

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Middletown House
Centre ID:	0251
Centre address:	Courtown Harbour
	Gorey
	Co Wexford
Telephone number:	053-9425451
Fax number:	053-9425451
Email address:	ingrid@middletowntownhouse.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Joseph Butler
Person in charge:	Ingrid Ashmore-Butler
Date of inspection:	3 March 2010 and 4 March 2010
Time inspection took place:	Day-1 Start: 10:00hrs Completion: 17:00hrs Day-2 Start: 09:30hrs Completion: 16:00hrs
Lead inspector:	Íde Batan
Support inspector(s):	Gerry Mc Dermott
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are part of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration six months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act, 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector 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 inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

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

About the centre

Description of services and premises

Middletown House is a two-storey building surrounded by three acres of landscaped gardens and can accommodate 50 residents primarily older persons with a wide range of care needs such as dementia, physical disability, convalescence and respite care. The ground floor has eight single bedrooms and 18 single en suite bedrooms with toilets and wash hand basins. There are also two twin en suite bedrooms. There are eight toilets and six assisted toilets. On the first floor there are six single en suite bedrooms with toilets and wash hand basins and seven twin en suite bedrooms with toilets and wash hand basins. The first floor can be accessed by a lift and also chair lifts. Other facilities include seven lounges/sitting rooms, a dining room, kitchen, treatment room, oratory, two visitor/family rooms and a visitor's tea room.

Location

Middletown House is located outside the seaside holiday area of Courtown Harbour, Gorey, Co. Wexford.

Date centre was first established:	1 September 1984
Number of residents on the date of inspection	49

Dependency level of current residents	Max	High	Medium	Low
Number of residents	10	11	28	0

Management structure

The Registered Provider is Joseph Butler. The Person in Charge is Ingrid Ashmore-Butler. There is also an Assistant Director of Nursing. The nurses, care assistants, housekeeping staff, catering staff, laundry staff and the activities coordinator all report to the Person in Charge and in the absence of the Person in Charge staff report to the Assistant Director of Nursing. The office administrator, grounds and maintenance staff report to the Provider.

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	10	3	4	1	Provider and Maintenance

Summary of findings from this inspection

This was an announced registration inspection and the first inspection of this centre by the Health Information and Quality Authority. Inspectors met with residents, relatives, management and staff. They reviewed documents including staff rosters, policies, care plans, staff files, complaints, accidents and incidents. Inspectors spent time sitting with residents and observing practice to gain a greater insight into residents' experience.

The provider, person in charge and assistant director of nursing work full-time and are committed to continually improving services for residents and recognise that residents needs change daily. Residents and relatives said that they were very happy with the care and accommodation provided.

Fit person interviews were carried out with the provider and person in charge. The provider and person in charge had completed a comprehensive fit person entry self assessment document. This was reviewed along with all the information in the registration application form and associated documents. Since completion of the self assessment the provider has made the following improvements:

- Resident and relative involvement
- Developed corrective action plans to address deficits that occur in service delivery
- Staffing levels are subject to regular review
- Development of advocacy services.

Overall, inspectors concluded that this provider delivers high quality care to its residents. The management and staff were committed to residents and there were good working relationships between staff and management.

Many factors contributed to the residents' quality of life. Relatives and friends visited regularly and there was a sense of warmth and familiarity between staff, residents and relatives. The centre had a homely atmosphere where residents were encouraged to be independent and were involved in the local community. Residents' healthcare needs were well monitored and met.

A number of improvements were required to comply 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*. These improvements included further development of the statement of purpose and function, a Residents' Guide, management of medication and resident consultation. These are addressed in the Action Plan and recommendations at the end of this report.

Residents' and relatives' comments

Residents

Inspectors spoke with six residents during the inspection and six completed questionnaires they had received prior to inspection. Residents comments included; "The place is grand:" "I can do as I please"; all residents spoken to said the care was very good.

Residents spoke to inspectors about their daily routine. One resident said that he gets up when he wants and goes to bed as he pleases. Another resident said he/she liked to have their breakfast in bed and a shower around midday which was accommodated.

Residents talked to inspectors about what they did during the day. One resident said she liked to read, another said she loved knitting. Another resident said she liked going out in the minibus. Residents said they liked the exercise classes and music sessions. Other residents said that when the weather was good they enjoyed going outside to the gardens.

All residents agreed the food was lovely and that there was very good choice. A resident said if there was something she did not like, she could have whatever else she wanted. All residents said there were plenty of snacks available as required. Residents told inspectors that they could have visitors at any time and that it was great to have the visitor's room where they could make a cup of tea.

Residents said that the staff was very good. "Whatever we ask for we get it"; "I am encouraged to be independent": "there are plenty staff around day and night; they always respond quickly when I ring the bell". Residents who spoke with inspectors all said that they felt well cared for and the person in charge came around every day to see them.

Relatives

Inspectors received five completed questionnaires prior to inspection and spoke to two relatives during inspection. Questionnaires received concluded that relatives were very happy with overall care provided, accommodation, healthcare needs, food, and the cleanliness of the centre. All questionnaires stated that the provider, person in charge and staff were very welcoming, helpful and reassuring. Relatives stated that they felt they could discuss all aspects of care with the staff at any time.

A relative said that there were plenty of activities to occupy residents and that in spring/ summertime her relative would go out to do light gardening. Another relative said her family member had blossomed since coming to the centre. Relatives said they knew what a care plan was and this was also evident from the completed questionnaires.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The provider and person in charge demonstrated a strong commitment to the operation of the centre and showed a good level of understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. They both work full-time and are on-call at all times. In their absence the assistant director of nursing has overall responsibility.

There was a sign-in book for visitors in the main hall. The centre's registration, complaints policy, statement of purpose and function, residents' information booklet, activities diary and a community newsletter are available in the foyer. There were newspapers, fresh orange juice and water also available at reception.

There were adequate procedures and precautions to minimise the risk of fire. Fire procedures were posted at several points and fire exits were clear and easily visible. Fire equipment had been serviced in February 2010. Fire training had taken place in November 2009 and January 2010. There was written confirmation from a suitably qualified person that the fire preventative measures were compliant with best practice in fire safety procedures. There was written evidence that the centre was built in compliance with Building Regulations, 1993.

All complaints received were recorded in a complaints book. The last entry was February 2010 and it documented the actions that had been taken and outcomes for the resident, which was found to be satisfactory. An independent appeals process was also in operation.

The accident/incident book was viewed by an inspector. It had a detailed account of the nature of the accident/incident and investigations that were completed. The residents' register was up-to-date. The insurance certificate was valid and residents' possessions were covered for the appropriate amount.

Some improvements required

There were no formal systems in place for the collection of data for risk management, auditing and quality assurance purposes to improve outcomes for residents.

Whilst residents did have contracts of care they were not in accordance with the regulations.

Significant improvements required

The risk management policy and procedures did not differentiate between clinical and non-clinical risk and there were no systems in place for recording and learning from adverse events.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

There were several activities available to residents. Inspectors observed many residents knitting, and one resident told an inspector that she was making a patchwork quilt for the centre. There was an activities coordinator employed full-time and she acknowledged the need for a flexible approach to cater for residents' needs. A monthly activities report review was seen by an inspector and it showed that residents were willing to participate in a wide range of activities and enjoyed most sessions. Inspectors observed many residents reading books and newspapers as some residents said that they did not wish to partake in some activities. Another resident said that she liked the exercise classes the most.

The staff explained that there was flexibility around daily routines. Residents confirmed that they could get up and go to bed when they wanted. A resident told an inspector that residents were encouraged by staff to be independent in their daily lives. Inspectors observed staff knocking on residents' doors and waiting for a response before entering. Residents all agreed that their privacy was maintained. Inspectors observed that residents were well cared for in their personal appearance.

Mealtimes were an enjoyable social occasion. The menus for each day were displayed at several locations. Tables were attractively set with tablecloths, flowers and condiments. There was a choice of two starters, two main courses and two desserts for lunch. The food was presented nicely and a resident's relative came and dined with their family member for lunch. Inspectors joined residents for lunch and sampled the food which was hot and tasty. Gravy and sauces were served in separate jugs on each table. There was appropriate supervision in the dining room and inspectors observed a lot of chat between residents at tables and also between residents and staff. There were plenty of drinks and nutritious snacks served throughout the day. Fresh drinking water and orange juice were available in various sitting rooms.

Residents confirmed that if there was something on the menu that they did not like an alternative would be found. Another resident said that at a residents' forum meeting she expressed a preference regarding suppers and this was accommodated.

The centre had its own bus, and twice per week residents could go to the local town. A resident said she liked to go to the hairdresser in town. Residents confirmed that they could go to the local church on Sundays in the bus and expressed satisfaction at being able to do this. Residents who were not able to go out confirmed that their religious beliefs were accommodated and an inspector observed a eucharistic minister visiting residents.

Staff interviewed by inspectors were knowledgeable about the different types of elder abuse and reporting procedures.

Significant improvements required

There was no record of residents' preferred routines, expectations, likes and dislikes. There were no individual assessments of residents regarding activities that they would like to pursue in the centre.

Not all staff had received training in the prevention, detection and response to elder abuse.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors found that residents' healthcare needs were adequately met. There was regular monitoring of weights, vital signs and regular blood checks for residents on anticoagulant therapy. Residents were provided with the services of the local general practitioner (GP) but if residents wished they could retain their own GP. The local GP visited on a regular basis and there was an out-of-hours doctor service.

The assistant director of nursing explained that there are good links with psychiatric services in the area as there were two residents who had recently transferred from a centre that was closing. Chiropody, physiotherapy, reflexology, optician and dentistry were arranged as required.

There was a care planning system in place. Residents had assessments completed on admission to determine dependency level, and risk assessments were carried out for pressure area care, falls, manual handling and nutrition. These assessments were carried out every three months and more frequently as required. Nursing staff documented residents' condition and changing needs twice in a 24 hour period. A nurse was observed by an inspector as she administered medication and this was found to be in line with best practice. Blister packs were used and the pharmacy provided support and knowledge to staff. The medication policy addressed the procedures for ordering, dispensing storage and checking of medications. It also addressed the crushing of medications and the procedure for disposing of unused medicines.

Residents' independence was actively promoted as inspectors saw staff encouraging residents to walk and eat independently where possible. There was a good supply of assistive equipment and good manual handling techniques were observed.

Some improvements required

An inspector reviewed four care plans and found that the process had deficits. For example, some care plans were not personalised and there was no evidence of an assessment of the personal and social needs of residents.

There was no policy and procedure in place for checking the stock balance of controlled drugs; this does not meet the legislative requirements of An Bord Altranais.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

Inspectors reviewed sitting rooms, the dining area, conservatories, the sluice room, the laundry, kitchen, visitors' room and some residents' bedrooms. The environment was observed to be bright, homely with appropriate pictures, furnishings, and colour schemes. Residents' bedrooms were personalised with residents' possessions and there was lockable storage available in each room. Residents said they were very happy with the accommodation.

The provider and person in charge had good infection control practices in place and the centre was found to be very clean. A cleaning staff member spoke knowledgeably about the procedures she followed to ensure she complied with best practice and there were cleaning schedules in place. There were sufficient hand washing facilities and hand sanitising gels throughout.

The kitchen was found to be clean and organised and there was a food safety management system in operation. All of the catering staff demonstrated knowledge of residents' likes and dislikes. There were adequate changing and catering facilities for staff.

The laundry was well equipped with a separate entrance for soiled linen and a separate exit for clean clothes and linen. Residents said they were happy with the laundry service provided.

There was adequate assistive equipment to meet needs of residents such as electric beds, hoists, pressure relieving mattresses, wheelchairs and zimmer frames. Inspectors observed residents moving independently using their individual mobility aids. There were 13 service contracts viewed by inspectors for equipment which showed that all equipment was serviced regularly. Staff explained procedures for reporting faulty equipment and were satisfied with the prompt response from the maintenance person.

Significant improvements required

There was only one bath available for residents' use

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

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

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

Evidence of good practice

The complaints procedure, statement of purpose and function, and nursing home information booklet were displayed in the front hall. There was also a notice board with residents' photographs from recent parties, activities list and paintings. There were newspapers and the local newsletter also in the reception area.

There were nursing handover meetings at the changeover of each shift which include a review of residents and any items that needed to be completed by the next shift. This was also documented in the communications diary. Staff members said that staff meetings were held and inspectors saw minutes of the last meeting which was held on 15 January 2010.

Residents' records were stored in individual folders and kept securely in the nurses' station. Inspectors observed that the nurses' station was kept locked throughout the day ensuring the security and confidentiality of residents' records.

The provider and person in charge sought the views of residents through a residents' forum which met once per month. Inspectors saw minutes of the last meeting which had been held in January 2010. Residents expressed satisfaction with the forum as a resident said everyone's views were listened to and whatever was suggested at this forum was followed through, for example a resident suggested a letter box for post to be fitted and this was done. There was a separate relatives' committee as residents wished to have their meetings by themselves.

Relatives reported that they had good communication with staff and management and they were kept informed of their family member's progress. Staff was aware of the communication needs of residents with cognitive issues. Inspectors saw them taking time to listen to those residents, and to reassure them and put them at ease.

Some improvements required

Policies were comprehensive and in line with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and policies reflected practices observed by inspectors. However, there was no system in place to ensure that policies were reviewed and audited.

The statement of purpose and function did not contain all the information required in the regulations.

There was a Residents' Guide available but it did not contain all the information as required by the regulations.

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

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

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

Evidence of good practice

Inspectors found the staffing levels and skill mix were sufficient to meet the needs of residents. The person in charge told inspectors that staffing levels were based on dependency levels and this was calculated using the Barthel system. Inspectors observed staff being attentive to residents and performing their duties in a timely manner. Residents told inspectors that they felt there was enough staff and that they could respond to their needs promptly. The staff were praised by residents and relatives.

Staff interviewed by inspectors said they were happy with their terms and conditions of employment. There was a very low turnover of staff. There were records of each nurse's registration with An Bord Altranais for 2010.

There was a comprehensive training programme in place and records reviewed showed that nursing staff had attended professional courses such as medication management, infection control, and best practice for older persons. Most of the care assistants employed had completed training in Further Education and Training Awards Council (FETAC) Level 5 in Care of the Older Person or Palliative Care Support. Manual handling and fire training was up-to-date and all catering staff had completed a food safety course. The provider and person in charge were committed to improving services through staff training and skill development.

Some improvements required

The staff files did not contain all the information outlined in the 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). A sample of files examined by inspectors did not contain three references or Garda Síochana vetting.

Report compiled by

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

10 March 2010

Provider's response to inspection report

Centre:	Middletown House
Centre ID:	0251
Date of inspection:	3 March 2010 and 4 March 2010
Date of response:	17 May 2010

Requirements

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

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

Some staff did not receive training on the prevention, detection and response to elder abuse.

Action required:

Provide training for all staff on the prevention, detection and response to elder abuse.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 8: Protection

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

Timescale:

<p>Provider's response:</p> <p>All Nursing and healthcare staff have received training on prevention, detection and response to elder abuse since July 2009. All remaining staff members including catering, house-keeping, kitchen, maintenance and ground staff will receive training on elder abuse</p>	<p>31 July 2010</p>
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2 The provider is failing to comply with a regulatory requirement in the following respect:

The care planning process had the following deficits.

- some care plans were not personalised
- there was no evidence of an assessment of the personal and social needs of residents
- some care plans reviewed showed no evidence of residents' involvement in development of their care plan.

Action required:

Carry out a review of the care planning process and implement changes to ensure that each residents' needs are set out in an individual care plan developed, reviewed and agreed with each resident.

Reference:

Health Act, 2007
 Regulation 8: Assessment and Care Plan
 Standard 10: Assessment
 Standard 11: The Resident's Care Plan

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

Timescale:

Provider's response:

We will review the care plan and update with social needs. Personal needs are addressed already in the care plan, 44 out of 49 care plans are discussed with residents/families and signed.

30 June 2010

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

There was no process to review quality and safety of care through auditing of information such as clinical and non-clinical risk management.

Action required:	
Establish a process to review quality and safety of care provided and the quality of life of residents in the centre.	
Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: We will establish a system in place to audit and review clinical and non clinical risk management.	31 July 2010

4. The provider has failed to comply with a regulatory requirement in the following respect:	
The statement of purpose and function did not contain all the information as required in Schedule 1 of the regulations.	
Action required:	
Compile a statement of purpose and function which contains all the information required in Schedule 1 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: This is now in place and a copy of this document has been sent to Inspectorate.	Complete

5. The provider is failing to comply with a regulatory requirement in the following respect:
Staff files did not contain all of the documents to be held in respect of persons managing or working at the centre.

Action required:	
Review staff files, and obtain the information and documents specified in Schedule 2 of the regulations.	
Reference: Health Act, 2007 Regulation 18: Recruitment Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All staff files are up-to-date, except for Garda Siochana clearance, between Nursing Homes Ireland and the Garda Siochana it is now taking over six months to receive clearance, this is beyond our control.	Ongoing Process

6. The provider is failing to comply with a regulatory requirement in the following respect:	
There was not an adequate number of baths in the centre.	
Action required:	
Provide a sufficient number of baths having regard to the number and dependency 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:
Provider's response: A survey was carried out with our current residents as to their preference regarding showering and/or bath. Approximately 10% of the respondents said they would occasionally like a bath. To enhance our facilities there will be another aid assisted bath put in place.	31 July 2010

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

The Resident's Guide did not contain all of the information required in the regulations.

Action required:

Provide a written Resident's Guide and ensure that each resident has access to the information in an accessible format, appropriate to their individual needs, to assist in decision making.

Action required:

Supply a copy of the guide to the Chief Inspector and to each resident.

Reference:

Health Act, 2007
Regulation 21: Provision of Information to Residents
Standard 1: Information

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

Timescale:

Provider's response:

A copy is now being furnished to the inspectorate.

Complete

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

The contracts of care for residents were not in accordance with the regulations.

Action required:

The registered provider shall ensure that such contracts include details of the services to be provided for each resident and fees to be charged.

Reference:

Health Act, 2007
Regulation 28: Contract for the Provision of Services
Standard 7: Contract/Statement of Terms and Conditions

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

Timescale:

<p>Provider's response:</p> <p>All residents have been issued with the most up-to-date contract of care, a copy which has been sent to the inspectorate.</p>	<p>30 June 2010</p>
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Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 14: Medication Management	The receipt, administration, management and disposal of controlled drugs should be recorded in accordance with An Bord Altranais guidelines and the relative legislative requirements.
Standard 11: The Resident's Care Plan	All nursing staff should be familiar with An Bord Altranais Recording Clinical Practice Guidelines.

Any comments the provider may wish to make:

Provider's response:

This was our first inspection, and I would like to thank both inspectors for their courtesy, professionalism and their approach to staff and residents.

We welcome the introduction of HIQA, and we are aware that by working together we can provide an excellent quality of service as well as quality of life to our residents. It is still a learning curve for everyone concerned, including HIQA and over time, it can only benefit both residents and staff in nursing homes.

Provider's name: Joseph Butler

Date: 17 May 2010