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Lir Retirement Home, Tournafulla, Limerick.

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**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Lir Retirement Home
Centre ID:	ORG-0000711
Centre address:	Tournafulla, Limerick.
Telephone number:	069 81188
Email address:	Tournafulla1@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Margaret Costello McGeehan
Provider Nominee:	Margaret Costello McGeehan
Person in charge:	Margaret Costello McGeehan
Lead inspector:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with 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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 February 2014 09:00 To: 10 February 2014 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Lir Retirement Home is a two-storey house in the village of Tournafulla, Co. Limerick. The centre can accommodate 11 residents and there were no vacancies on the day of inspection.

The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider, who is also the person in charge, continued to ensure that a high level of evidence-based nursing care was being promoted that was person-centred and met the health and social care needs of residents.

The inspector found one area for immediate action that related to safeguarding and safety. The provider had not ensured that all staff knew what to do in the event of an incident, allegation or suspicion of abuse. The provider took immediate action to address this area of concern.

The inspector found evidence of good practice in a range of areas. The provider and other staff interacted with residents in a respectful, warm and friendly manner. The

provider and other staff demonstrated a thorough knowledge of residents' needs, likes, dislikes and preferences. Residents told the inspector that they felt happy and safe and were enabled to exercise choice over their lives in accordance with their individual wishes and preferences and that their independence was maximised.

The inspector identified other areas for improvement relating to the management of risks, systems for reviewing the quality and safety of care and the maintenance of staff records, which are discussed in the body of this report and improvements required are included in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed the residents' contracts of care and found that contracts had been signed by residents and relatives within a month of admission. The contracts were clear and outlined all of the services to be provided for each resident and the fees to be charged.

Judgement:

Compliant

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider was a suitably qualified and experienced nurse and was also the person in charge. The provider displayed knowledge and understanding of the Regulations and her responsibilities under the Regulations. The nursing and care staff all reported to the person in charge. The person in charge worked in the centre full time. There were appropriate deputising arrangements in place and a senior staff nurse was in charge when the person in charge was not in the centre. Residents were able to identify the person in charge. Staff were aware of the reporting mechanisms in place and were able to identify the lines of authority and accountability in the centre.

Judgement:

Compliant

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The provider had not ensured that adequate arrangements were in place to protect residents. While staff were knowledgeable about what constituted abuse, they did not all know what steps to take if they suspected abuse and were not aware of their responsibilities as set out in the policy on safeguarding residents. The provider was required to immediately address the outstanding areas of concern.

On the day of inspection the person in charge was unable to provide documentary evidence of a new staff member having attended training in elder abuse. However, this evidence was provided the day following inspection.

Judgement:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The Inspector found that the provider had put arrangements in place to protect the health and safety of residents, staff and visitors. However, a number of areas were identified for improvement and they related to infection control, hazard identification and the follow up of practice fire drills.

The health and safety policy had been reviewed since the last inspection and implementation and review dates were included. A risk management policy was in place that met the requirements of the Regulations. An emergency plan, with emergency

procedures and contact numbers, was in place and a copy of this was maintained beside the fire alarm.

The provider had sought advice from an infection control nurse in relation to the management of an infectious disease and had appropriately documented most of the necessary controls. However, some control measures were unclear. The inspector sought clarity in relation to some aspects of the infection control guidance, including environmental cleaning and the treatment of clinical waste. The provider contacted an infection control nurse and clarified the outstanding issues on the day of inspection.

A risk assessment had not been completed in relation to an infectious disease, which is necessary to ensure that staff implement practices in a consistent way and also, to enable the provider to monitor the effectiveness of controls. The implementation of evidence-based practice in relation to infectious diseases is necessary to prevent against the spread of infection and protect residents and staff.

The inspector observed good practice amongst staff in relation to infection control such as regular hand washing and there were adequate facilities for hand washing and the provision of hand sanitisers throughout the building.

The provider had completed risk assessments for a number of identified hazards including lone working, steps, stairs to the first floor and a corridor ramp.

However, there was no system in place to carry out regular health and safety checks or 'hazard inspections' of the centre to identify new or changing hazards or potential sources of harm to residents, staff or visitors, as required by the Regulations. The regular monitoring for new or changing hazards is important for preventing injury or harm to residents, staff or visitors.

The person in charge had ensured that all staff had completed health and safety training necessary for their respective roles and training records viewed by the inspector were up to date including people moving and handling and fire safety.

The inspector reviewed the accident/incident log and there had been one accident since the previous inspection, which contained satisfactory information and detail of actions taken.

The provider had ensured that adequate arrangements were in place to prevent against the risk of fire and to prepare for any emergencies. Fire equipment and fire alarm checks were completed as required. Fire drills had been carried out by an external fire consultant.

The inspector found that formal systems were not in place that facilitated feedback or shared learning in relation to health and safety, including following fire drill practices or from accidents or near-misses. Such systems are important for continuous improvement and the prevention of re-occurrence of any adverse events.

The inspector viewed records of other required equipment and system checks which were up to date including the testing of emergency lighting, fixed systems, the stair lift

and stair evacuation chair.

Judgement:

Non Compliant - Moderate

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider had ensured that arrangements, policies and practices were in place to ensure the safe management of medication in the centre.

There were written policies and procedures in place relating to the ordering, prescribing, storing and administration of medicines to residents. Overall, policies were informative and up to date. However, the policy content on self-medication required development to include guidance in relation to the assessment of residents as to their ability to self-administer and ongoing assessment, supervision, storage requirements, evaluation and audit of the practice of self-administration.

The inspector observed a nurse administering medication and observed safe practice in line with the An Bord Altranais guidance to nurses and midwives on medication management.

The provider and staff nurse on duty during the inspection confirmed that there was no resident receiving scheduled controlled drugs at the time of inspection, there have been no medication errors in the centre since the previous inspection and, there were no residents self-administering medications.

Medication management audits were completed by the provider on a monthly basis and the pharmacist also carried out audits at least annually.

Judgement:

Non Compliant - Moderate

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A formal system of monitoring the quality of care and experience of the residents was not in place in the centre.

The person in charge was in the centre on a full-time basis and constantly monitored the quality of care the residents received. A formal consultation process was in place and involved a nurse consulting with the residents on an individual basis each month to establish their experience of the service. Residents confirmed these conversations. The inspector reviewed documented records of these conversations and improvements had been made to the service as a result of reviews.

Some key clinical indicators were recorded in the residents' records, including weight loss, falls and wounds. However, there was no formal system in place for the gathering and analysis of key data or for auditing the service. Formal systems whereby data is collected and analysed at regular intervals (for example through the collection of information relating to key clinical indicators and residents' experience of the service on a monthly basis) and auditing of the quality and safety of care in the centre at appropriate intervals is required by the Regulations. Such systems are required to allow for areas requiring improvement to be identified and addressed.

Judgement:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that residents' health care needs were being met by a high standard of evidence-based nursing care and through timely access to medical, nursing

and allied health care. Improvement was needed in relation to the use of bed rails.

The inspector reviewed the policy and practice in relation to promoting a restraint-free environment. The inspector found a high proportion of bed rails in use with bed rails in use for seven of 11 residents in the centre. The provider informed the inspector that residents chose to have bed rails in place as it made the residents feel safer and prevented them from rolling out of bed. On the previous inspection, risk assessments had not been completed for all residents who had bed rails fitted to their beds. At this inspection, the inspector found that the provider had completed a risk assessment for each resident which stated that there were no suitable alternatives and the residents' consent was documented in each case.

However, the inspector found that additional systems were needed to ensure the use of bed rails was in line with the national policy on restraint. These include the consideration and documentation of alternatives such as lowering the bed to bring it closer to the floor, regular checks of bed rails (for example to check for damage to the bed rails or any movement of the bed rails) and recording of the risk assessment in the care plan and review of the risk assessments on a monthly basis.

The provider told the inspector that residents had access to their own general practitioner (GP) and out of hours cover was provided by Shannon Doc. The inspector spoke with residents who confirmed this. Residents' files also contained evidence that residents had access to a consultant geriatrician and a community psychiatric nurse and that input from other medical and nursing services was accessed as required. For example, the inspector noted that recent input had been sought from a consultant microbiologist and infection control nurse and this had been documented in the relevant resident's files.

The provider told the inspector that residents had access to a range of allied health care services including occupational therapy, chiropody and physiotherapy and that nutritionist services were provided as required from the local community hospital and also from private companies that called to the centre periodically. The inspector reviewed residents' care plans from medical, nursing and allied health services and found that input had been reflected in care plans and informed practice.

Each resident had an individual assessment and care plan. The inspector reviewed care plans and found that they were person-centred and reflected residents' individual preferences, interests, health and social needs and preferred routines. For example, the inspector found specific measures in place to protect a resident who was at high risk of falls, detailed information on residents' psychiatric needs and preferences in relation to specific activities.

The inspector found that the daily nursing notes were up to date and that care plans were reviewed every three months by both nurses and the residents' GP. Residents' health conditions were documented and vital signs (for example, blood pressure, weights) were recorded and monitored where required.

Individual clinical risk assessments had been completed using validated tools, including; risk assessments for falls, dependency, nutrition, continence and moving and handling

and findings were reflected in practice.

The inspector found that the provider was responsive to changing needs of residents and had increased the night-time staffing levels to reflect the increased needs of one resident.

The inspector found that an activity programme was in place, including music, cards, gentle exercise, bingo, sewing and painting. Reminiscence therapy was also held several times a month. The inspector spoke with residents who confirmed that they were happy with the range and type of activities and a number of residents expressed how they enjoyed perusing their own interests. One resident explained how she enjoyed going into the village to visit friends or having been taken out for a drive by the provider or her own friends.

Judgement:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the previous inspection it was identified that although a complaints book was in place it was never used and a more robust complaints system was required. At this inspection, the inspector reviewed the complaints book and found that it is had since been used to log complaints and to record the action taken. The inspector spoke with residents who confirmed that they would be comfortable with raising any complaints with the person in charge or the person deputising on behalf of the person in charge. In addition, a dedicated person was allocated to speak individually with each resident on a monthly basis to check whether residents had any complaints.

The inspector viewed the complaints procedure and found that it was comprehensive and user friendly. The complaints procedure was prominently displayed in the front hall and in the bedrooms. A nominated complaints officer and an independent appeals person were in place and contact details were displayed.

Judgement:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A policy was in place for monitoring and documentation of nutritional intake and processes were in place for monitoring nutrition and hydration as necessary.

The inspector found that residents were offered a varied nutritious diet. The inspector spoke with the cook who was knowledgeable about residents' special dietary needs, likes and dislikes. On the day of inspection, residents were offered choice in relation to what they ate, where they took their meals and mealtimes. The inspector observed residents dining at different times. Residents chose to eat in the dining, living room or in their bedrooms. The quality, choice and presentation of the meals were of a high standard and a number of the residents told the inspector that the food was always very good.

Residents had access to fresh drinking water throughout the day and bowls of fruit were placed in the sitting room and dining room. Residents told the inspector that they had access to snacks and drinks whenever they needed them.

The inspector observed the dining experience and noted it to be pleasant with a relaxed and unhurried atmosphere. Staff and residents engaged in conversation over meals. Any assistance was offered by staff in a discreet way.

Judgement:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There are suitable staffing arrangements to meet the assessed needs of the residents'. However, improvements are needed in relation to maintaining staff files.

The inspector reviewed a number of staff files. Some documentation specified in Schedule 2 had not been obtained, specifically documentary evidence of nursing qualifications. In addition, although written references had been provided, references had not been verified as required by the Regulations. The verification of references is necessary to ensure that the provider is satisfied that the references are authentic, which is necessary for the protection of residents.

The inspector reviewed the staffing arrangements and found that there were appropriate staff numbers and skill mix to meet the residents' needs and the layout of the centre. There was a nurse on duty at all times as required by the Regulations.

The provider was responsive to changing residents' needs and had recently increased the night-time staffing levels to reflect the increased needs of the centre and to take into account the layout of the centre, which is on two floors.

At the previous inspection, planned and actual staff rotas had not been maintained. At this inspection, the inspector found that the provider had maintained planned and actual staff rotas.

The provider told the inspector that education and training was available to staff. The inspector reviewed a number of staff files and found that staff had completed mandatory people moving and handling and fire safety training. The inspector spoke with staff who confirmed that they were supported in undertaking education and training relevant to their role, for example, first aid training, food safety training, hand hygiene training and activities in care of the elderly.

Judgement:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Lir Retirement Home
Centre ID:	ORG-0000711
Date of inspection:	10/02/2014
Date of response:	15/04/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 06: Safeguarding and Safety

Theme:

Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge had not ensured that adequate arrangements were in place to protect residents. While staff were knowledgeable about what constituted abuse, they did not all know what steps to take if they suspected abuse and were not aware of their responsibilities, as set out in the policy on safeguarding residents.

Action Required:

Under Regulation 6 (2) (a) you are required to: 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.

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

Documentary evidence has now been submitted on the 11-02-2014 regarding the new

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

staff members training in elder abuse.

An in-house training session has been organised to provide abuse training for all staff for the first week in March. Date to be confirmed by an outside source. In the meantime the proprietor will be engaging all of the staff in abuse training. Eight staff members have already attended and due to inclement weather the remaining staff who could not attend are to attend a meeting on Monday afternoon (17-02-2014) for the same abuse training.

Proposed Timescale: 07/03/2014

Outcome 07: Health and Safety and Risk Management

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A system was not in place that allowed for regular health and safety checks or 'hazard inspections' of the centre.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Documented inspections are now in place to identify any hazard in preventing accidents to anyone in the Nursing Home

Proposed Timescale: 15/04/2014

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A risk assessment had not been completed in relation to an infectious disease.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

A risk assessment is now in place in relation to infectious diseases.

Proposed Timescale: 15/04/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policy did not provide adequate guidance in relation to the self-administration of medications by residents.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

A self medication policy is now in place

Proposed Timescale: 15/04/2014

Outcome 10: Reviewing and improving the quality and safety of care

Theme:

Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider had not ensured a formal system was in place to collect data relevant to the quality and safety of care and to carry out an audit of the service at appropriate intervals.

Action Required:

Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

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

A documented system is now in place for the collection of data and to be reviewed on a weekly basis.

Proposed Timescale: 15/04/2014

Theme:

Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider had not put in place a system to ensure that where areas requiring improvement are identified, that a corrective action plan was developed and implemented.

Action Required:

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

Documented evidence is in place to identify all areas for improvement.

Proposed Timescale: 15/04/2014

Theme:

Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider had not ensured that a report is produced that outlines the findings of regular reviews and audits of the service and any corrective actions.

Action Required:

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

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

Audits will be conducted in a monthly basis and made available to residents of the Nursing Home and HIQA.

Proposed Timescale: 15/04/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Ensure that the use of bed-rails is in line with the national policy on promoting a restraint free environment.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

We have reviewed all other forms of evidence based practice and we have decided that

the bed rails are the only alternative given the age and physical and mental condition of the residents to prevent any further harm or injury coming to them.

Proposed Timescale: 15/04/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staff references had not been verified.

Action Required:

Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

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

Letters have been sent to all referees for validation of references. We are still awaiting for some to be returned.

Proposed Timescale: 15/04/2014

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All of the information and documentation specified in Schedule 2 had not been obtained, specifically in relation to evidence of nursing qualifications.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: 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.

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

Some nurses do not have the original qualifications and when An Bord Altranais were consulted requesting same they stated that original qualifications were not necessary and that all relevant information to the qualification was included in the yearly renewal and that they were in consultation with HIQA informing them that it was not necessary to give original qualification.

Proposed Timescale: 15/04/2014