

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Mullinahinch House Private Nursing Home
Centre ID:	0148
Centre address:	Mullinahinch
	Monaghan
	County Monaghan
Telephone number:	047 72138
Fax number:	047 72139
Email address:	mullinahinch@yahoo.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Aidan Murray
Person in charge:	Marie Murray
Date of inspection:	15 September 2011
Time inspection took place:	Start 10: 15 hours Completion: 17:45 hours
Lead inspector:	Siobhan Kennedy
Support inspector:	Sonia McCague
Type of inspection:	<input checked="" type="checkbox"/> Follow up <input type="checkbox"/> Scheduled <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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

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

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

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

About the centre

Description of services and premises

Mullinahinch House is a two-storey building which was opened in March 2003.

The centre is registered to accommodate up to 56 residents requiring general nursing care on a long-term or short-term basis. Care and accommodation is also provided for residents with dementia and intellectual disability.

The accommodation comprises of 41 bedrooms with en suite shower and toilet, twenty-eight of which are single rooms, 12 twin rooms and a four-bedded room. Stairs and a lift provides access between the floors. Other facilities include a reception located at the entrance foyer, three sitting rooms, dining room, bath and shower rooms, treatment room an oratory, smoking room, hairdressing salon and kitchen.

There is ample car parking, extensive grounds and landscaped gardens.

Location

The centre is located in a rural area on the outskirts of Monaghan town.

Date centre was first established:	01 March 2003
Number of residents on the date of inspection	51
Number of vacancies on the date of inspection	5

Dependency level of current residents	Max	High	Medium	Low
Number of residents	22	7	14	8

Management structure

Aidan and Marie Murray are the proprietors of the centre. Aidan Murray is the Provider and Marie Murray is the Person in Charge. A senior nurse supports Marie in her managerial role and nursing, care, housekeeping, catering and maintenance staff report directly to them.

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	3	11	2	3	1	2*

* Provider and maintenance staff member.

Summary of findings from the follow up inspection

The purpose of this unannounced inspection was to assess the progress in relation to the 30 actions and four recommendations identified to be addressed by the provider and person in charge in the previous registration inspection report of the 8 December 2009.

The key areas of non-compliance related to the environmental regulations/standards, fire safety precautions, medication management, systems for reviewing the quality and safety of care to residents, staffing, maintenance of records and policies and procedures.

The inspectors found the provider, person in charge, and the staff team had worked well to satisfactorily address the majority of issues identified. Some matters were partially addressed and are subject to ongoing work in order to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), and the National Quality Standards for Residential Care Settings for Older People in Ireland. These are highlighted in the action plan of this report.

Issues covered on inspection

1. Action required from previous inspection:

1.1 Ensure the transcription of medication orders is implemented as per An Bord Altranais Guidelines.

1.2 Put in place guidelines and procedures for use of telephone and verbal orders in emergency situations.

1.3 Put in place adequate means of medical review of all residents to include review of medication prescription.

1.4 Conduct a medication audit and implement learning or change in practice arising from findings. Audit to include review of all medication prescribed PRN (as necessary) and prescription of MDA schedule 2 drugs.

1.5 Develop and implement a guideline on safe administration of medication using a Compressor (Air-Driven) nebulizer or oxygen.

1.6 Develop and implement a policy to respond to a medical emergency.

1.1 This was actioned.

Inspectors found that the practice regarding any drug orders that are transcribed are done so by a GP or a registered nurse and checked by a second registered nurse in accordance with An Bord Altranais guidelines on transcription. The transcribed drug Kardex is not put into use until it is checked and signed by the resident's GP. In the case of orders received via facsimile, these are entered into the drug Kardex, checked by a second nurse before administration and signed by the prescribing doctor within 72 hours. A record is kept of the nurse and verifying nurse that transcribes drugs into the Kardex and the date on which the doctor countersigns it.

1.2 This was actioned.

The policy on the management of medications was reviewed and amended to include a procedure for use of telephone and verbal orders in an emergency.

The procedure is that a second person listens to the order. The prescribing GP is then requested to attend the centre within 72 hours to sign the drug Kardex.

1.3 This was actioned.

The inspectors were informed that the requirement to review residents' medication was documented in some of the centre's policies such as healthcare promotion and delivery,

care planning, administration of drugs and assessment prior to admission. During the inspection there was evidence that residents had access to regular consultation with their GPs and access to an out-of-hours service. General health reviews were carried out on a 3 monthly basis and there was evidence in residents' care plans that those requiring medical assessment/attention were seen by their GPs or advice was sought per telephone on their treatment. Residents' medications were reviewed on three monthly basis.

1.4 This was actioned.

Inspectors observed records in relation to MDA drugs. There was evidence that these were reviewed and audited by two nurses at the change of every shift.

1.5. This was actioned.

A policy on the administration of nebulized medication was in place.

1.6 This was actioned.

A policy on the response to a medical emergency was in place.

2. Action required from previous inspection:

2.1 Establish a system for reviewing the quality and safety of care to residents to include statistical information from accidents and incident records.

2.2 Conduct review of all resident falls encompassing all the healthcare needs of the residents who fell.

2.3 Provide in service training to staff and residents on the learning outcome from quality reviews and the measures to be put in place to prevent re-occurrences.

2.1 This was actioned.

Inspectors found that a system for reviewing and auditing accidents and incidents took place on a monthly basis. This information detailed the name of the resident, the accident/incident and place and time of occurrence and was used to reduce the likelihood of reoccurrence.

2.2 This was actioned.

There was evidence that a review took place if a resident was involved in an accident.

2.3 This was actioned.

The inspectors were informed that staff are made aware of the outcomes of the audits in respect of those residents who had an accident or fall including the

action/treatment plan put in place to prevent further accidents. Some residents at risk of falling communicated with the inspectors and confirmed that they are encouraged to participate in activities that reduce the risk of falls.

3. Action required from previous inspection:

Using appropriate evidence based tools, review the staffing levels on night duty, taking into account the size and layout of the centre, the number of residents and their dependencies.

This was actioned. Night time staffing levels consist of one nurse and four care staff on duty throughout the night. The inspectors spoke with a number of residents and relatives who confirmed their satisfaction with the staffing levels. The provider and person in charge assured the inspectors that they continually monitor staffing levels and should resident care necessitate an increase this will be actioned.

4. Action required from previous inspection:

Review policy and practice on restraint. Undertake a full assessment of the need for restraint. Maintain a record of the nature of the restraint, checking arrangements and its duration. The use of restraint measures must be continually reviewed.

This was actioned. See also action 16 .2

A policy and procedure and the new guidance issued by the Health Service Executive (HSE) was available. Inspectors were informed that restraint is used to reduce the risk of injury and in the interest of residents' safety. The use of restraint is implemented following a full assessment of residents by a multi-disciplinary team (physiotherapist, nurses and doctors) and in consultation with the resident or the resident's nominated representative. Inspectors saw records detailing the type of restraint being used for example lap belts, and the duration of use and review process.

Inspectors saw that restraint is needed for some residents in the specialised chairs which were assessed/approved by the occupational therapists to ensure good posture.

5. Action required from previous inspection:

Devise policies and document arrangements to undertake a full assessment of all prospective residents before admission.

This was partially actioned.

Inspectors saw that there was a policy and procedure on the assessment of residents prior to admission to the centre and a standard pre-assessment form was in use to obtain the

necessary information/details. It was noted that the policy and procedure did not have the date of approval to be implemented and date of review.

6. Action required from previous inspection:

Develop and implement a formal assessment of each resident's dependency levels.

This was actioned.

Inspectors found that the 'modified Barthel index' is being used to assess residents' dependency levels.

7. Action required from previous inspection:

Obtain Garda vetting for all staff.

This was actioned.

Inspectors were informed that Garda vetting had been obtained for staff working at the centre and staff files randomly selected for examination were satisfactory.

8. Action required from previous inspection:

Ensure all nursing and care practices are evidence based and reflect a person-centred approach to care.

This was actioned.

Since the last inspection management and staff have reviewed residents' care plans. These now include all aspects of residents care needs. The inspectors spoke with a staff member who is employed as an advocate on behalf of residents and she described the role regarding ascertaining views and preferences of residents so that care can be provided in accordance with the individual wishes of residents. The use of life storybooks has been introduced in order to further promote a person centred approach to care. Residents told the inspectors that they were involved in making decisions regarding their daily routines.

9. Action required from previous inspection:

Undertake routine in house fire alarm testing.

This was actioned, however fire safety issues were identified during the inspection.

Inspectors saw records confirming that the fire alarm system is being tested on a monthly basis. Although fire safety training had been carried out on 22 February 2011 and 24 June 2011 all staff have not received this training for example three staff on duty. In addition, some staff on duty at time of the inspection were not completely familiar with the evacuation process.

10. Action required from previous inspection:

Ensure sluice rooms are secure and not accessible by unauthorised persons.

This was actioned.

The sluice room was made secure as a keypad lock had been fitted.

11. Action required from previous inspection:

Provide an accountable system to ensure traceability of residents' clothing.

This was actioned.

Inspectors examined residents' clothing and found that these were adequately marked with residents' names. There were no complaints regarding residents' clothing/laundry found.

12. Action required from previous inspection:

Individually assess the appropriateness of the use of clothes protectors with each resident at mealtimes.

This was actioned.

At the serving of the evening meal inspectors saw that residents had a choice of clothes protectors, should they wish to use same.

13. Action required from previous inspection:

Implement a policy to flush the hot water pipes in vacant bedrooms

This was actioned however further improvement was identified.

The inspectors were informed that cleaning staff run the hot water taps in vacant rooms however, there was no system in place to record the outcome/findings of implementing this system and subsequent action if any was deemed necessary.

14 Action required from previous inspection:

Provide facilities for residents to meet visitors in private.

This was actioned.

A room has been made available so that residents can meet their visitors in private.

15. Action required from previous inspection:

Document a procedure to be followed in relation to the verification of death ensuring best practice.

This was actioned.

Inspectors found that a procedure was in place regarding the death a resident in the centre and the directory of residents was well maintained in this respect.

16. Action required from previous inspection:

Ensure staff are trained in:

16.1 infection prevention and control

16.2 Assessment and care of a resident in restraint.

16.1 This was not fully actioned.

Although infection control training was provided on 21 and 22 September 2010 not all staff are trained in this area. Communicating with staff on duty during the inspection it was found that some staff had not received training in other mandatory areas for example protection of residents from abuse, moving and handling, first aid and challenging behaviour. The training records examined were not clear with regard to confirmation of staff attending and participating in the training courses and course content.

16.2 This was actioned. The action point 4.

The majority of staff (39) have participated in training in the new restraint guidelines produced by the Health Service Executive (HSE).

17. Action required from previous inspection:

Ensure records of all referrals, discharge and transfer are maintained.

This was actioned.

On examination of residents' documentation inspectors saw that the records showed referrals and follow up appointments to a variety of professionals. The directory of residents was well maintained regarding residents' discharges and transfers. Documentation in relation to transfer to hospital is also retained in residents' medical notes.

18. Action required from previous inspection:

Develop and implement a system of staff appraisals.

This was partially actioned.

The inspectors examined at random records relating to staff information. Staff appraisals were carried out for some staff but not all staff. The person in charge informed the inspectors that this would be addressed during the latter part of this year.

19. Action required from previous inspection:

Provide an emergency response plan.

This was actioned.

An emergency response plan was in place and staff had received training in this area.

20. Action required from previous inspection:

Revise the missing person policy to reflect best practice and implement a missing person drill procedure.

This was actioned.

The missing person's policy had been revised and updated to include the use of photographic identification and a missing person's description form has also been drafted. It includes details of the missing person drill procedure and the notification to the Authority in the event of a resident going missing.

21. Action required from previous inspection:

The laundry requires structural upgrading to ensure suitable facilities are available.

This was partially actioned.

Planning permission has been sought and approved for the extension of the laundry. Inspectors were informed that costings are currently being obtained to carry out this work and the provider anticipates having this work completed by the latter part of the year.

22. Action required from previous inspection:

Provide suitable storage facilities which are centrally located.

This was actioned.

Additional storage has been made available.

23. Action required from previous inspection:

Provide appropriate written references for all staff employed.

This was partially actioned.

Inspectors examined the documents in respect of persons working in the centre and found that three written references, including a reference from a person's most recent employer had not been taken up for all staff. Also photographic ID was not available in one of the files examined.

24. Action required from previous inspection:

Revise the contract of care indicating the type of room to be occupied and condition of occupancy.

This was being progressed.

Although contracts of care had been agreed with residents, on examination it was noted that they did not include all the details of the services to be provided for the residents. The provider informed the inspectors that the contracts were under review and a new contract would be drawn up and agreed with each resident. It was anticipated that this would be completed by in the latter part of the year.

25. Action required from previous inspection:
Provide a copy of the residents guide to each resident.

This was actioned.

A copy of the residents' guide was available to each resident.

26. Action required from previous inspection:
Redraft the complaints policy to include and independent appeals process.

This was in progress.

Inspectors examined the complaints policy/procedures and found that it did not fully meet the requirements of the regulation regarding the independent appeal procedure. Inspectors also assessed the investigation process in respect of a notification received by the Authority from the centre in accordance with the policy and procedure for the protection of residents from abuse and found that it was not detailed enough.

27. Action required from previous inspection:
Provide and maintain a separate planned and actual staff rota and a record of whether the roster was actually worked.

This was actioned.

A staff rota was made available to the inspectors detailing all persons working at the centre.

28. Action required from previous inspection:
Ensure all records are maintained in a safe secure area which allows for ease of retrieval.

This was actioned.

Records are stored in a room which is safe and secure.

29. Action required from previous inspection:

Develop job descriptions outlining:

reporting relationships,
the purpose of the post and
principal duties and responsibilities.

This was actioned.

Inspectors were given copies of job descriptions for various positions in the centre. These included details regarding reporting relationships, the purpose of the post and principal duties and responsibilities.

30. Action required from previous inspection:

Revise the statement of purpose to include all matters outlined in Schedule 1 of the regulations.

The statement of purpose have been reviewed and amended however the inspectors assessed in accordance with the Chief Inspector's recent guidance and highlighted the following improvements: –

- the aims and objectives and ethos of the centre in accordance with article 5 (1) (a)
- the name and position of each of the person participating in the management of the designated centres including the person who will cover in the absence of the person in charge
- any conditions attached by the Chief Inspector to the designated centre's registration under section 50 of the Act
- the actual number of staff employed by designation
- the age range and sex of the residents for whom it is intended that accommodation shall be provided
- the range of needs that the designated centre is intended to meet
- the type of nursing care to be provided
- any admission exclusion criteria
- the fire precautions and associated emergency procedures in the designated centre
- the arrangements made for dealing with complaints
- arrangements to make a residents care plan available
- confirmation of qualifications and vetting of therapists to provide a service in the centre and
- number and size of all rooms.

Recommendations

Standard	Best practice recommendations
Standard 1: Information	This was actioned. Daily activities in the centre were advertised.
Standard 24: Training and Supervision	This was actioned. Regular staff meetings were held and records of minutes of meetings were available for inspection.
Standard 23: Staffing Levels and Qualifications	This was actioned. Named nurses were responsible for a number of residents while on duty.
Standard 25: Physical Environment	This was actioned. Inspectors were informed that since the previous inspection the residents' advocate ascertained the views of the residents regarding the dining facilities and found that residents were satisfied with the facilities.

Report compiled by

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

19 September 2011

Chronology of previous HIQA inspection	
Date of previous inspection	Type of inspection:
8 and 9 December 2009	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Regulatory Monitoring <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

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

Action Plan



Provider's response to inspection report this

Centre:	Mullnahinch House Nursing Home
Centre ID as provided by the Authority:	0148
Date of inspection:	15 September 2011
Date of response:	01 November 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 5: Health and safety and risk management

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

All staff had not received training against the risk of fire and some staff on duty who had participated in training were not familiar with the evacuation procedures.

Action required:

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

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: All members of staff will receive full retraining on the risk of fire and the evacuation procedures.	Two months

Outcome 1: Statement of purpose and quality management

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

Compiling a statement of purpose in relation to the designated centre which shall consist of the matters listed in the regulation and schedule 1 as follows: –

- the aims and objectives and ethos of the centre in accordance with article 5 (1)(a);
- the name and position of each of the person participating in the management of the designated centres including the person who will cover in the absence of the person in charge;
- any conditions attached by the Chief Inspector to the designated centre's registration under section 50 of the Act;
- the actual number of staff employed by designation;
- the age range and sex of the residents for whom it is intended that accommodation shall be provided;
- the range of needs that the designated centre is intended to meet;
- the type of nursing care to be provided;
- any admission exclusion criteria;
- the fire precautions and associated emergency procedures in the designated centre;
- the arrangements made for dealing with complaints;
- arrangements to make a residents care plan available;
- confirmation of qualifications and vetting of therapists to provide a service in the centre;
- number and size of all rooms.

Action required:

2. 1 Compile a statement of purpose that consists of all matters listed in Schedule 1 (identified above) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended)

Action required:	
2.2 Keep the statement of purpose under review.	
Action required:	
2.3 Notify the Chief Inspector in writing before changes are made to the statement of purpose which affect the purpose and function of the centre.	
Action required:	
2.4 Make a copy of the statement of purpose available to the Chief Inspector.	
Reference:	
Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The statement of purpose was approved by the north region of the Authority prior to printing, all points listed, 2.1 / 2.2 / 2.3 / 2.4 will be addressed when reprinted.	Two months

Outcome 4: Safeguarding and safety

3. The provider is failing to comply with a regulatory requirement in the following respect:
All staff had not received training or other measures aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.
Action required:
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.
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:
<p>Provider's response:</p> <p>All but eight members of staff have to be trained.</p>	<p>3 weeks</p>

Outcome 10: Contract for the Provision of Services

<p>4. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Residents contracts of care examined were not up to date regarding the care and welfare of the resident in the designated centre including details of the services to be provided for that resident and the fees to be charged.</p>	
<p>Action required:</p> <p>Agree a contract of care with each resident, which details the services to be provided for that resident and the fees to be charged.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The contract of care will be re-drafted to take above points into account.</p>	<p>Three months</p>

Outcome 14: Suitable staffing

5. The person in charge is failing to comply with a regulatory requirement in the following respect:

All staff members did not have access to education and training to provide care in accordance with contemporary evidence based practice in the following areas: –

- infection control
- moving and handling
- first aid and
- challenging behaviour.

Confirmation of staff attendance and participation in training had not been maintained and the course content for all training had not been retained in the centre. All staff had not participated in staff appraisals. Three written references had not been obtained for all staff including references from an employee's previous employer and photographic ID.

Action required:

5.1 Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice in the following areas –

- infection control
- moving and handling
- first aid and
- challenging behaviour

Action required:

5.2 Ensure that staff participating in training courses confirm their attendance and make sure that the content of training is retained.

Action required:

5.3 Develop and implement a system of staff appraisals.

Action required:

5.4 Provide three written references for all staff employed, including a reference from a person's most recent also photographic ID for all staff.

Reference:

Health Act, 2007
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Standard 24: Training and Supervision
Standards 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>5.1 and 5.2 All members of staff will be requested to sign attendance and participation forms on completion of all training.</p> <p>Infection control Moving and Handling First aid Challenging behaviour</p> <p>5.3 Staff appraisal system in place and reviewed on an ongoing basis.</p> <p>5.4 All staff files contain three written references and photographic ID.</p>	<p>Every two years Every two years Ongoing Ongoing</p>

Outcome 15: Safe and suitable premises

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The laundry room did not contain the required facilities in accordance with standard 25.</p>	
<p>Action required:</p> <p>The laundry requires upgrading to ensure suitable facilities are available.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 28: Purpose and Function</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Detailed plans of our new laundry were given to our inspectors, we await our builder to move in on site.</p>	

Outcome 3: Complaints procedures

7. The provider is failing to comply with a regulatory requirement in the following respect: The complaints policy/procedure did not fully meet the requirement of the regulation regarding the investigation and independent appeals process.	
Action required: Make sure that the complaints policy/ procedure meets the requirement of the regulation regarding the investigation and independent appeals process.	
Reference: Health Act, 2007 Regulation 39: Complaints procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our resident advocates will now be included in the complaints policy / procedure.	One month

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

8. The provider is failing to comply with a regulatory requirement in the following respect: The written operational policies and procedures of the designated centre did not have the date of implementation and review.	
Action required: Ensure that the written operational policies and procedures of the designated centre identify the date of implementation and review.	
Reference: Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our detailed written operational policies and procedures will be redrafted to include date of implementation and review.	Three months

Any comments the provider may wish to make:

Provider's response:

All requests from our inspectors will be completed by dates given, and we look forward to working with the Authority in the future and to continue providing a high standard of care to our residents.

Provider's name: Aidan and Marie Murray

Date: 01 November 2011