**Health Information and Quality Authority**  
**Social Services Inspectorate**  

**Inspection report**  
**Designated centres for older people**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Heatherlee Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0237</td>
</tr>
<tr>
<td>Centre Address:</td>
<td>Lawlor’s Cross Killarney Co Kerry</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>064-6633944</td>
</tr>
<tr>
<td>Fax number:</td>
<td>064-6638997</td>
</tr>
<tr>
<td>Email address:</td>
<td>N/A</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>[✓] Private [ ] Voluntary [ ] Public</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Mary O’Brien</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Mary O’Brien</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>25 January 2011 and 26 January 2011</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td></td>
</tr>
</tbody>
</table>
  **Day-1 Start:** 09:30hrs  **Completion:** 16:00hrs  
  **Day-2 Start:** 09:30hrs  **Completion:** 13:00hrs |
| Lead inspector:       | Cathleen Callanan                           |
| Support inspector(s): | Ann O’Connor                               |
| Type of inspection:   | [✓] Registration [ ] Scheduled [ ] Announced [ ] 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 one element 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 6 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.
About the centre

Description of services and premises

Heatherlee Nursing Home is a single-storey detached building set in private grounds. The centre accommodates 22 residents with a range of dependencies including dementia. Of the total number of residents, five were aged under 65 years of age. On the day of inspection there were 19 residents in the centre with an additional resident in hospital.

The premises has 14 bedrooms: eight twin-bedded rooms and six single bedrooms. All except two bedrooms have a wash-hand basin and none have en suite facilities. There is a dining room and two lounges. A door from the dining room opens onto a smoking area which opens further onto one of the lounges. There is a small enclosed patio with a garden seat.

There are two communal bathrooms, both of which contain a small bath, assisted shower, toilet and wash-hand basin. There are two further assisted showers with toilets, one of which has a double wash-hand basin in place. There is a staff canteen and a staff toilet.

The grounds are well maintained and there is sufficient parking space to the front and the side of the building.

Location

Heatherlee Nursing Home is approximately 10 kilometres from Killarney, just off the main road to Tralee, county Kerry.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
<th>1988</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of residents on the date of inspection</strong></td>
<td>20</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection</strong></td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependency level of current residents</th>
<th>Max</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of residents</strong></td>
<td>4</td>
<td>7</td>
<td>7*</td>
<td>2</td>
</tr>
</tbody>
</table>

* Including one resident in hospital
Management structure

Mary O’Brien is the Registered Provider and also the Person in Charge. Care assistants and cleaning staff report to the nurse on duty who in turn reports to the Person in Charge (PIC). Kitchen staff report directly to the PIC.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0*</td>
</tr>
</tbody>
</table>

* Maintenance worker available as required.
Summary of findings from this inspection

This was the second inspection of Heatherlee Nursing Home undertaken by the Authority, the first having taken place on 22 September 2009 and 23 September 2009. The information contained in this report is based on interviews with the provider, staff, relatives and residents. A range of documentation was reviewed, including the Fit Person entry programme which had been completed by the provider prior to inspection, and questionnaires which the provider had distributed to relatives and residents on behalf of the Authority.

The provider had satisfactorily addressed eight of the 10 actions from the previous inspection of September 2009 and had partially addressed the remaining two. When interviewed she demonstrated a clear understanding of her responsibilities as both provider and person in charge.

There were a number of issues identified over the course of inspection as requiring attention, the most critical being in relation to risk management procedures: these are outlined in the Action Plan at the end of this report.

Comments by residents and relatives

Residents and relatives with whom inspectors spoke gave positive feedback about the service and in particular about the accessibility of the person in charge, and this was also reflected in the questionnaires. However, the lack of meaningful activities arose as a concern.
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 centre was well managed and organised. As the provider is also the PIC, she is on site at least five days each week and is routinely involved in the operation and management of the service. All documentation was easily accessible and up-to-date. Staff whom inspectors spoke with were clear about their reporting relationships.

During the Fit Person interview the provider demonstrated a clear understanding of her legal responsibilities both as provider and PIC. In the absence of the PIC, a registered nurse had been nominated to deputise: she was clear about her responsibilities in that regard.

The register of residents contained all the information required by legislation.

Photographic identification was available for all but one resident who had declined to have her photograph taken.

There were contracts of care for all residents.

Insurance cover was in place and included cover for loss to residents’ personal belongings. The PIC did not manage funds on behalf of any resident and some residents routinely hold a small amount of cash for personal use.

There was an accident and incident book with a clear record of details of the event in question and evidence of follow up and monitoring of the resident after the incident.

Some improvements required

While the provider has a contingency plan for the loss of electricity – a generator is available for hire – there is no overall emergency plan.

There is a complaints procedure which is somewhat unclear in that it advises that the appeals process is to “the most senior person”, and gives the somewhat misleading
impression that a range of independent advocacy agencies listed will act on behalf of the complainant.

Inspectors saw evidence that some audits had been carried out on, for example, infection control practices. However, these were very limited and did not constitute a full quality control or review system.

The statement of purpose indicates that the centre will accept applications for admission for people under 65 years. However, such applications are no longer being considered. In addition, the information contained in the statement of purpose about the staff complement is unclear so that it is difficult to identify exactly how many staff are regularly on duty.

**Significant improvements required**

While there is a risk register and there are policies in relation to, for example, falls risks, there is no comprehensive risk management policy in place. The health and safety statement does make reference to the issue of staff smoking but there is no policy for the management of smoking within the centre, and no individual risk assessments for the four residents who smoke.
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

The centre was secure and safe and residents for whom it was appropriate had an electronic tagging system to prevent wandering. There was a sign in book in the lobby and visitors gained entry by ringing the doorbell.

Residents and relatives, with whom inspectors spoke confirmed their satisfaction with the service, relatives said that they were kept informed about their (resident) relative's welfare and were always welcome to call. Inspectors noted that there were newspapers available and there was a radio on in one lounge and a television (TV) on in the other. A mobile phone was also available. On one day of the inspection, some ladies were having their hair done by a care assistant and in general, residents appeared well groomed.

Inspectors reviewed minutes of the residents’ committee meetings, which reflected their participation in the operation of the centre. There was also a suggestion box for use by residents or visitors. In addition, an inspector reviewed a residents’ survey undertaken by the advocate, and spoke with her about her involvement with residents and her promotion of their welfare. The advocate has a strong background in social services and spoke knowledgably about the manner in which residents might be encouraged to express their views, and demonstrated a clear understanding of the features of elder abuse.

Residents were assisted to vote and arrangements were in place for voting to take place in the centre.

There was evidence that consent was sought from residents: for example a lady had been requested to have her photograph taken for identification purposes and had declined to do so.

Residents confirmed that religious services took place every two weeks and prayers were said every day for residents who wished to participate.
Evidence was available that staff had completed training in challenging behaviour and communicating with residents suffering from dementia, and the PIC gave a clear outline of how staff communication strategies had improved since the training.

There were records of elder abuse training and staff with whom inspectors spoke had a good understanding of the relevant issues and the reporting mechanisms.

**Some improvements required**

Inspectors noted that in general staff were conscious of the need to protect the privacy and dignity of residents. Staff spoke to residents with respect and treated them with courtesy. However, in assisting residents with eating, one assistant was observed to stand over the resident while offering food.

The curtains in the twin-bedded rooms did not close fully thereby compromising the privacy of the residents sharing the room.

Inspectors noted that there were toiletries in bathrooms suggesting communal use and thereby compromising the dignity of residents.

**Significant improvements required**

In both bathrooms there was a cleaning product in an unlocked cupboard which could pose a risk for dementia residents in particular.
3. Healthcare needs

Outcome: Residents’ healthcare needs are met.

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

Evidence of good practice

The PIC outlined a comprehensive admissions policy including visiting a hospital if she had received a referral for admission, to ensure that the centre could meet the needs of potential residents.

Inspectors saw evidence of good overall health monitoring including weight and vital signs. In addition, care plans and medical records reflected referral to a range of peripatetic services and three-monthly medical reviews were signed off by general practitioners (GPs).

The psychiatric liaison nurse called regularly and was available for support as required. Inspectors spoke with a representative of Acquired Brain Injury Ireland (ABI) who had been assigned as a support worker to a resident under 65, and noted that an additional referral had been made for another resident.

The PIC had facilitated a case conference for a resident under 65 and there was evidence that multidisciplinary support was sought from a range of professionals, with further review dates identified.

A referral had been made for an occupational health assessment for a resident who the PIC believed would benefit from a more suitable chair than the one in use.

Fluids were readily available and there was evidence of fluid intake being monitored. There were sufficient assistive devises for residents’ use.

At the time of inspection there were no catheters in use: inspectors noted that care plans contained continence assessments.

Where a resident had been admitted with a pressure sore, inspectors noted that it was being well managed in terms of treatment and medical review, and the PIC had consulted with colleagues such as the Health Service Executive (HSE) tissue viability nurse.

Medication management was in keeping with An Bord Altranais guidelines 2007. There was a comprehensive medication management policy and controlled drugs
were appropriately secured and documented. Inspectors reviewed receipts for the return of unused medication and also the error reporting format.

Chiropody was available as required, as was hairdressing.

Laundry was well managed and residents and relatives with whom inspectors spoke reported no complaints in that regard.

Inspectors noted that call-bells were answered promptly.

**Some improvements required**

In general infection control practices were good and good hand hygiene was observed. Staff demonstrated a clear understanding of the management of Methicillin-resistant *Staphylococcus aureus* (MRSA) and Clostridium Difficile (CDiff) even though there were no symptomatic residents at the time of inspection. However, there were shared hand towels in bathrooms which compromised infection control.

While care plans were generally reflective of all aspects of health and social care and they had been updated regularly, there were some inconsistencies. Not all core details had been fully completed: some care plans were reviewed every three months and some every six months.

The food in the centre was of good quality and inspectors noted fresh produce and home baking, and the range of choice available was clearly outlined on a menu board. Residents confirmed that they were satisfied with the quality of the food; however, greater care could have been taken with the presentation of soft diet which appeared unappetising.

**Significant improvements required**

Where restraint in the form of bedrails was in use, the care plan contained an appropriate assessment. However, where the resident was not in a position to consent, there were no signatures from family members to confirm that they had been informed of the use of bedrails and not all records had been signed by the resident’s GP or medical personnel. In addition, while there was a policy on restraint, it did not address the potential use of table trays as restraints: this was significant given the number of dependent and immobile residents. There was no documentation in place indicating when restraint was released or reviewed in two of the care plans examined.

The level of activities available to residents was limited and the activities listed as available were repetitive and did not address any individual preferences. There was a timetable of events but the PIC confirmed that this was out of date.
4. Premises and equipment: appropriateness and adequacy

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

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

Evidence of good practice

The décor in the centre was homely and the standard of furnishings in the bedrooms was good. The rooms were spacious, particularly those that had been converted from double to single use. Residents had personal memorabilia in their rooms including photographs, and five of the rooms had patio doors to the front and rear of the building.

The communal spaces were domestic in character and there were attractive duvets in the bedrooms. Staff facilities consisted of a small canteen, storage room and a staff toilet.

The kitchen was clean and well organised and there were cleaning schedules in place. There was adequate storage and good systems for temperature control. In addition, there was evidence of a recent upgrading of cleaning materials with appropriate training for cleaning staff.

Waste was appropriately segregated and inspectors saw evidence of a waste management contract. There were also contracts for equipment servicing and service records were up-to-date.

All fire equipment servicing and fire checks were up-to-date and fire training had been completed for all staff. When asked by inspectors, staff were able to demonstrate their understanding of fire procedures.

There was a maintenance book for general upkeep and the PIC explained that a maintenance worker is available on demand.

The corridors were sufficiently wide to facilitate easy access for wheelchairs and there were grab-rails throughout.

Some improvements required

While there is good storage available in bedrooms in terms of wardrobe space, there is no facility for residents to lock away personal belongings.
Storage space for equipment is limited, leading to some equipment being left in bathrooms or bedrooms.

**Significant improvements required**

The alcove space in which residents smoke opens directly onto a lounge area. Even though there is a ventilation system in place it is not sufficient to isolate the smoking from the use of the lounge. In addition, as two residents – both smokers – chose to have their meals in this lounge, the activity of smoking leaks into their dining experience. The PIC holds cigarettes on behalf of residents and distributes them as requested, but the overall risk is heightened by the fact that supervision is unstructured and the seats used by smokers are not fire retardant.

There is no private space other than the bedrooms for residents to entertain visitors or to enjoy quiet time alone.

The outdoor area is well maintained and attractive and the ground is level and uncluttered but there is no access for residents unless they are accompanied by a relative or staff member. The front parking area also opens directly onto a road and there is no gate. In addition, for those residents who have patio doors opening onto the front of the building, their view is obstructed by parked cars.

There are no en suite facilities.

There is no sluice facility and no wash-hand basin in the laundry.

Two rooms do not have a wash-hand basin.

**Minor issues to be addressed**

Some bedrooms had TVs but some of these were placed quite high on the wall thereby making viewing uncomfortable.

The dining area was adequate but in terms of décor would benefit from upgrading in order to enhance the dining experience for residents.
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

Inspectors noted that communication between staff and staff and residents was good. The PIC was accessible and inspectors noted her participation in the handover meetings and the general operation of the centre, and her availability to residents’ relatives.

There were two handovers each day and the second handover included nursing and care staff so that this afforded a comprehensive exchange of information which was reflected in care plans.

The front hallway had a number of relevant notices and information for residents and relatives.

Some improvements required

There were records of staff meetings held since 2009 but these were infrequent and staff confirmed that they would welcome more regular meetings.

Many of the policies had only been recently formulated and they had no review dates. They were not referenced in terms of source or best practice, and were not signed by the PIC.

There is a Resident’s Guide available but as it contains some of the information contained in the statement of purpose which needs to be amended, it also requires amendment.
6. **Staff: the recruitment, supervision and competence of staff**

**Outcome:** Staff are competent and recruited in sufficient numbers to meet residents’ needs.

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

**Evidence of good practice**

There were sufficient staff on duty to meet the needs of residents. Eight care staff had completed Further Education and Training Awards Council (FETAC) Level 5 and the two remaining staff had many years experience in the centre. Six staff had completed Hazard Analysis Critical Control Point (HACCP) training and one had completed SONAS (communication) training.

Inspectors noted training records for staff who had participated in day courses such as:
- diabetes
- continence care
- challenging behaviour
- medicines management
- elder abuse
- nutrition using the malnutrition universal screening tool (MUST).

Manual handling training had been completed for all staff.

The PIC outlined a comprehensive and thorough recruitment and induction process and there was evidence in support of this in the form of newspaper advertisements and reference checks. There were clear job descriptions and records of staff appraisals.

Garda Síochána vetting had been received for most staff and there was a record of the applications for all others.

Of the sample of personnel files reviewed by inspectors, all had three references.

All Personal Identification Numbers (PINs) were available for nursing staff.
Some improvements required

While staff had undertaken some training and the PIC planned that she and the deputy PIC would undertake a management training course in 2011, there was no clear training plan in place or no appraisal system for staff to identify opportunities for development and training needs.
Not all staff files contained photographic identification.

Significant improvements required

There was no certification for staff of fitness by a medical practitioner.
Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider/PIC and deputy PIC to report on the inspectors’ findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

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

2 February 2011

<table>
<thead>
<tr>
<th>Date of previous inspection</th>
<th>Type of inspection:</th>
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| 22 September 2009 and 23 September 2009 | ☒ Registration  
|                              | ☒ Scheduled          
|                              | ☒ Follow-up inspection |
|                              | ☒ Announced            
|                              | ☒ Unannounced          |
Provider’s response to inspection report*

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Heatherlee Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0237</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>25 January 2011 and 26 January 2011</td>
</tr>
<tr>
<td>Date of response:</td>
<td>25 February 2011</td>
</tr>
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</table>

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:

Ensuring that the centre has a comprehensive written risk management policy in place and that it is implemented throughout the designated centre.

**Action required:**

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

**Action required:**

Formulate a comprehensive smoking policy.

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

Carry out individual risk assessments for residents who smoke.

### Action required:

Ensure that appropriate equipment in the form of fire retardant chairs are available for smokers who require them.

### Action required:

Ensure that risks to residents are minimised by the safe storage of cleaning fluids.

### Action required:

Ensure that infection control procedures are not compromised by the use of communal toiletries and handtowels.

### Reference:

- Health Act 2007
  - Regulation 31: Risk Management Procedures
  - Regulation 32: Fire Precautions and Records
  - Standard 25: Physical Environment
  - Standard 26: Health and Safety

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>All above requirements are completed except the fire retardant chair which is ordered and due in on 27 April 2011.</td>
<td>27 April 2011</td>
</tr>
</tbody>
</table>

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

Ensuring that a record is kept of any occasion on which restraint is used, the nature of the restraint and its duration.

### Action required:

Ensure that a record is kept of any occasion on which restraint is used, the nature of the restraint and its duration.

### Reference:

- Health Act 2007
  - Regulation 25: Medical Records
  - Standard 21: Responding to Behaviour that is Challenging
**Please state the actions you have taken or are planning to take with timescales:**

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restraint release and review chart will be implemented.</td>
<td>6 March 2011</td>
</tr>
</tbody>
</table>

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

Ensuring that the physical design and layout of the premises meets the needs of each resident.

**Action required:**

Providing, insofar as is practicable, a suitable private area which is separate from the resident’s own private room.

**Action required:**

Ensure that external grounds are suitable and safe for use by residents.

**Action required:**

Provide a plan for the provision of en suite facilities.

**Action required:**

Provide adequate sluice facilities.

**Action required:**

Install a wash-hand basin in the laundry.

**Action required:**

Provide adequate screening in twin-bedded rooms to protect the privacy and dignity of residents.

**Action required:**

Provide sufficient storage space for equipment.

**Reference:**

Health Act 2007  
Regulation 19: Premises  
Regulation 10: Residents’ Rights, Dignity and Consultation  
Standard 25: Physical Environment  
Standard 4: Privacy and Dignity
Please state the actions you have taken or are planning to take with timescales: | Timescale: |
---|---|
Provider’s response: | |
Plan for visitors’ room is in process. | 6 August 2011 |
Suitable external area for residents will be created. | 28 April 2011 |
The provision of en suite facilities has been discussed with the engineer awaiting his layout. | May 2014 |
I have a sluice washing machine which is used exclusively for soiled linen. I have commissioned an engineer’s report to move an en suite facility and create a new sluice. My expectation is that this structural work will have been completed by the end of 2011. | 31 December 2011 |
A wash-hand basin will be installed in the laundry. | 5 May 2011 |
Special curtain rail is ordered to provide adequate screen in twin-bedded rooms. | 6 April 2011 |
Sufficient storage space for equipment. | 7 July 2011 |

4. The provider has failed to comply with a regulatory requirement in the following respect:
Providing opportunities for residents to participate in activities appropriate to their interest and capacities.

Action required:
Provide opportunities for residents to participate in activities appropriate to their interest and capacities.

Reference:
Health Act 2007
Regulation 6: General Welfare and Protection
Standard 20: Social Contacts

Please state the actions you have taken or are planning to take with timescales: | Timescale: |
---|---|
Provider’s response: | |
Employing activity person at the nursing home. | 21 March 2011 |
5. The provider has failed to comply with a regulatory requirement in the following respect:

Ensuring that the designated centre has all of the written operational policies and procedures listed in Schedule 5.

**Action required:**

Formulate an emergency plan.

**Reference:**

Health Act 2007  
Regulation 27: Operational Policies and Procedures  
Standard 29: Management Systems

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>Emergency plan has been formulated.</td>
<td>31 March 2011</td>
</tr>
</tbody>
</table>

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

Keeping the resident’s care plan under formal review as required by the resident’s changing needs or circumstances and no less frequent than at three-monthly intervals.

**Action required:**

Keep the resident’s care plan under formal review as required by the resident’s changing needs or circumstances and no less frequent than at three-monthly intervals.

**Reference:**

Health Act 2007  
Regulation 8: Assessment and Care Plan  
Standard 11: The Resident’s Care Plan

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<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>All care plans will be reviewed on a three-monthly basis and more frequently as necessary.</td>
<td>Completed</td>
</tr>
</tbody>
</table>
7. The person in charge has failed to comply with a regulatory requirement in the following respect:

Ensuring that each resident is provided with food and drink which is properly prepared, cooked and served.

Ensuring that appropriate assistance is given to residents who, due to infirmity or other causes, require such assistance with eating and drinking.

**Action required:**

Ensure that soft diet is presented in an appetising manner.

**Action required:**

Ensure that appropriate assistance is given to residents who require such assistance with eating and drinking, so that staff do not stand over residents while offering assistance.

**Reference:**

Health Act 2007
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head chef off sick on day of inspection and the two deputy cooks are to have training on presentation skills.</td>
</tr>
<tr>
<td>The matter of how best to assist residents with eating has been addressed at staff meetings.</td>
</tr>
<tr>
<td>Timescale:</td>
</tr>
<tr>
<td>Completed</td>
</tr>
</tbody>
</table>

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

Keeping the statement of purpose under review.

**Action required:**

Amend the statement of purpose to accurately reflect the type of resident for whom care is provided.
**Reference:**

Health Act 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>Statement of purpose will be amended.</td>
<td>30 March 2011</td>
</tr>
</tbody>
</table>

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

Providing a Residents’ Guide.

**Action required:**

Amend the Residents’ Guide to accurately reflect the statement of purpose and the complement of staff.

**Reference:**

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

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>Residents' Guide will be amended.</td>
<td>30 March 2011</td>
</tr>
</tbody>
</table>

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

Establishing a complaints procedure that contains an independent appeals process.

**Action required:**

Establish a complaints procedure that includes a clear appeals process.

**Reference:**

Health Act 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>Complaints procedure is being reviewed.</td>
<td>31 March 2011</td>
</tr>
</tbody>
</table>

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

Establishing a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre.

**Action required:**

Establish a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated 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

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>In the process of reviewing our audit system.</td>
<td>31 May 2011</td>
</tr>
</tbody>
</table>

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

Ensuring that staff are physically and medically fit for the purposes of the work which they are to perform at the designated centre.

**Action required:**

Obtain confirmation that staff are physically and medically fit for the purposes of the work which they are to perform at the designated centre.

**Reference:**

Health Act 2007
Regulation 18: Recruitment
Standard 22: Recruitment
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>Confirmation has been obtained from all staff.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. The person in charge has failed to comply with a regulatory requirement in the following respect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holding regular staff meetings so that staff are supervised on an appropriate basis.</td>
</tr>
<tr>
<td>Compile a staff training plan so that staff members have access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrange regular staff meetings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compile a staff training plan informed by staff appraisals.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Act 2007</td>
</tr>
<tr>
<td>Regulation 17: Training and Staff Development</td>
</tr>
<tr>
<td>Standard 24: Training and Supervision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>Rota is being prepared for regular staff meetings and staff training programme.</td>
<td>22 March 2011</td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 2: Consultation and Participation</td>
<td>Increase the frequency of the residents’ committee meetings.</td>
</tr>
<tr>
<td>Standard 25: Physical Environment</td>
<td>Provide locked storage space for residents’ personal belongings.</td>
</tr>
</tbody>
</table>
Any comments the provider may wish to make:

Provider’s response:

None received

Provider's name: Mary O'Brien

Date: 25 February 2011