

## St Anne's Nursing Home inspection report, 20 June 2012

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Health Information and Quality Authority  
Social Services Inspectorate

Regulatory Monitoring Visit Report  
Designated centres for older people



<b>Centre name:</b>	St Anne's Private Nursing Home
<b>Centre ID:</b>	0387
<b>Centre address:</b>	Sonnagh
	Charlestown
	Co Mayo
<b>Telephone number:</b>	094-9254269
<b>Fax number:</b>	094-9255093
<b>Email address:</b>	<a href="mailto:kathsmyth@eircom.net">kathsmyth@eircom.net</a>
<b>Type of centre:</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered providers:</b>	Kathleen Smyth
<b>Person in charge:</b>	Audrey Harrington
<b>Date of inspection:</b>	20 June 2012
<b>Time inspection took place:</b>	<b>Start:</b> 13:00 hrs <b>Completion:</b> 18:00 hrs
<b>Lead inspector:</b>	Patricia Tully
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input 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"/> Regulatory Monitoring Visit Report

## 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 on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate 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
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

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.

Inspection report can be found at [www.hiqa.ie](http://www.hiqa.ie).

## About the centre

### Description of services and premises

The centre is registered to provide accommodation for up to 28 residents and currently has accommodation for 28 residents. The centre caters for long-term, respite and convalescent care for residents who mainly have physical problems as a result of aging and also provides care to people with dementia and/or cognitive impairment.

The centre was a residential dwelling originally and has been converted with a purpose-built extension added to the original premises. It is two-storey to the front and contains three twin rooms upstairs which have been converted for use as staff facilities and an overnight guest room for relatives. All accommodation for residents is on the ground floor. There are nine twin and 10 single bedrooms, each with an en suite toilet and wash-hand basin. Communal accommodation consists of a dining area adjacent to the kitchen, two sitting rooms, a conservatory, a smoking room, an oratory, a mortuary (no longer in use), three toilets and three assisted bathrooms. Office space, storage space, visitors' room, foyer, and toilet/hairdressing room complete the layout.

### Location

The centre is located in Sonnagh, on the outskirts of Charlestown, Co Mayo. It is also close to the town of Swinford and within six kilometres of the Ireland West Airport.

<b>Date centre was first established:</b>	1983
<b>Number of residents on the date of inspection:</b>	22
<b>Number of vacancies on the date of inspection:</b>	6

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	0	8	7	7

### Management structure

The provider is Kathleen Smyth and the person in charge is Audrey Harrington.

The person in charge is supported by a team of staff nurses, care assistants and ancillary staff including an administrator.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering staff</b>	<b>Cleaning and laundry staff</b>	<b>Admin staff</b>	<b>Other staff</b>
<b>Number of staff on duty on day of inspection</b>	1	1	2	1 cook	1 Cleaner (+ kitchen) 1 Laundry (+ kitchen)	1	1*

\* HSE staff member giving course

## Summary of findings from this inspection

This report sets out the findings of a monitoring and compliance inspection, which took place on 20 June 2012. The purpose of the inspection was to review the action plan from the previous inspection and to examine how well the provider was meeting 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*.

The inspector met with the provider, the person in charge, residents and staff members during the inspection. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

The inspector reviewed the seven action areas with 14 associated actions required from the previous inspection of 16 June 2010 and found that the provider, the person in charge and staff had made some progress in addressing the required actions. Seven actions were completed, two actions were partially addressed and five actions had not been addressed.

The Authority had received information of concern which had been the subject of a provider led investigation in December 2011. The person in charge outlined the safeguards now in place to protect residents who may wish to leave the home independently and conditions that have been put in place in certain circumstances.

The nursing home was comfortably furnished, nicely landscaped and a homely atmosphere was achieved by the décor, ornaments and pictures on display throughout the centre. Works had been carried out to enhance the environment with the provision of a laundry and two accessible shower rooms. Further work is planned which includes the provision of an extension to include eight single rooms. The provider told the inspector that the fire officer has requested the provision of a ramp at the front entrance.

Staff had received training in elder abuse and dementia care. Contracts of care had been issued to residents.

A new care plan and resident file system was being introduced which will include the revision and updating of care plans to include residents' wishes, appropriate assessments such as social care needs and documentation of residents' life histories and three monthly review of care plans. However, the system being introduced did not adequately cover the management of restraint.

Improvements were identified on this inspection in the areas of risk management, staff appraisal and the environment. The areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

## **Comments by residents and relatives**

The inspector talked to a number of residents during the inspection. They were complimentary of the level of care they received and of the staff. One resident told the inspector "we are well looked after". Residents were also complimentary of the meals provided and activities on offer and the inspector was told by one resident that she feels safe in the centre.

## **Governance**

### **Article 5: Statement of Purpose**

The statement of purpose had been amended since submitted to the Chief Inspector in 2010. The provider told the inspector that she had updated the statement of purpose in September 2011.

An updated statement of purpose is required which describes the purpose and function of the centre, the current service provision and facilities in the centre in line with Schedule 1 of the Regulations.

An action has been included in the action plan at the end of the report.

### **Article 15: Person in Charge**

There has been no change to the person in charge since the last inspection.

### **Article 16: Staffing**

Staff rotas reviewed by the inspector indicated that these were the usual arrangements. However, the 24 hour clock was not used and a planned rota was not maintained separately from the actual rota. A registered nurse was on duty at all times including night duty. A number of staff have dual roles which involve working in the laundry with kitchen duties and staff on cleaning duties also carries out kitchen duties which requires review.

The person in charge told the inspector that all nursing staff were currently registered with An Bord Altranais and copies of PINs were presented to the inspector to review as confirmation of this. The provider stated that all required documents were in place for all staff and were available in the staff file reviewed by the inspector.

Training records showed that staff had received mandatory training in moving and handling and fire safety. However, the person in charge told the inspector that fire drills are not carried out at six-monthly intervals as required.

The person in charge told the inspector that staff had attended training in detecting and reporting elder abuse. A talk on dementia care was in progress during the inspection which was attended by seven staff.

No formal appraisal had been introduced for staff which was indentified as an action in the previous inspection report and action plan.

Actions are included in the action plan at the end of the report.

### **Article 23: Directory of Residents**

The inspector reviewed the directory of residents and found that it met the requirements of the Regulations and had been updated to include the details of recent events.

### **Article 31: Risk Management Procedures**

The inspector found that practice in relation to the health and safety of residents and the management of risk generally promoted the safety of residents, staff and visitors however some improvements were identified.

There was a visitors' sign-in book located at the foyer of the centre. This allowed the staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The inspector observed visitors' daily signatures in the visitor's book.

The risk management policy provided guidance and information to staff on a range of safety issues such as food safety and managing behaviour that challenged. However, the person in charge did not maintain a register of the risks specific to the centre, such as risks associated with smoking, use of Vac Therapy, internal ramps, and raised toilet seats.

The inspector reviewed the incidents and near misses and found that there were a relatively low number of falls during the previous months. There was a system in place for the identification and recording of incidents. Incident forms were completed for each incident. However, there was no documentation available on any investigations or learning from serious or untoward incidents or adverse events involving residents.

Actions are included in the action plan at the end of the report.

### **Article 35: Review of Quality and Safety of Care and Quality of life**

There was a system in place for the identification, and recording of serious incidents or adverse events involving residents. However, there was no analysis of incidents such as a review of the number of falls in the centre. There was no clear system in place to review the quality and safety of care provided to residents and the quality of life of residents in the designated centre at appropriate intervals and changes to be implemented in response to findings.

### **Article 39: Complaints Procedures**

The person in charge demonstrated a positive attitude towards complaints. The complaints procedure was displayed in a user friendly format and described in the Residents' Guide and the statement of purpose. The person in charge was identified as the named complaints officer. An independent appeals process was available to complainants. Residents told the inspector that they had no complaints.

The complaints log which contained relatively few records of complaints did include all relevant information about the complaint, the investigation, the outcome and the complainants' satisfaction.

### **Article 36: Notification of Incidents**

Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents and quarterly reports which had been submitted in a timely manner.

## Resident Care

### Article 9: Health Care

The inspector was satisfied that the healthcare needs of residents were met. The inspector reviewed two residents' care plans and noted that while overall the documentation was detailed, some improvements were required.

Residents files contained resident information under the following headings:- residents' personal details, nurses signature, falls risk management - scale of the resident, tools, action plan, check list, Waterlow Score and Braden scale, admission checklist – assessment form, Barthel Index, Mental Test Score, dependency level, ADL assessment, assessment of urinary incontinence, geriatric depression scale, manual handling, weight records, food intake records, skin assessment record, wound management, social needs assessment, Problem Identification Sheet and Care Plans, daily flow sheets, evaluation sheets, communication sheets, OP appointments, therapies, medical notes, BP charts, prescription records, residents' record and Audit tool. There was evidence of regular monitoring of weight, pulse and blood pressure in the files reviewed. Residents who were at risk of pressure ulcer development had been provided with pressure relieving devices such as mattresses and cushions.

The files were found to be disjointed which made it difficult to follow a resident's progress. It was difficult to link assessments carried out and care plans developed in response to findings of the assessments. Some care plans reviewed had not been updated to reflect the current care needs of residents. For example, the care plan of one resident did not contain a risk assessment for the bedrail which was in use. A resident told the inspector that staff had not discussed his care plan with him. The person in charge told the inspector that this resident's care plan had been discussed.

Lap belts were not in operation in the centre. There were no restraint records available. There were a number of residents using bedrails at night time which the person in charge said was at the request of the residents. An assessment had not been completed to determine if this was an option of last resort or an enabler. Consent had not been sought for the use of the restraint measure. Records were not maintained to document the release times of the restraint. An audit had not been carried out on the use of bedrails.

There were opportunities for residents to participate in activities. The inspector observed a carer carrying out activities on the day of the inspection and outings are arranged from time to time as reported by the person in charge. A hairdresser also attends the centre.

### **Article 33: Ordering, Prescribing, Storing and Administration of Medicines**

This area was not reviewed in detail on this inspection but the inspector found that a drug prescription form had been pre-signed by a GP for "as required" or "variable dose" prescriptions without an approved drug name, dose or date prescribed being specified. A review of this practice is required.

The person in charge told the inspector that there was no procedure in place to check medications on delivery against prescribed drugs to ensure that errors do not occur.

A pharmacist has not been involved in the review of medication in conjunction with the GP and the nursing staff.

### **Article 6: General Welfare and Protection**

The inspector found that measures were in place to safeguard residents. A policy on elder abuse and protection of vulnerable adults was in place. Records showed that staff had attended training on the prevention, detection and response to elder abuse. Residents told the inspector that they felt safe in the centre.

Signs on doors signified that care was in progress and staff were observed knocking on doors before entering rooms.

Residents' finances managed in the centre are appropriately accounted and signed for as reported by the person in charge.

### **Article 20: Food and Nutrition**

The inspector was satisfied that residents received a nutritious and varied diet. There were two adjoining dining rooms and residents were seen to enjoy their lunch and evening meal. The inspector noted that there was a choice of courses offered. Residents told the inspector that the food was good. Drinks were widely available throughout the centre. Residents' files showed that nutritional and fluid intake is recorded where required.

## Environment

### Article 19: Premises

Communal areas such as the sitting rooms had a variety of pleasant furnishings and comfortable seating.

The centre was adequately clean. However, there were some areas and equipment not cleaned to a satisfactory standard such as showers not in use, floors in some ensuite bathrooms and commodes.

The communal areas were well lit and well ventilated, but less so in one section of the corridor leading to the laundry and sluice room where a strong odour was present associated with a prescribed treatment in operation. While the design and layout of some parts were suitable, such as the communal areas, there were some significant limitations arising out of the conversion of a private residence with an added extension into a nursing home. Some design features impacted on wheelchair access such as space limitations in en suite bathrooms/toilets. Door saddles were also present throughout the centre which impedes mobility for wheelchair users and those using walking aids and mobilising of equipment.

The inspector found that the bedrooms were personalised with adequate space for belongings. Residents also had access to locked personal storage space in their bedrooms when requested. Total privacy in shared bedrooms fell short due to the layout of curtain partitions. Access to walk-in wardrobes was found to be a risk due to the position of door opening into the room against the door of the wardrobe in a number of the bedrooms.

While the provider had endeavoured to address a number of issues that had been identified following the previous inspection by reducing resident numbers, the provision of a cleaning store and the alterations to the laundry and sluice room, the layout continues to pose restrictions on space in the centre. There is insufficient space to sort and store laundry with some clean clothes and the soiled laundry trolley being inappropriately stored in the sluice room. A table was situated on the corridor leading to the sluice room which is used to fold clothes.

Raised toilet seats were used to compensate for low toilets which pose a falls risk if not fitted securely and are unhygienic when not cleaned properly which was found to be the case with a number reviewed by the inspector.

Fire wedges were observed to be in operation at a number of fire doors and the provider arranged for these to be removed immediately from all fire doors when alerted to the risk.

There was an internal ramp leading to the toilet area used by residents to access the hairdresser off the conservatory which is a risk to residents because of its location and design which does not comply with Part M building regulations.

The inspector found that there were no restrictors on windows.

### **Article 32: Fire Precautions and Records**

Procedures for fire detection and prevention were in place. Emergency exit plans were on display and fire exits and evacuation points were signposted. The inspector reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were monitored. The inspector read records which showed that inspections of fire exits were carried out and the fire exits were noted to be unobstructed.

The provider informed the inspector that the fire officer had made recommendations to install a ramp at the front entrance following an inspection in response to an application for a fire safety certificate. This work is planned to be carried out in the near future.

Training records showed that fire safety training had taken place. However, the person in charge told the inspector that six-monthly fire drills had not taken place.

### **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider and the person in charge, to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

#### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the provider, person in charge, residents and staff during the inspection.

#### ***Report compiled by:***

Patricia Tully

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

10 July 2012

### Provider's response to inspection report\*

<b>Centre:</b>	St Anne's Private Nursing Home
<b>Centre ID:</b>	0387
<b>Date of inspection:</b>	20 June 2012
<b>Date of response:</b>	30 July 2012

### 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*.

#### ***Outcome 1: Statement of purpose and quality management***

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

The revised statement of purpose had not been submitted to the Chief Inspector.

##### **Action Required:**

Notify the Chief Inspector in writing before changes are made to the statement of purpose which affect the purpose and function of the centre.

##### **Reference:**

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

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A copy of current statement of purpose dated September 2011 will be sent to the Chief Inspector.</p>	<p>10/08/2012</p>

***Outcome 2: Reviewing and improving the quality and safety of care***

<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To put a system in place to gather and audit information following consultation with residents and their representatives in relation to reviewing the quality and safety of care provided to residents and the quality of life of residents in the designated centre at appropriate intervals; and improving the quality of care provided at, and the quality of life of residents in, the designated centre.</p>	
<p><b>Action required:</b></p> <p>Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 35: Review of Quality and Safety of Care and Quality of Life  Standard 30: Quality Assurance and Continuous Improvement</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A system will be put in place to review the quality and safety of care provided to, and the quality of life of, residents.</p>	<p>30/09/2012</p>

***Outcome 5: Health and safety and risk management***

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

To provide a comprehensive written risk management policy that 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.

**Action Required:**

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.

**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:

New risk assessments have been completed on risks identified throughout the designated centre and the precautions in place to control the risks.

26/07/2012

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

To make arrangements for all staff working at the designated centre including night duty staff, to receive suitable training in fire prevention, detection and evacuation.

Door wedges were in place.

**Action Required:**

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

**Action Required:**

Provide to the Chief Inspector, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

<b>Action required:</b>	
Remove all door wedges in fire doors and make adequate arrangements for containing and extinguishing fires including adherence with fire regulations in relation to the management of designated fire doors.	
<b>Reference:</b>	
Health Act, 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Staff will receive fire training. Letter from fire training instructor will be submitted.	10/08/2012
Door Wedges were removed on day of inspection.	20/06/2012

<b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
Procedures in place for the control of infection were unsatisfactory.	
<b>Action Required:</b>	
Ensure policies and procedures and practice are consistent with best practise guidelines on prevention of infection and ensure staff are aware of these guidelines.	
<b>Action required:</b>	
Ensure current infection control guidelines are followed.	
<b>Reference:</b>	
Health Act, 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

Provider's response:	
Table for folding clean clothes has been removed from corridor to laundry and sluice room.	26/07/2012
Soiled laundry trolley has been removed from sluice room.	Completed

***Outcome 6: Medication management***

<p><b>6. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To ensure that best practice procedures are followed in regard to prescription charts for residents.</p>	
<p><b>Action required:</b></p> <p>Put in place appropriate and suitable practices and written operational policies relating to the ordering and prescribing of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  Standard 14: Medication Management  Standard 15: Medication Monitoring and Review</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Pharmacist involvement with GP and nursing staff in reviewing medication has been implemented.</p> <p>A review of current medication policies, procedures and practice will be carried out.</p>	<p>01/08/2012</p> <p>21/09/2012</p>

***Outcome 7: Health and social care needs***

<p><b>7. The person in charge is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To set out each resident's needs in an individual care plan developed and agreed with the resident.</p>	
<p><b>Action Required:</b></p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>	
<p><b>Action Required:</b></p> <p>Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.</p>	
<p><b>Action Required:</b></p> <p>Revise each resident's care plan, after consultation with him/her.</p>	
<p><b>Action Required:</b></p> <p>Notify each resident of any review of his/her care plan.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 8: Assessment and Care Plan  Standard 10: Assessment  Standard 11: The Resident's Care Plan</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>New care plans are currently being implemented and residents or their significant other will be involved in their reviews and informed of any changes.</p>	<p>30/09/2012</p>

***Outcome 11: Residents' rights, dignity and consultation***

<b>8. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
The provide residents with privacy to the extent that each resident is able to undertake personal activities in private.	
<b>Action required:</b>	
Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.	
<b>Reference:</b>	
Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Curtain rails been adjusted to provide privacy where residents share rooms.	31/08/2012
Door saddles will be removed.	31/10/2012

***Outcome 14: Suitable staffing***

<b>9. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>	
To provide separate planned and actual rotas using the 24-hour clock so that it is easy to differentiate who is on duty day from who is night duty.	
<b>Action required:</b>	
Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.	
<b>Reference:</b>	
Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

Provider's response:  A planned 24-hour rota is now maintained separately from the actual rota.	27/07/2012
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***Outcome 15: Safe and suitable premises***

<p><b>10. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To ensure the physical design and layout of the premises meets the needs of each resident and that all parts of the premises and equipment are cleaned to a satisfactory level to prevent infection and is odour free.</p> <p>To have window restrictors in place.</p>	
<p><b>Action required:</b></p> <p>Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.</p>	
<p><b>Action required:</b></p> <p>Keep all parts of the designated centre clean.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 28: Purpose and Function</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Window restrictors will be in installed.</p> <p>Proper cleaning of equipment has been brought to the attention of cleaning staff and cleaning is carried out under the supervision of the provider and director of nursing to ensure equipment is adequately cleaned.</p> <p>The odour is present in one area of the centre only and is directly attributed to a prescribed treatment. We are conscious of the odour and it is treated as effectively as possible in the circumstances to ensure a comfortable environment for all residents.</p> <p>New plans will be submitted to the Chief Inspector.</p>	<p>10/08/2012</p> <p>Completed</p> <p>Ongoing</p> <p>10/08/2012</p>

***Outcome 16: Records and documentation to be kept at a designated centre***

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

To maintain a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

**Action Required:**

Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

**Reference:**

Health Act, 2007  
Regulation 25: Medical Records

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

**Timescale:**

Provider's response:

Keeping a record of any occasion on which restraint is used has been implemented.

27/07/2012

**Any comments the provider may wish to make:**

**Provider's response:**

None received.

**Provider's name:** Kathleen Smyth

**Date:** 30 July 2012