

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



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| Centre name: | Owen Riff Nursing Home |
| Centre ID: | 0375 |
| Centre address: | Camp Street Oughterard, Co Galway |
| Telephone number: | 091 866946 |
| Fax number: | 091 866949 |
| Email address: | owenriff@eircom.net |
| Type of centre: | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public |
| Registered providers: | Riverside Nursing Home Ltd |
| Person in charge: | Kathleen Neilson |
| Date of inspection: | 9 and 10 August 2011 |
| Time inspection took place: | Day-1 Start: 10:00 hrs Completion: 17:30 hrs Day-2 Start: 07:30 hrs Completion: 13:30 hrs |
| Lead inspector: | Nan Savage |
| Support inspector: | N/A |
| Type of inspection: | <input type="checkbox"/> Announced <input checked="" 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

Owen Riff Nursing Home is a two-storey, purpose-built centre which opened in 2003. It is a family run business and there are places for 40 residents. At the time of inspection, there were 21 residents receiving long-term care, including some residents with dementia.

The entrance door leads to a small reception area and the nurses' station is located opposite the reception desk. There is a variety of communal accommodation including a dining room and small day room on the ground floor and another day room, oratory and recreational room on the first floor. There is a visitors' room on each floor where residents can meet visitors in private and a smoking room which is also used as the hairdressing room. The kitchen and food preparation and storage rooms are adjacent to the dining room downstairs. The catering staff toilet and laundry room are located in this vicinity. There are two sluice rooms, one on each floor of the building. At the time of inspection the sluice room on the first floor was being used as a cleaning storeroom.

There are 35 bedrooms in total, 30 single bedrooms and five twin bedrooms. Fourteen single bedrooms and five twin rooms are located on the first floor with the remaining 16 single bedrooms on the ground floor. One twin room has an en suite assisted bath, toilet and hand-washing facilities while the remaining four twin rooms have en suite assisted shower, toilet and hand-washing facilities. The single bedrooms have an en suite toilet and hand-washing facilities.

Staff changing facilities are on the first floor and a designated toilet for non catering staff is provided in this facility. A separate residents' toilet and visitors' toilet are located on each floor. Since the previous inspection a bathroom on the first floor has been converted into a wheelchair accessible visitor's toilets.

Car parking for relatives, staff and visitors is available to the front of the building. There is no garden that is safe for use by all residents.

Location

Owen Riff Nursing Home is located in Oughterard, County Galway and is approximately 26 kilometres from Galway city. It is within walking distance of local shops and amenities.

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| Date centre was first established: | 8 December 2003 |
| Number of residents on the date of inspection: | 21 |
| Number of vacancies on the date of inspection: | 19 |

| Dependency level of current residents | Max | High | Medium | Low |
|---------------------------------------|-----|------|--------|-----|
| Number of residents | 13 | 6 | 1 | 1 |

Management structure

Owen Riff Nursing Home is a limited company and there are three Directors, Theresa O'Toole and her daughters Kimberly and Melanie O'Toole. The Person in Charge, Kathleen Neilson, reports directly to Theresa O'Toole. Grace Kelly reports to and deputises for the Person in Charge. A team of nurses and care assistants report to the Person in Charge. Catering and housekeeping staff report to the Provider or the Person in Charge. Maintenance work is the responsibility of Kevin O'Toole, Theresa O'Toole's husband. There is also an administrator reporting to Theresa O'Toole.

| 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 | 1 | 2 | 1 | 1 | 1 | 2* |

*Provider and the Maintenance person

Background

Owen Riff Nursing Home was first inspected by the Health Information and Quality Authority (the Authority) on the 3 and 4 June 2010. The inspection report is available on www.hiqa.ie

On that inspection, inspectors were satisfied during the inspection that generally the residents' medical and nursing needs were met. Residents were offered a varied and nutritious diet and this was based on their dietary requirements and preferences. Staff demonstrated an in-depth knowledge of residents' needs. The majority of the staff were from the locality and provided a strong link between the residents and the local community.

However, the action plan identified areas that required significant improvement such as aspects of the care planning process and restraint management. Other areas for improvement included staffing levels, skill-mix and the size and layout of the centre. Risk management procedures were in place but some additional assessments and quality audits were required to ensure residents' safety was not being compromised. Also access to regular, meaningful and appropriate activities for all residents was limited.

Owen Riff Nursing Home was granted registration subject to specific conditions and this inspection was in response to the provider's application to remove those conditions.

Summary of findings from this inspection

This inspection was carried out on the 9 and 10 August 2011 by the Health Information and Quality Authority (the Authority) and it was an announced inspection. The provider had applied to vary conditions of registration under section 52 of the Health Act, 2007. This inspection focussed on the provider's application to remove specific conditions of registration and on the Action Plan from the previous inspection report.

The provider had applied for the removal of some conditions of registration such as the requirement for the centre to obtain prior written agreement from the Chief Inspector before increasing the number of residents beyond 30. The inspector assessed the provider's application to vary conditions of registration under areas such as governance and staffing, quality of life and healthcare. The inspector also included the provider's progress on implementing the action plan from the previous inspection as part of the assessment to vary conditions. The chief inspector will consider the application following the submission of the completed action plan for this report.

The inspector found that staffing levels and skill-mix did not meet the care needs of residents. This had been an action on the previous inspection and the inspector was very concerned that this matter had not been addressed. The inspector was also concerned with the high number of un-witnessed accidents and found that these related to inadequate supervision of residents. This significant issue required the urgent attention of the provider and the provider was required to submit an immediate action plan to address the risk identified. The provider in conjunction with the person in charge reviewed the staffing levels and an extra care assistant was rostered in the morning and evening with immediate effect.

Most areas of the action plan had been either addressed or partially completed since the previous inspection. However, some areas required further improvement including the risk management policy and the management of the use of restraint. Also, the provision of planned meaningful stimulation and activities for all residents was not sufficient to create interest and variety in their daily routine.

Residents' healthcare needs were well met in most areas and residents had good access to GP services. Residents were well cared for in appearance and the person in charge and staff demonstrated a comprehensive knowledge of residents' needs. Although some improvements were required in the care planning process, the inspector found that residents' care plans reflected their individual needs and contained clear interventions that guided staff practices.

The inspector found that the key measures taken by the provider since the previous inspection were as follows:

- staffing files had been updated to include the required documentation
- the statement of purpose had been reviewed and updated in line with the Regulations
- a more comprehensive system for recording residents' daily nursing notes had been implemented
- notifications had been submitted to the Authority in accordance with the Regulations
- adequate ventilation was now available in the downstairs sluice room, smoking room and lobby to the visitors' toilet
- the directory of residents was maintained and up-to-date
- arrangements had been put in place to facilitate residents' consultation and participation in the day-to-day running of the centre.

Actions reviewed on inspection:

1. Action required from previous inspection:

Assess the needs of residents and put in place the numbers of staff and skill-mix of staff are appropriate to their needs of residents and the size and layout if the centre.

This action had not been completed.

Sufficient arrangements were not in place to ensure that staffing levels and skill-mix were based on the assessed needs of residents and the size and layout of the building. This was of particular concern as it had been an issue in the previous inspection findings. The inspector found that there were inadequate staffing levels to meet the needs of all the residents.

The inspector was concerned with the number of un-witnessed accidents and found that this related to the inadequate staff supervision of residents during some parts of the morning and evening time. The inspector also noted that the issue of supervision in the evening had been raised at a residents' committee meeting in June 2010 but the provider had not responded to this. The provider had not reviewed the information on falls, identified that most falls were occurring in the morning and evening and had not considered whether the staffing arrangements needed to be adjusted to reduce the risk of falls at these times.

The provider informed the inspector that staffing levels were based on the number of residents and her professional judgment. Although dependency levels of residents was being assessed, it was not being used to inform decisions on staffing levels. The inspector found that the dependency levels of residents had increased since the previous inspection but yet the staffing levels and skill-mix had remained the same. Some residents and staff stated that there was a need for extra staff.

Furthermore, the inspector found that the provider carried out some duties that were the legal responsibility of the person in charge as set down in the Regulations. For example, the person in charge did not complete and manage the staff rota and the provider confirmed that she managed the rota. This arrangement was not in line with the requirement that the person in charge ensure that at all times the numbers of staff and skill-mix are appropriate to the assessed needs of residents and size and layout of the centre.

2. Action required from previous inspection:

Set out each resident's needs in an individual care plan developed and agreed with each resident, to meet all residents' current needs, including specific needs.

Keep the resident's care plan under formal review as required by the resident's changing needs or circumstances.

Implement the restraint assessment form.

This action was not fully addressed.

The person in charge had made progress in the care planning process but further improvements were required. The inspector reviewed a sample of residents' care plans and found that they contained clear interventions that were person-centred and guided staff practice.

Some assessments were not adequate and a wound assessment had not been completed for one resident. An assessment using a validated tool had not been used to identify any underlying causes or triggers for residents with behaviour that challenges. The inspector also noted that some assessments were not kept under formal review based on residents' changing needs or circumstances. While there was evidence that care plans were reviewed regularly, the person in charge did not use the formal assessments to inform these reviews and did not document all review dates. The inspector also noted that while residents and/or their representatives had been initially consulted on the development of the care plans, they were not included in subsequent reviews. The person in charge informed the inspector that she there had been informal reviews with residents and/or their representatives.

Adequate measures were not in place to manage the use of restraint. Since the previous inspection, the person in charge had not implemented an assessment for the use of restraint as stated in the previous action plan. There was no evidence that alternatives to the use of restraint had been tried. The inspector also noted that there were no details of the duration for which the restraint was to remain in place.

3. Action required from previous inspection:

Maintain an adequate daily nursing record of the person's health and condition and treatment given.

This action was completed.

The person in charge had introduced a more comprehensive system for recording residents' daily nursing notes. The inspector read that the daily nursing notes reflected clinical issues including any changes in the resident's health and treatment given. Other information included their mood, social engagements and other visits received by the resident such as those from the GP.

4. Action required from previous inspection:

Provide a written report at the end of each quarter in the event of the occurrence of any accident.

This action was completed.

The person in charge was aware of the requirements and the inspector found that notifications had been submitted to the Authority in accordance with the Regulations.

Quarterly returns had been submitted in a timely manner and some notifiable incidents that had occurred were also reported within the specified timeframes set out in the Regulations.

5. Action required from previous inspection:

Provide access to occupational therapy, or any other services as may be required, to be facilitated by the provider or by arrangement with the Health Service Executive (HSE).

This action had not been completed.

The person in charge informed the inspector that access to an occupational therapist was now available through GP referral. However, the inspector noted that some residents were not fully supported in the seating provided. The inspector observed these residents being propped up with the use of pillows. Seating assessments had not been carried out for these residents and there had been no referrals to the occupation therapist.

6. Action required from previous inspection:

Ensure a comprehensive written risk management policy is in place and that it is implemented throughout the building.

Provide grab rails to the shower in the ground floor residents' assistive shower room.

This action was partially completed.

The risk management system had been reviewed and included a risk assessment on residents who smoked in their bedrooms. However, this assessment did not take into consideration smoke that migrated from bedrooms to other areas of the centre. The inspector noted at different stages during the inspection that a smell of cigarette smoke was evident along a bedroom corridor.

The inspector also noted that a comprehensive risk assessment had not been undertaken for the outdoor areas. Also the risk management policy did not include adequate arrangements for the investigation and learning from serious or untoward incidents or adverse events involving residents.

Since the previous inspection grab rails had been fitted in the ground floor assisted shower room.

7. Action required from previous inspection:

Ensure the building is kept in a good state of repair in that all parts of the designated centre are kept clean and odour free.

This action was completed.

During the previous inspection a foul odour was noted along a corridor on the first floor. The person in charge had put control measures in place immediately after the previous inspection to eliminate this odour. These measures included a case discussion with the GP about relevant clinical issues, the purchase of special equipment and increased awareness and vigilance of staff about cleaning up spillages. The inspector noted that the plan put in place by the person in charge had dealt with the matter.

8. Action required from previous inspection:

Maintain the building is kept in a good state of repair.

Provide external grounds which are suitable for, and safe for use by, residents.

Provide a separate room for storage of cleaning equipment and chemicals.

Provide a lockable storage space for residents to store their possessions.

The action was partially completed.

Adequate ventilation was now available in the downstairs sluice room, lobby to the visitors' toilet and designated smoking room.

Some issues had not been addressed since the last inspection. All residents, including those with confusion, did not have access to a safe outdoor area. A company director discussed plans with the inspector to provide a safe enclosed space for residents and stated that this project would be completed by October 2011.

Adequate facilities to store cleaning equipment were not provided and this equipment was being stored in the laundry room. This practice increased the risk of infection. As an interim measure the provider had changed the use of the first floor sluice room into a cleaning store. The provider informed the inspector that they had a long-term plan to provide separate cleaning facilities but did not have a proposed date for this.

Since the previous inspection the provider had made available lockable storage space for residents to store any personal items in their bedrooms.

9. Action required from previous inspection:

Provide opportunities to participate in activities appropriate to residents' interests and capabilities.

Develop an activities programme fully informed by residents' interests and wishes.

This action was partially completed.

The person in charge had completed a social, cultural, spiritual and lifestyle assessment and care plan for most residents but this assessment and care plan had not been carried out for all residents. The inspector noted that staff including the person in charge interacted with residents in a respectful and sensitive manner.

However, the inspector noted that there were long periods during the inspection when residents were left on their own in the day room and there were very few interesting things for them to do. Some residents commented that the mornings were long and one said that "the mornings are a bit dead...". The inspector also noted that there was very little meaningful stimulation for residents with higher dependency levels and those with a greater cognitive impairment.

The provider had recently employed an activities coordinator for four days a week from 2.30 pm to 5.00 pm. A weekly activities programme had been put in place but did not indicate that residents had a variety of activities available to them based on their preferences and interests. At the time of inspection the activities coordinator was on sick leave and a member of the cleaning staff stayed on to facilitate activities, such as bingo, with residents.

10. Action required from previous inspection:

Implement the statement of purpose and amend it to include all of the information as required by the Regulations.

This action was completed.

At the start of the inspection, the statement of purpose did not meet all the requirements of the Regulations. For example, the organisation structure had not been included and sufficient information on the complaints procedure and admission policy had not been documented. Also the registration details were not included such as the date of registration, expiry and the conditions of registration.

However, during the course of the inspection the provider amended the statement of purpose and submitted an updated version to the inspector prior to the completion of the inspection.

11. Action required from previous inspection:

Put in place suitable practices in infection control in accordance with current Regulations and best practice guidelines. Discontinue the use of shared hand towels in the residents' assistive bathroom.

This action was completed.

The specific measures required in the previous action plan had been implemented. For example, communal hand towels were no longer in use in some residents' assistive bathrooms.

12. Action required from previous inspection:

Put in place an induction policy to inform practice and implement the proposed induction programme.

Develop the existing staff education programme and provide staff with education and training to enable them to deliver care in accordance with contemporary evidenced based practice.

This action was partially completed.

Progress had been made in response to this action plan but further improvements were required. A staff induction programme had been implemented. The orientation programme included an introduction to the centre and expected standards, the quality management system and health and safety.

Since the last inspection mandatory training including fire safety training had been provided. Some in-house training had been completed by the person in charge on how to manage behaviour that challenges. The pharmacist had also provided an education session in May 2011 on medication management to nursing staff.

The inspector viewed the training and education record and noted that some mandatory training needs had been identified and that some staff had received training in care of the elderly. However, the plan did not demonstrate that other training had been planned to enable staff deliver care in accordance with contemporary evidence based practice in areas such as wound management.

13. Action required from previous inspection:

Amend the recruitment, selection and vetting policy to reflect all the requirements of the Regulations.

Ensure all information maintained on staff files meet the requirements of Schedule 2 of the Regulations.

Implement the proposed staff appraisal system.

This action was partially completed.

The recruitment, selection and vetting of staff policy had been updated but was not in line with the Regulations. For example, there was no reference to the requirement for three written references and that those employed by the centre must provide evidence of mental and physical fitness.

The inspector reviewed a sample of personnel files and noted that all of the information required in Schedule 2 of the Regulations had been obtained.

The proposed staff appraisal system had not been fully implemented. The majority of staff spoken with had not completed a staff appraisal.

14. Action required from previous inspection:

Put in place arrangements to facilitate consultation and participation in the day-to-day running of the centre. Ensure all residents rights, needs and wishes are sought and facilitated. Careful consideration must be given to seeking the views of residents who have difficulty communicating.

This action was completed.

The provider had put in place arrangements for residents to have some input into decision making within the centre. Following the previous inspection, a residents' committee had been established in June 2010. Since then, two meetings chaired by a relative had taken place. Items discussed included menu planning and activities.

The person in charge informed the inspector that she also spoke with residents individually and sought their views. Throughout the inspection the person in charge and provider was observed chatting with residents.

15. Action required from previous inspection:

Establish and maintain a formal system for auditing and monitoring all aspects of quality and safety of care to ensure learning and improvements in practice take place.

This action was partially completed.

There were some systems in place to review the quality and safety of care and quality of life of residents.

Since the previous inspection audits had taken place in some areas. For example, a hygiene audit was carried out by the chef in April and May 2011. The person in charge had also completed a resident/representative survey in February 2011. The person in charge stated that the residents' next of kin participated in this survey and that a letter including the questionnaire was sent to the next of kin along with a stamped address envelope. Areas covered in the survey included enjoyment of life, choice and the living environment. The person in charge had analysed the data and used a range of graphical output to illustrate the results. The inspector reviewed the audit findings and noted that the majority of feedback was very positive. Some areas for improvement had been identified. For example, one relative felt that there should be more activities appropriate to each resident's needs and ability. The person in charge discussed the survey findings with the provider and as a result of this survey an activities coordinator was appointed in March 2011.

However, a formal system for auditing and monitoring all aspects of quality and safety of care had not been fully implemented. The inspector found that there were no audits carried out in key areas such as complaints management, falls, incidents and accidents to identify trends, target improvements and inform learning in the overall quality and safety of care. While the person in charge gathered statistics on areas such as falls, this information had not been analysed and used to educate staff and improve practice.

16. Action required from previous inspection:

Maintain a record of all the matters listed in Schedule 3 of the Regulations in the directory of residents.

This action was completed.

The inspector viewed the directory of residents and found that the register was maintained and up-to-date.

Report compiled by:

Nan Savage

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

31 August 2011

| Chronology of previous HIQA inspections | |
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| Date of previous inspection: | Type of inspection: |
| 3 and 4 June 2010 | <input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced |

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 person in charge has failed to comply with a regulatory requirement in the following respect:

Sufficient arrangements were not in place to ensure that staffing levels and skill-mix were based on the assessed needs of residents and the size and layout of the building. As a result, there were inadequate staffing levels to meet the needs of all the residents.

Action required:

Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Reference:

Health Act, 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

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

Timescale:

Provider's response:

On 11 August 2011, in conjunction with the service provider, the staffing levels and skill-mix were reviewed. The following day an extra carer was permanently employed to boost staffing levels. This carer attends to the personal needs of, promotes improved safety of, and allows extra activities for, the residents of the nursing home. The working hours of this carer have been allocated to cover the previous highlighted deficiencies in staffing coverage. This also allows the nurse on duty during these times

12/08/2011

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| <p>to concentrate on specific nursing duties (including care plans, assessments and audits) to the greater benefit of both staff and residents. Enclosed is a copy of the skill-mix and staffing levels currently in place and to be continued in the future for this nursing home.</p> | |
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| <p>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Some aspects of the management of the use of restraint were not based on a high standard of evidence-based nursing care.</p> |
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| <p>Action required:</p> <p>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.</p> |
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| <p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare</p> |
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| <p>Please state the actions you have taken or are planning to take with timescales:</p> | <p>Timescale:</p> |
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| <p>Provider's response:</p> <p>All residents documented to use restraint i.e. tilt chairs, bedrails, and chemical were in place already with resident, GP and relative permissions.</p> <p>The residents will now be all fully assessed using the tool enclosed. This tool will provide a comprehensive risk assessment to be documented for each resident. This information will then be used to devise each individual's requirements for restraint, time frames for usage and will be reviewed at regular intervals or earlier if changes in health status arise. Documentation for each resident will be kept in care plans.</p> | <p>30/11/2011</p> |
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| <p>3. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Some issues were identified in the care planning process.</p> <p>A care plan was not in place for some residents assessed needs and some assessments of residents needs had not been undertaken.</p> |
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| Action required: | |
| Set out each resident's needs in an individual care plan developed and agreed with the resident. | |
| Reference: | |
| Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: Currently all residents now have clinical and social care plans in place. A refresher lecture was given to nurses educating them further in care plan procedure by person in charge. The nursing home has added a recent publication to its resources to assist with care plan documentation updates also. Resident's social assessments and care plans will be documented by the activities staff under supervision of the person in charge. This will be initially completed shortly after each resident has arrived in the home and will be regularly reviewed. Wound care assessment and care plans are maintained in a separate management wound folder. These are attended to by the nurses employed at the nursing home under the supervision of the experienced person in charge. A comprehensive wound assessment tool is available and utilized, when required. | 31/10/2011 |

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

Some residents who required seating assessments had not been referred to occupational therapy services.

Action required:

Facilitate each resident's access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.

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| Reference: Health Act, 2007 Regulation 9: Health Care Standard 13: Healthcare | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: All residents on admission are seen and assessed by the physiotherapist for ambulation, suitable transfer procedures and seating. One resident has Occupational Therapy pending for suitable seating. A referral was obtained from the GP and the family were fully consulted in relation to this matter. | Completed |

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| <p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The risk management system did not include risk assessments for all parts of the centre and did not include adequate arrangements for the investigation and learning from serious or untoward incidents or adverse events involving residents.</p> <p>The storage of cleaning equipment in the laundry room increased the risk of infection.</p> |
| <p>Action required:</p> <p>Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.</p> |
| <p>Action required:</p> <p>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.</p> |
| <p>Action required:</p> <p>Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.</p> |

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| Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: Policies are being reviewed and implemented. Operational policies and procedures regarding health and safety, including food safety have been reviewed and revised. Storage of cleaning equipment has been relocated to a separate stand alone room away from laundry facilities. | 30/01/2012 |

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| 6. The provider has failed to comply with a regulatory requirement in the following respect: An enclosed outdoor area was not available for the safe use by all residents. | |
| Action required: Provide and maintain external grounds which are suitable for, and safe for use by residents. | |
| Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: The inspector was informed that the work was due to be finished by end of October 2011. However, this time frame has been extended and these works will be completed by 30 January 2012. | 30/01/2012 |

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| 7. The provider has failed to comply with a regulatory requirement in the following respect: There were limited activities that provided residents with social engagement or other stimulation. | |
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| Action required: | |
| Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities. | |
| 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: |
| Provider's response: | |
| An additional carer has been employed to fulfil a shortfall and provide additional opportunities for activities for staff. Staffing levels now ensure activities are provided daily for residents to participate in. Social care plans have been completed to assess individual resident requirements and these needs are implemented into the daily activities plan. Quarterly regular reviews are carried out of these plans or more frequently if the resident's medical condition requires. | 12/08/2011 |

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| 8. The provider has failed to comply with a regulatory requirement in the following respect: | |
| The recruitment, selection and vetting of staff policy had not been updated in line with the Regulations. | |
| Action required: | |
| Put in place written policies and procedures relating to the recruitment, selection and vetting of staff. | |
| Reference: | |
| Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: | |
| Written policies will be in place relating to the recruitment, selection and vetting of staff. | 29/02/2012 |

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

Education and training had not been made available to staff in areas such as dementia care and wound management to enable them to deliver care in accordance with contemporary evidenced based practice.

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 17: Training and Staff Development
Standard 24: Training and Supervision

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

Timescale:

Provider's response:

In-house staff education is ongoing and attached is the education and events calendar for 2011 outlining specific training and education provided. Resources such as appropriate education DVD's, local experts and person in charge are employed for these training sessions. In particular in house revision was recently carried out on assessments, documentation and reviewing of resident clinical and social care plans. A wound management education session was provided but poorly attended due to timing and therefore has been re-scheduled to a time more convenient for maximum staff attendance.

31/12/2011

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

A formal system for auditing and monitoring all aspects of quality and safety of care had not been fully implemented.

Action required:

Establish and maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

| | |
|--|-------------------|
| 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 with timescales: | Timescale: |
| Provider's response: This will be established. We have resident risk assessment forms, health professional documents which will be used for residents and files will be updated by the person in charge analysing statistics for falls, incidents and accidents for the quality and safety of care. | 31/12/2011 |

Any comments the provider may wish to make:

Provider's response:

None

Provider's name: Kevin O'Toole

Date: 21 October 2011