

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Glencarrig Nursing Home
Centre ID:	0043
Centre address:	Glencarrig Court Firhouse, Dublin 24
Telephone number:	01 4512620
Fax number:	01 2451078
Email address:	info@glencarrignursinghome.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Nucare Co. Ltd.
Person authorised to act on behalf of the provider:	Ann Joan Lauanders
Person in charge:	Jaimol George
Date of inspection:	8 and 9 November 2011
Time inspection took place:	Day-1 Start: 09:00 hrs Completion: 18:00 hrs Day 2 Start: 07:30 hrs Completion: 18:00 hrs
Lead inspector:	Marian Delaney Hynes
Support inspector:	Sheila Doyle
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Glencarrig Nursing Home is a single-storey detached centre offering residential, respite and convalescent care. It has 25 places and there were 24 residents living in the centre at the time of inspection, four of whom were under 65 years of age with various medical conditions.

There are six single rooms, one of which has en suite toilet and wash-hand basin, five twin rooms, one of which has en suite toilet and wash-hand basin and three three-bedded rooms. There is one assisted bathroom and three additional toilets. There is also a sluice room.

The dining room is small and can accommodate approximately twelve people. The kitchen is located behind the dining room. There is a lounge where most of the residents spend their day and there is also a second small sitting room which has no natural light or ventilation. There is a small conservatory which leads onto an enclosed garden. The conservatory is used as a smoking room.

The enclosed garden is situated to the rear of the premises and an area of decking has been provided with suitable seating. A very small laundry is provided and can be accessed through the garden. A staff changing facility is located at the gable end of the premises

The centre has some parking available at the front.

Glencarrig Nursing Home is situated at the end of a cul-de-sac, in a residential estate close to the Firhouse Road. The centre is 6.5 miles from Dublin city centre.

Date centre was first established:		1 January 1985			
Number of residents on the date of inspection:		24			
Number of vacancies on the date of inspection:		1			
Dependency level of current residents as provided by the centre:	Max	High	Medium	Low	
Number of residents	6	9	4	5	
Gender of residents		Male (✓)		Female (✓)	
		✓		✓	

Management structure

The Provider is NuCare Co Ltd. owned by Terence and Joan Launders. The Person in Charge, Jaimol George reports to the Providers. Siobhan Launders was appointed as Systems Manager in June 2011. Care assistants and the activities coordinator report to the nurses who in turn report to the Person in Charge as do the household staff. Two kitchen assistants report to the Chef who reports directly to the Providers.

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	3	2	1	0	2* 1**

*Terence and Joan Launders, Providers

** Siobhan Launders, Systems Manager

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report set out the findings of a registration inspection which took place following an application to the Health Information and Quality Authority (the Authority) for registration under Section 48 of the Health Act, 2007.

Inspectors met with residents, relatives, and staff members, over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the providers and the person in charge, all of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

One of the providers and person in charge worked full-time and were committed to providing a quality service with the focus on positive outcomes for residents. The second provider visited the centre daily, he confirmed that he was mainly involved in the management of finances and ensuring the general upkeep of the centre. Inspectors found that they were committed to providing a good standard of care and were working towards meeting the requirements of the Regulations and the Standards. The facilities and services provided were as described in the statement of purpose.

In general, inspectors found that the centre was warm and homely. Staffing levels adequately met the assessed needs of residents and there was a commitment to developing staff to ensure that they were competent to meet the changing needs of the residents.

The providers, person in charge and systems manager had implemented a risk management programme. However, significant improvements were required to ensure the safety of residents. Inspectors were very concerned that some of the radiators felt very hot to the touch and the hot water in two of the residents' bedrooms posed a scalds risk. They were requested to address this issue immediately.

Staff had received training and were knowledgeable about the prevention of elder abuse. Fire precautions such as fire drills, fire training for staff and servicing of equipment were in place.

While inspectors found that residents were provided with good quality care, there were improvements required in some areas such as restraint management and social care assessment.

There were also significant improvements required in the premises. There were insufficient bathroom and toilet facilities for 25 residents and there were three three-bedded rooms in the centre which will not meet the requirements of the Standards. There were no adequate facilities for the storage of assistive equipment.

Other improvements were required and these are outlined under the outcome statements set out in the Action Plan at the end of this report.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection Findings

Inspectors were satisfied that the statement of purpose accurately described the service that was provided in the centre and met the requirements of Schedule 1 of the Regulations.

Inspectors observed that the service's capacity to meet the diverse needs of residents, as stated in the statement of purpose, was reflected in practice. The statement was kept under review by the person in charge, providers and systems manager and was available to residents.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

There was a system in place to review and monitor the quality and safety of care and the quality of life of residents. The providers and the person in charge told inspectors they met with residents and visitors on a daily basis and areas for improvement were informally discussed.

Since the previous inspection the person in charge and the systems manager had put a system in place to gather and audit information in areas such as meals, falls and wound management. Inspectors noted that analysis of the findings was used to identify possible trends. This information was shared at staff meetings and the findings were used to improve the quality of service provided. For example, the falls audit highlighted that 60% of falls occurred after 11.00 pm, as a result the person in charge introduced more frequent checks at night time and also introduced a sensor mat for one of the residents.

Residents and staff said that the providers and person in charge actively encouraged residents to be involved in the running of the centre. Minutes of residents meetings were read by inspectors which confirmed that meetings were held on a monthly basis. A resident gave an example of how chicken curry had been introduced to the menu following a discussion at a recent meeting. Residents told inspectors that the provider and person in charge welcomed suggestions for improvements. A staff member detailed how her suggestion regarding the management of a residents' bedtime routine was listened to and the care plan updated following assessment.

Records showed that staff appraisals were used to identify areas for improvement and training.

Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection Findings

During the fit person interview the person in charge and providers demonstrated a positive attitude towards complaints and viewed complaints as a useful means to improve the service. However, inspectors noted that some improvements were required to ensure that all complaints both verbal and written were logged and responded to.

The complaints procedure was displayed in a user friendly format at the entrance and described in the Residents' Guide and the statement of purpose. One of the providers was identified as the named complaints officer. She described her role in detail and produced a complaints' log for inspectors to review. The log contained one complaint, this issue was fully investigated with a satisfactory outcome. Whilst interviewing staff it became apparent that not all complaints were logged, the person

in charge commented that an early resolution is sought and that all minor complaints had been resolved to the satisfaction of residents and relatives.

Residents and relatives were aware of the complaints procedure and they held the view that their concerns were taken seriously and acted upon. Staff members were knowledgeable about the policy and their role in responding to issues raised by residents so that they did not escalate and become the subject for a complaint.

The complaints policy contained an independent appeals process.

The person in charge told inspectors that she urged staff to view complaints as a way to improve the service to ensure that no resident was adversely affected by reason of the complaint having been made.

2. Safeguarding and safety

Outcome 4

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Inspection findings

Measures were in place to protect residents from being harmed or suffering abuse. A comprehensive policy was available which detailed the appropriate response and investigation following an allegation of suspected abuse. All staff had received training, including refresher training, on identifying and responding to elder abuse and they displayed sufficient knowledge of the different forms of elder abuse and were clear on reporting procedures. The person in charge and providers were knowledgeable about the action to take if an allegation of abuse was reported. They had the contact details for the elder abuse officer. Staff confirmed that they were satisfied that the management team supported them to report allegations of abuse.

The providers and person in charge confirmed that they did not take responsibility for the management of residents' finances. They informed inspectors that families were encouraged to take responsibility for the residents' finances. This was confirmed by relatives who were satisfied with the arrangement.

Residents spoken to and those who completed questionnaires confirmed to inspectors that they felt safe in the centre. They commented that staff were always available to them and that there were good safety procedures in place such as the locking systems on the exit doors and call bells.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

Inspection Findings

Inspectors found that practice in relation to the health and safety of residents and the management of risk did not sufficiently promote the safety of residents, staff and visitors.

Inspectors noted that two of the radiators felt very hot to the touch which posed a burns risk to residents. The hot water in two of the residents' bedrooms ranged from 50.9 to 56.7 degrees Celsius which posed a scalds risk to residents, the providers indicated that these issues would be addressed without delay.

The environment was kept clean and well maintained and there were measures in place to control and prevent infection, including arrangements for the segregation and disposal of clinical and general household waste. Staff had received training in infection control and had access to supplies of latex gloves and disposable aprons which inspectors observed them using as required. There were adequate supplies of alcohol hand gels available throughout the centre.

There was a health and safety statement in place. There was also a risk management policy in place and inspectors saw that all staff had signed to say that they read and understood the contents of the policy. The policy was comprehensive and incorporated risk assessments and all the policies relating to risk as required in the Regulations. It contained information and guidelines on the following areas:

- the identification and assessment of risks through the centre
- the precautions in place to control the risks identified
- the precautions to control risks such as, residents absent without leave, assault, aggression and violence and self-harm
- details on the appropriate arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

The person in charge and the provider had sufficiently prioritised the safety of residents in the event of fire. The Authority had been provided with a fire compliant certificate prior to inspection. Service records showed that the fire alarm system was recently serviced. The emergency lighting had also been checked in October 2011 and was checked on a regular basis. The fire equipment was serviced on a yearly basis and the last service was recorded as October 2011. Inspectors read the records which showed that daily inspections of fire exits were carried out and there were

weekly checks of fire extinguishers. The fire panels were in order and inspectors noted that fire exits were unobstructed.

Inspectors read the training records which confirmed that formal fire safety training was provided annually and all staff had attended training. Staff had also covered fire safety at induction and staff spoken with were very clear about the procedure to follow in the event of a fire. However, inspectors were concerned that a fire exit door in the laundry was locked and staff were unaware of the whereabouts of the key.

Although inspectors observed good moving and handling practice staff training records confirmed that a number of staff had not received this mandatory training.

Inspectors noted that some measures were in place to prevent accidents and facilitate residents' mobility, including non-slip floor covering in bathrooms and toilets. However, handrails were only available on one side of the corridor which did not promote resident independence. Inspectors observed a resident awaiting assistance because of lack of a handrail.

An emergency plan for the centre was in place. The plan identified what to do in the event of fire, flood, loss of power, heating and other possible emergencies. It outlined the contact telephone numbers of management personnel and arrangements to follow in the event of the centre having to be evacuated. It included the transportation arrangements from the centre to the alternative accommodation in the event of evacuation. The person in charge had also put in place adequate controls to monitor all visitors to the premises. A visitors' book was maintained and completed.

Outcome 6

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection Findings

Inspectors found that some improvement was required in medication management and practices. There was a medication management policy which included most of the requirements. However, there were no guidelines for the handling and disposal of unused and out-of-date medicines.

Inspectors observed the nurses on their medication rounds and found some improvements required. For example, on the 7.30 am medication round, inspectors noted that the medication trolley was left unattended on the corridor for a short period of time whilst the nurse was administering medication to residents in their bedrooms. This practice posed a risk to the safety of residents.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. Nurses kept a register of controlled drugs. Two nurses signed and dated the register at the time of administration and the stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balances and found them to be correct.

Inspectors found that medication was recorded in a contemporaneous manner immediately after administration. A medication fridge was in place and inspectors noted that the daily temperatures were recorded.

Reviews of medication prescriptions, administration records and stock balances were carried out by the person in charge. However, there was no comprehensive audit of medications and practices, the person in charge indicated that she intended to put an auditing system in place.

Records showed that medication was reviewed by general practitioners (GPs) on a three-monthly basis or more often if required. Prescription sheets reviewed by inspectors found some deficits including:

- the residents address was not included on the prescription sheet
- route of administration of medication was absent
- maximum dosage of PRN (as required) medication was not stated on some prescriptions
- GPs signature was not present for each medication prescribed.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection Findings

Inspectors found a good standard of evidence-based nursing care and appropriate medical and allied health care. Some residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. The arrangements to meet residents' assessed needs were set out in individual care plans, which were drawn up with the involvement of residents and were subject to review. Practice in relation to the use of restraint required improvement.

The centre had sufficient GP cover, and locum GPs provided out-of-hours services. Residents were encouraged to retain their own GP, but where this was not possible the person in charge assisted them to transfer to a local GP service. Review of residents' medical notes showed that GPs visited the centre regularly and the person in charge informed inspectors that the GPs were available by phone any time to offer advice to staff. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals.

Residents had access to a range of other health services, including dietetic, chiropody, ophthalmology, physiotherapy, dental services, tissue viability services, speech and language therapy (SALT) and occupational therapy (OT). Psychiatry of later life services were available by GP referral and provided by Tallaght hospital when required.

Residents files identified that comprehensive nursing assessments had been carried out on admission to the centre and then on a three-monthly basis or more often as required.

Three-monthly reviews of care plans were completed, dated, and signed by staff with resident and relative involvement where possible. Residents and relatives spoken to confirmed that they had been involved in the ongoing reviews of care plans.

Recognised assessment tools were used to promote health and address health issues. These included assessments for risk of pressure ulcers, malnutrition, and falls risk and appropriate measures were put in place to manage and prevent risk. At the time of inspection one resident had a Grade 2 pressure ulcer which was responding well to treatment. This resident was under the care of her GP who reviewed the pressure ulcer on a regular basis.

Inspectors examined three resident files and found that all residents had a care plan. However, care plans were based on a medical model of care focusing on healthcare needs only. It did not focus on social care needs. Although there were a variety of activities available to residents including music, singsongs, current affairs, knitting and board games, social care assessments had not been completed and so did not inform the activity programme. The person in charge informed inspectors that social care assessments would be a priority for the newly appointed activities coordinator in order to ascertain the residents' interests and preferences.

Some residents had dementia or a cognitive impairment. Inspectors found that staff made efforts to include these residents in the life of the centre by chatting with them, assisting them when they were disoriented and managing situations where some residents appeared agitated.

Practice in relation to the use of restraint required improvement. There were 12 residents using bedrails although there was signed consent by residents/relatives for their use on admission there was no evidence of reassessment and alternatives had not been considered.

While behaviour that challenged was well managed and staff were knowledgeable regarding diversion techniques when residents presented with behaviour that challenged. There was no assessment carried out or behavioural monitoring chart maintained which might identify possible triggers.

Although falls were well managed, the falls policy was non-specific and did not guide or inform practice regarding what to do following a fall. Inspectors noted that the number of falls over the previous six months was low. Analysis of falls included the timing of falls, whether witnessed or un-witnessed and the actual number of residents who fell. Strategies were put in place for those residents who were at risk of falling. Inspectors read the care plan of one resident who had fallen and noted that the care plan had been updated and preventative strategies such as a medication review had been carried out.

Sufficient procedures were not in place to ensure that the service could meet the needs of new admissions. There was an admission policy but the person in charge stated that there was no formal pre-admission assessment. She stated that she met with potential new admissions and conducted an informal assessment of their needs to decide if the centre was suitable for that person.

A small number of residents remained in their rooms during the day and either rested on their beds or sat in comfortable chairs beside their beds. Inspectors observed that the staff visited these residents very frequently throughout the day. One of these residents informed staff that he was satisfied that the staff respected his wishes and commented that the management and staff at the centre were committed to the provision of a good standard of care.

Outcome 8

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

Inspectors were satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

This practice was informed by the centres' comprehensive policy on end-of-life care. The policy included guidelines for involving the resident and their families in planning the end-of-life care. The person in charge informed inspectors that a single room would be made available where possible for a resident who was very ill. Accommodation was available for families to stay overnight if they so wished. Other residents were given an opportunity to pay their respects and to attend requiem services. Nurses said that hospice services were available and provided for residents who required specialist care and symptom management. Although staff had received no formal training in palliative care, many of the nurses had experience providing end-of-life care with the support of a palliative care team. There were no residents at the end of life or availing of hospice services at the time of inspection.

Outcome 9

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

Residents received a nutritious and varied diet that offered choice. Mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. Some residents had their meals in the dining room whilst others had their meals in the sitting room and a small number of residents had their meals in their rooms. Residents were asked what they would like to eat and also where they would like the meal served. Residents confirmed that they were satisfied with this arrangement and could choose where to have their meal.

Inspectors observed staff discussing the menu options for dinner with each resident. Inspectors saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions. Residents who needed assistance with dining had their lunch in the day-room. Inspectors saw staff sitting with these residents and assisting them respectfully.

Table settings were pleasant and included condiments and appropriate place settings with napkins for all residents. Staff members chatted with residents and encouraged discussion amongst them. The main course was served plated and residents explained that they had provided information earlier about gravy and other preferences, when selecting menu options. Staff asked residents if they were satisfied with their meals and second helpings were offered.

Inspectors saw residents being offered a variety of snacks and drinks throughout the day. Bottles of water and a variety of juices were available in common areas and staff regularly offered drinks to residents. Residents told inspectors that they could have tea or coffee and snacks any time.

Weight records examined showed that residents' weights were checked on monthly basis or more regularly if required. Nutritional assessments were used to identify residents at risk of malnutrition. Records showed that some residents had been referred for dietetic review the outcome of which was recorded in the residents' care plans.

Inspectors who met the chef discussed the special dietary requirements of individual residents and saw that she kept information on residents' dietary needs and preferences in the kitchen. She was very knowledgeable regarding the residents likes and dislikes. She said she got her information from the nurses and from residents directly.

4. Respecting and involving residents

Outcome 10

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection Findings

Contracts were agreed and provided to residents within a month of admission. They set out the overall care and services provided to the residents and the fees charged, including any additional fees charged.

Outcome 11

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Inspectors found that residents received dignified and respectful care. Their capacity to exercise personal choice and autonomy was maximised and their views were sought and listened to. Some improvements were required in the area of maintaining privacy and choice.

There was a high number of staff observed chatting freely with residents in the sitting room. Residents stated that they could talk to staff at any time. Relatives were satisfied with information provided by staff about residents' healthcare and general wellbeing. As mentioned in outcome two, residents and or their relatives had an opportunity to voice their views and participate in the running of the centre. Inspectors observed that residents had access to daily newspapers which were delivered to the centre each morning. Inspectors observed one resident being supported to read the newspaper with the aid of a tilted bed table. Residents seemed to enjoy this interaction and it resulted in a lot of discussion and banter between residents and staff.

Residents interviewed indicated that they had privacy in all aspects of personal care. However, inspectors noted that one of the toilets did not have a window curtain and it was possible to identify from outside the building that it was being used. The person in charge said that this would be rectified without delay.

Inspectors were concerned regarding the time that breakfast was served and observed some residents being woken up for their breakfast at 7.30 am. Many of these residents had a cognitive impairment. The person in charge said that this was the residents' choice. However, this information was not documented in residents care plans.

The manner in which residents were addressed by staff was appropriate and respectful. Staff knocked and waited for permission before entering residents' bedrooms. Residents were dressed well and according to their individual choice.

Residents religious and political beliefs were respected, residents said that they were visited on a regular basis by a minister of their religion. Mass took place in the centre every week. The person in charge said that other religious denominations were visited by their ministers, as required. At the recent presidential election staff and residents confirmed that there was a polling booth set up in house which was used by residents who wished to vote.

Residents also informed inspectors that they had the opportunity to visit the local Tallaght shopping centre for coffee and to purchase personal items.

Contact with family members was encouraged and residents could meet with their visitors in the privacy of their own rooms or in the visitor's room. There were no restrictions on visits. The person in charge explained to inspectors that this was not necessary as family members and other visitors were sensitive to and respectful of residents' wishes and needs.

Outcome 12

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection Findings

Although there was a well-established laundry system in place the working space in the laundry was very small which could pose a risk of cross infection. Inspectors spoke to the staff member working there and found that she was knowledgeable about most aspects of infection control and the different processes for different categories of laundry. However, she was uncertain regarding the appropriate water temperature required for the laundering of infected linen.

Clothing was marked discreetly in most cases. However, inspectors noted that the marking on some clothing was visible on the outside of the clothing which was undignified. Inspectors were also concerned that residents' soiled laundry including underwear was stored in laundry baskets in their wardrobes for up to a week in most cases before being laundered. This practice could pose a risk of infection. The person in charge informed inspectors that she would address this practice following the inspection.

Residents had been provided with adequate storage space for their clothing and inspectors observed that residents' clothes were folded and returned to the resident's cupboards by the laundry worker. Residents and relatives expressed satisfaction with the service provided and the safe return of their clothes to them.

Residents were provided with suitable lockable storage for their personal possessions and some residents expressed satisfaction with this facility.

5. Suitable staffing**Outcome 13**

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection Findings

The post of person in charge was full-time and held by a registered nurse with the required experience in the area of nursing older people. Inspectors observed that she had a strong and inclusive presence in the centre and there was evidence of good leadership. She chaired weekly team meetings attended by the providers and nurses. During the fit-person interview the person in charge demonstrated sufficient knowledge of the Regulations and Standards and her statutory responsibilities,. However, she did acknowledge that she overlooked to inform the Authority about a Grade 2 pressure ulcer.

She had a established a strong culture of care and respect in the centre and promoted a feeling of homeliness for residents. Deputising arrangements were in place in her absence, this role was carried out by a senior staff nurse. Inspectors found that clinical leadership was strong. The person in charge had kept her clinical knowledge up-to-date and demonstrated a sufficient knowledge of clinical audit. The systems manager and the person in charge had recently established a process for auditing information to identify trends to improve the quality of service and safety of residents. She attended staff training sessions to ensure that staff reflected on how new learning could inform current practice.

Outcome 14

There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection Findings

Inspectors found that staffing levels and skill-mix were sufficient to meet the needs of residents on the day of inspection and a review of staffing rotas indicated that these were the usual arrangements.

There was a detailed policy for the recruitment, selection and vetting of staff. This was reflected in practice. A review of four personnel files found that all files contained all of the information required by the Regulations.

Staff informed inspectors that copies of both the Regulations and the Standards had been made available to them and staff spoken to expressed an adequate knowledge of the content. Staff were clear about their roles and responsibilities and were able to

explain these to inspectors. The management structure and reporting relationships were clearly understood.

New staff worked alongside existing staff, observing procedures and practices and reading policies. The systems manager informed inspectors that an induction policy and programme would be introduced in the near future. The person in charge had recently introduced a staff appraisal system. She explained that the appraisal system was used to identify staff strengths, weaknesses and training needs. The appraisal forms in the staff files were reviewed by inspectors.

Staff turnover was very low and some staff had worked in the centre since it opened. They were knowledgeable about residents, had established a good relationship with them and the inspector saw them responding to residents' needs in an informed way. The person in charge held formal staff meetings and minutes were maintained, these were viewed by the inspector. Recent topics discussed included the health and safety, audit findings and the inspection. Staff interviewed confirmed that meetings were held with the person in charge regularly.

Training that had been undertaken in the last 12 months included:

- management and use of restraint (train the trainer course two staff)
- management of oral hygiene
- audit training
- risk management
- continence promotion
- food hygiene.

The person in charge and systems manager informed inspectors that they had both booked into a supervisory management for healthcare manager's course which was due to commence in November and there was documentary evidence to confirm this. The person in charge also said that part of the role of the newly appointed systems manager would be to design a training matrix to ensure that all staff training would be tracked and provided as required.

6. Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

Although inspectors found that the provider had placed emphasis on creating a warm homely environment for residents there were several other aspects of the premises that posed a safety risk to the residents and did not meet the requirements of the Regulations and Standards.

The centre was domestic in nature with domestic furnishings and décor throughout. It was bright and clean throughout, with sufficient lighting and was well ventilated with the exception of the small sitting room which didn't have any natural light and poor ventilation.

Inspector noted that there were insufficient bathroom and toilet facilities for 25 residents. There was only one bathroom with bath and shower available for use by the residents. There were four toilets and one of these was an assisted toilet which was in the shower/bathroom. This meant that it could not be used if a resident was showering or bathing. Residents and staff did not identify this as a concern. However, inspectors noted that one resident had to wait a number of minutes after lunch until a toilet became available. Having regard to the number and dependency of residents in the centre, this was an insufficient number of toilets and baths/showers and does not meet the requirements of the Regulations. Although there was no plan in place the providers showed a commitment to have this deficit addressed.

There are three three-bedded rooms in the centre which will not meet the requirements of the Standards. The providers indicated that they were aware of the requirements and would put a plan in place to address the matter.

The centre had a secure landscaped garden with shrubs, flowers and green areas. The garden was safe for use by all residents, and residents told inspectors that they enjoyed spending time in the garden during fine weather. There was a large decking area to the rear of the building and inspectors were informed that when the weather was fine residents were brought out to this area which had tables, chairs and benches.

The kitchen was found to be well organised and equipped with sufficient storage facilities. Inspectors observed a plentiful supply of fresh and frozen food.

There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Hoists and other equipment had been maintained and service records were up-to-date. Storage for assistive equipment was limited and inspectors observed that hoists were stored in residents' bedrooms.

Most of the corridors were wide and enabled easy accessibility for residents in wheelchairs or those with mobility aids. One of the corridors however was narrow which posed a difficulty as residents could not pass each other easily if a resident was being assisted.

Some residents used bedpans and commodes. However, at the time of inspection sluicing and disinfecting facilities were inadequate which posed a risk of cross infection. The providers were addressing this issue and had recently purchased a bedpan washer. Inspectors were provided with a copy of an invoice confirming that a bedpan washer had been purchased and they were awaiting delivery of same.

7. Records and documentation to kept at a designated centre

Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:
Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

Resident's guide

Substantial compliance Improvements required

Records in relation to residents (Schedule 3)

Substantial compliance Improvements required

General Records (Schedule 4)

Substantial compliance Improvements required

Operating Policies and Procedures (Schedule 5)

Substantial compliance Improvements required

Directory of Residents

Substantial compliance

Improvements required

Staffing Records

Substantial compliance

Improvements required

Medical Records

Substantial compliance

Improvements required

Insurance Cover

Substantial compliance

Improvements required

The provider did not have the appropriate insurance cover in place against loss or damage to the property of residents. He indicated that he was not aware of this requirement and said that the matter would be corrected without delay.

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection Findings

Practice in relation to notifications of incidents was unsatisfactory.

Inspectors reviewed a record of all incidents and noted that a Grade 2 pressure ulcer and a quarterly return had not been notified to the Chief Inspector as required. All other notifications had been notified to the Chief Inspector.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection Findings

There were appropriate arrangements in place for the absence of the person in charge.

A senior staff nurse deputises for the person in charge. Inspectors were informed that there had been one such absence of the person in charge and the required notification was made to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the providers, the person in charge, and the systems manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Marian Delaney Hynes

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

14 November 2011

Provider's response to inspection report*

Centre:	Glencarrig Nursing Home
Centre ID:	0043
Date of inspection:	8 and 9 November 2011
Date of response:	9 December 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 3: Complaints procedures

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

The complaints log was not comprehensive, all complaints were not logged

Action required:

Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a resident's individual care plan.

Reference:

Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>It is acknowledged that it had not been our practice to log "minor/verbal" utterances about any aspect of the service we provide as we always endeavour to put such matters right immediately. However, the inspectors advised it is better to record all complaints and outcomes so we can learn from them and use them to guide our practice. We have commenced doing so with two recorded thus far (both successfully resolved to the satisfaction of the resident).</p>	<p>Completed and ongoing from November 2011</p>

Outcome 5: Health and safety and risk management

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Some of the radiators felt very hot to the touch which posed a burns risk to residents. The hot water in two of the residents' bedrooms ranged from 50.9 to 56.7 degrees Celsius which posed a scalds risk to residents</p> <p>The fire exit door in the laundry was locked and staff were unaware of the whereabouts of the key.</p> <p>Grab rails were not provided on both sides of the corridor which did not promote residents independence to mobilise.</p> <p>A number of staff had not completed mandatory training including moving and handling of residents.</p>
<p>Action required:</p> <p>Provide sufficient numbers of baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>
<p>Action required:</p> <p>Provide adequate means of escape in the event of fire.</p>
<p>Action required:</p> <p>Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.</p>

Action required:	
Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.	
Reference:	
Health Act, 2007 Regulation 32: Fire Precautions and Records Regulation 31: Risk Management Procedures Regulation 17: Training and Staff Development Standard 26: Health and Safety Standard 29: Management Systems Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Thermostatically controlled anti-scald valves have been installed in the two bedrooms identified and regular readings taken of the temperature of the hot water from these taps since then show no readings higher than 42 degrees Celsius at any time. Readings from all bedroom taps were also recorded to ensure that the hot water was below 42 degrees Celsius in all rooms. A sign has been placed in a prominent position on the inside of the door in the laundry room explaining the position re: key to this door and all relevant staff informed. This matter will also be down for mention at next staff meeting. The maintenance contractor has taken measurements of the handrail required and is currently endeavouring to source a matching rail to blend with existing in-circulation areas. Commenced and work will be undertaken immediately handrail is available. A training matrix was designed and updated outlining all staff training needs both immediate and for the coming two years. Training day for manual handling and patient handling has been organised for Thursday 15 December 2011 on site for 12 staff. Remainder of staff requiring refresher training in this area will be accommodated in January 2012 (two staff are on holiday until then).	Completed - November 2011 Completed - November 2011 Commenced Completed - November 2011 Booked Mid January 2012

Outcome 6: Medication management

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

The medication trolley was left unattended during a round which posed a risk to residents.

There was no policy in place for the handling and disposal of unused and out-of-date medicines.

The person in charge had not audited medication practices at the centre.

The residents address was not included on the prescription sheet.

The route of administration of medication was absent.

The maximum dosage of PRN (as required) medication was not stated on some prescriptions.

The GPs signature was not present for each medication prescribed.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Action required:

Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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:

The prescription sheets have been updated to include residents photograph, address and maximum dosage of PRN medication in 24hrs. These new sheets have already been put into use and GPs have been asked to sign for each individual medication prescribed from November 2011 onwards.

Completed -
December 2011

<p>The policy and procedures for ordering, prescribing, storing and administration of medicines to residents have been updated to reflect these changes and also to stress the importance of keeping the drugs trolley under full supervision at all times when in use. Staff have reviewed and signed that they fully understand them.</p>	<p>Completed - November 2011</p>
<p>The policy and procedures for the handling and disposal of unused or out-of-date medicines have been updated to reflect existing practice which already complies with current regulations, guidelines and legislation in this area. Staff have reviewed and signed that they fully understand them.</p>	<p>Completed - November 2011</p>
<p>The person in charge has put plans in place to audit medication practices at the Nursing Home and will carry out this audit in January 2012 in line with the scheduled annual revision of our medication management policies.</p>	<p>January 2012</p>

Outcome 7: Health and social care needs

4. The person in charge failing to comply with a regulatory requirement in the following respect:

Social care assessments were not carried out and there were no social care plans in place. Residents did not inform the activity programme.

There was no evidence of assessment and alternatives had not been considered in the use of restraint.

There was no behavioural assessment or behavioural monitoring chart in place which might identify possible triggers to challenging behaviour.

The falls policy was non-specific and did not guide or inform practice regarding what to do following a fall.

There was no pre-admission policy or assessment to determine the needs of a resident prior to admission.

Action required:

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Action required:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Action required:	
Provide a high standard of evidence based nursing practice.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The recently appointed activities coordinator explained to the inspector that her initial approach is to spend as much time as required to get to know the residents through communication and observation. She will then trial various activities and observe and judge the reactions of residents and begin making social care assessments and creating social care plans. Residents' choices and preferences will inform and influence the activity programme. The providers will fully support the activities coordinator in her work by making available resources and material needed and by providing appropriate training and support.</p> <p>The falls policy has been updated to reflect specific procedures that were existing practice in relation to falls and the actions to take if one occurs. The staff have reviewed and signed that they understand this.</p> <p>A pre-admission policy with accompanying assessment form to quantify residents' needs prior to their admission is in the process of being drafted and is nearing completion.</p> <p>The use of restraints, where absolutely necessary, have always been a high priority area with documentation and consent carefully recorded in residents care plans. However, the ongoing assessment of each residents needs and the alternatives available to them was not documented. These will be clearly documented in residents care plans from now on.</p> <p>New behavioural assessment forms and monitoring charts are in the process of being drafted. These will be audited to better identify possible triggers of and management techniques for challenging behaviour for individual residents and both triggers and management techniques will be detailed in residents care plans.</p>	<p>Commenced and ongoing</p> <p>Completed - November 2011</p> <p>December 2011</p> <p>Ongoing - December 2011</p> <p>January/February 2012</p>

Outcome 11: Residents' rights, dignity and consultation

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

Some residents were woken up for their breakfast at 7.30 am. Many of these residents had a cognitive impairment and there was no evidence that this was residents' choice.

One of the toilets did not have curtains/blinds on an external window and did not provide privacy.

Action required:

Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.

Action required:

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Reference:

- Health Act, 2007
- Regulation 10: Residents' Rights, Dignity and Consultation
- Standard 4: Privacy and Dignity
- Standard 17: Autonomy and Independence

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

Timescale:

Provider's response:

Residents preferred time and location of breakfast has been fully documented and included in their care plans along with notes on whether they would like to be woken up at this time if they are not already awake or if they would prefer to sleep on.

Completed -
December 2011

Blinds have been sourced, measured and installed for toilets with external windows to provide both privacy and dignity.

Completed -
December 2011

Outcome 12: Residents' clothing and personal property and possessions

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

Residents' soiled clothing was stored in laundry baskets in their wardrobes for up to a week before being laundered, which posed a risk of infection.

Action required:	
Arrange for the regular laundering of residents' linen and clothing.	
Reference:	
Health Act, 2007 Regulation 13: Clothing Standard 4: Privacy and Dignity	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Residents' laundry is now washed on a daily basis and returned to their wardrobes within 12hrs.	Completed - November 2011

Outcome 15: Safe and suitable premises

<p>7. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>One of the corridors however was narrow which posed a difficulty as residents could not pass each other easily if a resident was being assisted.</p> <p>Assistive equipment was being stored in residents' bedroom due to lack of adequate storage space.</p> <p>There were insufficient bathroom and toilet facilities for 25 residents.</p> <p>There were three three-bedded rooms in the centre which will not meet the requirements of the Standards.</p> <p>Some residents used bedpans and commodes. There was no appropriate sluicing or cleaning system in place to reduce the risk of cross infection.</p>
<p>Action required:</p> <p>Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.</p>
<p>Action required:</p> <p>Provide sufficient numbers of baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>

Action required:	
Provide necessary sluicing facilities.	
Action required:	
Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.	
Action required:	
Provide a sufficient number of toilets having regard to the number of dependent residents in the home.	
Action required:	
Provide a sufficient number of baths and showers having regard to the number of residents in the designated 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:
<p>Provider's response:</p> <p>A bedpan washer has been ordered and substantial deposit paid and we await arrival of the product (the inspector was given documentary proof of this).</p> <p>On arrival and installation of the bedpan washer we intend to create a new toilet and possibly a shower at the same time but until arrival of the bedpan washer and it's successful installation we cannot proceed with the proposed creation of the new toilet due to the necessity of combining the existing sluice, the new bedpan washer and the new toilet all into the existing sewerage system.</p> <p>An architect has been on site to make an initial appraisal of the site and to make any suggestions/recommendations as to how and where we might be able to make improvements to allow us to be compliant but he has immediately pointed out how very difficult it is to make alterations to an existing building. Provider has commenced the process of exploring how improvements might be brought about, notwithstanding practical, planning and financial obstacles likely to occur.</p>	<p>Awaiting arrival</p> <p>Contractor ready to start work immediately on arrival of bedpan washer</p>

On receipt of our final report he will return to site to further appraise the situation and give his professional opinion on how we might proceed.	
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Outcome 16: Records and documentation to be kept at a designated centre

8. The provider is failing to comply with a regulatory requirement in the following respect:	
The provider did not have the appropriate insurance cover in place against loss or damage to the property of residents.	
Action required:	
Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).	
Reference:	
Health Act, 2007 Regulation 26: Insurance cover	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Appropriate insurance cover has always been in place and covers each resident against loss or damage to their property up to a value of €1,000. This is clearly stated on our Insurance Policy on display in our entrance hallway.	Completed

Outcome 17: Notification of incidents

9. The person in charge is failing to comply with a regulatory requirement in the following respect:	
A Grade 2 pressure ulcer and a quarterly return had not been notified to the Chief Inspector as required.	
Action required:	
Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.	
Action required:	
Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre any incident that the Chief Inspector may prescribe.	

Reference: Health Act, 2007 Regulation 36: Notification of incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The non-reporting of a Grade 2 pressure ulcer was an oversight and will not happen again. The fact that the quarterly reports due 31 October were overlooked was directly attributable to management's pre-occupation with the imminent Registration Inspection. It was acknowledged that all previous reports had always arrived on time. All of the above returns have since been furnished to the Chief Inspector.	Completed - December 2011

Any comments the provider may wish to make:

Provider's response:

The providers acknowledge the helpful and encouraging approach displayed by all three members of the team who carried out this inspection. Our management team are committed to continue to improve our compliance level and we believe our staff are as committed as we are to creating the best possible home for our residents.

Provider's name: Terence and Joan Launderers - Nuicare Co. Ltd.
Date: 9 December 2011