

**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:	Sonas Care Centre Ard na Greine
Centre ID:	0385
Centre address:	Enniscrone
	Co. Sligo
Telephone number:	096-37840
Fax number:	096-37841
Email address:	sonashealth.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Sonas Group
Person in charge:	Margaret MacPhee
Date of inspection:	06 October 2009
Time inspection took place:	Start: 09:45 hrs Completion: 18:30 hrs
Lead inspector:	Catherine R Connolly-Gargan
Support inspector(s):	PJ Wynne
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input 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

The Sonas Care Centre, "Ard na Greine", is a purpose-built care facility for the older person opened in 2002. It is a two-storey complex providing long-term, convalescent and respite care for up to 58 residents. The layout, furniture and décor is coordinated, bright, clean and modern. The centre has achieved a quality approved mark from Excellence Ireland.

Accommodation consists of 38 single rooms, 25 of which have en suite facilities and ten twin rooms all of which have en suite facilities. Ard na Greine has ample communal and private areas including four comfortable sitting rooms, two dining rooms, an oratory, a recreation room and a visitors' room. By opening double doors into the visitors' room, the oratory can be extended substantially to accommodate a greater number of people.

Residents with more complex needs are accommodated in the Atlantic View Unit, which supports the increased supervisory and care needs of these residents in this purpose-built area.

Ard na Greine has three internal gardens with seating and external landscaped gardens for residents' use. There is ample designated vehicle parking which is clearly sign-posted to the front of the building.

Location

Ard na Greine is located in a retirement village complex in the sea-side town of Enniscrone and is within walking distance of the town centre. It is built on an elevated site and many of the residents' communal areas take advantage of views of the Ox Mountains, Enniscrone and Killala Bay.

Date centre was first established:	05 / 05 / 2002
Number of residents on the date of inspection	49 + two residents in hospital and two residents out with relatives for the day.

Dependency level of current residents	Max	High	Medium	Low
Number of residents	31	11	6	5

Management structure

Sonas Group are the registered providers. John Mangan, who is a member of the Board, is the centre's co-ordinator and visits every week. Margaret MacPhee is the person in charge, she reports directly to John Mangan. Her management team includes an Assistant Director of Care, eight staff nurses and a chef. Care assistants and other 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	3	9	3	2	1	*1

* Maintenance staff

Summary of findings from this inspection

This inspection was a scheduled announced inspection. It was the first inspection of this centre by the Health Information and Quality Authority. Inspectors met with residents, their relatives, the provider, the person in charge and a number of staff on duty.

A number of documents were reviewed by the inspection team including care plans, policies, staff rotas and medication administration records.

Overall, inspectors found evidence of good practice and a commitment by the management team to continually improve the quality of the service that residents received.

All residents spoken with knew the provider, the person in charge and the staff by name. Inspectors observed staff and residents engaging with each other throughout the day.

The inspection team were satisfied that nursing, medical and other healthcare needs of residents were catered for to a good standard. Inspectors observed staff providing care in a knowledgeable, competent, safe and respectful manner.

Relatives involvement was actively encouraged through a "relatives forum" and a policy of open visiting.

There was evidence of daily activities being tailored to fit individual residents' wishes and documented evidence of the commitment to maintaining residents' links with their family and community.

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 *National Quality Standards for Residential Care Settings for Older People in Ireland 2009*. These areas include medication management, documentation, available storage space and human resource management.

Comments from Residents and Relatives

Residents

Inspectors received six completed residents pre-inspection questionnaires and spoke with eight residents on the day of inspection. Residents stated that they felt well cared for. One resident stated that she "was happy" and that the "staff were very kind" to her. Another resident told inspectors that "once I came here, I wouldn't leave". She also stated that her intention was to remain for "the rest of my life".

The inspectors were informed by residents that their safety needs were met. Some of the comments highlighted that "day and night you have the attention" "there is always someone around day and night".

Another resident was comforted by the knowledge that "there is someone there to pick you up if you fall during the night". She stated that she would have liked to be in her own home but was unable to manage alone.

A number of residents said they liked chatting to other residents and inspectors observed this throughout the day. Others enjoyed playing cards, bingo, music sewing, embroidery, knitting, singing, reading and watching television. Two residents stated that they enjoy doing exercises and walking in the grounds around the centre.

Residents interviewed knew who to go to if they had a concern and stated that the person in charge always "had time to listen" and would "do her best to correct any problems".

Relatives

Inspectors received eight pre inspection questionnaires and spoke with two relatives on the day.

Relatives were complimentary of the standard of service provided to residents. Ard na Greine was recommended to a number of relatives while others based their preference on the information they received from the person in charge. Relatives stated that "staff were very helpful and kind" and "staff were very caring towards them".

All relatives stated that they could visit at any time and "they and their pets were always made to feel very welcome". When visiting relatives are "often offered tea, biscuits and cake" A relative informed inspectors that she often visits between 9pm and 11pm and "always feels welcome by staff".

A relative of a resident with special dietary needs, stated that it "was catered for". While another relative of a resident said that staff promoted his "independence as far as is possible"

With reference to hygiene, a relative commented that the centre was "spotless" and another told inspectors it was always "very clean".

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 person in charge works full-time with the provider who spends one day per week working in the centre. They demonstrated a good knowledge of the Health Act 2007 (Care and Welfare 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 clear management structure in place. This structure was outlined on an organisational chart displayed in the centre. Senior management of the centre, which includes the provider, the person in charge and an assistant director of care, have organised an on-call rota system to ensure there is a nominated person in charge for each 24-hour period; this was clearly identified on the off-duty schedule.

Policies and procedures were up-to-date and centre specific. The person in charge is a member of a Sonas Group standards committee, which includes representatives from all three Sonas centres. The committee have developed a tracking tool for recording precise details of any changes made to policies and procedures.

The statement of purpose was made available to the inspection team prior to the inspection taking place. Ard na Greine's philosophy was on display and is included in the Resident's Brochure, which also contained a '*Resident's Charter of Rights*' signed by the providers and dated 19 May 2009.

The person in charge informed the inspectors that a monthly statement of account was provided to residents or their family and this was confirmed by a resident.

The health and safety policy and the cleaning manual have been translated into Polish to facilitate a number of the household staff. The person in charge told inspectors that this had improved the standard of cleaning in the centre. This was supported by comments such as "very clean", "excellent" and "spotless" with regard to overall cleanliness from residents and relatives.

A monthly maintenance check was undertaken on the fire alarm system with a daily check on all fire escapes completed and signed by a nurse. Fire drills were carried out every month. If the drill took place during day time working hours, it included a night time evacuation scenario that took into account staffing levels at night. Inspectors were told that representatives of the local fire services have visited the centre to familiarise themselves with the layout and design of the centre and the fire hydrants points. A full evacuation was simulated in conjunction with the fire services to reinforce routine training in fire safety.

Residents, relatives and staff stated that the person in charge and the registered provider were approachable, welcomed their contribution and tried to involve them in the decision-making process for running the centre.

Some improvements required

Inspectors were told that an audit was conducted as part of a quality process on a number of care practices. There was no evidence that changes made to policies and procedures were done as part of a continuous quality improvement initiative.

Significant improvements required

Knowledge of legislation

Staff who were interviewed by the inspection team, were aware of the *Quality Standards for Residential Care Settings for Older People in Ireland* but stated they had never heard of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2009.

Risk management

"Near miss" recording had recently become part of the risk management process. The inspectors noted some confusion regarding the definition of an accident, incident and a 'near miss'. The documentation used did not record completion of a risk analysis for each adverse event. It was also still in draft format even though it was due to be completed on the 1 October 2009.

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 confirmed to the inspection team that the centre is a good place to live and staff care for them in a dignified and courteous manner. Residents are able to exercise choice regarding the time they get up and are able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely and have visitors at any time. One resident's son and another resident's nephew stated that they were "always made feel very welcome".

Residents told the inspectors that they have a choice of meals and that an alternative would be prepared if they do not like what was on offer. The daily menu is displayed in a clear easy to read format in the hallway outside the dining room. On the day of the inspection, one resident did not like the choice on the menu and got mashed potato and sausage instead as requested. There is a food tasting evening where residents have the opportunity to sample and try new foods, the outcome was that a new dish had been incorporated into the regular menu.

There are ample drinks and snacks on offer and residents stated that they felt free to ask for additional supplies or alternatives. The inspectors were told that staff have access to the kitchen at night time and bring residents a cup of tea or hot milk if they are awake.

Residents bring personal items into the centre and many said this helped them settle in and feel less isolated. One resident has a small piece of furniture in her room that was presented to her on her retirement and she told inspectors that it holds great sentimental value. Plants and family photographs in particular are valued by residents and displayed in many of their rooms.

Residents were appropriately dressed in clean co-ordinated clothing. Many of the residents wore their own jewellery. One resident stated that she "felt human while wearing her own jewellery". Comments about the management of residents' clothing reflected satisfaction, with the exception of one relative who had had a complaint resolved to his satisfaction.

There is a residents' forum comprising of six residents, some family members, one staff nurse, one care assistant from the centre and a volunteer from the community. The minutes of the meetings were available and shown to inspectors, and it was noted that many of the outcomes / issues raised in the meetings were actioned.

A designated person coordinates activities in conjunction with the residents. These activities were inclusive, age appropriate and meaningful for all residents, which promoted integration and interaction. Some activities were carried out within small groups in order to better meet the individual needs of the residents particularly residents with dementia in the Atlantic View Unit. Many of the residents participated in day trips and spoke to the inspectors about a recent day outing to Knock Marian Shrine, which they said was enjoyable and fulfilling.

One resident goes out with her family, goes on an annual holiday abroad with a support group and attends a rehabilitation centre in Sligo every week. Inspectors observed another resident leaving the centre, staff informed the inspectors that this resident makes her own choices and "comes and goes as she wishes".

The provider informed inspectors that many of the residents had their contracts of care tailored to meet their individual wishes. One resident liked to travel by taxi into the local town; another had a daily paper delivered. The costs of these services were included in their weekly fees. Another resident liked to look after her own money and pay the hairdresser every week herself.

There was a video link to the local church and Mass was relayed daily to each resident's television set. Funerals and weddings were relayed which allowed residents maintain strong links to the community. Some female residents' stated they especially enjoyed viewing "the fashion" at the wedding ceremonies. Many of the residents lived locally prior to their admission and still know many of the mass goers. One resident stated that he was pleased he could participate in the funeral ceremonies of local people he knew. Ministers of various faiths visit regularly in order to meet the spiritual needs of all residents'. Sunday mass was also celebrated in Ard na Greine.

Transition year students from the local secondary school undertake activities such as reading the newspapers, applying nail polish and interacting with the residents. There is a policy in place to assist staff with the management of this group of volunteers.

The management team have undertaken a survey of residents' families to obtain their views. Areas for improvement were identified and informed ongoing enhancement of services for residents. For example, one relative expressed dissatisfaction with the location and size of the television in the dayroom. Inspectors were told that the person in charge was in the process of obtaining a new television.

Some improvements required

A volunteer who is a member of the resident's forum informally acts as advocate for some residents. However, there was no formal policy on the role of an advocate or evidence of training to ensure absolute impartiality.

Significant improvements required

Volunteers

Although recruitment procedures are of a high standard, inspectors did not find documentation in place referencing the roles, responsibilities and supervision of volunteers.

Residents' clothing

Although feedback was generally satisfactory about the management of residents' clothing, an entry in the statement of purpose regarding laundry indicates that laundering of residents clothing is done in "exceptional circumstances" only. It also states that clothing may require processing at high temperatures which "will ruin the clothing in some cases". The entry discourages residents from bringing clothing they value with them to the centre should they require laundering.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting each 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

Inspectors examined and appraised the comprehensive nutrition policy in place where each resident was weighed monthly. A nutrition risk assessment tool for each resident had also been implemented. Those residents who were 'at risk' had a diet sheet completed. A copy of the diet sheet was kept in the resident's care plan and a copy was sent to the kitchen.

Inspectors noted a process in place whereby each resident was provided with a primary carer plus an associate carer. The process was documented on a daily basis and included the names of each carer, who they were caring for and their role. Each staff nurse supervised three care assistants and had responsibility for the residents' care planning.

Residents and relatives spoke positively about the caring and understanding of staff, and stated that they were always treated gently and with the "upmost respect and dignity". One resident commented that the approach by staff helped her feel "like a human being".

The on-site physiotherapy service is a valuable, expert resource for directly assisting residents to achieve their full physical potential. A Chiropodist visits every week. The services of an optician and dentist can be arranged privately. A hairdresser visits the centre weekly.

Inspectors met with the physiotherapist who was employed for two days each week. The physiotherapist informed inspectors that he reviewed all new admissions and treated acute referrals. Residents at risk of falling, with chronic chest conditions, osteoporosis or physical deformities were also included in his treatment programme. His role included assessing residents for various assistive devices. Inspectors observed a variety of assistive equipment including a motorised wheelchair for one resident. Customised chairs and individually adapted walking frames were also available. One resident attributed her recovery from a fall she sustained, prior to admission, to the physiotherapy she had received in the centre.

The physiotherapist provided lifting and handling training on an on-going basis for all staff in the centre and also taught staff specialist skills, such as postural draining techniques for residents with lung conditions, and passive limb exercises for immobile residents to promote health and well-being.

Staff used a range of assessment tools to determine residents' needs including pain, falls, wound and nutritional risk assessment tools. Residents had individual care plans, which were reviewed on a three-monthly basis. Most care plans examined by the inspection team reflected person-centred holistic care.

All residents had regular access to General Practitioner (GP) services. Many of the residents were from the locality and continued to be cared for by local GPs visiting the centre. There was an out-of-hours medical service available if required. Inspectors noted regular entries by the GP in residents' medical files.

Some improvements required

Some of the entries in the residents' care plan were not person-centred.

Significant improvements required

End of life care

While there is an up-to-date policy on end of life care, it does not account for the needs of residents in two-bedded rooms.

Medication management

The inspection team observed that the controlled drug balance was checked weekly and not with the frequency stated in An Bord Altranais' professional best practice guidelines. Although the centre's medication management policy states that a pharmacist collects and signs out controlled drugs for disposal, this is not reflected in practice. Inspectors were told that all drugs including controlled drugs were collected by delivery personnel and that the centre does not confirm that these drugs are delivered to the pharmacy. The medication management policy does not reference 'as required' medications. There was no evidence that an audit of medication management had taken place.

Documentation

Much of the healthcare assessment documentation, for example, residents falling over and nutritional risk assessments tools examined by the inspection team, while updated in 2009 was not specific to the centre.

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 is well furnished and decorated with domestic style fixtures and soft furnishings throughout.

Windows are at a level where residents can sit and look out onto the enclosed courtyards. These courtyards are easily accessible for residents, with a variety of seating provided.

There are two large day rooms; one has a very large window that facilitates panoramic views of the sea while the other overlooks a courtyard.

The majority of residents are accommodated in single rooms. The remaining residents resided in two-bedded rooms. All bedrooms are very pleasantly decorated with matching soft furnishings throughout. There is ample space for residents to store their personal belongings and clothes.

The person in charge informed inspectors that there is under floor heating throughout the centre, with individual thermostats located in each bedroom allowing the heat level to be adjusted to suit individual needs. Residents informed inspectors they were aware of how to control the temperature in their rooms.

There are secure handrails on all the corridors throughout the building.

There is call bell system in place, with which all residents are familiar. Residents interviewed by inspectors confirmed that they found the system easy to use. A specialist company was available to remedy any defects in the call bells if it cannot be rectified by in house maintenance.

At the time of inspection, there was an ongoing programme of scheduled maintenance in place. A maintenance man is employed and a maintenance log book is used by staff to record details of any equipment that required repair. Inspectors viewed copies of the maintenance log.

Smoke detectors are located in all bedrooms and general purpose areas. Emergency lighting is provided throughout the building and was last serviced on the 28 August

2009. Fire safety equipment is serviced on a regular basis and the fire alarms are serviced on an annual basis.

There are up-to-date service level contracts for equipment including the lift, hoists, beds, mattresses and for supply of all cleaning chemicals. Ard na Greine has safety data sheets for all chemicals used in the centre to outline their appropriate use and safety precautions.

The inspection team were informed by the provider that there are controls in place to ensure the temperature of the hot water at the point of contact does not exceed 43°C. Documented evidence was available that indicated a mixing valve had been fitted and preset to ensure temperatures do not exceed recommended limits. A routine temperature check on the hot water was documented by maintenance staff.

There is a closed circuit television (CCTV) camera focused on the entry/exit door of the Atlantic View Unit where the residents with dementia are accommodated. This camera does not intrude on the privacy of the residents but is strategically placed to monitor all activity at the door. There are no cameras located in any other part of the building.

Stores containing chemicals are safeguarded with coded key pads to prevent access by unauthorised persons.

Clinical waste collection is undertaken by a registered waste management contractor. Appropriate waste disposal collection forms were available and completed. Inspectors observed that the waste bins for infectious material were stored externally. The sharps container is stored securely in the locked clinical room.

Some improvements required

At the time of inspection, cleaning items were stored in the sluice room. There was very limited area dedicated for the storage of cleaning materials and equipment to safeguard against infection hazards.

There was a steep gradient in the bathroom floor located adjacent to one of the bedrooms, which may present a safety hazard.

Significant improvements required

Health and safety

The health and safety system requires review to ensure it is centre specific. A comprehensive risk assessment is required addressing all matters outlined in Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2009.

Storage space

Specialist wheelchairs were stored in the visitors' sitting room, where they took up a significant amount of space. Standard wheelchairs were stored in the assisted bathrooms while, other equipment was stored in the corridor. There was inadequate for sorting, drying and storage of residents' clothing in the centre's laundry room.

Sluicing facilities

Bedpans were in use by dependent residents in the centre. However, there was no bedpan washer available for cleaning purposes.

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 the needs of residents and staff. 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

There was considerable evidence from residents interviewed that the person in charge, and the team, made appropriate efforts to ensure that information that concerned them was conveyed in a way that they understood, and that information was not withheld from them.

All residents had the option of a landline telephone in their room.

All staff wore large print identification badges to assist the residents in identifying staff.

A suggestion box was located in a prominent position in the entrance lobby. Relatives and residents were invited to make suggestions and / or to raise concerns.

An information brochure had been given to all residents and copies were available throughout the premises.

Residents had access to national and local newspapers which were delivered to the centre daily. Some residents had radios in their rooms and those who liked to listen to local radio could do so in the day sitting room. One resident who said she liked to listen to music had her own compact disk player and a collection of compact discs in her room.

A monthly newsletter was published to inform residents, relatives and staff of any pertinent information, events or forthcoming occasions.

Some improvements required

Residents Guide

The documentation made available to inspectors was incomplete and did not take account of all the requirements outlined in 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*.

Significant improvements required

Complaints

The complaints procedure was on display but it did not fully 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*.

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 inspection team spoke with many staff members of various grades. Staff stated that they enjoyed their work and that management were "very supportive" to them and had an "open-door approach". They felt valued, were asked for their opinions, were given training opportunities and had good relationships with residents. Teamwork was a key aspect of their job satisfaction.

A staff appraisal system was in place, highlighting discussion regarding each staff member's development and educational needs. Inspectors were informed that agreed action plans are subsequently put in place to meet developmental or educational goals.

The inspection team examined a record of training courses attended by staff. These records indicated that all staff had attended training on the prevention and detection of elder abuse. Links were maintained with the Health Service Executive's Regional Education Centre, which catered for some of their education and training needs. The Sonas Group funds places on selected Health Service Executive's courses for staff development. Eight care assistants had completed Further Education and Training Awards Council (FETAC) Level 5 training. Most staff had completed infection control education. A number of carers had gone on to do Registered Nurse training and remained on the panel used to cover unplanned staff leave.

Staff confirmed to the inspectors that there was an induction and mentoring process in place for new staff. They spoke about the value of their induction process in helping them become familiar with residents, policies and procedures and developing their skills. The inspectors viewed completed induction documentation for two staff members and copies of attendance certificates for training received.

Some improvements required

A staffing tool, which referenced a daily assessment of the dependency levels of the residents against the number of hours of individual care each resident required, was in use. The tool did not indicate what type of care was used in the calculation, but it was linked to the care assistant workload allocation record. This record described the tasks that needed completion for that particular day for each resident. However, inspectors observed many of the staff on duty rushing, especially at mealtimes. One member of staff stated that there was usually enough staff on duty, but she sometimes felt "under pressure in getting the time to give the best care to everyone". Another staff member stated that unexpected events caused her to experience "a lot of stress in trying to be there for all the residents" who needed her assistance.

Significant improvements required

Human resource management

The inspection team reviewed three staff files. The information and documentation required by Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 were not available in these files. The process of retrospective Garda vetting all staff was under way. However, a number of staff, who have been working at Ard na Greine for many years, do not have three employment references on file.

Report Compiled By

Catherine R Connolly-Gargan,
Inspector of Social Services,
Social Services Inspectorate,
Health Information and Quality Authority.

24 October 2009

Action Plan

Provider's response to inspection report

Centre:	Sonas Care Centre Ard na Greine
Centre ID :	0385
Date of inspection:	06 October2009
Date of response:	04 December2009

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:

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

Action required:

Inform all staff of the provisions of the Health Act 2007, all Standards and Regulations appropriate to their role.

Reference:

Health Act 2007
Regulation 17: Training and Staff Development
Standard 24: Training and Supervision

Regulations 2009.	
Reference: Health Act 2007 Regulation 27: Operating Policies and Procedures Regulation 30: Health and Safety 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: <ul style="list-style-type: none"> ▪ care Centre specific Health and Safety documentation compiled ▪ health and Safety officer to conduct informal training with all staff and staff sign training book ▪ all staff read new health and safety statement and sign same ▪ highlighted at all staff meetings. 	1/3/10

4. The provider has failed to comply with a regulatory requirement in the following respect: The complaints policy was not in line with the requirements of the Health Act 2007 (<i>Care and Welfare of Residents in Designated Centres for Older People</i>) Regulations 2009. It lacked information on a nominated second person to ensure all complaints are appropriately recorded and responded to. The contact details for the Chief Inspector were also missing from the policy.	
Action required: Revise the complaints policy and bring it into line with the Health act 2007 (<i>Care and Welfare of Residents in Designated Centres for Older People</i>) 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: Complaints policy brought into line with the Health act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(Copy enclosed).	completed 1/11/09

<ul style="list-style-type: none"> ▪ all staff read new Complaints Policy and signs same. ▪ highlighted at all staff meetings. 	
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<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The information contained in the brochure is inadequate and fails to meet the regulatory requirements.</p>	
<p>Action required:</p> <p>Produce a written residents' guide, which contains the information as outlined in the Health act 2007 (<i>Care and Welfare of Residents in Designated Centres for Older People</i>) Regulations 2009.</p>	
<p>Reference:</p> <p>Health act 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</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>Residents' guide, which contains the information as outlined in the Health Act 2007 (<i>Care and Welfare of Residents in Designated Centres for Older People</i>) Regulations 2009 completed. (Copy enclosed)</p>	<p>1/11/09</p>

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The information and documentation required in Schedule 2 of the Health act 2007 (<i>Care and Welfare of Residents in Designated Centres for Older People</i>) Regulations 2009, were not evident on each file.</p>	
<p>Action required:</p> <p>Obtain the information and documentation specified in Schedule 2 of the Health act 2007 (<i>Care and Welfare of Residents in Designated Centres for Older People</i>) Regulations 2009 for each member of staff.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>	

Please state the actions you have taken or are planning to take with timescales.	Timescale:
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Provider's response: <ul style="list-style-type: none"> ▪ information and documentation specified in Schedule 2 of the Health act 2007 (<i>Care and Welfare of Residents in Designated Centres for Older People</i>) Regulations 2009 for each the staff member of staff is now in place with the exception of 3 references ▪ we need guidance from the inspectorate as to the feasibility of getting 3 references for staff who has been employed in the Care Centre before 1 July 2009 ▪ appraisal system in place for all staff ▪ all staff recruited after 1 July 2009 will have 3 references ▪ Sonas recruitment policy updated to comply with current regulations (Copy enclosed). 	completed 1/11/09
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7. The provider is failing to comply with a regulatory requirement in the following respect:	
The end of life care of residents residing in two-bedded rooms was not addressed in the centres' end of life policy.	
Action required:	
Develop a policy whereby all aspects of the end of life care are addressed for residents whose death occurs in a twin room in line with the Health Act 2007 (<i>Care and Welfare of Residents in Designated Centres for Older People</i>) Regulations 2009.	
Reference:	
Health Act 2007 Regulation 14: End of Life Care Standard 16: End of Life Care	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
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Provider's response: <p>Policy revised to include residents residing in sharing room (copy enclosed)</p>	1/11/09
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8. The provider is failing to comply with a regulatory requirement in the following respect:

There is no policy in place documenting the roles, responsibilities and supervision of volunteers working in the centre.

Action required:

Develop a policy specific to the centre that will describe the roles, responsibilities, supervision and support mechanisms for volunteers as described in the Health Act 2007 (*Care and Welfare of Residents in Designated Centres for Older People*) Regulations 2009.

Reference:

Health Act 2007
Regulation 34: Volunteers
Standard 22: Recruitment

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

Timescale:

Provider's response:

Volunteer policy and volunteer job description now in place. (Copy enclosed)

Completed

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

Information provided titled 'laundry facilities' in the centre's statement of purpose does not comply with the Health Act 2007 (*Care and Welfare of Residents in Designated Centres for Older People*) Regulations 2009.

Action required:

Revise information provided for laundering and care of resident's clothing in the centre's statement of purpose and bring into line with the requirements set out in the Health Act 2007 (*Care and Welfare of Residents in Designated Centres for Older People*) Regulations 2009.

Reference:

Health Act 2007
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Statement of purpose revised to comply with 2009 regulations (copy enclosed).	completed

10. The provider is failing to comply with a regulatory requirement in the following respect: Sluicing facilities are inadequate as there is no bedpan washer provided on the premises.	
Action required: Upgrade the premises to include necessary sluicing facilities as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
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:
Providers Response: Bedpan washer to be purchased.	01/02/10

11. The provider is failing to comply with a regulatory requirement in the following respect: Procedures in the centre for the checking and disposal of scheduled controlled drugs are not in accordance with legislation and professional regulatory requirements or guidance. 'as required' medications are not referenced in the medication management policy.	
Action required: Practices governing the management of scheduled controlled drugs in the centre must be in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, professional regulations and the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i> . The medication management policy must also include procedures for PRN medication administration.	

Reference: Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Practices governing the management of scheduled controlled drugs in the centre are now in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, professional regulations and the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i> . The medication management policy now includes procedures for PRN medication administration. (See copy enclosed) <ul style="list-style-type: none"> ▪ all Nursing staff read policy on PRN Medication Administration and sign same ▪ highlighted at all staff meetings. 	completed 1/11/09 1/11/09

12. The provider is failing to comply with a regulatory requirement in the following respect: Staffing tool reflects adequate staffing levels and skill mix to meet all the needs of the residents at all times of the day and night.	
Action required: Review staffing tool to ensure it reflects adequate staffing levels and skill mix to meet all the needs of the residents at all times of the day and night.	
Reference: Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Ard na Greine staff is staffed scientifically to meet the complex needs of our residents:	Completed

<ul style="list-style-type: none"> ▪ all our residents are assessment using Bartel modified index on admission ▪ resident then allocated care hours depending on their level of dependency ▪ staffing tool indicates total staffing hours required over 24 hour period and whether actual staffing deviates from this requirement ▪ care assistants work load also linked to staffing tool to ensure that workload is spread evenly 	
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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 30: Quality Assurance and Continuous Improvement	Promote the use of audit to ensure policies and procedures are adhered to and are in line with best practice
Standard 26 Health and Safety	Remedy the incline in the bathroom floor located adjacent to bedroom number thirty-four.

Standard 30: Quality Assurance and Continuous Improvement:

- audit book in place to ensure compliance with best practice
- internal audit format will now replicate HIQA inspections
- internal review of audits will be conducted quarterly and feedback given to staff at staff meetings.

Standard 26 Health and Safety: Incline on bathroom floor will be rectified within 6 months (Complicated process due to under floor heating)

Any comments the provider may wish to make:

Provider's response:

Dear Catherine,

On behalf of all the staff in Ard Na Greine, may I take this opportunity to thank you and PJ for your fair and balanced report. As you are aware, we are continually striving to improve the service we provide to our residents and your advice and guidance will help us to achieve this aim.

Enclosed is documentation for your perusal.

Kind regards,

Margaret MacPhee.
Director of Care

Provider's name: John Mangan - Sonas Nursing Home Management Company Ltd.

Date: 04 December 2009