

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Drakelands House Nursing Home
Centre ID:	0224
Centre address:	Drakelands Kilkenny
Telephone number:	056-7770925
Email address:	anne@drakelandshouse.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Anne Fleck-Byrne
Person in charge:	Anne Fleck-Byrne
Date of inspection:	22 September 2011
Time inspection took place:	Lead Inspector: Start: 10:00hrs Completion: 19:00hrs Support Inspector: Start: 14:00hrs Completion: 17:00hrs
Lead inspector:	Noelene Dowling
Support inspector:	Gerry McDermott
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input checked="" type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the 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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Drakelands House Nursing Home now has accommodation for 72 residents following the completion of the extension to the premises. The previous capacity was 41 residents. The facility was established as a nursing home in 1997 and taken over by the current provider in 2002. Care is provided to people under and over 65 years who require long-term, convalescent and respite care.

The premises is a two-storey building in its own grounds. There are two entrance porches, two with comfortable seating, and which will be used by residents to smoke.

Although the premises is constructed in two wings they are interconnected by a large and accessible communal area and hallway. The ground floor area which will accommodate 32 residents is now comprised of two sitting rooms, two dedicated dining rooms which can accommodate the number of residents, and a further small dining area. Sleeping accommodation for residents consists of 17 single bedrooms with wash-hand basin and 15 single bedrooms with en suite containing assisted shower, wash-hand basin and toilet. There are three suitable and well equipped bathrooms, and one assisted shower room, a centrally located kitchen, laundry room, linen room, hairdressing room, consulting room, two treatment rooms, drugs storage room, two sluice rooms, staff facilitates and offices, and four additional toilets on this floor.

Forty residents will be accommodated on the first floor, in 15 single bedrooms with en suite containing assisted shower, wash-hand basin and toilet, two twin-bedded rooms with en suite, one twin-bedded room with bathroom opposite containing wash-hand basin, toilet and shower, one single bedroom with en suite consisting of wash-hand basin and toilet, and 17 single bedrooms with wash-hand basin. There are four bathrooms, two with bath, toilet and wash-hand basin, and two with an assisted shower, toilet, and wash-hand basin. There are four additional assisted toilets with wash-hand basin on this floor. Also on this floor there are three separate communal rooms, and two smaller sitting rooms. A visitors' room, visitors' toilet, drugs store room, nurses' station, linen store, two sluice rooms, and staff changing and shower rooms, canteen offices and storage.

To the front of the building there is a well-landscaped garden area with water feature and walkway surrounding the building, and a centrally located enclosed safe internal garden which residents can easily access. There is ample car parking available.

Location

Drakelands House Nursing Home is located one mile from Kilkenny city.

Date centre was first established:		1997		
Number of residents on the date of inspection:		38		
Number of vacancies on the date of inspection:		3		
Dependency level of current residents	Max	High	Medium	Low
Number of residents	17	9	10	2

Management structure

Anne Fleck-Byrne is the Registered Provider and Person in Charge. She is supported in her role by Chris Fleck, Financial Director and Company Secretary. Mary Murphy is the Key Senior Manager who deputises for the Person in Charge in her absence. Catherine McEvoy is the second Assistant Director of Nursing. There is also an Operations Supervisor with responsibility for housekeeping and administration, a senior care assistant and night duty liaison nurse who support the Person in Charge. All staff working in the centre ultimately report to the Person in Charge.

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

* Six care assistants until 14:00hrs and four care assistants from 14:00hrs until 20:00hrs; three care assistants until 21:00hrs; two care assistants until 07:00hrs.

** Maintenance
 Activities coordinator
 Operations supervisor
 Financial Director

Background

This was the third inspection undertaken by the Authority in Drakelands House Nursing Home. A regulatory monitoring inspection was undertaken on 27 September 2010 and a registration inspection was undertaken on 11 January 2011 and 12 January 2011.

The key findings of the registration inspection indicated that there was good management and governance systems in place, adequate staffing levels and a commitment to ongoing training for staff, good practice in relation to complaint management, person-centred care practices and residents' participation in the running of the nursing home, and choice and quality of life for residents. The premises were well maintained and fit for purpose. Medical care was found to be of a good standard with systematic reviews and monitoring of residents' health needs, and access to allied and multidisciplinary health services.

Areas for improvement identified in the registration inspection included:

- medication management
- care planning and record keeping
- fire training
- vetting procedures
- premises
- risk management practise.

Minor amendments were found to be required to the contract of care, the statement of purpose and policies on prevention detection and response to abuse, and use of any methods of restraint. The provider responded in a timely manner to the actions identified in the registration report.

The purpose of this inspection was two fold:

- to follow up on the actions agreed for completion by the provider following the registration inspection
- in response to an application made by the provider to vary the conditions of registrations specifically condition number 7; to increase the number of residents who can be accommodated in the centre from 41 to 72.

Summary of findings from this inspection

This inspection reviewed the provider's implementation and progress on the 12 actions identified in the registration inspection report and also examined the following:

- the extended premises for compliance with the regulations and standards and fit for purpose
- written evidence of fire compliance and fire safety procedures incorporating the extension
- health and safety
- evidence of compliance with environmental health requirements
- the provider's arrangements for increasing staffing levels in line with the proposed increase in the number of residents accommodated.

The inspector examined residents' medical records and care plans, accident and incident records, health and safety and risk management documentation, fire register and related documentation, and spoke with residents and staff and reviewed the premises and grounds.

The findings of this inspection demonstrated the provider's commitment to meeting the requirements by satisfactorily implementing 11 of the actions identified in the registration report and doing so within the agreed time frames. One action remains unresolved, namely, the adequacy of the policy on the use of methods of restraint and responding to allegations of abuse.

The inspector found that the extended premises and garden was designed and completed to a good standard, was fit for purpose. A revised statement of purpose has been developed to incorporate the changes in resident numbers and corresponding staffing levels had been arranged. A proposed schedule of admissions of no more than four per week was also outlined with a corresponding incremental increase in staffing levels outlined. Recruitment process for the additional staff had already commenced.

Three further actions were identified, in relation to the seeking of informed consent for the use of some methods of restraint, specifically lap-belts, and the completion for minor snagging tasks in the premises which the provider had already planned for, and the provision of final documentation in relation to the centres compliance with the requirements of the statutory fire authority.

Actions reviewed on inspection:

1. Action required from previous inspection:

Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

This action has been resolved. Inspectors examined the fire register and found that fire drills had taken place in March 2011 in which all staff participated. Fire training had taken place on 9 September 2011 for all staff which incorporated the extended premises and included nine newly recruited staff. This training incorporated the procedure for the management of fire, the use of the fire compartments, practical evacuation or relocation of residents within the premises and the use of slide sheets for those residents who require them. The fire procedures are clearly posted throughout the premises and instructions included the support of cognitively impaired residents or those who are not independently mobile. Staff spoken to confirmed this training and were able to outline the process in the event of a fire occurring. The provider stated that the fire training and drills will continue to ensure that staff are familiar with the procedure once the extended premises becomes operational.

2. Action required from previous inspection:

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

This action was resolved. The practice of administering medication in the dining room without using the secure trolley has ceased.

The inspector reviewed the medication management policies and found them to be congruent with legislation and best practice. There was a medication policy with procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out of date medicines.

3. Action required from previous inspection:

Facilitate the medical treatment that is recommended for each resident and agreed by him/her including all medication prescribed for each resident.

This action had been resolved. The inspector examined three residents medical and care plan records and found that residents' health care needs and medication were monitored and reviewed no less frequently than at three-monthly intervals. Residents and staff confirmed that residents received regular medical review and had access to a general practitioner (GP) as they required. Medication records reviewed by the

inspectors demonstrated that medication prescribed for residents was administered as prescribed.

4. Action required from previous inspection:

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

The inspector examined resident's records and accident and incident logs which demonstrated that incidents were adequately recorded and that actions, outcomes and follow-up to incidents were implemented and monitored in line with the risk management procedures.

Recognised assessment tools were utilised to identify residents at risk of falls, wandering, pressure sores and nutritional deficits. These are supported by appropriate plans to control the identified risks. For example, residents at risk of pressure sores are monitored and a regime including skin care, nutritional support and pressures-relieving equipment is implemented in the care plan. Wandering alarms were used for residents identified as at risk of leaving the premises and placing themselves at risk. The use of these alarms is documented and written consent is sought. Incidents are followed up by documented medication, healthcare or environmental reviews and other contributing factors.

One medication error was documented since the inspection in January 2011. Documents demonstrated that the provider took appropriate actions promptly. The GP was contacted for advice, the resident was monitored, and relatives were informed. Record also demonstrated that the provider took appropriate actions to identify the reasons for the error and altered procedures to reduce the risk of this reoccurring. These procedures included, ensuring that staff administrator medication in line with guidelines and use the medication administration record when doing this. One staff nurse was allocated responsibility for the administration of medications on both floors to avoid a risk of interruptions and distractions which might cause an error.

Some improvements were found to be necessary in the management of the use of some methods of restraint. Inspectors found that resident's needs were assessed prior to the usage of bedrails or wandering alarms. Bedrails were assessed regularly for safety and suitability, and inspectors saw records of three-hourly safety checks on one resident who was using bedrails. Residents, relatives and in some cases the residents GP were consulted in regard to the use of any such devices and written consent was available.

Lap-belts were used primarily for enabling and in most instances had been assessed as necessary along with suitable seating by the occupational therapist. There was evidence that residents were monitored and periods for removal of the devices were documented and implemented. However, no consents were sought for the use of the lap-belts and the documentation available did not indicate that they were required.

When the inspector discussed the issue of restraint with staff she was informed that no methods of restraint were utilised. This demonstrated that there was not a comprehensive understanding of the use and overall impact of such devices which effectively prevent freedom of movement. A comprehensive and centre-specific policy on the use of and methods of restraint remains outstanding.

5. Action required from previous inspection:

Complete and maintain, in a safe and accessible place, an adequate nursing record of each resident's health condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

This action was resolved. The inspector found that residents care plans and medical records were maintained in an ordered manner, indexed, and documents were secure. The records examined were complete and detailed. Daily nursing notes were adequately completed and signed. In addition to this, the provider has introduced a document entitled "nursing form for medical assessment of a resident" which provided comprehensive assessment information which could be seen to guide the care planning process for residents.

6. Action required from previous inspection:

Ensure that notice of incidents contains full and detailed information in relation to the circumstances surrounding the incident.

This action was resolved. The inspectors examined the accident and incident logs and found that they contained sufficient details of incidents which occurred and outlined any outcomes or actions taken as a result of any incident. They corresponded with the notifications forwarded to the Authority by the provider.

7. Action required from previous inspection:

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

This action was resolved following the registration inspection in January 2011. Curtain screening which was missing from the small windows in resident's bedroom doors was replaced following maintenance work.

8. Action required from previous inspection:

Provide adequate sitting and dining space separate to the residents' private accommodation.

Provide necessary sluicing facilities.

Make suitable provision for storage.

Provide adequate ventilation in the designated smoking area.

The completion of the extension has resolved these actions. Two sluice rooms had been provided and the sluice facility downstairs had been equipped with a stainless steel sink. The provider was in the process of re-decorating this room with washable and suitable work surfaces. Storage for equipment has been included in the extension and the existing building and the smoking area was adequately ventilated.

9. Action required from previous inspection:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

This action was resolved. The inspector examined three contracts of care and found that they contained the required information, fees to be paid by or on behalf of the residents and the facilities and services to be provided.

10. Action required from previous inspection:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

This action was resolved. The provider has amended the statement of purpose to incorporate all matters required by the regulations and which includes the alteration to the premises, additional accommodation and staffing details.

11. Action required from previous inspection:

Ensure that staff employed to work at the designated centre are fit to do so by sourcing all of the documentation set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The inspector examined two files of recently recruited staff and found that they contained the documentation required by the regulations including three references, evidence of mental and physical fitness, photographic identification and curriculum vitae. Although one reference was not written there was evidence that the provider had made several attempts to source a written reference from the staff members last employer. When this was not forthcoming a detailed verbal reference was sought,

obtained and documented. There was evidence of other references being verified by the provider. Garda Síochána vetting had been sourced.

12. Action required from previous inspection:

Review all the written operational policies and procedures to ensure they contain all the required directions and are centre-specific.

This action was not satisfactorily resolved. The inspector reviewed the policy on the use of restraint, seeking of consent and management of allegations of abuse and found that they were not centre-specific, did not reflect practice in the centre and did not adequately guide staff in the management of these practices or incidents should they occur.

Issues covered on inspection

Risk management procedures:

The inspector examined the revised health and safety statement and found that it had been suitably revised to include the extended premises and contains details of risks identified and corresponding measures in place to manage risks. One of the risks identified included the external balcony surrounding the first floor lounge. The risk of a resident suffering a serious injury as a result of a fall from this has been identified. Control measures in place include; the enclosure of the balcony with a six foot high reinforced glass and steel barrier, key-pad access, and ensuring that it will not be used during periods of wet weather or high winds.

The provider informed inspectors that thermostatic controls have been installed to ensure that the water and heat temperatures are suitable and do not present a risk of burns to residents. In addition, radiators in some rooms, for example showers have been elevated on the walls to prevent injury should a resident fall. An integrated generator has been installed and the emergency plan has been revised. A revised schedule of insurance was also available.

Some snagging works remain to be completed in order to safe guard the residents. This included the installation of restricting devices on all of the windows.

Fire precautions and records:

The Authority was provided with written evidence from a suitably qualified person that the premises, including the original premises met all of the requirements of the statutory fire authority. However, following the inspection, inspectors were informed by the local fire office that the premises could not be used until he was satisfied, by virtue of receipt of relevant documentation and a site visit that all requirements were actually substantially complied with and this had not taken place. Therefore the Authority cannot accept the written evidence supplied by the provider until such time as the fire officer indicates his satisfaction with the works.

Suitable staffing:

The provider has recruited nine additional staff in the preceding months. An additional assistant director of nursing has been appointed who will undertake the role of CNM1 in one wing of the premises. The provider submitted a staffing plan and a schedule of admission for residents. The provider indicated that it is intended to staff the original premises and the extension with two dedicated teams of staff to promote continuity of care for residents. Inspectors examined the proposed staffing plan and found that the skill-mix and numbers were adequate. An additional 6.67 whole time equivalent (WTE) nursing staff will be provided and this number will include the newly appointed assistant director of nursing. An additional 13.5 care assistant staff will also be employed.

An additional 13.5 care assistant staff will be recruited. Additional catering and housekeeping staff will also be recruited. It is the provider's intention to incrementally increase staffing levels as residents are admitted.

The ultimate plan for the increase in the number of resident's was outlined as:

- four nurses and 10 care assistants will be on duty between 08:00hrs and 14:00hrs
- three nurses and six care assistants will be on duty between 14:00hrs and 20:00hrs
- two nurses and four care assistants will be on duty from 20:00hrs until 08:00hrs and assigned to each wing
- one care assistant will be rostered for a twilight shift until 22:00hrs.

The provider agreed that the staffing numbers and skill-mix will be reviewed based on the dependency levels of the residents.

Training and staff development:

Inspectors examined the training records for nine recently recruited staff and found that all mandatory training, manual handling, recognising, responding to and reporting abuse and fire safety had been undertaken. A detailed induction schedule was available and this included supernumery time with senior grades of staff as pertinent to the role of the newly recruited staff. The newly appointed assistant director of nursing also holds a postgraduate qualification in gerontology.

Safe and suitable premises:

The inspectors examined the two-storey extension and found that it is fit for purpose. The extension is comprised of 29 single bedrooms and one twin-bedded room with assisted en suite. The bedrooms and en suites are spacious and room measurements provided and observed indicate that they meet the requirements for extended premises as laid down by the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Rooms were well equipped, with integrated lighting and electrical sockets call-bells, and with sufficient space on either side of the beds for access for carers and any equipment needed. There is adequate storage for residents' personal possessions and the facility to lock the bedside lockers.

Additional facilities include an assisted bathroom on the ground floor with a high-low bath and a large assisted shower room on the first floor. The provider has purchased a bathing stretcher hoist which can be used to comfortably support very dependant residents to use the shower or the bath. There are two additional toilets located on the ground floor within easy access of the communal areas with two further assisted toilets on the first floor. There are accessible toilets for visitors and a visitors' room. Staff changing and shower areas are provided and a separate changing area for kitchen staff is available.

The ground floor extension contains an extended living area and a dining room which can accommodate the number of residents residing in the premises. The first floor extension contains two large communal living rooms, one of which connects the

extended building to the original premises, and a sun lounge. An additional small sitting room has also been provided on the first floor of the original premises.

The new kitchen facility is located centrally and was observed by the inspector to be well equipped and organised with sufficient storage. The inspector saw the report of the Environmental Health Officer (EHO) which stated that it was in compliance with all the requirements. A new laundry facility has been provided and this was seen to contain sufficient and suitable equipment and space for the management of linen and laundry.

An additional lift has been installed and it is a suitable size to accommodate a stretcher if necessary. The first floor can be accessed by three separate stairways.

A treatment room and consulting room is located on the ground floor and there is a separate room for storage of medication, and equipment. An additional nurse's station is centrally located on the top floor and office space for the provider and the financial director is also provided.

A secure garden courtyard has been provided in the central area and this contains spacious walkways and a water feature and is easily accessible to residents. An additional small sitting room has been incorporated into the original premises and a suitably equipped hairdressing room is also available.

Safety features including grab-rails are provided on all areas, floor coverings are suitable and non slip, call-bells are installed and a nurse communication system has been installed to facilitate contact between the floors.

The premises are bright, well decorated, furnished in a homely and comfortable manner, and overall gives an impression of light and space. The design and layout ensures a good standard of private and communal space for residents, with seating areas suitable for quiet time, and large windows which allow light and views for residents. Internal walkways are wide and allow easy and safe movement for residents.

Report compiled by:

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

29 September 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
27 September 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
11 January 2011 and 12 January 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Drakelands Nursing Home
Centre ID:	0224
Date of inspection:	21 September 2011
Date of response:	13 October 2011

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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

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

All policies were not centre-specific and did not guide practices in the centre.

Action required:

Review and amend the following policies:

- the use of any methods of restraint
- the prevention, detection and response to abuse.

Reference:

Health Act 2007
Regulation 27: Operating Policies and Procedures
Standard 27: Operational Management

* 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>Drakelands House Nursing Home policy on the use of resident restraint:</p> <p>Drakelands House Nursing Home care practices are centred around the enablement of the resident. Restraint is not used in a negative manner however the wording of our policy may not truly reflect our positive practices and needs further clarification. This policy is currently being re-written to reflect the occupational therapist's recommended use of lap-belts and to recognise risk, enablement and how safety enabling equipment (such as but not limited to anti-wandering tags, wheelchair and specialist chair safety lap belts) are recognised internationally as restraining devices.</p> <p>Drakelands House Nursing Home policy on the prevention detection and response to abuse:</p> <p>This policy has been developed in line with evidence-based best practice. What to do and who to contact in the event of a relative or the proprietor abusing a resident has now been added to this policy.</p> <p>All policies are written in line with research and evidence-based best practice, and are evolving continuously. Current international thinking and reflective practice are measuring tools for shaping today's policies.</p>	<p>15 November 2011</p> <p>Completed</p>

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

Some outstanding works remain to be completed to ensure the premises is safe and suitable for residents.

Action required:

Complete the following works:

- make safe all windows in the extension by fitting suitable restricting devices
- complete the works on the sluice room downstairs to a suitable finish
- ensure that all areas which require controlled access such as sluice rooms, drugs storage rooms are secured
- ensure that shelving or storage is installed in all areas as required.

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>All works listed above will be completed as part of our snagging list programme.</p>	<p>31 October 2011</p>

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Practice in relation to the use of methods of restraining devices was not adequate.</p>
<p>Action required:</p> <p>Review practices and documentation in relation to the use of any devices which restrict or impede residents movements, how the usage of these is documented and informed consent sought for there use.</p>
<p>Reference:</p> <ul style="list-style-type: none"> Health Act 2007 Regulation 8: Assessment and Care Plan Regulation 25: Medical Records Regulation 10: Residents' Right, Dignity and Consultation Standard 3: Consent Standards 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Safety enabling lap belts recommended by the occupational therapist have now been added to the resident consent documentation.</p> <p>Documentation explaining why safety enabling lap belts should or should not be used on a particular specialist chair or wheelchair will be created with the occupational therapist and added to the care plan.</p>	<p>31 November 2011</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Written evidence of compliance with all the requirements of the fire authority was provided prior to the fire authority deeming the works satisfactory and the premises safe for use.</p>

Action required:	
On completion of the fire officer's assessment provide written evidence to the Authority that the fire authority has deemed the premises safe for use and up-to-date written evidence of compliance.	
Reference:	
Health Act 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The electrical contractor and the electrical engineer have been working with the fire officer from commencement of the new extension. The fire officer will inspect all compliance requirements on 18 October 2011. Written evidence of compliance will then be sent to the Health Information and Quality Authority.</p>	As soon as possible

Any comments the provider may wish to make:

Provider's response:

Underpinning best practice and best standards of care for our elderly are achievable standards. Maintaining and improving achievable standards requires investment of capital. Funding of care for the elderly must remain high on the agenda of decision makers to encourage and allow investment by nursing home proprietors.

We would welcome round table discussions between the government, National Treatment Purchase Fund, the Health Information and Quality Authority, HSE and providers to ensure funding is maintained to assist in meeting quality services for our elderly and the requirements of the Health Act 2007 and regulations.

Provider's name: Anne Fleck-Byrne

Date: 13 October 2011