# Inspection Report

**Designated centres for older people**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Dromcolloagher and District Respite Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0415</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Dromcolloagher</td>
</tr>
<tr>
<td></td>
<td>Co Limerick</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>063-83994 / 063-83921</td>
</tr>
<tr>
<td>Fax number:</td>
<td>063-83850</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:dromrespitecentre@eircom.net">dromrespitecentre@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>☑ Voluntary</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Dromcolloagher and District Respite Care Centre (Board) Ltd.</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Frances Stack</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>18 November 2009 and 19 November 2009</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td><strong>Day-1 Start:</strong> 10:00hrs <strong>Completion:</strong> 18:00hrs</td>
</tr>
<tr>
<td></td>
<td><strong>Day-2 Start:</strong> 08:30hrs <strong>Completion:</strong> 14:30hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Kay Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Patricia Sheehan</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>☑ Registration</td>
</tr>
<tr>
<td></td>
<td>☑ Scheduled</td>
</tr>
<tr>
<td></td>
<td>☑ Announced</td>
</tr>
<tr>
<td></td>
<td>☑ Unannounced</td>
</tr>
</tbody>
</table>
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 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.

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

Dromcollogher and District Care Centre Ltd was established in 2002 by the local community in conjunction with various statutory bodies and private donors, to help meet a growing need for respite facilities. The centre provides short-term respite care for older people within the general catchment areas of Limerick and North Cork.

The centre is a purpose-built single-storey building incorporating three units with 20 beds. Accommodation comprises two female units, a five-bedded room and a seven-bedded room, a six bedded male unit, and two single rooms each with a toilet, basin and shower en-suite. There is a sitting room, dining room, oratory, smoking area, laundry facilities and two kitchens. There is also a small treatment room, a nurse’s station and manager’s office.

The external area is spacious and well maintained. An aviary with a variety of birds, hens and ducks is kept in an effort to retain a rural theme. There are plenty of safe walking facilities for residents.

Appropriate parking facilities are available for residents and visitors.

Location

The centre is situated on the outskirts of Dromcollogher within a social housing complex, with views of the surrounding countryside.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
<th>April 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection</td>
<td>16</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>Number of residents</td>
<td>0</td>
<td>7</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Management structure

The centre is operated by a voluntary board of management and the Person in Charge reports to the chairperson, Seamus Stack. The Person in Charge is supported by two staff members, one of whom has responsibility for arranging admissions and financial management including fundraising, and the other member who manages all aspects of non-nursing staff and catering supplies. Care is provided by nurses, supported by care staff.
<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>1</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Summary of findings from this inspection

The inspection was an announced inspection which took place over two days on 18 November 2009 and 19 November 2009. Inspectors met with residents, management and some staff.

The person in charge and support managers were present on the days of inspection. Inspectors met the chairperson on commencing inspection, and he was also present at various times during the inspection and to receive feedback. All of those involved in management demonstrated their involvement in the day-to-day running of the centre and communicated their commitment to improving the services for residents.

Inspectors were informed by staff that the medical needs of residents were well met, which was confirmed by the residents to whom the inspectors spoke.

The inspectors found the centre clean and well maintained overall. Residents interviewed were very happy with the service and care they received. This was confirmed by all relatives interviewed during inspection and by questionnaires returned.

A number of improvements are required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2009, and the National Quality Standards for Residential Care Settings for Older People in Ireland. These include:

- develop residents’ care plans with their involvement following individualised assessments
- further develop the complaints procedure
- ensure privacy for residents
- develop a statement of purpose
- review incident reporting procedures to include evaluation, and identify learning outcomes to reduce and prevent further incidents.
Residents’ and relatives’ comments

Six residents’ questionnaires were received and inspectors interviewed three residents and spoke with other residents over the course of inspection.

Residents reported a high level of satisfaction with their stay in the centre. Some of the residents using the facility for respite care stated they felt they were on holiday. They stated when going home they were already looking forward to their next respite date. Residents and relatives spoken with described the importance of respite care in enabling people to remain in their homes as a result of this level of support.

Residents reported that they felt well cared for and supported in maintaining and in improving their independence. They indicated that they were treated with respect, kindness and courtesy, and stated how safe they felt in the centre.

They stated that the food was excellent and described how their individual choices, likes and dislikes were facilitated. A staff member checked in person with each resident at meal times regarding their preferences and was available to offer second helpings of food or individual requirements.

Three relatives’ questionnaires were received and arrangements had been put in place for relatives to meet with inspectors. All relatives spoke in a very positive way in relation to the facilities, staff and management in the centre. They described it as having a very family-like atmosphere and environment. One relative stated that he knew of people using respite care for company and companionship, and this enabled people to remain in their own homes. Another relative described the religious sisters’ involvement in the centre as very positive. Relatives interviewed stated that they never had any reason to complain but knew who to go to if they had a concern or query.
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 person in charge and the manager of the non-nursing staff and services were available throughout the inspection. Both demonstrated clear management structures and organisation between various services. They outlined to inspectors their vision and planning, and spoke in relation to challenges in sustaining services in the current economic climate.

Staff in management positions had a clear understanding of their roles. A member of the management team outlined her responsibility for planning admissions to the centre and dealing with individual finances and payments. The financial administrator had responsibility for payroll and funding matters.

The inspectors observed a positive approach to delivering quality care and services to residents. Inspectors were informed by staff that there was regular consultation and that feedback was sought from residents regarding services provided. Some residents and relatives who spoke with inspectors confirmed this. The residents were very involved in daily activities in a relaxed and calm atmosphere.

Staff interviewed had a clear knowledge and understanding of residents' needs, likes and dislikes, and spoke of their care and welfare in a very person-centred manner.

Staff who spoke to inspectors had a clear understanding of the management structure. Meetings had taken place with the non-nursing staff and minutes from such meetings were available for inspectors to view. Staff rosters were clear and reflective of actual staff on duty each day of inspection.
Some improvements required

The range of policies and procedures available was not evidenced to best practice, there were no signatures or written evidence of staff being familiar with policies, and no review dates in place. A statement of purpose outlining the aims, objectives and ethos of the centre was not available. The complaints policy was not displayed in the centre. There was no process in place to audit complaints. Contracts of care were not available for residents.
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**

Residents spoke about the centre in a very positive way and stated that their independence and choice was respected and promoted in all aspects of care in the centre.

Residents had appropriate space to take their meals. A person centered approach was evident at meal times. Tables were set appropriately, table cloths were in use, with each resident having individual table settings. Food presentation and service was excellent. The choice of food on offer was excellent and residents praised the food throughout their meal; Inspectors sampling the food also confirmed this to be the case. There was appropriate staffing available to assist at meal times and inspectors observed a staff member assisting a resident with his meal and sitting alongside the resident and chatting, which appeared to enhance the resident’s dining experience.

The variety of activities available to residents was good. A “fit for life” activity programme engaging a group of residents was delivered by staff and observed by an inspector. Residents expressed their enjoyment in participating. Bingo and a variety of music were available, with other spontaneous activities to suit residents’ needs based on staff knowledge of each individual. A computer had been donated to the centre by a young volunteer, and it was planned to put arrangements in place for residents to use an internet-based phone application as a means of communicating with relatives.

Residents’ religious beliefs and cultures were respected and honoured. Residents spoke about the services that were available and described how they took turns in delivering a prayer service.

Inspectors heard staff enquiring of residents if they would like a shower, and their individual responses were respected and facilitated.

The services manager explained to inspectors how she constantly sought feedback from residents during their stay in relation to food, meal times and other aspects of life within the centre.
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

Residents looked well cared-for and all residents were nicely dressed. They stated to inspectors that they enjoyed the easy and relaxed atmosphere in the centre and that their independence was promoted by staff. Inspectors observed residents being facilitated to maintain their independence and staff assisted residents, as required, to move about the centre.

The variety of activities and the spacious gardens and accessible and safe grounds promoted independence. A golf cart was available for less mobile residents wishing to tour the grounds and enjoy the surroundings. A policy was in place for safe use of this facility.

A clear communication structure was in place between the public health nurses and staff in the centre in relation to residents’ dressings while in respite care, and this pattern was continued on discharge. Prior to residents being admitted an admissions’ pack was forwarded to the resident or his/her relative, which included a completed drug-prescribing chart signed by their general practitioner (GP), and a supply of appropriately labelled medications for residents’ use for the duration of their stay. A resident's length of stay was usually planned for a two-week period. However, it was explained to inspectors that this was very flexible as individual needs determined the length of stay.

An inspector accompanied a nurse on a medication administration round. Safe practices were observed in medication administration, management and recording of administration. Residents who were spoken to were knowledgeable about their medications.

Some improvements required

Residents care plans were not discussed or developed with the resident. Individualised assessments of care needs were not undertaken or documented. Formal reviews were not in place to reflect residents’ changing needs and circumstances.
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 centre was clean and well maintained. The environment was bright and spacious. There were period pieces of furniture like coat stands, dressing tables and side boards which enhanced the environment. There were many spiritual messages displayed on the walls throughout the centre, which some residents confirmed that they found uplifting.

The kitchens were clean and well maintained. There was a large kitchen which was used for food preparation and cooking, and a small kitchen adjacent to the residents’ dining room which was used for food service. Temperature recording charts and cleaning schedules were in place.

Fire extinguishers and equipment were serviced and well maintained. Inspector viewed the fire training records which were reflective of up to date training for all staff.

Laundry services were appropriate, clean and well maintained. Residents wishing to avail of this service had their clothes labelled, and arrangements for laundering and caring for their belongings were shown to inspectors. The staff member assigned to laundry duties demonstrated a clear system of work in this area. The sluice room was well equipped, clean and tidy, with appropriate shelving and storage space.

All residents’ beds were profiling electric beds, and service contracts were in place for their maintenance. Many of the residents described the beds as been exceptionally comfortable, and the most comfortable beds they had ever slept in. Pressure relieving mattresses were available for those assessed as requiring them. Various assistive equipment was available for residents’ use and care, such as hoists, wheelchairs and walking equipment. All equipment had up to date service contracts in place.

A smoking facility was available for residents use in a well ventilated conservatory.
Work was in progress in relation to developing a front conservatory with a plan to form a new entrance to the centre.

**Some improvements required**

Inspectors noted the lack of privacy in residents’ bedrooms which were of a dormitory nature in each of the units. The dining room, sitting room, oratory, serving kitchen, and nurses’ office could only be accessed by walking through some of the residents’ bedrooms and a view into one of the bedroom units was available from the main reception area.
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 person in charge and the services manager were actively involved in the management of the centre. They reported a clear working relationship with the board of management. Meetings took place weekly and more frequently if required. The chairperson was in constant contact with the centre in relation to services and ongoing developments and funding. They worked closely with the admissions and fundraising coordinator.

The services manager held meetings with her staff monthly or bi-monthly and minutes were available for inspectors. Inspectors were informed that some meetings had taken place with nursing staff.

The person in charge outlined to inspectors that regular verbal feedback was invited and obtained from residents during their stay and this feedback helped shape future developments.

Some improvements required

While inspectors were informed that regular feedback was promoted and received from residents, no record of meetings was maintained.

A Residents’ Guide providing information for residents was not available.
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**

The inspectors viewed staff rosters on both days of inspection. Rosters were clear and reflected the numbers of staff on duty each day. Both the nurse manager and manager of household services verified this.

The staffing levels in place were sufficient to meet the care needs of the residents, and staff was available in sufficient numbers to respond to residents’ individual needs and to provide fulfilling programmes throughout the day.

Inspectors were informed that arrangements were in place for covering staff absences at short notice. A staff nurse deputises in the absence of the manager and at weekends.

A vacancy exists for an assistant manager. Inspectors were informed that interviews had taken place, and it was planned to fill the vacancy. The inspectors viewed staff files and verification of all nurses’ current registration with An Bord Altranais were on file.

The managers had commenced the process of obtaining Garda Siochana vetting for all staff and inspectors viewed evidence of this process.

Staff files and training records indicated some mandatory training had been provided for all staff. There were records of some ongoing training for nursing staff, for example wound care assessment and the management of leg ulcers, and medication management.

**Some improvements required**

When inspectors examined all staff files, they did not contain birth certification, appropriate references, and photographic identification. Procedures did not comply with current regulations on recruitment.

There were no records off staff training in hand hygiene, infection control compliance or moving and handling.
Provider's response to inspection report

| Centre: | Dromcollogher and District Respite Care Centre. |
| Centre ID: | 0415 |
| Date of inspection: | 18 November 2009 and 19 November 2009 |
| Date of response: | 21 December 2009. |

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 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:

   All policies and procedures in the centre were not evidenced to best practice; there were no signatures or evidence of staff being familiar with the policies, there were no review dates in place.

Action required:

Provide written operational policies and procedures in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 27: Operating Policies and Procedures
Standard 13: Healthcare
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><strong>Provider’s response:</strong></td>
<td><strong>Immediately. Signatures of staff within two weeks.</strong></td>
</tr>
<tr>
<td>Staff are aware of above and encouraged to practice as per policies and procedures, On induction of new staff members all operation policies and procedures are part of their induction process. Time frame for signatures hopefully within two weeks and will be forwarded once signed.</td>
<td></td>
</tr>
</tbody>
</table>

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

By not providing a statement of purpose outlining the aims, objectives and ethos of the centre as set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009.

**Action required:**

Compile a statement of purpose in relation to the designated centre which consists of; a statement of the aims, objectives and ethos of the centre, a statement as to the facilities and services which are to be provided for residents and a statement as to the matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009.

**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><strong>Provider’s response:</strong></td>
<td><strong>Completed</strong></td>
</tr>
<tr>
<td>Completed statement of purpose enclosed.</td>
<td></td>
</tr>
</tbody>
</table>

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

Staff files did not contain the necessary documentation (birth certification, appropriate references and photographic identification) as required under the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009.
### Action required:

The registered provider will review all staff personnel files and update files to ensure they accord with legislation.

### Reference:

- Health Act, 2007
- Regulation 18: Recruitment
- Standard 22: Recruitment

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Further information for staff CV’s has been requested from staff members. Compilation of necessary documentation commenced immediately.</td>
<td>2 months</td>
</tr>
</tbody>
</table>

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

By not ensuring that each resident’s individual assessments are set out in an individual care plan, developed and agreed with each resident, as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009.

### Action required:

The registered provider shall ensure that each resident has an individual assessment of needs which is set out in an individual care plan developed and agreed with each resident, keep the residents care plan under review as required by the changing needs of the resident and no less frequently than at three-monthly intervals.

### Reference:

- Health Act, 2007
- Regulation 8: Assessment and Care Plan
- Regulation 9: Health Care
- Standard 10: Assessment
- Standard 11: The Resident’s Care Plan

#### 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>As discussed during the inspection visit, we are a short-term care</td>
<td></td>
</tr>
</tbody>
</table>
facility and since the centre opened in April 2002 we have asked to be included in legislation for the care and service we provide. This has not been achieved and thereby we have huge worries re the future and all that is asked of us as some of the legislation does not apply to respite care. We are asking for help and direction re all worries.

Already in place:

1. Individual charts for each resident (within this we record all information received on each admission) also contains doctors and nurses notes.
2. Nursing Kardex also contains details pertaining to each resident- with a section above each kardex with important information recorded i.e. diabetic, allergies, illness etc.

We obtained on the 4 December 2009 a book of templates which contain sample of assessments; we are reviewing same at the moment to ascertain the suitability for the respite care centre.

| 5. The provider is failing to comply with a regulatory requirement in the following respect: |
| By not displaying the complaints procedure in the centre for residents and relatives information as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. |
| **Action required:** |
| The registered provider shall ensure that the designated centre has written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre. |
| **Reference:** |
| Health Act, 2007 |
| Regulation 39: Complaints Procedure |
| Standard 6: Complaints |
| **Please state the actions you have taken or are planning to take with timescales:** |
| Provider’s response: |
| Complaints procedure now in place for residents and relatives information. |

Commenced on the 4 December 2009
6. The provider is failing to comply with a regulatory requirement in the following respect:

The Residents guide did not provide all of the information as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Action required:**

The registered provider shall produce a written guide which shall contain a summary of the statement of purpose, the terms and conditions of accommodation to be provided, a standard form of contract for the provision of services and facilities by the registered provider to residents; the most recent inspection report, a summary of the complaints procedure; telephone number and address of the chief inspector.

**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>December 2010, In place</td>
</tr>
<tr>
<td>Existing brochure will be up-dated in 2010, funds permitting (as it is an expensive procedure) We are an open and transparent respite care centre and information is given freely. Information is also given when people ring the centre to enquire re-admission and also when booking admissions. It is repeated when resident is admitted, especially first visit.</td>
<td></td>
</tr>
</tbody>
</table>

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

Accident and incident reporting data was not investigated or analysed, where learning could be shared to enhance outcomes for residents in incident reduction and prevention.

**Action required:**

Accident and incidents should be analysed as part of risk management in the centre. Establish an auditing process for reviewing the quality and safety of care provided to, and the quality of life for the residents in designated centres at appropriate intervals. The system shall provide for consultation with residents and their representative.
### Reference:

Health Act, 2007  
Regulation 31: Risk Management Procedures  
Regulation 36: Notifications of Incidents  
Standard 30: Quality Assurance and Continuous Improvement  
Standard 26: Health and Safety

<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>It has been decided by management to revise and audit existing procedures during 2010.</td>
<td>December 2010</td>
</tr>
<tr>
<td>Accident/incidents had been discussed, analysed and action taken but these were not documented. This has now been rectified.</td>
<td>Immediately</td>
</tr>
</tbody>
</table>

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

The training records did not show evidence of ongoing training for staff in a number of areas including moving and handling, hand hygiene, infection control measures.

**Action required:**

The registered provider shall ensure all staff receive ongoing training, and have access to education and training to enable them to provide care in accordance with contemporary evidence based practices, to ensure the needs of the residents are met and safe practices are adhered to.

### Reference:

Health Act, 2007  
Regulation 17: Training and Staff Development  
Standard 24: Training and Supervision

<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>Training for manual handling/ client lifting was conducted on 1 June 2007 , (supplied to HIQA)</td>
<td>December 2010</td>
</tr>
<tr>
<td>Our budget for training is very limited at the moment, however, funds permitting we will endeavour to conduct suggested training. Our hand hygiene policy is a living practice in our respite care centre (supplied to HIQA)</td>
<td>In place</td>
</tr>
</tbody>
</table>
We follow the HSE guidelines for infection control; see enclosed policy for norovirus as an example.

Attendance training certificates have been requested from staff and will be forwarded on receipt (manual handling) | Six weeks

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

By not providing privacy for residents to undertake personal activities in private. Access to dining facilities, sitting room, oratory, and serving kitchen, the managers and nurses offices were through resident’s bed rooms.

Action required:

The registered provider shall ensure that residents are provided with facilities for their privacy to the extent that the resident is able to undertake personal activities in private as detailed in the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 10: Residents’ Rights, Dignity and Consultation
Regulation 19: Premises
Standard 4: Privacy and Dignity

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

Provider’s response:

Each resident’s bed is provided with privacy curtains as in hospitals. We have two single rooms. Manager’s office has its own entrance. Separate entrance to sitting room is near completion (Also includes oratory, dining room and kitchen) Serving kitchen can be accessed from rear of the building. The bedroom in question is the men’s bedroom, they are usually up and dressed and their dignity and privacy is paramount to staff at all times.

It is policy of the centre to improve conditions for residents at all times as seen since opening in 2002. If space and finances allow we will continue to improve our facility. Convent, managers and person in charge offices available if the need arises. Construction of a small conservatory as an extension to the sitting room took place during the Christmas break. This allows immediate access to sitting room and courtyard; this further enhances the

Timescale: In place and ongoing
privacy of the residents. We now have two entry points from court yard. All visitors are actively encouraged to use these entry/exit points.

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

By not establishing a residents’ and relatives’ committee for consultation and participation in the organisation of the centre.

**Action required:**

Put in place arrangements to facilitate, insofar as is reasonably practicable, facilities for consultation and participation in the organisation of the centre.

**Reference:**

Health Act, 2007  
Regulations 10: Residents’ Rights, Dignity and Consultation  
Standard 2: Consultation and Participation

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

<table>
<thead>
<tr>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
</tr>
<tr>
<td>There are ongoing discussions and feedback from residents and relatives/carers by management and staff. Suggestions are welcomed and acted on where reasonably practicable and where facilities allow.</td>
</tr>
</tbody>
</table>
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 24: Training and Supervision</td>
<td>A staff development and appraisal system is implemented.</td>
</tr>
</tbody>
</table>
Any comments the provider may wish to make:

Provider’s response:

None

Provider’s name: Seamus Stack
Date: 21 December 2009