<p>Provider's response:</p> <p>This will be done within 6 months. The requirement to have 3 references for people who have worked there for years seems overkill but it will be done.</p>	6 months

<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The procedure for ordering, receipting and checking of medication was not included in the medication policy.</p>	
<p>Action required:</p> <p>Update the policy on medication to include the specific arrangements in the centre for ordering, receipting and checking medication.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 30: Quality Assurance and Continuous Improvement.</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>This will be done within 4 weeks.</p>	4 weeks

<p>9. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Topical creams in bathrooms were available for general use.</p>	
<p>Action required:</p> <p>Ensure all preparations are individualised and used for solely for individual residents.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication management</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>I understand that this refers to a jar of sudocreme and a jar of Vaseline which are not prescribed. However arrangements are now in place and the possibility of sharing will no longer arise. Topical creams will be stored in individuals lockers</p>	Complete

10.The provider is failing to comply with a regulatory requirement in the following respect:	
<p>A complaints procedure did not include the right to an independent appeals process, the timescales for investigating complaints, and the process for providing feedback to the complainant or the name and contact details for the Chief Inspector.</p>	
Action required:	
<p>The complaints procedure should be redrafted to ensure it fully complies with the requirements of the Regulations.</p>	
Reference:	
<p>Health Act 2007 Regulation 39: Complaints Procedure Standard 6: Complaints</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Will be done immediately. However all complaints can be dealt with internally and I would be very disappointed if that were not to be the case.</p>	4 weeks

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

The walls in the assisted toilets on the ground floor were in poor repair.

Action required:

The walls of the assisted bathrooms should be repainted and maintained in a good state of repair.

Reference:

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

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

Timescale:

Provider's response:

Will be done immediately

2 weeks

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

There were no staff changing facilities.

Action required:

Provided suitable facilities and accommodation for staff changing.

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:

Any of the currently unoccupied rooms can be used. New building will have this facility.

3 years

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

There was not suitable space for the storage of assistive equipment.

Action required:

The provider shall ensure that suitable provision is made for storage within the centre.

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:

Any of the currently unoccupied rooms can be used. New building will have this facility

3 years

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

The information in the directory of residents was incomplete in that the address of next of kin was not always available.

Action required:

Outline all the required information in the directory of residents.

Reference:

Health Act 2007
Regulation 2: 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:

Will be done immediately

2 weeks

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 10: Assessment	Information relating to the residents' health, personal and social care needs should be obtained prior to admission.
Standard 11: Residents Care plan	Residents care plans should include the assessment findings and detail the actions to be taken by staff to ensure that all aspects of the health, personal and social care needs of the resident are met.
	All nursing entries should be completed in accordance with An Bord Altranais guidelines.
Standard 18: Routines and expectations	All resident should be given the opportunity to take part in meaningful activity which suit their needs, preferences and capacities. In addition to the activities co-ordinator, all staff should be engaged in this role.
Standard 19: Meals and mealtimes	Consideration could be given to offering residents napkins instead of the bibs currently used to protect their clothing at mealtimes.
	Menus should be rotated more frequently to reduce predictability.
	Staff providing assistance to residents at meal times should sit beside the resident and offer assistance in a discrete manner and should communicate while assisting.
	Food which is pureed for residents requiring a soft diet should be served in individual portions
	The provision of meals should be revised to maximise the

	independence of residents. In accordance with their assessed needs and wishes, residents should be enabled to serve themselves vegetables, sauces and gravy at the table.
Standard 24: Training and supervision	A staff development and appraisal policy should be established and key staff trained in its implementation.
	The frequency of formal staff meetings should be increased.
Standard 25: Physical Environment	The door to the resident's private accommodation should be fitted with locks so residents can secure his/her own personal.
	A programme of routine maintenance should be in place and system for recording items requiring maintenance.
	The decoration of the dining room should be reconsidered and would benefit from refurbishment to provide a brighter environment.
	Residents should be encouraged and facilitated to personalise their bedrooms.
	Additional seating and planting should be provided in the secure patio area.

Any comments the provider may wish to make:

Std 10 & 11: Prior assessment requires cooperation from local hospital as most of our residents are admitted from there. This is not always feasible or available but assessments done on admission with information from relatives or public health nurse if applicable.

Std 18: Entries will no longer be done in blue biro. All staff are involved in activities. The colouring is part of an overall programme that is age appropriate and indeed the inspectors were happy with this and the same activity coordinator in their Castlereagh inspection.

Std 19: On the day 2 of 27 residents used bibs at their own request. Menus will be rotated fortnightly from now on. The staff member who was standing was attending a resident who has a tendency to grab from other residents plates and as one of the Inspectors was seated within "striking distance" the carer was on tenterhooks and wanted to be able to react quickly. She does not usually stand when assisting. We have subsequently checked with the more able residents and none want to serve themselves. This will be reviewed on an ongoing basis.

Std 24: Staff appraisal and development will be more formalised and more formal meeting will be held.

Std 25: Locks will be provided. There is a routine maintenance programme and a full time caretaker is employed. The décor of the dining room was chosen by residents and by its location, it is a dark room. The conservatory area is bright. We will keep the matter reviewed but mid winter any room can be dark. Residents are encouraged to personalise their rooms. Seating and planting will be returned to secure patio area when it is back in use. It is used from late Spring to early Autumn and not in Winter.

Provider's name: Martin O Dowd

Date: 12 January 2010