

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Powdermill Nursing Home and Care Centre
Centre ID:	270
Centre address:	Gunpowdermill
	Ballincollig
	Co Cork
Telephone number:	021-4876670
Fax number:	021-4876670
Email address:	Powdermill.nursinghome@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Joseph Peters
Person in charge:	Siobhan Quirke
Date of inspection:	18 July 2011
Time inspection took place:	Start: 9:45hrs Completion: 16:15 hrs
Lead inspector:	Cathleen Callanan
Support inspector:	Vincent Kearns
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

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

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

Additional inspections take place under the following circumstances:

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

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

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

About the centre

Description of services and premises

Powdermill Nursing Home is a two-storey building which is about one hundred years old, with a single-story extension. To the front of the building is a garden area facing onto a quiet road across from which is a sports pitch. There are raised patio decks on the gable sides and a small deck to the rear.

Powdermill Nursing Home accommodates up to 41 residents including those with dementia. There are 28 bedrooms comprising 21 single bedrooms, two twin-bedded rooms, four three-bedded rooms and one four-bedded room. There are two conservatories, the smaller of which serves as a smoking room. There is a combined dining and sitting room and an additional sitting room. There are facilities such as a nurses' station, treatment room and laundry, and communal bathroom and toilet facilities.

Location

Powdermill Nursing Home is located approximately one kilometre from the centre of the town on road facing the Gaelic Athletic Association club and sports pitch.

Date centre was first established:	1984
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	6 (one resident on holiday)

Dependency level of current residents	Max	High	Medium	Low
Number of residents	11	6	7	10

Management structure

The centre is owned by Joseph Peters and Catherine Peters and the Registered Provider is Joseph Peters. The Person in Charge (PIC) is Siobhan Quirke who works 20 hours per week. The Deputy Director of Nursing is Evan O'Brien. All staff report to the PIC, who reports to the Registered Provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	7	1	4	1.5	*

* The provider is not rostered for duties but informed inspectors that he is a regular presence in the centre. A maintenance worker is available as required.

Background

This was a follow-up inspection to review the provider's response to action plans from previous inspections. On 30 May 2011 the provider had been issued with five actions and had responded on 3 June 2011 with completion dates of 6 June 2011 for all actions.

Summary of findings from this inspection

On 18 July 2011 inspectors found that, of the seven actions identified in the action plan of 20 May 2011, the provider had fully resolved five and partially addressed the remaining two. Of those remaining two, one referred to training in elder abuse, and inspectors were satisfied that the training had occurred, the only outstanding issue being clarification around the qualifications of the trainer. The remaining action referred to the appointment of a full-time person in charge (PIC) and, while a PIC had been appointed, she did not meet the regulatory requirements.

Issues covered on inspection

1. Safeguarding and Safety

Measures were in place to protect residents from being harmed or suffering abuse. Most staff had received training on identifying and responding to elder abuse. Residents spoken to stated that they felt safe due to the availability of staff. There was a centre-specific policy on elder abuse and staff spoken to demonstrated sufficient knowledge of the different forms of elder abuse and reporting procedures.

The PIC advised inspectors that she monitored the safeguarding practices in the centre. Inspectors observed that she was a highly visible presence, regularly interacting with residents and staff. The PIC stated that she would be reviewing the systems in place to ensure safe and respectful care was provided and she would be monitoring the management of complaints. Both staff and residents spoken to confirmed that the PIC was accessible to all. The provider stated that he monitored safeguarding practices in the centre.

Inspectors reviewed documentary evidence in relation to the suspension of a staff member and a subsequent investigation which the provider had referred to an external consultant. Despite the seriousness of the approach taken in terms of suspension and investigation, the provider informed inspectors that he did not consider this a notifiable event and therefore no notification had been made to the chief inspector.

2. Health and Safety of Residents, Visitors and Staff

The environment was kept clean, adequately maintained and free from offensive odours. There were some measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste. The PIC stated that she had ordered two additional clinical waste bins. However, the area to the rear of the centre appeared unkempt with a significant amount of broken and discarded items stacked/stored in various shelters and storage sheds, along with a considerable amount of refuse stored in a number of large refuse bins. This issue was brought to the attention of the PIC who agreed to review the matter.

There were hand-washing sinks available in areas where infected material and/or clinical waste were handled. Staff spoken to had adequate knowledge of the risks of infection, commensurate with their work activities and responsibilities and their role in preventing and managing infection. Staff had access to personal protective equipment such as latex gloves and disposable aprons, and they were observed using the alcohol hand gels that were available in the centre.

Inspectors tested the water temperature in the bath and in a wash-basin and found it to be 59.8° C. In order to prevent risk from scalding, preset valves of a type unaffected by changes in water pressure and which have fail safe devices needed to be fitted locally to provide water to a maximum temperature of 43°C.

The provider had submitted a satisfactory fire certificate in relation to the centre and the procedures to be followed in the event of fire were displayed in a number of prominent locations. However, there were a significant amount of electrical cabling/wiring hanging from the ceiling of the laundry room without any conduit or ducting covering and inspectors requested the provider to have this assessed by a qualified electrician, which he agreed to do.

Inspectors viewed centre specific written operational policies and procedures relating to the health and safety of residents, staff and visitors. There were some measures in place to prevent accidents and facilitate residents' mobility, including safe and appropriate floor covering. However, there were no hand rails in any part of the corridors to the bed rooms in the east wing.

The PIC confirmed that staff had received manual handling training and inspectors reviewed fire records which showed that fire safety equipment, including the fire alarm, had been serviced at appropriate intervals. Fire safety and evacuation training took place on an annual basis and was next due to occur on the 19 July 2011.

There continued to be inadequate storage space for assistive equipment and there were linen storage trolleys and soiled linen receptive trolleys stored in bedroom number four.

The provider had previously supplied inspectors with an architect's drawing to include a sluicing facility which he hoped to install, but at the time of inspection sluice facilities continued to be inadequate as a bathroom was being inappropriately used as a sluice room. This bathroom was also being used as a communal toilet for residents and was located near the dining room. It had no cleaning or storage facilities available and there was no lock on the entrance to this area which also contained a urinal washer.

The provider had responded to a previous action plan that he hoped to secure planning permission to address the issue of staff facilities and that this issue might be advanced by July 2011 or August 2011. On the day of inspection staff facilities continued to be inadequate: lockers for staff had been provided in a bathroom that was also used for sluicing functions thus creating a hazard of cross infection.

As found during previous inspections the external grounds were still unsuitable for use by residents with cognitive impairment and this was confirmed by the PIC who agreed that she would generally only allow residents to use this area accompanied by staff.

3. Medication Management

There was a medication policy with procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out of date medicines. Review of records and observation of practices indicated that these procedures were implemented. Inspectors viewed a recently introduced *tic-tac* medication system for identifying medication and a safety vest identifying the administering nurse had been introduced.

Nursing staff spoken to demonstrated an understanding of appropriate medication management and inspectors viewed a recently installed secured cabinet for the storage of Schedule 2 medications which was appropriately located in the clinical room. In addition, the PIC provided inspectors with a centre specific drug error recording log book which contained a number of entries. The PIC also stated that she had an open door policy and a no-blame policy in relation to managing medication administration errors and she felt that this cultivated a culture of learning from mistakes.

4. Health and Social Care Needs

Inspectors found evidence that residents received an adequate standard of nursing care and the arrangements to meet residents' assessed needs were set out in detailed individual care plans. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example, potential for skin pressure areas, poor nutrition, and falls. There was evidence that some care plans were drawn up with the involvement of residents and were subject to review on a three monthly basis and that there was appropriate referral to GPs. The PIC informed inspectors that there would be a review of all residents care plans in September 2011 and at that time all residents would be invited to participate more actively in their care planning if they so wished.

A review of residents' medical records showed that the health needs and medications of residents were monitored no less frequently than at three-monthly intervals. Residents and staff confirmed that residents received regular medical review and had access to a doctor if they became unwell; inspectors were introduced to a visiting general practitioner (GP) on the day of inspection.

There was an emphasis on residents' social participation with interventions outlined in care plans to promote residents' social care needs, based on their assessed preferences, interests and capacities. Residents had access to a variety of scheduled activities that were organised by a dedicated activities coordinator. There was evidence that residents had access to group activities and on the day of inspection there were activities for residents in the morning, a music session in the early afternoon and a bus trip for a group of residents in the early evening. Inspectors observed staff taking the time to include those residents with cognitive impairment and to encourage them to take part in activities in a sensitive manner.

5. Nutrition

Inspectors noted that, of a sample of five care plans reviewed, all had appropriate nutritional information and assessments including weight monitoring and food intake chart. The PIC informed inspectors that she regularly consulted care staff about residents' food intake and used nutritional supplements where necessary.

There was a range of menu options available for residents and the chef was knowledgeable about their personal preferences and dietary needs. The food was attractively presented, including soft diet, and appropriate assistance was offered to residents who required it.

6. Staffing

Since the previous inspection the acting deputy director of nursing had resigned and the acting PIC had stepped down from her position. A new deputy director of nursing and PIC had been appointed on 4 July 2011 and 1 July 2011 respectively. The PIC showed inspectors a whiteboard in the nurses' office that listed the staff on duty for the day and highlighted the nurse in charge for the day. In addition inspectors viewed a copy of the duty roster which also identified the nurse in charge on each shift. The deputy director assisted the PIC in supervising staff and monitoring practice. The PIC informed inspectors that she and the deputy would try to ensure that one of them would be on duty most days and at other times that a named staff nurse would be in charge. The PIC stated that she and her deputy intended to work on the same shift one day a week to facilitate management development.

The PIC informed inspectors that she was available to work 20 hours per week and it was unlikely that she would become fully available in the foreseeable future as she had professional commitments elsewhere, which she outlined to inspectors. On reviewing the regulations, the PIC agreed that, notwithstanding the fact that she had considerable clinical knowledge and experience, she did not meet the regulatory requirement for a person in charge in terms of having spent three of the previous six years caring for older persons, and being employed full time as PIC.

Inspectors observed over the course of the inspection that there was a suitable skill mix and adequate number of staff on duty to meet the needs of residents. Inspectors examined the duty rosters and were satisfied with the number of staff employed and scheduled to work both day and night. Staff with whom inspectors spoke confirmed that there was an adequate amount of staff and residents informed inspectors that in their experience there were always staff available for assistance. The deputy director of care stated that the laundry was currently being done by the care staff on night duty. However, both she and the PIC were concerned about this use of staff time and were actively reviewing it with a view to putting a better system in place.

Inspectors reviewed eight randomly selected staff personnel files, all of which contained completed Garda Síochána vetting forms. However, only one file contained a copy of a birth certificate, not all had full employment histories, one had no staff photograph, five files did not have the required three references and none contained evidence that the person was physically and mentally fit for the purpose of the work they were to perform at the centre.

Actions reviewed on inspection:

1. Action required from previous inspection:

Put in place appropriate and suitable practices relating to the ordering, prescribing, storing and administration of MDA Schedule 2 medicines and ensure that staff are familiar with such policies and procedures

There were appropriate and suitable practices relating to the ordering, prescribing, storing and administration of MDA Schedule 2 medicines and staff spoken to were familiar with such policies and procedures.

2. Action required from previous inspection:

Take all reasonable measures to prevent accidents to any person in the designated centre, specifically in respect of the fire door into the laundry room: this was open and posed a fire risk.

This issue had been resolved by the provider.

3. Action required from previous inspection:

Ensure all reasonable measures are taken to prevent accidents to any person in the designated centre by providing safe floor covering in bedrooms five and fourteen.

The floor covering had been repaired in bedrooms five and fourteen.

4. Action required from previous inspection:

Ensure that at all times it is clear that there is a nominated person in charge and that staff are rostered appropriately to ensure the presence of a person in charge at all times.

This issue had been resolved and there was a white board in the nurse's office that detailed the staff on duty for the day and highlighted the nurse in charge for the day and for each shift.

The person in charge (PIC) worked a maximum of 20 hours a week and was therefore not available in a full-time capacity as required by the regulations. In addition, while she was a person of considerable experience, she did not meet the regulatory requirements of three years experience in the area of geriatric nursing in the previous six years.

5. Action required from previous inspection:

Ensure the operation of the designated centre is conducted with due regard to the gender of residents

This issue had been resolved with the appropriate allocation of care staff in the centre.

6. Action required from previous inspection:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

The provider had responded to the action plan that elder abuse training was provided by a member of staff "who is a qualified elder abuse trainer". While inspectors were satisfied that training had taken place, no evidence was available of the qualifications of the trainer.

7. Action required from previous inspection:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

On the day of inspection inspectors observed a suitable skill mix and adequate number of staff on duty to meet the needs of residents.

Report compiled by:

Cathleen Callanan

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

26 July 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
25 November 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
28 January 2010 and 29 January 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
8 February 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
14 April 2010 and 15 April 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
14 September 2010, 15 September 2010 and 17 September 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection

	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
11 November 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
9 February 2011 and 10 February 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
17 May 2011 and 18 May 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Provider's response to inspection report*

Centre:	Powdermill Nursing Home and Care Centre
Centre ID:	0270
Date of inspection:	18 July 2011
Date of response:	15 August 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

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

Employing a PIC that meets the requirements in relation to the post of PIC under 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*.

Action required:

Ensure that the post of the PIC of the designated centre is full time and that the PIC is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

Reference:

Health Act 2007
Regulation 15: Person in Charge

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

Standard 27: Operational Management

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

Timescale:

Provider's response:

The role of the Person in Charge has been restructured and the appointment has now been agreed as a full time position of 33 hours per week. Since commencing the role of Person in Charge, the number of hours actually worked by the Director of Care has significantly exceeded the agreed 20 hours per week. The contract of employment, which is of non-determined duration, for the Director of Care, has been updated to ensure clarity on the responsibilities as the Person in Charge in line with the Health Act 2007 15(3).

An addendum to this contract is the secondment to an Bord Altranais and to the Fitness to Practice Committee. This appointment to An Bord Altranais was undertaken with the approval of the Minister for Health.

The Director of Care is due to sit on the Board until October 2012. Dissolution of the board may occur earlier than 2012 where the Nurse Act of 2011 is passed through legislation. In the case, secondment shall cease and the Director of Care hours shall automatically be returned to 33 hours per week on site.

To provide comprehensive coverage, above and beyond the Person in Charge role, and to ensure the effective running of the nursing home, the following have been allocated:

- An Assistant Director of Care, appointed 4 July 2011, who works 37.5 hours per week
- A Clinical Nurse Manager has commenced work on 15 August 2011 and is due to work 37.5 hours per week
- Daily identification within the nurse's station of the nominated person in charge
- On site management, quality, and clinical risk management support from an external healthcare agency.

The Director of Care is contactable at all times to support the operational running of the nursing home.

The Director of Care has geriatric nursing experience totalling 31 years out of the last 34 years. The Director of Care shall have three out of the last six years geriatric nursing experience in November 2011.

Completed

Following the appointment to the post of Person in Charge, the Director of Care has demonstrated her expertise in relation to the changes which have occurred within the nursing home since her arrival.

The Director of Care holds a significant expertise in care of the older person, having worked in St Finbarr's Hospital as a staff nurse since 1980. As a senior staff nurse, the role required the vital provision of high quality person focused care and ensuring access to referral services to patients admitted for rehabilitation, continuing care and psychiatric geriatric care. Providing a pivotal role in coordinating the daily operational functioning at ward level and in the absence of the CNM1 and CNMII full responsibility of the ward was held by the Director of Care.

Further to this, the Director of Care provided preceptorship and mentoring for back-to-nursing candidates and gerontology certification and diploma students.

Following her election in a full time capacity to An Bord Altranais in January 2008, her role remained focused in the care of the older person. In response to the introduction of the National Standards for Residential Care Settings for Older People in Ireland (HIQA 2007), the Director of Care actively worked in partnership as a multi-disciplinary sub-committee in the development of the Professional Guidance for Nurses Working with Older People (April 2009). This became the first professional code of conduct in a specific area of nursing outside of midwifery and general nursing. By holding this position, the Director of Care has demonstrated her commitment to continual improvement in the development of the nursing role in care of the older person by defining standards, providing guidance and a framework to assist nurses in ongoing practice development to provide quality resident focused care.

Evidenced by:

- Director of Care Contract
- Work Rotas'/Signing-in Book
- Job descriptions

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

Ensuring that notice is given to the Chief Inspector without delay of the occurrence in the designated centre of any allegation of misconduct by the registered provider or any person who works in the designated centre.

Action required:	
Provide notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation of misconduct by the registered provider or any person who works in the designated centre.	
Reference:	
Health Act 2007 Regulation 36: Notification of Incidents 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>Further training has been received, from an external healthcare agency, by management in relation to the requirements of a designated centre on notifiable events.</p> <p>Procedures have now been revised (GM-011 Incident Reporting) and disseminated to all management and staff of Powdermill Nursing Home.</p> <p>HIQA notifiable events are now on display within the nurse's station to provide guidance on all notifiable events to the Authority.</p> <p>Evidenced by:</p> <ul style="list-style-type: none"> • Procedure GM-011 Incident Reporting • Training Records • Displayed Notices 	Completed

3. The provider is failing to comply with a regulatory requirement in the following respect:
The water temperature was 59.8°C in a bath and a wash-hand basin in the premises.
Action required:
Provide a sufficient supply of piped hot and cold water, which incorporates thermostatic control valves or other suitable anti-scalding protection.
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:
<p>Provider's response:</p> <p>A plumbing assessment has been undertaken on 26 July 2011. A mixing valve has been fitted to the boiler to allow for the regulation of water being dispensed to ensure that the supply of piped hot water does not cause a scald risk to residents and staff.</p> <p>Evidenced by:</p> <ul style="list-style-type: none"> • Plumbers report of work carried out. 	Completed

<p>4. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Staff files did not all contain the matters set out in Schedule 2.</p>
<p>Action required:</p> <p>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.</p>
<p>Reference:</p> <p>Health Act 2007 Regulation 18: Recruitment Standards 22: Recruitment</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The systems of recruitment have been updated to ensure compliance to regulation 18 of the Health Act 2007 (Care and Welfare Regulations 2009) with amendments 2010 along with the following policies and procedures:</p> <ul style="list-style-type: none"> • HR-001 Recruitment Selection and Appointment • FR-012 Staff Records – Content, Access and Review <p>Recruited staff are now not employed within the nursing home unless the clarification has been obtained from their GP that the person is fit to work and required information and documents as detailed in Schedule 2 have been obtained.</p> <p>A staff file audit shall be conducted on all employee files to</p>	25 August 2011

identify information outstanding. All actions shall be completed by 25 August 2011 and a re-audit shall be undertaken to confirm completion of each person's staff file.	
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5. The provider is failing to comply with a regulatory requirement in the following respect:	
Taking all reasonable measures to prevent accidents to any person in the designated centre by providing handrails in the east wing of the premises.	
Action required:	
Ensure all reasonable measures are taken to prevent accidents to any person in the designated centre by providing handrails in all circulation areas including east wing of the premises.	
Reference:	
<ul style="list-style-type: none"> 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: The provision of a handrail has now been fitted to the corridor of the east wing of Powdermill Nursing Home.	Completed

6. The provider is failing to comply with a regulatory requirement in the following respect:	
Providing adequate storage space for equipment in the premises.	
Action required:	
Suitable provision to be made for storage in the designated centre.	
Reference:	
<ul style="list-style-type: none"> Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment 	

4. Estimated time to commence capital development	1 February 2012
5. Completion of capital development	31 July 2012

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

Providing suitable changing and storage facilities for staff.

Action required:

Provide suitable changing and storage facilities for staff.

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:

All capital development was suspended due to the ongoing interactions with the Health Information and Quality Authority.

The following development shall be instigated in line with the Health Information and Quality Authority agreement:

1. Review and update the capital development plan for the inclusion of:
 - a) Sluicing facilities
 - b) Staff catering and non-catering changing facilities
 - c) Additional storage space

30 October 2011

The development of such plans shall be in line with Standard 25: Physical Environment, and Standard 26: Health and Safety, of the National Quality Standards for Residential Care Settings for Older People in Ireland (February 2009).

2. Application submission for planning permission
3. Identification of Contractor to complete work
4. Estimated time to commence capital development
5. Completion of capital development

15 September 2011
10 January 2012
1 February 2012
31 July 2012

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

Ensuring that the external grounds are suitable for, and safe for use by, residents and appropriately maintained.

Action required:

Ensure that the external grounds are suitable for, and safe for use by, residents and appropriately maintained.

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:

All external areas which are not specifically designated for residents are now restricted to staff only, and safety measures of key pad locked doors and a locked access gate ensure the safety of residents is maintained.

External gardens and grounds specifically designed for residents are in place at the front and rear of Powdermill Nursing Home. Residents have a choice of a decking area with access to a secure garden area, located off the dining room. Outdoor seating containing landscape gardens and a water feature is located at the main entrance. New seating has been introduced to the patio area. To the rear of the house, the garden of remembrance has been completed.

Completed

Any comments the provider may wish to make:

Provider's response:

The Registered Provider and staff of Powdermill Nursing Home welcomed the visit of the HIQA inspectors in order to demonstrate the significant improvements made. These improvements, in the provision of resident care, have been guided by the HIQA standards and the direction from the HIQA inspectors which have been of great assistance. We are grateful that these developments have been acknowledged.

Provider's name: Joseph Peters

Date: 15 August 2011