

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	St Peter's Nursing Home
Centre ID:	0122
Centre address:	Sea Road
	Castlebellingham
	County Louth
Telephone number:	042-9382106
Fax number:	042-9382180
Email address:	ehickey@guardianhealthcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Guardian Healthcare Ltd
Person in charge:	Eimear Cleere
Date of inspection:	23 September 2009
Time inspection took place:	Start: 08:50hrs Completion: 17:00hrs
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Sonia McCague
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

St Peter's Nursing Home is a single-storey building which can accommodate 39 residents requiring long-term care, convalescence, respite and dementia care.

Accommodation comprises of 33 single and three two-bedded bedrooms, all of which are en suite.

Other facilities include two lounges, a designated smoking room, social and recreational activities rooms, treatment room, oratory, kitchen, laundry, one dining room, four assisted bathrooms and four toilets.

There is an external enclosed garden and parking spaces.

Support services which are accessible to residents include audiology, chiropody, dental, dietetics, physiotherapy and social work. Six general practitioners (GPs) visit the centre.

A hairdressing service is available on a weekly basis.

The centre's ethos as stated in its brochure is: "Our commitment to continuous improvement means our residents benefit from an ongoing quality programme, one that is person centred and needs driven."

Location

The centre is located on the outskirts of Castlebellingham village in Co Louth. Local amenities such as shops, a post office, church and hotel are within walking distance.

Date centre was first established:	12 November 2001
Number of residents on the date of inspection	31

Dependency level of current residents	Max	High	Medium	Low
Number of residents	12	8	9	2

Management structure

The Person in Charge has day-to-day responsibility for the management of the centre and staff. She is supported in this role by the senior management of Guardian Healthcare.

All staff report directly to the Person in Charge with the exception of the care assistant team, who are line managed by the senior care assistant and activity co-ordinator. The senior care assistant and activity coordinator report to the nurse on duty who then reports to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	5	3	3	1	1

Summary of findings from this inspection

This was an announced inspection of the centre and was the first inspection of this centre by the Health Information and Quality Authority.

The process included an analysis of pre-inspection documentation and, during the inspection, meeting residents, relatives, visitors, and staff to ascertain their views. The inspectors also reviewed records, observed practises and examined the premises.

Overall, the inspectors found evidence that a good standard of care was being provided. This was confirmed by a range of opinions expressed during interviews and from questionnaires completed.

The person in charge, referred to in the centre as the director of nursing, was committed to a resident-centred philosophy of care. Inspectors were informed by staff that, since her appointment, she has provided strong direction and good leadership. Good relationships were seen to exist between residents, staff and management of the centre.

There was adequate staff on duty to meet the needs of residents and they were competent in carrying out their duties and responsibilities. Healthcare was promoted.

Communications systems were in place to provide relevant information.

The meals provided were nutritious and offered a variety of choices for residents.

The inspectors observed that the centre was clean and residents confirmed that they were warm and comfortable.

Risk management procedures were being finalised and policies were being reviewed. Systems and practices were in place to ensure effective and efficient deployment of resources.

Requirements and recommendations for further improvement of the service provision are highlighted in the Action Plan of this report. These relate to the notification of incidents, recruitment documentation, contract of care and the statement of purpose.

Residents' and relatives' comments

Residents' questionnaire

Four residents' questionnaires were filled in, one prior to inspection and three during inspection. In the questionnaire completed prior to inspection, the resident was fully satisfied with the facilities and services and the care received.

Residents' interviews

Over the course of the inspection, the majority of residents were able to share with the inspectors – either on an individual basis or in group situations – their views of life in the centre. Views expressed were positive in all respects and in particular, were complimentary of the support and assistance provided by the staff. Residents were very happy with the social and recreational activities provided.

In general, residents explained how they felt cared for in a clean and friendly environment with a choice of enjoyable meals and daily activities. They described their environment as comfortable, safe and private.

Residents confirmed that they had no concerns or complaints and if they had they felt that they could approach the person in charge or a staff member.

Suggestions made by residents for improving the service related to the use of transport other than taxis to attend local community events and the possibility of having pets.

Relatives' questionnaires

Six relatives' questionnaires were received. These were satisfactory in all respects.

Respondents highlighted the variety of social and recreational activities offered, the high quality of the support services and the opportunities provided to advance residents' independence.

Relatives' interviews

Relatives interviewed were fully satisfied regarding the care provided to the residents and none of the relatives raised any concerns.

Overall, relatives reported a significant and consistent improvement in the standard of care within the past year. They felt that this was due to the appointment of a new person in charge.

Relatives reported that they were "always made welcome" and were "informed" by staff.

They confirmed that there were choices with regard to daily activities for individual residents and these were discussed with residents and / or relatives.

One relative stated "my mother would not keep coming back if it was not good".

A relative explained "I have high standards and the care delivered over the past nine months has consistently improved."

A visitor to the centre was impressed by the changes introduced in the past year which was considered more reflective of each individual resident. The visitor highlighted the increased interaction between the centre and the local community.

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 demonstrated that she provided clear leadership and direction in the following ways.

A comprehensive organisational structure was in place.

Roles and responsibilities were clearly communicated and defined between staff and management.

Records in relation to the care and condition of residents were well organised and kept up to date.

Audits were carried out to plan staff training.

The complaints policy and procedure identified a clear process for managing complaints. A resident who completed a questionnaire confirmed that a "worry, concern or complaint would be addressed".

Risk management systems and practices were in place. For example, there were arrangements for the identification, recording, investigation and learning from serious and untoward incidents or adverse events involving residents.

An incident was investigated and managed in accordance with the centre's protocols and in liaison with relevant organisations and personnel outside and within the centre.

Staff confirmed that the person in charge welcomed feedback and suggestions from all sources to inform practice. The staff team were enthusiastic and showed a willingness to improve the service on an ongoing basis. The staff who were interviewed described the person in charge as responsive, supportive and striving for continuous improvements. Any issues relayed or reported were acted upon in a professional manner.

Staff described themselves as part of a team providing care to individuals with varying personalities. They reported satisfaction with the systems in place and described various opportunities that were made available for their development and training, which was encouraged and supported by the person in charge.

Some improvements required

The statement of purpose has been devised and was examined by inspectors. It was reflective of a personal-centred approach to care and while it was comprehensive, it did not include all of the information required in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

The contract of care between the centre and the resident included additional charges for "special nursing care". This was not clearly defined.

Significant improvements required

Inspectors were informed by the person in charge on the day of inspection of an incident regarding a resident with a pressure ulcer. This notification was not submitted to the Authority in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

The records in relation to the pressure ulcer were examined in detail. Inspectors were concerned as it was found that the pressure ulcer on the resident's heel was assessed as a grade-four as per the European Pressure Ulcer Advisory Panel grading system.

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 told inspectors they were consulted about their preferences regarding bed times, the clothes they wear, using the laundry service, where they have their meals during the day and menus.

On the day of the inspection, care staff facilitated an exercise session accompanied by music and residents joined in singing songs. The atmosphere was lively and it was evident that residents were engaged and enjoyed the interaction with staff and other residents.

There were weekly religious and hairdressing services provided which residents could avail of if they chose to.

The inspectors were informed by the person in charge and residents that a forum for sharing residents' and relatives' views is currently being developed. It is anticipated that this will provide further opportunities for residents to be involved in decision making. A planned meeting was scheduled for 24 September 2009.

The dining room was clean and the tables were attractively set for the meal. Menus were available on each of the dining tables.

The inspectors observed staff assisting two residents, who were assessed as having high dependency, with their lunch time meal. This was provided with patience and at a pace which was dictated by the residents.

Residents' relatives and friends communicated to the inspectors that they received a warm welcome when they visited the centre.

Inspectors found that staff had a detailed knowledge of residents' care needs and observed a friendly, unhurried and supportive relationship between staff, residents' and relatives.

It was reported, and confirmed in interviews held by inspectors, that residents and their family members were involved and engaged in the planning of residents' care. Residents' rights, privacy, safety and participation in decision making were reflected in correspondence received prior to inspection and information obtained during the inspection visit from residents, relatives and staff.

Records of residents' nursing notes, where were randomly selected, showed communication between staff, residents and relatives where care and assessed-needs were reviewed and evaluated individually.

31 staff members, of different grades, received training in the protection of residents from abuse. Staff demonstrated their knowledge by sharing the main principles of the content of the training with the inspectors. As a result of training they received, a staff member reported an allegation of abuse which was subsequently investigated.

Some improvements required

While it was acknowledged that a member of staff received advocacy training and intends to act as the residents' advocate, it was considered that this person may not be fully independent of the centre.

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 ongoing basis, within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

The inspectors examined residents' care plans. These contained a comprehensive assessment of residents' needs, a plan of care and treatment, information about how it is implemented and a review of the care. Residents and their relatives were invited to participate in this process.

Residents' records and reports indicated a person-centred approach to care. An example of this found in one resident's care plan described how the resident preferred to shower and dress after 10am.

A system of key working was introduced whereby a staff member is allocated to individual residents to ensure that their care is coordinated by one staff member. Although no issues were raised regarding previous systems in place it was reported by staff and described by residents and relatives as a significant improvement in the overall standard of care.

Residents have access to general practitioners (GPs). Six GPs have responsibility for providing a service to residents and one GP visits on a weekly basis. The physiotherapist and chiropodist attend every two weeks. Other professionals provide a service based on referral from the centre.

The lunch time meal was nutritional and provided a choice of food and drinks for each resident. It took account of special dietary needs, for example, residents who were assessed as being diabetic.

There was evidence of the monitoring of residents' weight. Residents were weighed on a monthly basis and a record was maintained. Appropriate action was taken with regard to undue weight gain and loss, for example, a referral was made to a dietician.

Some improvements required

Early detection and treatment of pressure area care was not evident in the records examined with regard to a resident who had a pressure ulcer.

Significant improvements required

On one occasion, the inspectors observed a staff member safely administering medicines to residents. The staff member demonstrated that she fully understood the best practice guidance and had knowledge of the effects of prescribed medicines. However, on another occasion the inspectors observed, and were informed, that the record of medication prescribed and signed by the GP was not always used or referred to during the administration of medicines to residents. Instead, nurses referred to the pharmacist's printed dispensing record which was not signed by the general practitioner.

An examination of two records in relation to controlled drugs, entitled "received stock" and "stock control", highlighted that these were not maintained in accordance with best practise guidance. A staff member responsible for administering medicines did not know that the pharmacist had removed certain drugs and had signed the stock control record to this effect.

Minor issues to be addressed

Individual portions of the lunch time meal were not pureed separately for those residents who had difficulty swallowing.

Different sizes of plates were used to serve the lunch time meal. In discussions with the inspectors it was obvious that the cook was aware of portion sizes and resident's appetites, however, some of the plates were too small for the quantity of food provided.

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 centre had a pleasant atmosphere and was clean, odour-free, warm and comfortable.

Hot water temperatures were thermostatically controlled.

Fire prevention and safety systems and practices were in place in accordance with best practice.

Residents were encouraged to bring in mementos and pieces of furniture in order to personalise their bedroom accommodation.

There were lockable facilities in the bedroom accommodation so that residents could keep their valuables or property safe.

A variety of health and safety initiatives have been undertaken, for example, information was available on health and safety legislation and staff training had been carried out in first aid, food safety and moving and handling.

Contracts were made with companies for the maintenance of equipment and machinery and health and safety notices were displayed.

Certificates regarding the premise's insurances and maintenance were satisfactory.

A high standard of infection prevention and control was observed to be in place. Inspectors observed that there was safe handling and disposal of waste, staff were wearing protective clothing, hand-washing facilities were available and alcohol gel hand-rub was sited throughout the centre.

Minor issues to be addressed

Some bedside tables did not have the height capacity to be extended sufficiently to be used over beds. This was particularly the case where beds were raised with the use of overlay mattresses.

The door of the smoking room leading to the corridor and reception area remained open while residents were smoking.

The centre did not have a generator for use to address failure of mains power.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

There were comprehensive centre-specific policies, procedures and guidelines available. The person in charge informed inspectors that an ongoing weekly review of this documentation was in place to ensure compliance with the Health Act 2007 and associated regulations. Staff members who spoke to inspectors demonstrated that they were familiar with a range of policies.

Residents' records, care plans and personal information were stored in a safe and secure place. Residents' and relatives' signatures were visible in the care review documentation.

Relatives confirmed that nursing staff inform them of their family members' healthcare needs and general conditions on an ongoing basis.

A relative described how staff made contact with all the family members with regard to the resident's care and condition.

The majority of residents were aware of the planned announced inspection and were informed of this by the staff. As a result many residents looked forward to meeting the inspectors and sharing with them their views of life prior to and since coming to live in the centre.

Notice boards were purposefully located and provided good information with regard to events and activities within and outside the centre.

Some improvements required

Policies related to specific risks were available, however, the person in charge informed inspectors that an overall "risk management" policy was in the process of being completed.

Minor issues to be addressed

A resident's brochure was compiled and examined. It contained relevant information about the facilities and services. Relatives highlighted in the questionnaires that the information made available assisted them to make a decision about selecting the centre. However, it did not contain contact details of organisation's providing advocacy services.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

There was evidence of adequate staff employed on the day of the inspection to meet the needs of residents. This was confirmed by staff and residents.

A quick response to call bells at night and the availability of staff during the day was reported by residents.

A comprehensive training programme was in place, including induction.

Some of the training provided included the following: dementia care, elder abuse, cardiopulmonary resuscitation, crisis prevention intervention, fire safety, health and safety, food hygiene, moving and handling, and pressure area care.

All staff had Garda Síochána vetting and there was a process in place to ensure agency staff were vetted.

Ten care staff had trained to Further Education and Training Awards Council (FETAC) level-5.

Clearly defined staff roles and responsibilities were described to inspectors by staff and residents. Staff members confirmed that they were supported to carry out their duties and responsibilities. A staff member interviewed was complimentary of the person in charge saying "she is a good manager; if there was one like her in every home it would be great".

Regular staff meetings took place. Agenda items reflected the day-to-day operations of the centre. Minutes of the meetings were maintained.

Residents and relatives were complimentary of the staff team and commented on their caring nature and responsiveness to their needs.

Significant improvements required

The recruitment process showed good evidence of compliance with legislation, however, some shortcomings were highlighted. The records of a staff member

employed at the centre were examined. It was found that some requirements of the legislation were not met for example, there was no proof of the person's identity and birth certificate and three written references were not available.

Report compiled by

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

15 October 2009

Action Plan

Provider's response to inspection report

Centre:	St Peter's Nursing Home
Centre ID:	0122
Date of inspection:	23 September 2009
Date of response:	18 November 2009

Requirements

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

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

Submitting notification of an incident in relation to a resident with a grade-four pressure ulcer within three working days of the actual occurrence as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Action required:

Provide notice to the Chief Inspector within three working days of any of the areas identified in the regulations.

Provide a written update regarding the condition of a resident who had a pressure ulcer and the progress of the treatment plan which was put in place. This should be received by the Authority within four weeks from the day of the inspection.

Reference:

Health Act 2007
Regulation 36: Notification of Incidents
Standard 30: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All relevant incidents and accidents will be notified to HIQA on the appropriate form.	Complete

<p>2 The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The administration of prescribed medicines.</p>	
<p>Action required:</p> <p>All medicines will be administered according to best practice.</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:
Provider's response: All nurses adhere to best practices as per "Guidance to Nurses and Midwives on Medication Management" July 2007. Further training arranged regarding Safe Handling and Administration of Medications and will be completed by all staff nurses by end November. Medication audits will continue on a monthly basis.	Ongoing 27 November 2009 Ongoing

<p>3 The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The storage, recording and disposal of control drugs.</p>	
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Action required:	
The person in charge shall ensure that staff are familiar with policies and procedures with regard to the recording, storage and disposal of control drugs.	
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: Disposal records for Control Drugs, which have since been corrected by the supplying pharmacy, however I would like clarification on the storage and administration of same as all control drugs are stored and administered according to best practice guidelines.	Complete

4. The provider is failing to comply with a regulatory requirement in the following respect:	
Compiling the statement of purpose in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
Action required:	
Compile the statement of purpose taking account of the matters listed in schedule 1 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
Reference: Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Minor alterations have been made to the Statement of Purpose in line with the Health Act 2007.	

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

Employing a staff member without obtaining in respect of that person the information and documents specified in the legislation.

Action required:

Obtain in respect of persons being employed to be members of staff the information and documents specified in Schedule 2 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act 2007
Regulation 18: Recruitment
Standard 22: Recruitment

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

Timescale:

Provider's response:

At the time of employing the staff member in question, it was not required by legislation that a third reference or a birth certificate to be in place.

At the end of July on foot of the implementation of Statutory Instrument 245/209 (having sought clarification from HIQA) all staff were asked to provide us with a Birth cert, this has proven a very difficult task for some members of staff. At the time of the inspection the staff member had requested his birth certification from his local "Births, Deaths and Marriages" office but it had not arrived prior to 23 September.

Birth certs are now on file for all staff and third references will be in place by end of year.

Complete

December 31

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

To clarify and detail. The statement "special nursing Care" in the contract of care.

Action required:

Provide a contract of care with residents which shall deal with the care and welfare of the resident in the designated centre and shall include details of the services to be

provided for that resident and the fees to be charged.	
Reference: Health Act 2007 Regulation 28: Contract for the Provision of Services. Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Special Nursing care in the Contract of care refers to the provision of one-to-one care if necessary. Further details have been added to the contract of care to clarify this should the need occur.	Complete

7. The provider is failing to comply with a regulatory requirement in the following respect: Having a complete overall "Risk Management" policy.	
Action required: Devise a comprehensive written and operational risk management policy in accordance with the legislation and ensure that it is implemented throughout the designated centre.	
Reference: Health Act 2007 Regulation 31: Risk Management Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A risk management policy to overarch the Health and Safety statement and the management of health and safety risks within the home as they occur is in progress.	Complete

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 25: Physical Environment 25.31 Communal Space	It is recommended that where there is a separate designated smoking room for residents, it is ventilated to the external air by natural and mechanical ventilation. It is located and designed to facilitate continuous supervision of smokers with due regard to "duty of care" and health and safety legislation.
Standard 26: Health and Safety 26.13 Health and Safety	A plan to address failure of mains power, heating system failure, water supply interruption, communications failure and other identified emergency situations should be put in place.
Standard 1: Information 1.1 Rights	Provide contact details of organisations providing advocacy services and consider the appointment of an independent advocate.

Any comments the provider may wish to make:

Provider's response:

Re the recommendations:

25.31

There was at the time of the inspection a separate designated smoking room for residents, which is ventilated by to external air and mechanical ventilation. The door to this room is now being kept closed.

26.13

St Peter's has an emergency plan in place. It covers various emergencies re utility supply failures and internal emergency response plan protocols.

St Peter's is scheduled with ESB Networks as a priority medical institution in the event of a power outage. We have in place clear contracts of service with our various contractors for 24-hour emergency cover as required.

1.1

St Peter's have the "Your Service your say" advocacy brochure available to residents and families. We have placed these in the residents guide.

Provider's name: Keith Robinson

Date: 18 November 2009