

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

**Inspection report
Designated centres for older people**



Centre name:	Loughloe House
Centre ID:	0535
Centre address:	Athlone
	Co Westmeath
Telephone number:	090 647 4555
Fax number:	090 648 7423
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executive
Person in charge:	Mary Fagan
Date of inspection:	27 February 2010 and 29 March 2010
Time inspection took place:	Day 1 Start: 10:15 hrs Completion: 18:00 hrs Day 2 Start: 14:00 hrs Completion: 17:00 hrs
Lead inspector:	P.J Wynne
Support inspector:	Catherine Connolly-Gargan
Type of inspection:	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Triggered <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

About inspection

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

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 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 co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Loughloe House is a single-storey building. It has accommodation for 39 residents, providing long term care and respite care for older persons including some people with cognitive impairment.

The accommodation consists of 24 single rooms and five, three-bedded rooms. There are two assisted showers and four ensembles. Other facilities include two day sitting rooms, a spacious dining room, an oratory and a smoking room.

There is an enclosed courtyard which is currently undergoing construction of ramps to promote ease of access and refurbishment to improve the quality of this area for the residents.

Location

The centre is located on the east side of the town of Athlone, Westmeath. There is a pedestrian footpath leading to the shops and business facilities in the immediate vicinity of the centre.

Date centre was first established:	1971
Number of residents on the date of inspection	31

Dependency level of current residents	Max	High	Medium	Low
Number of residents	15	2	3	11

Management structure

The centre is managed by the Health Service Executive. The Person in Charge on a day-to-day basis is Mary Fagan, Clinical Nurse Manager grade two. She reports to acting Directors of Nursing Pauline Quast and Eithne Hanavy, both based in St Vincent's Hospital Athlone, who have overall clinical responsibility. They report to a General Manager Dorrie Mangan. Joseph Ruane, Local Health Manager has ultimate responsibility for the service. The Person in Charge is supported in her role by a Clinical Nurse Manager grade one, staff nurses, carers, a clerical officer, an activity co-ordinator, catering staff and a chef.

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	2	2	0	1	0

Background

The unannounced inspection of 27 February 2010 was triggered in response to the Health Information and Quality Authority (the Authority) gaining information pertaining to an alleged incident of verbal abuse of a resident by a staff member. This incident had not been notified to the Authority through the required process. The information was obtained from documentation completed by St Vincent's Hospital for the purposes of their inspection on 28 and 29 January 2010.

During the St Vincent's inspection of 28 and 29 January 2010 inspectors entered Loughloe House to gain further information. They spoke with the resident who made the complaint, her son, clinical nurse manager grade two / person in charge, care staff and the assistant directors of nursing responsible for the service.

On 05 February 2010 a provider led investigation was requested. This investigation was returned to the Authority on 22 February 2010 and found to be inadequate. A letter requesting further clarity, assurances and a more detailed response was sent to the provider on 22 February. A revised provider led investigation was returned to the Authority on 26 February. Protective measures for other residents were inadequate, in that the member of staff concerned was rostered to non-clinical duties while the investigation was taking place. A further inspection was carried out on 29 March 2010.

Summary of findings from these inspections

During the inspection of Loughloe House on 27 February, inspectors found that dependant residents were only taken out of bed every other day due to staff shortages. As a result, residents had no opportunity to participate in meaningful activity or social interaction. Many of the residents were alone in single or three bedded rooms and were left unsupervised for long periods of time while staff attended to other residents' needs.

There was a lack of strong leadership and governance as evidenced by an over-reliance on agency staff with between 10 and 17 shifts covered by relief or agency staff each week. In addition, a complaint of theft by a resident was not recognised as possible financial abuse and was not documented or investigated accordingly.

Deficiencies were found in the following areas:

- absence of an appropriately qualified registered general nurse
- inappropriate staffing levels and inadequate skill mix to meet the needs of residents
- fire safety management, including a lack of fire drills, no safe exit route in the event of fire and inadequate emergency fire procedures
- failure to notify Chief Inspector of occurrences of alleged elder abuse pursuant to legislation
- inadequate supervision of vulnerable residents, including inadequate care planning processes

- insufficient governance, leadership and management arrangements including failure to notify staff of requirements under relevant legislation
- medication management and administration not in keeping with required guidelines
- residents' needs in relation to their health, wellbeing and quality of life not appropriately met, including the lack of an appropriate advocacy and complaints structure
- risk management procedures were inadequate
- staff training and supervision, including lack of training on infection prevention and control
- poor hygiene standards, including visible black dust and soiled surfaces throughout
- no evidence of a building maintenance program in place
- absence of volunteer policy.

In addition, the welfare of residents was not adequately protected. Staff were familiar with the content of the provider's policy on prevention, detection and responding to abuse. However, records confirmed that three incidents of alleged abuse of residents had occurred, two of which referenced incidents of alleged abuse of a resident by staff members. The other was an alleged incident of financial abuse where an unknown person was said to have stolen a sum of money from a resident. This incident was not recognised as potential abuse and was not investigated accordingly.

An immediate action letter was sent to the provider on the 01 March 2010 requesting that all emergency exit fire doors were accessible in the event of fire. The response to this letter was received on the 10 March 2010 outlining proposed action which was satisfactory to the Authority.

Inspectors observed that nursing staff were familiar with residents' care needs and the choice and quality of food was good. Residents had access to care from the general practitioner (GP) of their choice for which they were very satisfied with.

The Authority carried out a follow-up inspection on the 29 March 2010 to review progress. Inspectors verified that considerable work had been carried out to address fire safety.

On the follow up inspection of 29 March 2010, inspectors observed that:

- an agency nurse was in charge without appropriate supervision
- four staff members including the clinical nurse manager grade two were on sick leave. Only two of these staff had been replaced
- some residents were still remaining in bed and did not have any rehabilitative programme in place to promote their health and social care.

During the follow up inspection inspectors were informed of a complaint of alleged abuse of a resident by an agency nurse, which occurred on the evening of the 05 March 2010 and was reported by the resident on the 11 March 2010. On 30 March a further provider led investigation was requested into this new incident. Protective

measures for residents were put in place, in that the provider placed the member of staff concerned on leave while the incident was investigated.

On 07 April 2010, a two-day extension request was received by the Authority from the provider in order to respond to the actions required from the inspection. On the 09 April, inspectors met with the provider to outline concerns about the standards of care.

On 09 April 2010 the provider led investigation into the alleged abuse was returned. This document was detailed and provided assurances around resident care and welfare. However, it was inadequate in that the provider did not determine if the complainants were satisfied with the outcomes of their investigations, or inform them of their subsequent right to appeal if desired.

On 05 May 2010 the Authority received a phone call from the provider indicating the intention to close Loughloe House. On 07 May the Authority wrote to the provider requesting formal notification of the intention to close the centre and a detailed plan of closure which outlined the arrangements for the care and welfare of residents during the transition period. This plan was received on the 12 May 2010 and was acceptable to the Authority.

The Action plan at the end of this report identifies actions to be taken following the two inspections to meet 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*.

Residents' and relatives' comments

Residents talked to inspectors and enjoyed talking about their lives prior to and since going to live in Loughloe House.

The views expressed by residents were complimentary of the care provided by the staff team. Comments such as "very well cared for", "the food is great", "always a good choice", "everyone is so nice", and "staff are very good and helpful" were expressed to inspectors.

Residents were aware that if they had a concern or complaint they could approach the person in charge or a staff member. Many of the residents were able to name the staff member whom they would confide in or make their complaint to. Residents spoken to confirmed that they had no concerns or complaints apart from those identified within this report.

One resident expressed concern that staff were very busy and said "they are rushed off their feet". This is further discussed in the section on staffing.

A visiting relative shared his views with the inspectors and referred to the centre as "a very good place and the person in charge always contacts him when there is any change in his relative's condition".

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

Relatives and staff members confirmed they could meet with the clinical nurse manager at any time and described her as being approachable and knowledgeable about all the residents' backgrounds and needs. They stated that she welcomed their contribution and feedback.

Some residents with cognitive disorders who tended to wander out of the premises were fitted with alert bracelets. An alarm sounded to alert staff when residents exited the building. While incident records were not available for 2009, incident records prior to 2009 indicated that residents with cognitive disorders were frequently leaving the centre. In response the code alert bracelet system was introduced and resulted in no incidents of residents leaving the centre without the awareness of staff in 2010.

Some improvements required

Missing person identification profiles were in place with clear colour photographs of each resident. However, staff had not participated in a missing person drill and there was no policy available to inform staff of the procedures to follow in the event of a resident going missing.

Significant improvements required

The designated person in charge and the person in charge was not adequately engaged in the governance, operational management and administration on a regular and consistent basis.

Staff did not know when the acting directors of nursing would be on the premises. Their attendance varied from not at all to once per week. On the day of the follow-up inspection, there were four staff members absent from duty, including the clinical

nurse manager grade two. Although both assistant directors were on duty on the campus neither attended the centre.

Staff did not receive adequate support and supervision from senior nursing staff outside of office hours. The inspectors were told that the assistant directors of nursing based in St Vincent's Hospital were contactable by telephone from 08:00hrs to 20:00hrs each day. The availability of senior nursing staff on-call was not documented in the staffing rota. Inspectors observed staff making efforts to contact the assistant director of nursing in St Vincent's Hospital but were requested to leave a message, as she was unavailable at that time. However, she responded within a short time-span.

There was no senior nursing support available during the night from 20:00hrs to 08:00hrs. Staff confirmed that agency nurses were often in charge of the centre. On the night prior to the initial inspection two agency nurses were on duty, one of whom assumed the role of nurse in charge.

Staff told the inspection team that they had not read and did not have a copy of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. They were aware of the *National Quality Standards for Residential Care Settings for Older People in Ireland 2009*. However, they were unaware of their legal obligations while caring for residents or the required schedule of notifications to be submitted to the Chief Inspector.

The emergency escape doors did not facilitate residents' unobstructed exit to a place of safety. Access to one emergency exit involved passing through two double doors which had two bolt locks and a lock on each. The final exit door had a key in place and was in the locked position. One exit door was fixed in closed position with a clip thus hindering escape from the building.

One of the designated fire escape routes involved evacuation into an enclosed grassy area. Exit from this area was prevented by a pad-locked gate and a metal fence. The paths along the designated emergency escape routes were very narrow, lacked emergency lighting, were in a poor state of repair and were partially covered by rotting vegetation. Many of the path surfaces were broken or badly cracked, posing a significant trip hazard.

Although staff were trained in fire safety and could explain the procedures they would undertake in the event of a fire, they had not participated in routine fire drills undertaken to reinforce theoretical training.

There was no means of evacuating dependant residents to a place of safety. Nine dependant residents were in bed throughout the day of the first inspection. There were not adequate precautions in place against the risk of fire. The fire emergency plan was inadequate. Procedures to be followed in the event of fire were unclear and the fire plan was not displayed in a clear format at prominent points throughout the building. A fire officer from the statutory fire authority had not conducted a familiarisation visit.

Minor issues to be addressed

Empty glass vases were situated in each window along the length of one corridor posing a health and safety risk to 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 were actively encouraged and facilitated by the person in charge to maintain links with the community. For example, one resident went out with his family to his local public house a number of times each week. Another resident was resting in preparation for her weekly visit to her son. A third resident informed inspectors that she goes out to her family every Sunday and will occasionally go to her native home in Galway. The Irish Wheelchair Association operates a day centre locally and one resident attends this service on two days each week. One lady goes out to Moate to the bank and to do her personal shopping every week. A number of others go to local amenities with their families on a regular basis.

Residents clothing was well managed and maintained. The inspection team found clothing in the wardrobes to be stored neatly, in good condition and marked with the relevant resident's name. The residents confirmed their satisfaction with how their clothing was cared for. The laundry was visited during the inspection and the laundry person explained how she segregated the linen and managed the process of keeping the residents' clothing in a good condition.

One of the inspectors joined those residents who were able to have lunch, which took place in a bright dining room with three to four settings at each table. This arrangement promoted interactive conversation amongst the residents and staff. Residents were offered a napkin prior to their meal. Residents were seen to enjoy a hot well presented meal and were asked about their choice from the menu and were offered the option of sauces, gravy, salt and pepper. Those residents that required help were offered assistance sensitively and discreetly. Inspectors were informed that some residents were given an alcoholic drink of their choice in the evenings. Residents said they enjoyed this drink before they settled to sleep.

Significant improvements required

There was poor provision of meaningful activity and a lack of social interaction for all residents. This was especially significant for residents who were unable to leave their rooms because of staff shortages. Individual assessments for suitable recreational activities were carried out for some residents. However, this was not reflected in

practice. There was documentation available referencing work carried out by the activity co-ordinator on the recreational interests of some of the residents. However, the recreational activities offered did not meet the needs of all the residents on a daily basis.

The provider employs an activity co-ordinator for sixteen hours (two days) per week. She also co-ordinates the activities in St Vincent's Hospital and the Day Centre. However, there were no recreational activities for the residents on the day of the initial inspection or on any of the days that week as the activities co-ordinator was required to deputise for the nurse manager who was on sick leave in the attached day care centre.

The inspectors were told by nursing staff that "some residents are only taken out of bed on alternate days as we are very busy" and "we try to make sure everyone gets out of bed even if it is on alternate days". This was confirmed by residents. At lunchtime on the 27 February, one third of residents were still in bed. The inspectors spoke to a number of these residents throughout the day, some told the inspectors they would have liked to get up but no one had come to help them.

Dependant residents were observed in bed without any opportunity to participate in meaningful activity or social interaction. Many of the residents were alone in a single or three bedded room throughout the days of the inspections and were observed to be either sleeping or watching the traffic passing on the corridor outside the door of their room. They were left unsupervised for long periods while staff attended to other residents needs. Some of these residents told inspectors that they must take turns getting out of bed as there was insufficient staff on duty to assist all residents. Staff confirmed that this situation was the case.

There was no policy on volunteering in the centre. A volunteer visited every two to three weeks to do a session of hand massage and nails. A local volunteer singer visited occasionally to sing with the residents.

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 on-going 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

There was evidence of rigorous pre-assessment of residents prior to admission. Many of the residents in receipt of long term care were from the locality and were admitted via St Vincent's Hospital. Following assessment of dependency levels each potential resident's admission was discussed by a multidisciplinary panel convened at St Vincent's Hospital. The acting director of nursing who has responsibility for Loughloe House attended these meetings.

The inspectors found that access to healthcare was of a good standard. Residents had their own general practitioner (GP). The inspection team were told about a resident who was admitted to hospital prior to the initial inspection. Staff said that they "knew she wasn't right", she was sleepy but had no other symptoms. The GP visited her on request and she was subsequently transferred to the hospital with respiratory problems. Another resident was transferred to hospital on the day of the initial inspection for surgical review of a foot ulcer.

Residents were treated by a physiotherapist from St Vincent's Hospital when referred by the GP. Those who required intensive rehabilitative treatment were moved to St Vincent's Hospital for the duration of their treatment. The occupational therapist also visited when requested.

Some residents were being treated with anticoagulant medication. Staff explained how they took blood and sent it by taxi to the hospital laboratory for calculation of clotting times. Many of the staff were trained in blood taking techniques and were competent to take blood samples.

The multidisciplinary care plan philosophy fostered a process whereby all the residents' documentation was kept in one folder improving communication and consistency of care. The care plans were also available to the carers to inform their care of the residents.

The drug prescription and administration record was in a comprehensive booklet format. All documented drug prescriptions were up to date and signed by the relevant GP. Discontinued prescriptions were also signed and dated. The format was very clear and had a colour photograph of each resident in place on the front cover.

The codes available addressed all administration eventualities including medication withheld or refused. There was a medication management policy in place to support practice.

Some improvements required

Inspectors were told that the health of each resident was assessed regularly. However, there was inadequate documentation in the residents' medical notes to confirm that this was happening. One resident had an entry on the 06 October 2008, the next entry was in October 2009 and final entry on 26 of February 2010. Another resident had documentation referencing one annual visit in September 2009 and none other to date.

Each resident had a multidisciplinary care plan. However, while these plans for meeting the deficits in health caused by physical issues were comprehensive inspectors found that assessment and goal setting were not always resident centred. Many of the residents' recognised psychological problems were not identified as requiring a plan of care. Care staff completed a daily activity sheet detailing tasks of care and tended to focus on physical care instead of holistic person-centred care.

Care plans were securely stored in a locked press in a locked office. However, there were items of personal information relating to aspects of care placed over some of the residents' beds which was institutional and impinged on their privacy and dignity.

Although some residents had been assessed by the occupational therapist for personal wheelchairs, they were observed using their feet to independently propel themselves around the centre throughout the days of the inspections. Staff recognised that this practice placed the residents at risk of injury but stated they were unable to stop it without limiting these residents' independence. Inspectors could not find any follow-up assessment by the occupational therapist to assess the prescribed wheelchairs suitability in meeting the residents needs safely.

Significant improvements required

The management of anticoagulant medication did not meet professional standards as outlined by An Bord Altranais. Anticoagulants were administered from a faxed prescription sent from the GP surgery. The GP did not document the amount administered at any time. Staff took blood for measurement of clotting times. Following analysis by the hospital laboratory, staff telephoned the laboratory for results and then rang the GP surgery with same. There was an inherent risk of error in this procedure as staff are required to make two phone calls – one to the hospital for the result and one to the GP with the result. The GP did not write up the dose to be administered on the residents' medication prescription but sent a faxed prescription detailing the amount to be administered.

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

There was an on call maintenance service available. The contact numbers were listed in the office referencing the services available.

A recently completed refurbishment initiative to upgrade the assisted toilets was seen to be of a high standard.

There was a contract in place which was checked by inspectors to service the fire alarms on a quarterly basis and to check the heat and smoke detectors. There was an annual contract in place for the servicing of the fire extinguishers. Inspectors viewed records of the weekly in house check carried out on fire alarm call points and internal magnetic door releases.

The contract for the routine collection of clinical waste was viewed by the inspectors. Appropriate waste disposal collection forms were available and completed. All clinical waste was tagged ensuring traceability and was stored in a locked bin externally.

Some improvements required

Inspectors observed that work was in progress in the enclosed garden to upgrade the facilities to a standard where residents in wheelchairs and those with assisted walking devices could access the area safely. The work had stopped due to wet weather. Inspectors found that the worksite was in an untidy and unsafe condition. Although the doors to the enclosed garden area were locked, there was no notice posted indicating that building work was in progress.

There was insufficient storage space. Hoists were left in both assisted shower rooms. The electrical cable was plugged into the socket in the corridor and draped across a handrail in the corridor. It was not secured and if it dislodged would pose a trip hazard

There were no curtains on the window of one corridor. The inspectors were told that they were discarded as they were not suitable for washing and that the clinical nurse manager had ordered new curtains.

Significant improvements required

The standard of hygiene throughout the entire building was poor. The walls were stained with black markings and were streaked with dried fluid. Inspectors observed that there was a practice of putting used drinking beakers on the handrails along the corridors awaiting collection. A number of these beakers had spilled and the spillages were not completely cleaned up.

There was accumulated black dust and cobwebs observed in corners and around light fittings. The standard of cleaning in a room designated as a smoking room was very poor. Although there was a permanent fan to the exterior air from this room, walls were black and the room was very smoky. Residents disposed of their cigarette ash in old bins partially filled with black water. The woodwork in particular around doors and skirting boards was visibly soiled.

There was no suitable cleaning room. There was a general purposes store room which was used to store new and used cleaning equipment and for segregating and storing dirty and clean linen. Toiletries and detergents were also stored in this area. Eight commodes were stored alongside the cleaners' trolley and clean linen deliveries. Urinal bottles when washed in a bedpan washer were stored on shelving adjacent to mops. A box for used mattress covers was partially filled. The inspection team were told that the company take it away only when it is full, which may represent a prolonged period of storing soiled covers.

The premises lacked an on-going planned maintenance programme. Paintwork throughout was chipped, flaking and not easily cleanable. The person in charge told inspectors that she had been trying to get the premises painted for a long time without success. The shared ensuite bathrooms between the three bedded rooms were poorly maintained. Pieces of masonry were missing where beds had collided with the walls exiting the rooms.

A maintenance request log was reviewed. There was no indication of progression in the repair process from an observation of the documentation. Staff told inspectors that maintenance staff do not log repairs or note when equipment is ready for use again. This process is communicated verbally.

There was no treatment room where residents could discuss and receive medical treatments and interventions in private.

There was no visitors' room available to residents to meet family and friends in private, separate from the resident's bedroom.

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

A residents group had been established which meets every two months. The meetings are chaired by the activities co-ordinator. The inspectors viewed minutes of previous meetings, the most recent which was held in December 2009. The minutes indicated residents could raise issues. One resident felt the afternoon tea was served too quickly. Catering staff revised their practice to meet the needs of the individual resident for her afternoon tea. Other residents wanted a change in the afternoon tea time and a choice of where they could have their tea. Residents told inspectors they now have their tea at three o'clock and milk and biscuits are provided. They can also have it in the dining room if they wish.

Inspectors observed staff communicating with individual residents in a meaningful and respectful way. Interactions between staff, residents and visitors indicated that they all knew each other well. Staff talked to residents about their early lives before coming to the centre.

All staff wore name badges that also indicated their work grade.

Some improvements required

There was a comprehensive written policy on communication and care plans indicating a communication risk assessment was undertaken on each resident. However, the communication policy was not specific to the centre and staff spoken to were not familiar with its contents.

While the residents' committee provided a forum for consultation and improvement there was no independent advocate available to meet with residents to assist them to raise a concern or make a complaint.

Significant improvements required

Inspectors reviewed complaint records. Overall, they were not dealt with in a satisfactory manner. The inspection team noted a complaint by a resident concerning the alleged behaviour of another resident where the contents of her room were disturbed. This was resolved to the satisfaction of the complainant by giving her a key to lock her bedroom door. She subsequently lost her key and suffered a theft of money and a purse. This was remedied by the clinical nurse manager replacing the money and giving her another purse plus a replacement key for her room. No documentation was available referencing a thorough investigation of either incident or how other residents' valuable possessions were safeguarded.

The complaints' policy was inadequate as it did not document all areas as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. In particular, the right to an independent appeals process, the timescales for investigation and the process for providing feedback to the complainant was not clearly described. The procedure did not indicate a second person had been nominated to ensure all complaints are appropriately responded to and records were maintained. The complaints' procedure was not displayed in a prominent position.

Inspectors viewed records indicating all staff had been trained in elder abuse in the past 12 months. Inspectors spoke to staff to ascertain if they could explain what constituted abuse and the reporting procedures they would follow in the event of a disclosure about actual, alleged, or suspected abuse. Staff found to be aware and familiar with the content of the provider's policy on prevention, detection and responding to an abuse issue. However, this knowledge was not reflected in practice, staff did not recognise an incident of alleged financial abuse and no investigation was carried out.

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

Inspectors observed staff working together and supporting each other. The staff team were able to describe their roles and responsibilities in an informed way. They were clear about the lines of accountability and could outline who was responsible for their supervision and management.

Relatives and staff members confirmed they can meet with the person in charge at any time and described her as being approachable and knowledgeable about the residents and their needs.

Some improvements required

Three of the five multitask attendants on duty had achieved a FETAC (Further Education and Training Awards Council) Level 5 qualification. However, as staff rotated between the centre and St Vincent's Hospital, the qualifications of staff on-site at any given time could not be assured.

Significant improvements required

Staffing levels and skill mix were not appropriate to meet the assessed needs of the residents given the size, layout and purpose of the centre. Almost fifty per cent of the residents were assessed as having maximum dependency. The inspection team were told that there were three staff members, one of which was a staff nurse and two carers not on duty due to sickness. One of the care staff positions was filled by a relief person, resulting in only two carers on duty. The laundry person assisted to cover the deficit in the kitchen resulting in insufficient staff for the laundry. One resident told the inspectors "I often need to go to the toilet during the night and I have to wait a while for someone to come when I ring the bell".

On review of the duty rota from January 01 2010, there was one to two staff nurses recorded off duty due to sickness every day of the week. There was an over-reliance on agency staff. Between 10 to 17 work-shifts required cover by relief or agency staff each week. These nurses were also left in charge of the centre. On both the night of and the night prior to the inspection of 27 February, there were two agency

nurses on duty covering for the sick leave of regular staff. The assistant director of nursing confirmed that one of the agency nurses would be in charge of the centre without on-site supervision on the night of the inspection.

There was no formal staff appraisal / performance system in place. Staff confirmed they had not completed a structured induction process. Multi-task attendants advised inspectors that they learned how to do their job when they started by working with a colleague for a number of shifts.

Supervisory arrangements of day-to-day performance was lacking at all levels but line manager reporting procedures were particularly unclear for multitask attendants. They reported to nursing management for caring duties and to the domestic supervisor for household duties. Their job descriptions required them to carry out both roles in a single work shift. The multitask attendants duty rota was completed by the domestic supervisor in St Vincent's Hospital.

A sample of staff files were examined to assess the documentation maintained in respect of persons working in the centre. Required documentation was missing including evidence of relevant qualifications, three appropriate written references, photographic identification, evidence of physical and mental fitness and Garda vetting.

The provider was unable to provide the inspectors with comprehensive information on the training undertaken by staff in areas including moving and handling, infection control and prevention, challenging behaviour and food safety. An assessment of the training needs of individual staff had not been undertaken and there was no program of planned future training available. The delivery of training had not been implemented across all areas to ensure high quality care to meet the individual needs of residents.

Report compiled by:

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5 March 2010

Provider's response to inspection report

Centre:	535
Centre ID:	Loughloe House
Date of inspection:	27 February and 29 March 2010
Date of response:	17 May 2010

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

There was not a safe means of access from the centre in the event of a fire.

Action required:

Put in place unobstructed means of emergency escape from the centre to the designated assembly area by removing locks and self-closing units from designated fire escape doors.

Action required:

Clear, secure and make safe all external emergency exit route pathways to the designated assembly area at the front of the building.

Action required:

Put in place adequate means of evacuating dependent residents from the designated centre in the event of an emergency.

Reference: Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A safe means of access from the centre has been provided.	Complete
All locks and self-closing units from designated fire escape doors have been removed.	Complete
All external emergency exit route pathways to the designated assembly area at the front of the building have been upgraded.	Complete
Adequate means of evacuating dependent residents from the designated centre in the event of an emergency have been put in place. Ski Sheets have been provided for all high dependency residents and training in the use of same has been delivered.	Complete

2. The provider is failing to comply with a regulatory requirement in the following respect: Routine fire drills were not undertaken.	
Action required: Make arrangements for all persons working in the centre to participate in regular fire drills including simulated evacuation.	
Reference: Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Regular fire drills incorporating evacuation will be held while residents are still at the centre. Last drill was held in March 2010. Attendances recorded.	Complete

<p>3. The provider is failing to comply with a regulatory requirement in the following respect: The emergency fire plan and procedures were not adequate.</p>	
<p>Action required: Revise the centre's emergency fire plan.</p>	
<p>Action required: Draw up clear procedures to be followed in the event of fire.</p>	
<p>Action required: Display the emergency fire plan in clear format at key points throughout the building.</p>	
<p>Reference: Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: The emergency fire plan and procedures to be followed in the event of fire have been updated and are displayed throughout the unit.</p>	<p>Complete</p>

<p>4. The provider is failing to comply with a regulatory requirement in the following respect: There was not confirmation from a competent person that all requirements of the fire authority have been complied with.</p>	
<p>Action required: Make arrangements for a competent person to assess and provide certification that all fire safety requirements have been complied with in the centre.</p>	
<p>Action required: Make arrangements for a fire officer from the statutory fire authority to conduct a familiarisation visit of the centre.</p>	
<p>Reference: Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

<p>Provider's response:</p> <p>Arrangements have been made for a competent person to visit the unit to confirm that all requirements of the fire authority have been complied with.</p> <p>Deputy chief fire officer from the statutory fire authority has conducted a familiarisation visit of the centre</p>	<p>Before end June</p> <p>March 2010</p>
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5. The provider is failing to comply with a regulatory requirement in the following respect:

Failed to ensure that the designated person in charge with overall responsibility for the centre was adequately engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Action required:

Put in place a formal documented programme whereby the acting directors of nursing are given support and supervision to meet the legislative requirements of their role of person in charge of the centre.

Action required:

Review arrangements whereby the person in charge is engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Action required:

Provide the inspection team with documentary evidence on how this will be achieved.

Reference:

Health Act 2007
 Regulation 15: Person in Charge
 Regulation 17: Training and Staff Development
 Standard 27: Operational Management

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

Timescale:

Provider's response:

A formal programme through the nursing midwifery and development unit will be put in place to give support and supervision from the acting director of nursing to meet the legislative requirements of their role of person in charge of the centre.

To commence
 28 May 2010

Documentary evidence on how this will be achieved will be drawn up by the steering group post 28 May.

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

The provider failed to have an appropriately qualified registered general nurse in charge of the centre at all times.

Action required:

Put a staffing arrangement in place where there is an appropriately qualified registered general nurse in charge of the centre at all times.

Reference:

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

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

Timescale:

Provider's response:

No agency staff have been assigned to this unit since the inspection. The daily roster will note who the person in charge is in the absence of the CNM11.

Complete

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

There was an over-reliance on agency staff to back-fill exceptionally high levels of sick leave among staff of all grades in the centre. This practice is adversely impacting on the safety and quality of life of the residents.

Action required:

Involve the human resources and occupational health department in managing the exceptionally high sick leave among staff in the centre.

Action required:

Commence a process where analysis is done of all sick leave in the centre identifying trends and areas where improvement can be made.

Action required:

Review roles and skills of agency staff to ensure continuity of care, and appropriate delegation of tasks to meet the residents' needs.

Action required:

Review supervisory arrangements ensuring that all agency staff are adequately supervised.

<p>Action required: Ensure full and satisfactory information is available in relation to agency staff in respect of the matters set out under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p>Reference: Health Act, 2007 Regulation 16: Staffing Regulation 17: Training and Staff Development Regulation 18: Recruitment Standard 22: Recruitment Standard 23: Staffing levels and Qualifications</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>A review of the sick leave at the unit is currently taking place. Agency staff have not and will not be assigned to the unit.</p>	<p>Ongoing</p>

<p>8. The provider is failing to comply with a regulatory requirement in the following respect: The numbers of staff on duty may not be appropriate to meet the care, welfare and safety needs of residents at all times as residents were unable to get assistance to get out of bed on a daily basis.</p>	
<p>Action required: Using appropriate evidence based tools, review the staffing levels on day and night duty, taking into account the size and layout of the centre, the number of residents, their dependencies, their assessed needs and ensure that residents can be safely evacuated in case of fire.</p>	
<p>Action required: Provide the inspection team with a proposal that demonstrates that staffing levels are adequate at all times to meet the needs of residents in the centre.</p>	
<p>Action required: Review roles of care staff to ensure continuity of care, and appropriate delegation of tasks to meet the residents' needs.</p>	
<p>Action required: Review supervisory arrangements ensuring that all staff are adequately supervised.</p>	
<p>Reference: Health Act 2007 Regulation 16: Staffing Regulation 17: Training and Staffing Development Standard 23: Staffing Levels and Qualifications</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Additional staff will be assigned where appropriate as an interim measure to meet the care, welfare and safety needs of residents.</p> <p>The nursing, midwifery planning and development unit will immediately commence a review of staffing levels and skills and agree a management plan to be submitted to the Authority.</p>	<p>Immediate</p> <p>Immediate</p>

<p>9. The provider is failing to comply with a regulatory requirement in the following respect: Medication prescribing and administration was not in line with An Bord Altranais medication management guidelines.</p>	
<p>Action required: Ensure all medication is prescribed in accordance with legislative requirements and An Bord Altranais professional guidelines.</p>	
<p>Action required: Cease the practice of administering anticoagulation medication from a faxed prescription without formal prescribing at centre level by the GP.</p>	
<p>Action required: Redraft the centres medication management policy to reference prescribing and administering anticoagulants in the centre to reflect best practice</p>	
<p>Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>There is a medication administration policy in use in the centre based on An Bord Altranais Guidelines. All staff have been instructed that the policy must be adhered to and it is the responsibility of every nurse to ensure that he / she complies with same. Notices to this effect have been placed on all drug trolleys. Compliance with the policy will be actively monitored by nurse management.</p>	<p>Complete</p>

Faxed prescriptions according to An Bord Altranais are acceptable up to a period of 72 hrs, when it must be written up by the GP. Contact is being made with all GPs to ensure follow up and compliance. This compliance will to be actively monitored by nurse management.	Ongoing
Medication management training has re-commenced.	Ongoing

10. The provider is failing to comply with a regulatory requirement in the following respect: Failed to notify the Chief Inspector of two incidents of alleged abuse, one of which involved a staff member and to submit quarterly returns of all incidents, accidents and near misses in the centre.	
Action required: Notify the Chief Inspectors of all occurrences as required by the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
Reference: Health Act, 2007 Regulation 36: Notification of Incidents Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Authority have been notified of all incidents in a timely manner since the inspection. Unit will comply with correct notification procedures from now on.	Complete

11. The provider has failed to comply with a regulatory requirement in the following respect: Residents were not provided with regular reviews of their medical conditions by their GP.	
Action required: Ensure all residents are reviewed on a regular basis.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:

<p>Provider's response:</p> <p>Medical review of all residents is currently being undertaken. This will assist in the safe transition for residents to private nursing homes in the surrounding area.</p>	<p>Immediate</p>
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<p>12. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The provider failed to remedy the inappropriate use of wheelchairs without foot-plates, which placed residents at risk of injury.</p>	
<p>Action required:</p> <p>Provide a programme of instruction to staff on contemporary evidence-based practice for safe use of wheelchairs in the centre.</p>	
<p>Action required:</p> <p>Put supervisory processes in place to ensure that these practices do not continue</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 31: Risk Management Procedures</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>All residents using wheelchairs have been advised as to the correct use of wheel chairs. However, a number of residents still wish to use wheelchairs without foot plates as this allows for easier mobility and independence.</p>	<p>Ongoing</p>

<p>13. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The program of activities was not adequate and did not meet the individual fulfilment needs of all the residents for in the centre.</p>	
<p>Action required:</p> <p>The activities program in the centre requires development so that each resident including those with physical, cognitive or sensory disability are afforded ample opportunity for participation in purposeful and meaningful activity.</p>	

Action required: Programmes of suitable and meaningful activities developed in consultation with the residents must be reflected in practice.	
Action required: This programme should be clearly displayed to enable residents to choose what to attend.	
Reference: Health Act 2007 Regulation 6: General Welfare and Protection Regulation 10: Residents' Rights Dignity and Consultation Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A programme of activities is currently being devised with a view to immediate implementation. Where appropriate the programme will be designed to include activities as part of the activities of daily living.</p>	Immediate and ongoing

14. The provider is failing to comply with a regulatory requirement in the following respect: The provider failed to ensure that all appropriate healthcare was facilitated so that all residents were supported to achieve and enjoy the best possible health. There were no satisfactory procedures in place referencing adequate follow-up assessment by occupational therapy for all residents with physical disability.	
Action required: Develop a process whereby all residents have follow-up assessments of the suitability of prescribed assistive devices.	
Action required: Ensure that residents with disability are assessed for and provided with all appropriate and suitable assistive devices and equipment to promote quality of function and purpose.	
Reference: Health Act, 2007 Regulation 9: Health Care Standard 12: Health Promotion Standard 13: Health Care	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

Provider's response	
Referrals to the occupational therapy service have been made and assessments will commence immediately. Recommendations from these assessments will be prioritised for action.	Immediate and ongoing

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

The provider failed to provide training and supervision in infection control and prevention procedures to enable cleaning staff to carry out cleaning in the centre in accordance with contemporary evidence-based infection control and prevention practice.

Action required:

All staff receives education and training and regular updates (at least annually) on the risks of infection that are commensurate with their work activities and responsibilities and their role in preventing and managing infection.

Action required:

The person in charge, in accordance with relevant legislation, promotes healthy and safe working practices through the provision of information, training, supervision and monitoring of staff under the heading of infection control.

Action required:

Provide adequate supervision to ensure that recommended infection control and prevention procedures are adhered to at all times by all staff in the centre.

Action required:

Put a process in place whereby staff change their uniforms when changing their role in the centre in the interest of infection control and prevention.

Reference:

Health Act 2007
Regulation 17: Training and Staff Development
Regulation 30: Health and Safety
Standard 24: Training and Supervision
Standard 26: Health and Safety

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

Timescale:

Provider's response:

Training has been provided to all attendant staff through the engagement of "cleanpass".

Immediate

The premises have received a deep clean.

Complete

SARI guidelines will be applied with immediate effect.

Immediate

Staff rosters will be reviewed to reduce instances of dual roles.	Immediate
Nurse management will actively monitor compliance in this area.	Immediate
Nursing midwifery planning and development unit will support actions under this heading	Ongoing

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

Supervision of vulnerable residents was not adequate at all times; Residents were unsupervised for prolonged periods in their bedrooms.

Action required:

Put arrangements in place to ensure that there is adequate staff available to supervise vulnerable residents at all times.

Action required:

Provide the inspection team with the documented process on how this will be achieved.

Reference:

Health Act 2007
 Regulation 6: General Welfare and Protection
 Standard: 24: Staffing Levels and Qualifications

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

Timescale:

Provider's response:

The enhanced staffing levels referred to at Action 8 will facilitate enhanced levels of patient supervision. This will be actively monitored by nurse management.

Immediate

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

Personnel files did not contain copies of a recent photograph of the person, evidence of Garda Síochána vetting, a full employment history, three written references and other documents detailed in Schedule 2, (*Care and Welfare of Residents in Designated Centres for Older People*) Regulations 2009.

Action required:

Commence a process of bringing files of staff currently employed in the centre in line with the requirements outlined in Schedule 2 of the Health Act 2007 (*Care and Welfare of residents in Designated Centres for Older People*) Regulations 2009.

Action required: Develop and implement written policies and procedures relating to the recruitment, selection and vetting of staff taking cognisance of the information set out in the legislation.	
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:
<p>Provider's response:</p> <p>A process whereby the following is collected has commenced:</p> <ul style="list-style-type: none"> ▪ Garda Síochána vetting ▪ three written references <p>All other regulations are implemented at central level and not held locally.</p>	Commenced

18. The provider is failing to comply with a regulatory requirement in the following respect: The communications policy was not specific to the centre and staff were not familiar with the contents of the communication procedures.	
Action required: Develop a centre specific communication policy.	
Action required: Ensure all staff are familiar with the policy.	
Reference: Health Act, 2007 Regulation 11: Communication Standard 2: Consultation and Participation	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A centre specific communication policy is being drafted.</p>	Mid June 2010

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

The complaint policy does not contain all the procedures outlined in the Health Act 2007 (Care and Welfare Of Residents in Designated Centre for Older People) Regulations 2009.

Action required:

Redraft the complaints policy to ensure all aspects of the complaints procedure are implemented and operational in the centre.

Action required:

The policy must be displayed in the centre.

Action required:

Put a training programme in place whereby all staff will be informed of the complaints procedures to be followed.

Action required:

Ensure residents and staff are fully informed of the complaints procedure.

Reference:

Health Act 2007
Regulation 21: Provision of Information to Residents
Regulation 39: Complaints Procedures
Standard 1: Information

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

Timescale:

Provider's response:

Complaints policy has been redrafted and will be signed off by end of May. The draft is available at the centre.

Partially complete

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

There was no formal on-call senior management rota documented on the off-duty in the centre to clearly inform staff working out-of-hours who to contact in an emergency situation.

Action required:

Develop a rota detailing a senior on-call structure as part of the emergency plan for the centre that informs staff who to call in an emergency or for professional advice out of hours.

Reference:

Health Act 2007
Regulation 31: Risk Management Procedures
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A roster of on call for senior management is being drafted. In the meantime the acting Director of Nursing is contactable out of hours.</p>	Ongoing

<p>21. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The provider failed to manage residents' personal information in a way that assured confidentiality at all times.</p>	
<p>Action required:</p> <p>Ensure that all resident's information is managed in a safe and secure place in accordance with data protection legislation and the Health Act 2007 (Care and Welfare Of Residents in Designated Centre for Older People) Regulations 2009.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 22: Maintenance of Records Standard 32: Register and Residents' Records</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Resident information which was previously held at room level has now been taken to the nursing office to ensure confidentiality.</p>	Complete

<p>22. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The Provider failed to provide an operational policy or to have nominated advocacy services available to residents in the centre to assist them in making decisions concerning their healthcare and to make complaints.</p>	
<p>Action required:</p> <p>Put in place advocacy services accessible to residents as required.</p>	
<p>Action required:</p> <p>Develop and implement an operational policy for the provision of advocacy services for the centre.</p>	

Reference: Health Act 2007 Regulation 10: Residents Rights, Dignity and Consultation Regulation 21: Provision of information to Residents Standard 3: Consent	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A Resident's Committee is in place in the unit and efforts are being made to identify a suitable advocate.	Immediate and ongoing

23. The provider is failing to comply with a regulatory requirement in the following respect: Failed to conduct a process of formal appraisal and professional development with all staff in the centre	
Action required: Put a process in place whereby all staff are afforded a formal appraisal and evaluation of their professional development needs to meet the needs of the residents at all times	
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: The low staffing levels has prevented this from happening. Any change in this will be determined by the introduction of formal staff appraisal which would take approximately 12 to 18 months to complete. Priority is being given to mandatory training due to budgetary constraints within the HSE.	Ongoing

<p>24. The provider is failing to comply with a regulatory requirement in the following respect: The provider and staff lacked understanding of the provisions of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. The provider failed to make a copy of the regulations available to staff in the centre.</p>	
<p>Action required: Put in place a training schedule to inform all staff of the provisions of the Health Act 2007, all care and welfare of residents' standards and regulations and their impact on the role of the centres staff.</p>	
<p>Action required: Copies of all relevant documents to be made available to staff.</p>	
<p>Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Copies of the Health Act 2007 (Regulations 2009) and standards have been circulated to all staff.</p> <p>Training is on going on a daily basis.</p>	<p>Immediate</p> <p>Ongoing</p>

<p>25. The provider is failing to comply with a regulatory requirement in the following respect: The risk management policy was not sufficiently comprehensive. Procedures to be followed in the event of a resident going missing were insufficiently addressed.</p>	
<p>Action required: Ensure that a comprehensive risk management policy is in place and that the missing person policy as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 are fully developed and implemented.</p>	
<p>Action required: Conduct training and practice drill so that staff can adequately respond if a resident goes missing.</p>	
<p>Reference: Health Act, 2007</p>	

Regulation 31: Risk Management Procedures
Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>There was a risk management policy in the centre on the day of the inspection which staff failed to produce.</p> <p>All staff have been made aware of this since the inspection and a missing persons drill has also been carried out in April 2010.</p>	Complete

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

The provider failed to put a process in place where recorded incidents and accidents were analysed to be used for learning and as a proactive risk management tool. Near misses were not recorded or analysed in the centre.

Action required:

All near misses are recorded as part of the risk management documentation procedures.

Action required:

Commence a process where analysis is done of all accidents, incidents and near misses in the centre identifying trends and areas where improvement can be made.

Action required:

Put a process in place whereby copies of all accidents, incidents and near misses are maintained in the centre.

Reference:

Health Act, 2007
Regulation 22: Maintenance of Records
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Staff have been instructed to record all near misses as per the policy. These are being recorded as part of the risk management documentation procedures which were in place but not being acted upon promptly at the centre.</p>	Complete

<p>27. The provider is failing to comply with a regulatory requirement in the following respect: The provider failed to provide a suitable designated area that is private for residents' to meet their families, friends and others.</p>	
<p>Action required: Provide a suitable private area for residents to meet their families and friends in private.</p>	
<p>Reference: Health Act, 2007 Regulation 12: Visits Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: A review of the use of rooms is currently being undertaken with a view to identifying an appropriate facility for residents and their families.</p>	<p>Ongoing</p>

<p>28. The provider is failing to comply with a regulatory requirement in the following respect: The provider failed to provide a separate cleaning room appropriate to the size of the centre.</p>	
<p>Action required: Provide a cleaning room appropriate to the size of the centre for use by cleaning staff to store equipment, to prepare and to dispose of cleaning solutions.</p>	
<p>Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: Due to the reduction of resident numbers it has been possible to provide an area for a cleaning room.</p>	<p>Complete</p>

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

The provider failed to provide a separate dedicated treatment room with facilities in place for residents to have clinical examinations and therapies in private.

Action required:

Put in place a separate dedicated treatment room.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

Provider's response:

A separate dedicated treatment room would require a complete redesign an area in the building.

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

Failed to ensure that at all times staff members have access to education and training to enable them to provide care in accordance with contemporary evidence based practice

Action required:

Complete a training needs analysis for all staff based on the needs of residents in the centre.

Action required:

Implement a programme of education and training to address any deficits in knowledge and on-going development in line with contemporary evidence-based knowledge.

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:

The nursing midwifery planning and development unit has been requested to initiate an urgent training needs review. This will inform an action plan to address critical training needs.

Immediate

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

There was no evidence of an on-going planned maintenance programme to maintain the building to a safe standard.

Action required:

Develop and implement a comprehensive process for managing all maintenance in the centre that is responsive and easily traceable.

Action required:

Ensure the premises are kept in a good state of decorative repair internally and externally.

Action required:

Replace missing window curtains.

Action required:

Provide the inspection team with a proposal on how this will be achieved and what monitoring process will be put in place to ensure that work is done.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

Provider's response:

Essential maintenance will be carried out on an urgent basis.

Immediate

Replacement curtains, which were on order during the inspection, have since been hung.

Complete

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

The garden worksite was in an untidy and unsafe condition and there was no notice posted indicating that building work was in progress.

Action required:

Secure areas where building development work is in progress securely and safely in line with health and safety legislative requirements.

Action required: Display appropriate worksite signage in line with health and safety legislative requirements	
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:
Provider's response: All of the above have been addressed.	Complete

33. The provider has failed to comply with a regulatory requirement in the following respect: There was insufficient storage space for equipment to include the hoists.	
Action required: Provide suitable and adequate storage facilities.	
Action required: Ensure that hoists and other equipment with electricity leads are stored safely whereby they do not present as a trip hazard for residents	
Reference: Health Act, 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Equipment is now being stored in vacated resident bedroom.	Complete

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

There were deficits in the care planning process for residents in the centre:

- the care plans in place did not consistently reflect the resident's current health status
- there was no evidence of resident involvement in developing his/her care plan or in the review of their care plan
- care plans focused on the physical aspects of care of residents and were not person centred.

Action required:

Put systems in place to ensure that residents' needs are set out in an individual care plan developed and agreed with each resident.

Action required:

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

Action required:

Provide a programme of education on care planning to provide staff with the skills and knowledge to complete holistic person-centred care plans for residents.

Reference:

Health Act, 2007
 Regulation 8: Assessment and Care Plan
 Standard 11: the Resident's Care Plan

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

Timescale:

Provider's response:

A dedicated person has been assigned to work on the development of the new care plans for the centre.

Ongoing

Training has been provided for all nursing staff on completion of care plans.

Complete

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

There is no policy in place documenting the roles, responsibilities and supervision of volunteers in the centre.

Action required:

Develop a policy specific to the centre that clearly describes the vetting procedures, roles, responsibilities, supervision and support mechanisms for volunteers coming into the centre.

Reference: Health Act, 2007 Regulation 34: Volunteers Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A policy in relation to a volunteer programme is being examined with a view to implementation.	In progress

36. The provider is failing to comply with a regulatory requirement in the following respect: All staff were not fully aware of elder abuse prevention education and training for the general welfare and protection of residents in the centre.	
Action required: Review the elder abuse recognition and prevention training programme to ensure that all understand every aspect of abuse recognition and their role in its prevention.	
Action required: Revise all future training programmes to ensure that staff are fully informed in this area.	
Action required: Provide induction and ongoing training on elder abuse prevention and detection to all staff in the centre	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Training has been provided for staff since the inspection.	Complete

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

Residents who were permanently bed bound had no rehabilitative programme in place to promote their health and wellbeing and prevent deterioration in their health status.

Action required:

Residents who remained in bed received no peripatetic assessment of their needs and development of programmes of rehabilitation to promote their health and wellbeing.

Action required:

Put a process in place whereby residents who remain in bed are provided with assistive and rehabilitative equipment to promote their physiological strength and function as prescribed by the peripatetic services.

Reference:

Health Act, 2007
Regulation 9: Health Care
Standard 12: Health Promotion
Standard 13: Healthcare

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

Timescale:

Provider's response:

There is no physiotherapy or occupational therapy service at the centre. In order to address this a request has been sent to those services with a view to carrying out a review as outlined above.

Ongoing

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 26: Health and Safety	There were empty glass vases in many windows posing a risk of injury to residents. Provider's response: These vases have been removed.

Any comments the provider may wish to make:

Provider's response:

No additional comments received.

Provider's name: Dorrie Mangan

Date: 17 May 2010