

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Maryborough Nursing Home
Centre ID:	0248
Centre address:	Maryborough Hill
	Douglas
	Cork
Telephone number:	021-4891586
Fax number:	021-4891731
Email address:	office@maryboroughnh.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Vivienne O’Gorman
Person in charge:	Vivienne O’Gorman
Date of inspection:	5 July 2012
Time inspection took place:	Start: 08:45hrs Completion: 16:00hrs
Lead inspector:	Vincent Kearns
Support inspector:	Cathleen Callanan
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<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"/> Follow-up inspection

About the inspection

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

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

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Maryborough Nursing Home was purpose-built 22 years ago and is a single-storey building with accommodation for 35 older people.

There are 23 single and two twin-bedded rooms, all with shower en suite. There are also four twin-bedded rooms without en suite. There are two assisted shower rooms and one assisted bath. There is a communal toilet within close proximity to the dining and sitting areas.

The kitchen is adjacent to the dining room and there are three separate sitting rooms. Additional seating is located in the main entrance and in an area off a corridor leading to bedrooms. There are double doors leading from a main corridor onto a secure central courtyard with permanent outdoor furniture.

There are two laundry rooms, sluice facilities, four storage rooms, a staff changing, toilet and shower room. Car parking is available outside the main entrance door.

Location

The centre is located on a small road in a residential area near Douglas and Cork city, and on a regular bus route to the city. It is within a short driving and walking distance of a small local complex of shops within a housing estate.

Date centre was first established:	1989
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	2

Dependency level of current residents	Max	High	Medium	Low
Number of residents	11	7	7	8

Management structure

Vivienne O'Gorman is both the Provider and the Person in Charge (PIC). All nurses, care, catering, cleaning and maintenance staff report to her.

Aileen Stringer is the senior staff nurse who deputises for the PIC.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	7	1	1	0	0

Background

This follow-up inspection was conducted in order to provide an update in relation to the centre's compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Since the last inspection which was a registration inspection conducted on 20 September 2011 and 21 September 2011, the provider had given a timely response and realistic timeframes in respect of the action plan submitted to her.

Summary of findings from this inspection

On the occasion of this inspection the inspectors examined relevant documentation and viewed alterations and improvements that had been made. The inspectors found that the provider gave a comprehensive response to the main issues of concern in the action plan from the previous inspection and the details are contained in section two of this report under the heading of 'actions reviewed on inspection'.

During this inspection the inspectors met with residents, relatives, the provider, staff nurses, cleaning staff and healthcare assistants.

The PIC who was also the provider, was involved in the day-to-day running of the centre and was seen to be committed to improving the service for residents through regular audits, service reviews and best practice initiatives.

The inspectors observed that residents appeared to be generally well cared for, and that their personal care needs were met, which was further reflected in residents' comments. On the day of inspection, nursing staff were familiar with residents' care needs and there was an adequate level of assessment.

A number of improvements were required to comply with the requirements of 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 following is a summary of the remaining issues:

1. Health and Safety:

- unsuitable storage of a bottle of cleaning fluid
- the storage of latex gloves and plastic aprons needed to be risk assessed
- the suitability of furniture and fittings in the designated smoking room
- a trip hazard located at the patio exit door.

2. Infection Control:

- lack of suitable wash-hand basin in one of the laundry rooms
- unsuitable storage of mops
- inadequate cleaning procedures and provision of cleaning cloths
- no suitable cleaning facilities or personal protective equipment available in laundry room.

3. Medication management:

- inadequate operational policies and procedures in relation to transcribing of medications
- unsuitable items stored in the controlled drugs cupboard
- unsuitably stored medication trolley.

4. General Welfare and Protection:

- referrals to allied health services were not adequately recorded
- inadequate recording of staff training
- not all staff files had the required information
- inadequate restraint policy.

Issues covered on inspection

1. Health and Safety:

The inspectors viewed centre-specific written operational policies and procedures relating to the health and safety of residents, staff and visitors. There were some measures in place to prevent accidents and facilitate residents' mobility, including safe and appropriate floor covering; however, there was a bottle of cleaning fluid stored in an unsecured laundry store room presenting a potential hazard to any resident with a cognitive impairment. The PIC immediately removed this bottle from the laundry store room.

Inspectors noted that there were adequate supplies of latex gloves and disposable aprons and the inspectors observed staff using alcohol hand gels which were available throughout the centre. However, the inspectors requested that the storage

of such personal protective equipment was risk assessed in the context of presenting a potential hazard to any resident with a cognitive impairment.

2. Infection Control:

The environment was of an adequate standard, kept generally clean and well maintained, with flooring and lighting in good condition. There were some measures in place to control and prevent infection, including some arrangements in place for the segregation and disposal of waste, including clinical waste, and most staff spoken with had received infection control training. However, there were significant infection control issues:

- there was no suitable wash-hand basin in one of the laundry rooms
- mops were unsuitably stored in cleaning buckets
- the cleaning procedures outlined to the inspectors were not adequate and did not reflect best evidence-based practice
- there were inadequate supply of suitable cleaning cloths on the cleaning trolley.

Actions reviewed on inspection:

1. Action required from previous inspection:

Update the statement of purpose so as to include all of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Completed:

A written statement of purpose was available and it had been updated and revised on 20 April 2012. Inspectors noted that the statement of purpose accurately described the services and facilities provided in the centre and met all of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

2. Action required from previous inspection:

Make suitable arrangements for the establishment and maintenance of an adequate system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

Completed:

The PIC informed inspectors that there were residents' committee meetings held every six weeks to discuss any matters in relation to life in the centre. Inspectors viewed minutes of these meetings and noted that the activities coordinator had

agreed to act as chair and also noted that the most recent meeting was held in June 2012.

The inspectors viewed centre-specific policies that included policies on quality assurance, falls management, pressure sore prevention, complaints management, infection control and vaccination monitoring.

Inspectors were informed by the PIC that multi-disciplinary team meetings were held regularly and noted that the most recent team meeting was held in June 2012. Inspectors also noted from the minutes of these meetings that issues discussed included a review of clinical practices, issues in relation to the computerised care planning, restraint practices, fire evacuation and quality improvement initiatives. Since the previous inspection, the PIC had facilitated the establishment of some regular audits including reviewing the following areas:

- incidence of urinary tract infections
- medication use including the use of psychotropic, hypnotic and laxative medication
- falls incidence
- pain management
- wound care
- food and nutrition
- privacy and dignity audit.

In addition, the inspectors noted that there had been a satisfaction survey conducted of residents' experiences in the centre that was completed in January 2012 and the results of this survey which were overall positive, were made available to residents during the residents' committee meetings.

3. Action required from previous inspection:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse by ensuring all contracts are signed within one month of admission.

Completed:

Inspectors viewed a number of residents' contracts which were adequate and the PIC confirmed that each contract was agreed with each resident or and relative as appropriate within one month of admission. She also confirmed that each resident's contract deals with the care and welfare of the resident in the centre and includes details of the services to be provided for that resident and the fees to be charged.

4. Action required from previous inspection:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre to ensure that only appropriate items/equipment are stored in the clean and dirty laundry rooms.

Partially completed:

Inspectors noted that only appropriate items/equipment were stored in the clean and dirty laundry rooms. Personal protective equipment was available on the wall outside the dirty laundry room; however, there were no suitable cleaning facilities available for staff use in the clean laundry room.

5. Action required from previous inspection:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by ensuring that there is a working call bell system in place.

Completed:

Inspectors noted that there were call bells in each room used by residents and inspectors observed that the call bells were working.

6. Action required from previous inspection:

Ensure that the risk management policy covers the precautions in place to control the following specified risks: assault; accidental injury to residents or staff; aggression and violence; self-harm and transfer of residents to or out of the centre.

Completed:

Inspectors reviewed the risk management policy and noted that it adequately detailed the precautions that were in place to control the following specified risks: assault; accidental injury to residents or staff; aggression and violence; self-harm and transfer of residents to or out of the centre.

7. Action required from previous inspection:

Put in place an emergency plan for responding to emergencies that includes the specific names, titles and contact details of relevant persons to contact in the event of an emergency.

Completed:

Inspectors reviewed the written emergency plan for responding to emergencies with the objective of reducing and lessening the impact/possible consequences of any emergency. Inspectors noted that this plan included the specific names, titles and contact details of relevant persons to contact in the event of an emergency.

8. Action required from previous inspection:

Take adequate precautions against the risk of fire, including the provision of a documented smoking policy.

To take adequate precautions against the risk of fire, including the provision of appropriate risk assessments in relation to the fire hazards identified.

Partially completed:

There was a centre-specific policy available in relation to residents who smoked cigarettes and a copy was clearly displayed on the door of the designated smoking room. The PIC informed inspectors that all residents who smoked cigarettes were risk assessed and that such risk assessments formed part of the residents' three-monthly care plan review. At the time of inspection one resident smoked cigarettes in the centre and the PIC informed the inspectors that this resident required supervision while smoking cigarettes. Inspectors noted in the care plan of this resident that there was a suitable risk assessment in relation to smoking.

The PIC informed inspectors that smoking inside the building was only permitted in the designated smoking room which was located near the main entrance and the nurses' station. In addition the PIC informed inspectors that residents' cigarette lighters/matches were stored in a secured drawer at the nurses' station. Inspectors noted that the designated smoking room contained a number of cushioned armchair type seats, a stainless steel ashtray, a call bell, a pair of long window curtains and a heat detector. However, the PIC was unable to confirm if the furniture and window curtains in the designated smoking room were fire retardant.

9. Action required from previous inspection:

Put in place appropriate and suitable practices and written operational policies relating to the transcribing of medicines to residents and ensure that staff are familiar with such policies and procedures.

Not completed:

Nursing staff demonstrated an understanding of appropriate medication management and adhered to professional guidelines and regulatory requirements. Unused medication was disposed of appropriately and there was evidence of ongoing medication management audit by the PIC that had been conducted with the support of the centre's pharmacist. Inspectors noted that extra stock medication was stored for 'as required' (PRN) use and was kept to a minimum.

The inspectors found that there were appropriate operational policies and procedures available in relation to medication management. However, the written operational policy in relation to transcribing of medication was not adequate as there was no

reference in this policy to the role of general practitioners (GPs) in the transcribing of medication.

Controlled drugs were stored safely in a double-locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with best practice. However, the inspectors noted that there were a number of unsuitable items such as a selection of batteries and a pair of reading glasses that were also stored in the controlled drugs cupboard. In addition inspectors noted that the medication trolley while being stored in the unsecured nurses' office, was not secured to the wall.

10. Action required from previous inspection:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Completed:

The inspectors reviewed a selection of nursing care plans which were computerised, centre-specific and person-centred. Inspectors noted that all care plans reviewed contained residents' identified healthcare needs that were addressed with appropriate and timely assessments. Inspectors also noted that there was an adequate range of assessments relating to nursing and social care needs. These assessments included assessment tools used for the ongoing monitoring of falls, weights and, where appropriate, fluid intake. From the sample of nursing care plans reviewed, inspectors observed that nursing reviews were conducted having regard to the nature and extent of each resident's dependency and needs every three months or more often, as required.

11. Action required from previous inspection:

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

Partially completed:

The PIC informed inspectors that residents had access to some allied health care such as chiropody and physiotherapy and the PIC outlined efforts that had been made in relation to accessing occupational therapy in consultation with residents GPs. However, inspectors noted that referrals in relation to occupational therapy intervention had not been adequately documented or recorded in the residents' care plans.

12. Action required from previous inspection:

Agree a contract with each resident within one month of admission to the designated centre.

Completed:

The PIC confirmed that there was an agreed contract with each resident within one month of admission. She also confirmed that each resident's contract deals with the care and welfare of the resident in the centre and includes details of the services to be provided for that resident and the fees to be charged. Inspectors viewed copies of the residents' contracts and found them to be adequate.

13. Action required from previous inspection:

Make suitable arrangements to ensure that the residents who occupy the six bedrooms looking directly out onto the enclosed patio area are provided with privacy to the extent that each resident is able to undertake personal activities in private.

Completed:

Inspectors noted that privacy screens had been placed on each of the six bedroom windows looking directly out onto the enclosed patio area. Inspectors were informed by the PIC that these screens provided residents who occupied these rooms with privacy to the extent that each resident is able to undertake personal activities in private.

14. Action required from previous inspection:

Provide residents with information concerning current affairs, local matters, voluntary groups, community resources and events.

Completed:

Inspectors noted that there were local and national newspapers readily available and there was a notice board located on the main corridor near the entrance that had a variety of notices regarding events occurring in the centre and in the locality. In addition there were television and radio sets available in each sitting room.

15. Action required from previous inspection:

Provide adequate space for a reasonable number of each resident's personal possessions and ensure that residents retain control over their personal possessions.

Completed:

Inspectors noted that there was adequate space available for a reasonable number of each resident's personal possessions and the PIC confirmed that residents retained control over their personal possessions.

16. Action required from previous inspection:

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

Partially completed:

There were comprehensive training records available in relation to staff education to enable staff provide care in accordance with contemporary evidence-based practice. However, they were not adequate as there were a number of different documents used to record staff training that were stored in three different locations. Inspectors noted when cross-referencing these records that they were not adequately clear or consistent.

17. Action required from previous inspection:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Not completed:

There were recruitment procedures in place in relation to the recruitment of staff to work at the designated centre. However, from the sample of files reviewed, inspectors noted that all staff did not have full and satisfactory information and documents specified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Inspectors noted that a number of staff files did not have three references or evidence that the person was physically and mentally fit for the purposes of the work that they were to perform at the designated centre.

18. Action required from previous inspection:

Provide and maintain external grounds including the decking of the enclosed patio area are suitable for, and safe for use by, residents.

Partially completed:

Inspectors noted that the enclosed patio area that previously on the last inspection had timber decking, had been replaced with concrete patio slabs and did not appear to be slippery to walk upon. There was a raised edge located at the base of the exit door leading onto the patio area. Inspectors noted that there was a wooden ramp stored near this door that was used for residents to access the patio area. However, inspectors formed the view that this raised edge located at the base of the exit door leading onto the patio area constituted a trip hazard.

19. Action required from previous inspection:

Provide a sufficient number of assisted baths, having regard to the dependency of residents in the designated centre.

Completed:

Inspectors noted that since the last inspection there was an assisted bath available for residents' use in the centre.

20. Action required from previous inspection:

Provide suitable changing and storage facilities for staff.

Completed:

Inspectors noted that since the last inspection there were changing and storage facilities provided for staff in the centre.

21. Action required from previous inspection:

Produce a Residents' Guide which includes the terms and conditions in respect of accommodation to be provided for residents, a standard form of contract for the provision of services and facilities to residents and the most recent inspection report.

Completed:

Inspectors noted there was a Residents' Guide which included the terms and conditions in respect of accommodation to be provided for residents, a standard form of contract for the provision of services and facilities to residents and a copy of the most recent inspection report.

22. Action required from previous inspection:

Put in place all of the written and operational policies listed in Schedule 5 including a written operational policy in relation to the temporary absence and discharge of residents.

Completed:

There were written and operational policies available in relation to the temporary absence and discharge of residents. However, inspectors noted that the policy on the use of restraint was not adequate as it required staff to provide a two-hourly monitoring check on each resident while restraint was in place and such observations were not related to the individual resident's assessed needs.

Report compiled by:

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

16 July 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
23 February 2012 and 24 February 2012	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
20 September 2011 and 21 September 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
5 July 2012	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan



Provider's response to inspection report *

Centre:	Maryborough Nursing Home
Centre ID:	0248
Date of inspection:	5 July 2012
Date of response:	8 August 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*.

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

To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring all cleaning fluids are suitably stored.

Action required:

Put in place all reasonable measures to prevent accidents to any person in the designated centre by ensuring all cleaning fluids are suitably stored.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

* 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>Antibacterial cleaning sprays are all kept in lock-coded rooms. The risk to residents of leaving antibacterial sprays on corridors has been highlighted to staff.</p>	<p>Completed</p>

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

To take all reasonable measures to prevent accidents to any person in the designated centre by risk assessing the storage of personal protective equipment including latex gloves and plastic aprons.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre by risk assessing the storage of personal protective equipment including latex gloves and plastic aprons.

Reference:

Health Act, 2007
 Regulation 31: Risk Management Procedures
 Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All current residents with cognitive impairment have been risk assessed in relation to availability of personal protective equipment on corridors. This will be our practice for all new residents.</p>	<p>Completed</p>

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

To ensure there is suitable and adequate number of wash-hand basins provided for use by persons who work in the centre.

Action required:

Ensure there is suitable and adequate number of wash-hand basins provided for use by persons who work in the centre.

Reference: Health Act, 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We will fit a new wash-hand basin into the clean laundry room.	24 August 2012

4. The provider has failed to comply with a regulatory requirement in the following respect: To ensure there is suitable and adequate supply of cleaning equipment provided for use by persons who work in the centre and that such equipment is suitably stored to prevent cross-infection.	
Action required: Ensure that the cleaning equipment provided for use by persons who work in the centre is suitably stored to prevent cross-infection.	
Reference: Health Act, 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: With consultation with our supplier we have stopped the use of mops and buckets in all areas except for the kitchen area. We have introduced new single use mopping system. No mops will be stored wet.	Completed

5. The provider has failed to comply with a regulatory requirement in the following respect: To ensure that all staff members are made aware of the provisions of the Act and all	
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regulations and rules made thereunder commensurate with their role and any policies and procedures including the infection control policy.

Action required:

Make suitable arrangements to ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder commensurate with their role and any policies and procedures including the infection control policy.

Reference:

Health Act, 2007
Regulation 17: Training and Staff Development
Standard 29: Management Systems
Standard 24: Training and Supervision

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

Timescale:

Provider's response:

We are in the process of revising our cleaning and infection control procedures in consultation with our suppliers to reflect best practice.

24 August 2012

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

To provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice, including the prevention of cross-infection.

To supervise all staff members on an appropriate basis pertinent to their role, including the prevention of cross-infection.

Action required:

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice, including the prevention of cross-infection.

Action required:

Supervise all staff members on an appropriate basis pertinent to their role, including the prevention of cross-infection.

Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Cleaning staff will be updated on new cleaning and infection control procedures. Our suppliers have instructed our cleaning staff on the use of new single-use mopping system. All staff receive infection control training. There are adequate supplies of cleaning cloths on the cleaning trolley at all times.	24 August 2012

7. The provider has failed to comply with a regulatory requirement in the following respect: To take adequate precautions against the risk of fire, including the provision of suitable furniture and fittings in the designated smoking room.	
Action required: Take adequate precautions against the risk of fire, including the provision of suitable furniture and fittings in the designated smoking room.	
Reference: Health Act, 2007 Regulation 19: Premises Regulation 32: Fire Precautions and Records Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The smoking room has been risk assessed. All furniture is fire retardant. Curtains have been replaced with flame retardant ones.	Completed

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

To put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the transcribing and storage of medicines and ensure staff are familiar with such procedures and policies.

Action required:

Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the transcribing and storage of medicines and ensure staff are familiar with such procedures and policies.

Reference:

Health Act, 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

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

Timescale:

Provider's response:

Our transcribing policy has been updated to outline both the nurses and GPs role in safe transcribing of medication. All nurses are aware of the update.

Drug trolley is now secured to wall when not in use.

Nothing other than controlled drugs are kept in control drug press.

Completed

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

To facilitate each resident's access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident and maintain suitable records of all health care referrals and follow-up appointments.

Action required:

Facilitate each resident's access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident and maintain suitable records of all health care referrals and follow-up appointments.

Reference: Health Act, 2007 Regulation 9: Health Care Standard 13: Healthcare Standard 15: Medication Monitoring and Review Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All residents requiring assessment by an occupational therapist have had referrals sent and this is now documented in their care plan. Since inspection we have prioritised five residents and they have been assessed by an occupational therapist privately.	Completed

10. The provider is failing to comply with a regulatory requirement in the following respect: To provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice and maintain the records of such training in a manner so to ensure completeness, accuracy and ease of retrieval.	
Action required: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice and maintain the records of such training in a manner so to ensure completeness, accuracy and ease of retrieval.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Regulation 22: Maintenance of Records Standard 24: Training and Supervision Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Records of training and education are now kept in one location for ease of retrieval.	Completed

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

To put in place recruitment procedures to ensure no staff member is employed unless the person has full and satisfactory information and documents as specified in Schedule 2.

Action required:

Put in place recruitment procedures to ensure no staff member is employed unless the person has full and satisfactory information and documents as specified in Schedule 2.

Reference:

Health Act 2007
Regulation 18: Recruitment
Standard 22: Recruitment

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

Timescale:

Provider's response:

An audit has been carried out on staff files. Any staff member that does not have all documents as specified in Schedule 2 have been given deadline of 17 August 2012 to submit these.

17 August 2012

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

To take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by removing all trip hazards.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by removing all trip hazards.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Regulation 19: Premises
Standard 26: Health and Safety
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Trip hazard on patio door has been removed.	Completed

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

To put in place appropriate and suitable practices and written operational policies relating to each occasion in which restraint is used and ensure that staff are familiar with such policies and procedures.

To keep a satisfactory record of any occasion on which restraint is used, the nature of the restraint and its duration.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to each occasion in which restraint is used and ensure that staff are familiar with such policies and procedures.

Action required:

Keep a satisfactory record of any occasion on which restraint is used, the nature of the restraint and its duration.

Reference:

- Health Act 2007
- Regulation 6: General Welfare and Protection
- Regulation 25: Medical Records
- Standard 8: Protection
- Standard 21: Responding to Behaviour that is Challenging

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our computerised system will be amended to allow staff to record when restraint is used, its duration and safety checks on resident while restraint in situ. This will be outlined in resident's care plan.	22 August 2012

Any comments the provider may wish to make:

Provider's response:

None given

Provider's name: Vivienne O'Gorman

Date: 8 August 2012