

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Gahan House
Centre ID:	0545
Centre address:	Graigenamanagh
	Co Kilkenny
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Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Graigenemanagh Elderly Association
Person authorised to act on behalf of the provider:	Nicholas O'Carroll
Person in charge:	Mary Mulligan
Date of inspection:	18 October 2011 and 19 October 2011
Time inspection took place:	Day-1: Start 11:00hrs Completion: 20:00hrs Day-2: Start 09:30hrs Completion: 16:00hrs
Lead inspector:	Noelene Dowling
Support inspector(s):	Day-1: Catherine O' Keeffe
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Gahan House Elderly Association is a voluntary organisation which was set up in 1989 to provide long-term supported accommodation for 21 older persons from the local community. Two different types of accommodation are provided. Eight independent houses, which can accommodate nine residents who are assessed as low dependency. Residents in the houses may choose the level of support they require such as the provision of meals and assistance with household tasks by care assistants. Each of the single houses is comprised of a combined kitchen and living room, fitted with a small fridge and cooker, an open fire place, a bedroom and assisted shower room containing a shower, toilet and wash-hand basin. Residents in the independent accommodation are provided with dinner each day in the main house and can use the day room and attend any activities provided.

Communal accommodation is located in a separate two-storey building for 12 residents who are deemed to be medium dependency and require minimal assistance in a homely environment. Accommodation for residents is situated on the ground floor. This is comprised of a large living room, small oratory, visitors' room and 12 single bedrooms. Four toilets, one bathroom with assisted shower, non-assisted bath, wash-hand basin and toilet. Another assisted shower room with shower, wash-hand basin and toilet are also provided for residents' use. A kitchen, storage facilities, laundry room are also located on the ground floor. The first floor contains staff toilets and an office for the person in charge.

The staff of the centre also provides a daily meals-on-wheels service to the local community.

The grounds and gardens are well maintained with flowers and shrubbery, ample parking and regularly spaced seating for residents and visitors is provided. The service is funded by residents' own contributions, a small Health Service Executive (HSE) grant and voluntary fundraising.

Date centre was first established:			1989	
Number of residents on the date of inspection:			*11	
Number of vacancies on the date of inspection:			1	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents				12
Gender of residents			Male (✓)	Female (✓)
			✓	✓

*1 resident was hospitalised.

Management structure

Nicholas O'Carroll is the Registered Provider on behalf of the Board of Directors, which consists of five members and is further supported by a voluntary committee. Mary Mulligan is the Person in Charge and reports to the Board of Directors. Lillian Bolger is the Assistant Manager and deputises for the Person in Charge in her absence. All staff report to the Person in Charge.

Summary of 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 report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007. This is the second inspection of the service a regulatory monitoring inspection took place on 20 September 2010.

The findings of that regulatory monitoring inspection identified shortfalls in terms of regulatory compliance as a designated centre which included:

- no registered nurse on duty at all times
- the person in charge was not a registered nurse
- assessment of dependency levels of residents
- staffing levels and recruitment practices
- policies and procedures
- medication management
- medical records
- updating of premises and fittings.

During this registration inspection inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the Fit Person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

The findings of this inspection indicate that although the person in charge, provider and staff strive to provide a good service on a community and voluntary basis, there are significant shortfalls identified in meeting 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*.

Inspectors reviewed the actions taken by the provider since the regulatory monitoring inspection. Some actions had been taken by the person in charge in compiling a directory of residents, implementing a complaints procedure and related documentation, commencement of care plans for residents, development of policies and maintenance of residents' medical records. No actions had been taken by the provider on the provision of training for staff, emergency planning, risk management procedures, staffing levels and skill mix, updating of premises and fittings and the significant issue of accessing dependency levels and criteria for admission.

This inspection demonstrated that the resident had considerable autonomy, choice in most routines, were treated with respect and there was a person-centred approach to the care provided and evidence of a commitment by staff. However, there was still considerable improvement required in the provider's compliance with the regulations. These include:

- a registered nurse on duty at all times
- a registered nurse as person in charge
- assessment of residents and dependency levels
- risk management strategies and health and safety procedures
- staffing levels and recruitment practices
- policies and procedures
- medical records
- updating of premises and fittings
- evidence of compliance with the statutory fire authority.
- adequate fire management systems.

Section 50 (1) (b) 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*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The statement of purpose is in draft format and has not been completed as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). It does not outline the precise accommodation offered, identify the nominated provider and the provider's phone number. The criteria outlined for admission in the statement is;

- that residents be reasonably mobile
- be reasonably self-caring
- be reasonably independent of mind.

The statement details that care will be offered to residents assessed as low and medium dependency in a non nursing environment. There was no identified assessment tools utilised for this assessment to support the subsequent decision making regarding admissions. Inspectors found that the staffing levels and skill mix did not support the care of residents assessed as medium dependency.

In this instance, there is a definite connection between the independent houses and the communal accommodation, with the person in charge, and staff clearly designated to work in and manage both sections. The residents in the houses spend considerable time in the communal accommodation as observed by inspectors.

The staff also have responsibility for managing a significant meals-on-wheels service to the local community, and people from the local community also attend for meals and chiropody services in the centre.

Outcome 2

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

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

There is no system in place for undertaking such a review.

Outcome 3

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

The person in charge has developed a policy and procedure for making, investigating and handling complaints. The policy identifies the person in charge as the designated person for addressing concerns. However, the policy also identifies the chairman of the board of trustees as the person to appeal to in the event of dissatisfaction with the outcome. The inspector was unable to ascertain precisely which member of the governing board or committee held this post. Inspectors reviewed the details of one complaint made by a resident which was in the process of being addressed satisfactorily.

Improvements were required in the overall management of complaints and in recognising what issues constituted complaints which require formal attention. For example, a resident had raised a particular issue on a number of occasions, the issue was resolved but no record of the details was maintained on the basis that the resident's mental status was compromised. Inspectors were also informed that another resident of the independent houses had informed management of the behaviour of another resident which was causing concern. Again, records of this, the management and the outcome, were not maintained.

2. Safeguarding and safety

Outcome 4

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.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

A draft policy on the prevention, detection and response to abuse was drafted. It was not adequate and did not stipulate the system to be used for the protection of residents in the first instance. It did not take account of the low staffing numbers, single staff cover, and the support of residents in the event of an allegation, the internal investigation process and timeframes for reporting an event. Inspectors found that there was not a clear understanding by management of the process which would be used in the event of an allegation or concern, the internal investigative process which would take place and decisions as to how and when such matters would be reported to the appropriate authorities.

Training for staff in the elder abuse had not taken place within the required timeframes and since 2007. Staff did have an understating of their own obligations however. The person in charge outlined a number of issues of concern for a resident which related to events outside the centre. The appropriate advice and guidance was sought from the HSE elder abuse case worker in this instance.

However, in another instance inspector found that there was not a clear understanding of the nature of the incident and initially it had not been managed according to best practice.

Inspectors examined details of resident finances, fee payment records and records in relation to residents for whom the provider was acting as agent. These records were detailed and comprehensive with receipts maintained. However, while there was a record of the required percentage of pension monies returned to the resident there was no evidence that this had been done, such as a receipt signed by the resident. In addition, there was no copy of the agreement or consent for the provider to act as agent maintained.

The provider was also holding significant amounts of monies for residents in safe keeping. These amounts were well documented and receipted and the accounts tallied with the documentation. This was being done to facilitate residents who could not easily access banks and wished to have this money available to them. The person in charge agreed this was not an ideal situation but it was undertaken to support residents.

Outcome 5

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

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

A risk management policy has been developed. However, it is a generic policy and does not govern the risk or strategies identified for monitoring and addressing centre-specific risk based on the resident population.

A number of systems have been implemented to support risk management. This includes, the audit of medication management undertaken in conjunction with the local pharmacist which resulted in alterations to the storage, disposal and return of unused medications. Some measures are in place and seen to be effective, for example, one resident wanders. An effective alarm system had been installed on all exit doors and windows. The resident did get out of the centre at 07:30 hrs on one occasion. The alarm worked effectively, and the staff member contacted the person in charge and the key senior manager who quickly assessed the direction the resident may have gone in and the resident was returned unharmed.

However, incident reports seen by inspectors do not indicate any learning, or alteration to practices as a result of occurrences. Inspectors saw records in the daily logs maintained by staff or were informed of occurrences which were not

deemed as incidents and recorded as such. An incident was recorded whereby a resident was very verbally and physically aggressive to another female and newly admitted resident. Staff heard this and intervened. However the resident then became aggressive to staff and the record as written, stated that staff left the resident in the day room to calm down. There was no reference to the female resident's safety or wellbeing following this incident. There was no risk assessment undertaken on any resident.

A centre-specific health and safety statement was available. However, this has not been reviewed or updated and there is no system for identifying basic risks in the centre, for example, the lack of a call-bell in the sitting room and the inaccessible call-bell in the bathroom. Inspectors did test the call-bell and found that it was responded to promptly and was audible and in working order. There is no emergency plan and the centre does not have a generator for use in the event of loss of power, or a plan in the event that residents had to be evacuated from the premises, although the person in charge has considered some options for such an incident.

Outcome 6

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

References:

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

Inspection findings

There was an adequate policy on the prescribing administration and recording of medication. Medication is administered by non nursing staff. As a safe guard medication is dispensed in blister packs, and the size and colour of the medication is stated in order to avoid error. Medication was stored safely in a locked cabinet , with individual storage sections for each residents' medication and administration record. There is a separate safe storage for controlled drugs although none were required at the time of the inspection. Staff are effectively transcribing medication for the pharmacist who then checks the list and signs to say it is accurate based on the general practitioners (GP) prescription. All prescriptions are not maintained in the centre.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

The recording systems and records maintained in the centre are not maintained or constructed in manner which would support access completeness and accuracy. They are also not maintained in accordance with Data protection and Freedom of information legislation. For this reason, inspectors found it very difficult to ascertain the status of resident's health and social care needs and how well these were attended to. This was identified not only as a recording problem but as a result of the social model of care and rights of residents' to manage their own health care needs, and confidentiality of information.

Although a file has been created by the person in charge for medical records and GP visits they do not consistently enter details on this record, Inspectors were informed that visits may be recorded in the GPs own record held in the surgery. However, the lapses in recording cannot be entirely explained as some residents do not attend the surgery.

Some records did show evidence of regular GP attendance and review of residents as required. However, in two cases of recent admissions there was no evidence that the residents were seen within the required time frames following admission. One resident's record showed no evidence of medical review for a two year period. The person in charge informed inspectors that this could not be accurate but accepted that the record was not present.

In accordance with the model of care no daily nursing record is maintained. A daily log book-diary is maintained by staff which was found to contain varied information in relation to all residents' general wellbeing, behaviour, visits and any medical appointments, such as visits by the public health nurse (PHN), access to allied services, or visits by the GPs. Inspectors found that this recording system was unsafe, in that it was not always dated, information was not consistently accurate and it was not adequately signed and time frames were inaccurate. For example, the wrong resident was named in the diary as having been sent to hospital.

This diary provided very little detail of the outcome of any treatment or appointment with allied health services. The person in charge informed the inspector that while some practitioners do give a verbal report this is not consistent and these practitioners do not record in the centre records. The public health nurse attended two residents with wounds. These records were available and demonstrated evidence of appropriate and timely treatment, access to specialists care and follow up.

The person in charge has introduced a care plan for each resident which details biographical and general information on the residents following admission. This is an effective pen picture of the resident but is not supported by a plan of care. No assessment tools are utilised for dependency levels, pressure area care, nutrition, falls, or mental status.

The person in charge informed inspectors that it is difficult to get access to specialist reports or outcomes of assessment. For example, a resident was referred for assessment due to what was categorised as challenging behaviours. The outcome of this could have a significant bearing on the support and management of that residents in the centre, or the decision to discharge the resident. This has not been made available to the person in charge by the GP. Inspectors found that that the process of decision making regarding admissions is not transparent and not supported by evidence that the residents dependency levels is accounted for. Inspectors were informed that admission to the centre is often on a trial period and may be a prelude to admission to a designed centre if this is required. Relatives spoken to confirmed that they are informed of this.

A number of residents have some levels of dementia, or Alzheimer's disease. There are no guidelines for staff in providing appropriate care and support for these residents and staff have no training in this. Staff interviewed were able to articulate good practice and strategies as to how to divert and support these residents when they became agitated. However, these are not based on any agreed or planned strategies as no care plans have been commenced in relation to this.

The model of care and subsequent staffing levels applied can in some instances not be deemed appropriate. A record seen by inspectors indicated that staff may not always be able to assess a resident's health in a timely fashion. For example, one record showed that at 06:30hrs a resident was unwell and it had taken the single staff on duty 45 minutes to return the resident to her bed from the bathroom.

It is expected that residents will be reasonably independent and therefore self sufficient in managing their social care needs. Some residents are admitted for reasons of social isolation and the companionships and additional support is of significant benefit. Those who can leave the centre do so to visit the town or relatives. Two residents use motor scooters to maintain their independence. The residents do have choice in their routines and they confirmed this to inspectors.

Some activities are organised, for instance, mass takes place weekly and also bingo. One multi-task assistant had commenced individual work with residents such as painting, drawing and individual resident are supported with walks in the garden or too undertake small tasks in the garden. Two residents have sight problems and the person in charge has sourced local news papers in audio format and has contacted the relevant support groups for assessment and advice. On the day of inspection a local drama group gave a performance to the residents. Residents' are encouraged to remain mobile and independent with a number using walking aids.

There was some evidence of institutional practices which inspectors identified as being due to staffing levels. For example, showers and baths are routinely provided on Monday and Thursday afternoons. Some residents do need assistance and one staff member at night and in the early morning would not be able to support residents with personal care.

A chiropodist attends the centre every six weeks and residents avail of this. A number of local people also attend. This takes place in a bathroom in the centre. Inspectors noted that access to a small number of residents bedroom was blocked by the people waiting to attend the chiropodist.

Outcome 8

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

Inspectors found that practice in relation to provision of end-of-life care has not been clearly developed in this setting to ensure that it is managed in a considered way. There was no policy on end-of-life care. There was a policy on the care of the deceased following death which detailed the process for verification of death, care of the deceased remains, and consultation with relatives regarding the arrangements. Relatives can request that the resident's remains can be laid out in the oratory or the resident's bedroom as opposed to being removed to a funeral home and this is facilitated.

However, there is no agreed procedure for the care of residents who may become suddenly unwell and require additional medical or palliative care support over a short period; no decisions were planned as to how the care will be provided in such an event, or alterations to staffing levels. Inspectors spoke to a GP who indicated that if a resident became very ill they would usually transfer to the acute setting as the centre is not equipped to care for a resident at this stage of life.

Inspectors reviewed the records of two residents who had passed away, one in the centre. The records stated the resident's condition had deteriorated significantly and quickly. The next of kin were consulted by the GP regarding admission to the acute setting and a decision was taken not to do so. The records indicated that there was reason for concern regarding the resident. However, no additional staffing arrangements were made which resulted in one care assistant staff left alone to care for twenty residents, and one very ill resident overnight.

This demonstrates that this significant feature of care had not been given sufficient consultation in terms of this model of care, the flexibility of the staffing arrangements and choice for resident and relatives to make in regard to their own wishes for end-of-life care. There was no evidence that discussions and planning regarding this had take place other than when the situation actually arises.

Outcome 9

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.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

The midday meal is prepared by dedicated catering staff in the kitchen for residents in the independent houses, the main house, and the community meals-on-wheels service. Inspectors observed that the food was freshly cooked, nourishing and it was a social occasion for the residents. Staff were observed to be attentive and knowledgeable in regard to the residents' preferences. Residents could arrive later for meals if they were busy at mealtimes and this was facilitated.

There is a set weekly menu and a choice available each day. Residents confirmed that if they do not like a certain food they were provided with an alternative. Regular snacks and home baking was also provided. Logs recorded by staff demonstrated that residents can and do get cups of tea or drinks as they wish during the day and nightly and residents confirmed this. The residents in the supported accommodation can shop independently and prepare their evening meal and breakfast as they wish or attend at the centre for meals.

Residents' food preferences are elicited following admission and the cook informed the inspector that this process is continual. No dietary guidelines are available for residents although the cook was aware of residents who had specific dietary requirements such as diabetics. Inspectors observed fluids and water being given to residents regularly. No weight or fluid intake monitoring charts are utilised.

4. Respecting and involving residents

Outcome 10

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.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

The contract of care for residents had been reviewed. While not all residents have yet received the revised contract most have. Inspectors found that the revised contract was clear and user-friendly, but did not outline all of the services, accommodations, responsibilities of the provider to the resident and the fees to be paid.

Outcome 11

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Systems used to consult with residents are informal and on a one-to-one basis. The person in charge stated that the residents did not wish formal forums or meetings to take place. The provider visits the centre regularly and two of the board

members also visit. These are informal arrangements however, and not utilised as a means of consulting with residents. Inspectors observed that resident's privacy was respected and staff did not intrude inappropriately on residents. There is a small room which can be used for private visits aside from the combined living/dining area. Two relatives confirmed that they use this room on visits.

Residents could exercise choice in their daily life and were observed leaving the centre, and walking around to their bedrooms as they wish. Residents confirmed that they can get up when they wish and some have breakfast early. Meals are the significant markers of routine in the day. Some residents were observed having a drink of their choice in the evening time. However, inspectors noted and the person in charge confirmed that no formal consents are sought for any interventions, taking of photographs, sharing of information, or management of finances. No advocacy service has been identified for resident who may require this.

This is a community based service and therefore it is open to people from the community to attend for meals or to be treated by the chiropodist as referred by the public health nurse.

Outcome 12

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

The residents' bedrooms contained adequate wardrobe and locker space for resident's personal clothing and belongings. Each resident has a lockable press within the wardrobe for the safe storage of valuables and the bedrooms can be locked from inside by residents. There is no inventory of residents belongings maintained however.

Residents' laundry is done on the premises and each resident has a container in the bedroom for laundry, this is itemised as is delivered to the laundry and checked off when the laundry is completed. However, inspectors noted that not all clothing was marked which risks clothing being mislaid. Residents stated that occasionally items are not returned but that they are usually located.

5. Suitable staffing

Outcome 13

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The person in charge is full-time and has overall responsibility for the management and care of residents. She is not a qualified nurse; however, she holds a social care qualification and has considerable experience in the field of social care. Residents' confirmed her presence in the centre and their ease of access to her.

The provider has appointed a staff member to assist the person in charge, share on-call duties and to deputise in her absence. This person is the senior and only dedicated care assistant and has experience in working with older persons. She completed Further Educational and Training Awards Council (FETAC) to level five. This person shares responsibility for the meals-on-wheels service as well as the operations of the centre.

The on-call arrangement is a support for staff and primarily to advise if the out-of-hours GP service is required. The night staff spoken to and the records available demonstrated that the person in charge and key senior manager on-call were quick to respond to calls from the night staff. However, this arrangement does not comply with the current regulations as the person in the role of key senior manager is not a qualified nurse.

Reporting mechanisms in place include a monthly verbal report by the person in charge to the board of directors however, there is no agreed format for the content of this report.

Outcome 14

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.

References:

Regulation 16: Staffing

Regulation 17: Training and Staff Development

Regulation 18: Recruitment

Regulation 34: Volunteers

Standard 22: Recruitment

Inspection findings

No changes have been made to the staffing levels since the regulatory monitoring inspection of 2010.

The current staffing arrangements do not satisfy the criteria as laid down in the regulations. There is no qualified nurse on duty full time in the centre. With the exception of the key senior manager all staff, with the exception of two cooks are multi-task attendants. In total there are 16 multi-task staff employed, some through FAS employment schemes. Examination of actual and planned rosters and observations indicated that the staffing levels vary throughout the day.

Some residents do require assistance with personal care and or dressing and one staff cannot undertake this task alone while also being available to residents for breakfast or other needs. There are three multi-task staff available until 15:00hrs, two until 18:00hrs and one staff member from 18:00hrs until 08:00hrs. This is not sufficient considering the size and layout of the premises and the tasks undertaken by staff. The staff supervise and administer medication to the residents in the independent housing during the evening thereby leaving the residents in the main building alone. Again duties are primarily housekeeping although inspectors observed that staff were very attentive to residents' needs during these periods.

There is no formal induction process; however, the person in charge and staff outlined a period of supernumery working and support when commencing employment. Five staff currently hold Further Education and Training Awards Council (FETAC) certificates. Inspectors found significant deficits in mandatory training however, with no training in elder abuse undertaken since 2008 and no fire safety training has taken place. Manual handling including the safe movement of residents and food safety training has taken place for staff.

Inspectors examined three staff files and found that recruitment procedures are not robust in terms of the provider requiring three written references and verifying information received. There was a student undertaking work experience at the time of the inspection and there was no information available on this person. The provider does not seek to verify whether the FAS staff employed have the required documentation.

6. Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

The main building is single story and suitable in design and lay out, with the required number of toilets and bathrooms to accommodate the number of residents, call-bells and grab-rails were provided. All bedrooms are single rooms and furnished with small double beds, wardrobes, televisions and personal belongings as residents wish and all have hand-wash basins installed.

The gardens and grounds are safe for residents use and well maintained with shrubs and flowers. There is suitable external seating to the front and rear of the premises and residents were observed using this.

The kitchen was well organised with adequate and suitable equipment provided. The provider was unable to supply the most recent environmental health officers report (EHO) however.

There was a policy on infection control and staff were observed wearing appropriate protective clothing, gloves and disposable aprons. Clinical waste was managed effectively. Staff were also able to demonstrate knowledge of good practice in the management of Methicillin Resistant *Staphylococcus Aureus* (MRSA). However, there is no sluice room facility despite a large number of commodes being used. Inspectors observed that although the facilities in the laundry room are adequate, the shelving, storage and finish require upgrading to ensure good hygiene practices. Chemicals are stored safely.

Some assistive equipment is utilised such as walking aids. No methods of restraint such as bedrails or lap belts are used in the centre. However, updating in furnishing, fittings and décor was still required. In particular, the bathroom and shower facilities are of poor standard and not conducive to use by the residents. Some curtains were poorly hung and required cleaning, some rooms did not have lamp shades.

There is only one communal room, which is the combined dining and day room. This is furnished and decorated in a homely fashion, with television and radio installed and it was adequately heated both centrally and with an open fire. However, the combined usage means some residents who are less mobile do not have a change of environment for meals and the rooms appeared crowded at such times.

A general maintenance person is employed to undertake any tasks identified. However, there is no service record available for the house alarm system or the call-bell system.

Examination of the fire safety register demonstrated that the fire management systems are not robust. No fire training has been undertaken with staff since 2007. Although two drills had been held in May 2011 and June 2011 consecutively, which included residents and staff, none had taken place since September 2010, which does not equate to the required six-monthly practices. The fire alarm, emergency lighting and fire fighting equipment is serviced annually rather than quarterly. There was a record maintained for the weekly testing of emergency lighting, but records indicated that this was in fact undertaken monthly. No daily checks of fire doors or exits is undertaken.

The fire safety systems in the premises were updated in 2009 but further work is required and has been identified by the local authority fire service who have undertaken two inspections of the premises. The works identified include the upgrading of the fire alarm system and installation of fire doors. The provider stated that they have submitted a plan to the fire officer for completion of this work. Therefore the centre is currently not in a position to provide written evidence of compliance with all the requirements of the Fire Authority.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings

** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance

Improvements required*

The Resident's Guide requires significant improvement It offers detailed information on local community amenities but only minimal information on the type of accommodation available, no information on the terms and conditions, or the complaint procedure in the centre.

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

Discreet records of all incidents or accidents were not maintained, no record of nursing care was available, medical records were not consistently available and records were not maintained in an adequate manner.

General records (Schedule 4)

Substantial compliance

Improvements required*

Adequate records of complaints and resident belongings were not maintained.

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required*

All required policies were in place. However, policies in relation to fire safety, missing residents, protection of residents and end-of-life care were not adequate.

Directory of residents

Substantial compliance

Improvements required*

Some improvements are required in the directory to include the details of the transfers of residents and the location of residents' deaths.

Staffing records

Substantial compliance

Improvements required*

Staff files did not contain the required number of written references or verification of information provided.

Medical records

Substantial compliance

Improvements required*

Medical record were not consistently available.

Insurance cover

Substantial compliance

Improvements required*

There was no evidence of insurance for residents' personal belongings or items up to the value of €1000.

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Examinations of the accident and incident records and the daily log book demonstrated that all incidents which required notification have not been forwarded to the Chief Inspector.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

The provider was aware of his responsibilities in regard to this notification and informed inspectors that the situation has not occurred to date which would require this.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, person in charge and the key senior manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

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

26 October 2011

Provider's response to inspection report*

Centre:	Gahan House
Centre ID:	0545
Date of inspection:	18 October 2011 and 19 October 2011
Date of response:	14 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 1: Statement of purpose and quality management

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

The statement of purpose was not adequately compiled.

Action required:

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

Action required:

Ensure that the service provided and the staffing levels and skill mix reflect the criteria as outlined in the statement of purpose.

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

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 will be amended as per Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	31 December 2011

Outcome 2: Reviewing and improving the quality and safety of care

2.The provider is failing to comply with a regulatory requirement in the following respect: There was no formal system implemented for reviewing the quality and safety of residents' care.	
Action required: 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.	
Reference: Health Act 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The board of management in conjunction with the management of the centre will implement a formal review system for auditing the quality and safety of care for residents at regular intervals.	1 April 2012

Outcome 3: Complaints procedures

3.The provider is failing to comply with a regulatory requirement in the following respect: The complaints procedure: <ul style="list-style-type: none"> ▪ both local and formal procedures have not been clearly outlined to residents, ▪ an adequate appeals process is not included
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- right of referral to state agencies is not included
- a register of complaints and outcomes is not maintained.

Action required:

Make each resident aware of the complaints procedure as soon as is practicable after admission and ensure that resident are regularly encouraged to speak to staff or the person in charge or the visiting board members regarding any concerns they may have.

Action required:

Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a resident's individual care plan.

Action required:

Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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:
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<p>Provider's response:</p> <p>An immediate review of the current policy and practices for making and dealing with complaints will be carried out to address the deficiencies. This review will include the right to refer complaints to state agencies and will ensure that all residents, family members and visitors are informed of the procedure to be followed should they wish to make a complaint.</p> <p>The current complaints register will also be reviewed to include both formal and informal complaints.</p>	<p>31 December 2011</p>
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Outcome 4: Safeguarding and safety

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

Policy and practice in safeguarding residents were not robust.

Action required:	
Ensure that staff have adequate training in the prevention of harm or risk of harm to residents.	
Action required:	
Put in place all reasonable measures to protect each resident from all forms of abuse taking account of the low staffing levels and formalise the role of the board of management visiting member to include monitoring of residents safety and a reporting mechanism for staff.	
Action required:	
Put in place an adequate and detailed policy and procedure for the management, prevention, detection and reporting and management of any allegations of abuse.	
Action required:	
Ensure that there is evidence of consent and agreement for the provider to directly access resident's finances or act as agent on behalf of a resident.	
Reference:	
Health Act 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: An immediate review of the policy and current practices regarding safe guarding residents will be carried out. This review will include the recording and reporting of incidents within the centre. As part of the overall staff training review the training for prevention, detection and reporting elder abuse will be prioritised. Consent for direct access to resident's finances has always been sought. Written consent was obtained for collection of pensions which was forwarded to the Department of Social and Family Affairs for their records. Additional written consent will now be sought for all aspects of dealing with resident's finances.	31 December 2011

Outcome 5: Health and safety and risk management

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

Health and safety and risk management policies and procedures require review with an emphasis on resident care, dependency levels and staffing levels.

Action required:

Put in place up-to-date written operational policies and procedures relating to the health and safety of residents, staff and visitors.

Action required:

Undertake a safety audit of the premises and remedy any deficiencies identified including but not exclusive to the inaccessible call bells.

Action required:

Put in place an adequate risk management policy detailing the issues identified in the regulations.

Action required:

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents and implement such procedures.

Action required:

Put an adequate emergency plan in place.

Action required:

Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment at suitable intervals.

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.

Action required:

Agree and comply with the works identified by the local fire authority.

Action required:	
Provide to the Chief Inspector, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.	
Reference:	
Health Act 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The board of management in conjunction with the management of the centre will undertake a safety audit by a suitably qualified person. Part of this audit will include the creation of an emergency plan, a review of the current risk management policy and review of the current practices for incident reporting. The deficiencies outlined by the fire officer in the recent fire safety report are currently being addressed. Fire safety training will be prioritised along with a review of the policy and procedures for evacuation of the premises.	1 April 2012

Outcome 6: Medication management

6. The provider is failing to comply with a regulatory requirement in the following respect:	
Medication management procedures were not inline with regulation and best practice.	
Action required:	
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.	
Reference:	
Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

Provider's response:	
The current policy and procedures for medication management will be reviewed against the regulations and best practice.	31 December 2011

Outcome 7: Health and social care needs

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

The care planning system, documentation and records did not adequately assess, monitor and review residents' healthcare needs.

Action required:

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

Action required:

Provide a high standard of evidence-based nursing practice.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident in relation to any specific condition to be assessed and treated.

Action required:

Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

Action required:

Maintain records of all health care referrals and follow-up appointments.

Reference:

- Health Act 2007
- Regulation 8: Assessment and Care Plan
- Standard 3: Consent
- Standard 10: Assessment
- Standard 11: The Resident's Care Plan
- Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>As part of the review of general care practices the development of a policy and protocols for end of life care of residents will be explored.</p> <p>The development of policies and protocols will involve discussions with residents and family members, staff, visitors and the members of Graiguenamanagh Elderly Association.</p> <p>We aim to provide person-centred care at all times including the care to be provided as residents approach the end of their lives.</p>	31 March 2011

Outcome 10: Contract for the provision of services

<p>10. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The contract of care does not outline the details of services and fees to be paid by each individual resident.</p>	
<p>Action required:</p> <p>Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of 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 currently in use will be reviewed to include more detail of the care provided in the centre. This review will also address the inclusion of fees appropriate to each aspect of care and those which are additional to the care fees.</p>	31 December 2011

Outcome 11: Residents' rights, dignity and consultation

<p>11. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no system for inclusion of residents views in the organisation of the centre</p>	
<p>Action required:</p> <p>Put in place a system to ensure that residents are consulted and involved in the running of the centre.</p>	
<p>Action required;</p> <p>Ensure that resident's consent is sought for interventions, care giving or support.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 3: Consent Standard 2: Consultation and Participation</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Residents are regularly consulted on all aspects of the day-to-day care and routines of the centre. Residents are regularly encouraged to participate in daily activities including responsibility for religious practices and other activities.</p> <p>We are currently exploring the role of an advocacy group involving volunteers from the extended community. This group would participate in representing resident's views and assist residents with tasks requiring independent/objective input.</p>	<p>1 February 2012</p>

Outcome 12: Residents' clothing and personal property and possessions

<p>12. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no inventory or record of residents' personal property and possessions maintained.</p>	
<p>Action required:</p> <p>Maintain an up-to-date record of each resident's personal property that is signed by the resident.</p>	

Reference: Health Act 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: An inventory of each resident's personal property will be drawn up in conjunction with family members and be maintained as per the regulations.	31 December 2011

Outcome 13: Suitable person in charge

13. The provider is failing to comply with a regulatory requirement in the following respect: The person in charge of the designated centre is not a registered nurse.	
Action required: Ensure that the person in charge of the designated centre 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 Standard 27: Operational Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Prior to the introduction of the Health Act 2007 the requirement for nursing staff did not exist for welfare homes as they were not classified as nursing homes. Since the introduction of the national standards and subsequent regulations in 2009, the welfare homes in some areas were classified as long-stay units for the purpose of inspection. The person in charge has a social care qualification with experience in the field of social care. The government commitment to review the Health Act 2007 has not been completed therefore the board of management will review this requirement following the completion	1 March 2012

of this review.	
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Outcome 14: Suitable staffing

<p>14. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>There is not a qualified and registered nurse on duty at all times.</p>	
<p>Action required:</p> <p>Ensure that there is an appropriately qualified registered general nurse on duty and in charge of the designated centre at all times.</p>	
<p>Action required:</p> <p>Ensure that, with regard to the assessed needs of the residents and the size and layout of the designated centre, the numbers and skill mix of staff are at all times appropriate.</p>	
<p>Action required:</p> <p>Undertake a training needs analysis and implement a programme of training for staff to enable them to provide suitable care based on the assessed and identified needs of the resident population.</p>	
<p>Action required:</p> <p>Ensure that all mandatory training including manual handling, elder abuse and fire training is undertaken within the required timeframes and maintain a schedule of training.</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>Action required:</p> <p>Supervise all staff members on an appropriate basis pertinent to their role.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

<p>Provider's response:</p> <p>As part of the review of the assessment and care planning practices the issue of appropriate dependency levels for admission and discharge for the centre will be addressed.</p> <p>Staffing levels will also be reviewed based on the outcome of this review by the general practitioners in conjunction with the person in charge and the board of management.</p> <p>Staff training requirements will be reviewed against the residents assessed needs and, along with the mandatory training, will form the basis of the staff training schedule.</p> <p>Future staff recruitment will involve the creation of a relief panel for staff shortages and covering leave. It is the intention that relief staff on the panel will have all the required documentation in place prior to employment.</p> <p>As the review of the Health Act 2007 has not been completed the board of management will review the requirements for 24-hour nursing care on a monthly basis.</p>	<p>1 April 2012</p>
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Outcome 15: Safe and suitable premises

<p>15. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Some alterations to the premises and systems are required.</p>
<p>Action required:</p> <p>Provide adequate sitting, recreational and dining space separate to the residents' private accommodation.</p>
<p>Action required:</p> <p>Provide necessary sluicing facilities.</p>
<p>Action required:</p> <p>Upgrade the bathrooms and shower facilities.</p>
<p>Action required:</p> <p>Undertake a review of furnishing and fittings and maintenance of the premises.</p>

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: The management and board members acknowledge the need to address the deficiencies in the fixtures and furnishings of the centre. As a community based charity we are cognisant of funding shortages in state agencies balanced with the need to meet quality standards. New fundraising initiatives are being launched to secure the funding to make the changes required under the national standards/inspection report.	1 April 2012

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

16. The provider is failing to comply with a regulatory requirement in the following respect: All required records were not maintained and some were not maintained in a manner so as to ensure completeness, ease of retrieval of information, accuracy and confidentiality.
Action required: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.
Action required: Maintain, in a safe and accessible place, a record of the medical, nursing and where appropriate, psychiatric condition in respect of each resident at the time of admission.
Action required: Maintain, in a safe and accessible place, a medical record in respect of each resident with details of investigations made, diagnoses and treatment given, and a record of all drugs and medicines prescribed, signed and dated by a medical practitioner.

Action required:	
Maintain a detailed record of any plans relating to a resident in respect of medical care, specialist healthcare or nutrition.	
Action required:	
Provide documentary evidence that insurance purchased includes the required arrangements for event of loss of damage to residents' property.	
Action required:	
Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Reference:	
<ul style="list-style-type: none"> Health Act 2007 Regulation 22: Maintenance of Records Regulation 25: Medical Records Regulation 26: Insurance Cover Regulation 9: Health Care Standard 32: Register and Residents' Records Standard 13: Healthcare Standard 15: Medication Monitoring and Review Standard 11: The Resident's Care Plan 	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The current records as outlined in Schedule 3 and 4 will be reviewed to ensure completeness, accuracy and ease of retrieval.</p> <p>The maintenance of medical and nursing records will be reviewed and addressed by the general practitioners in conjunction with the person in charge and the board of management.</p> <p>The directory of residents currently in use will be reviewed to include the deficiencies outlined during the inspection report.</p> <p>The insurance cover will be amended to include the cover for one item per resident to the value of €1,000.</p>	<p>1 March 2012</p> <p>31 December 2011</p> <p>31 December 2012</p> <p>31 December 2021</p>

Outcome 17: Notification of incidents

<p>17. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>All incidents requiring notification were not forwarded to the Authority as required.</p>	
<p>Action required:</p> <p>Maintain a record of all incidents occurring in the designated centre.</p>	
<p>Action required:</p> <p>Give notice to the Chief Inspector without delay of the occurrence in the designated centre of:</p> <ul style="list-style-type: none"> ▪ any outbreaks of infectious disease ▪ any serious injury to a resident ▪ any unexplained absence of a resident from the designated centre ▪ any allegation, suspected or confirmed abuse of any resident. 	
<p>Reference:</p> <p>Health Act 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Some incidents requiring notification have been reported to the Chief Inspector; however, we acknowledge that regular returns need to be made in order to meet the requirements under the Health Act 2007.</p> <p>Arrangements will be put in place to make the required returns to the Chief Inspector as per the Standards/regulations.</p>	<p>31 December 2011</p>

Any comments the provider may wish to make:

Provider's response:

Gahan House was set up in 1989 by the people in the community of Graiguenamanagh and the surrounding areas. The aim of the initial project was to provide adequate accommodation to people within the community who needed support in caring for themselves. Graiguenamanagh Elderly Association is a community based charity providing services to the elderly people in the community.

It was never the intention that nursing care would be provided on a 24-hour basis, rather that the medical and nursing needs would be met by the public health nurse and their own GP as if they were at home.

The legislation underpinning the *National Quality Standards for Residential Centres for Older People in Ireland* says that we are required to meet the same standards as those in nursing homes. Yet the legislation underpinning the Fair Deal Nursing Home Support Scheme says that we are not a nursing home. Therefore we are not entitled to the funding given to nursing homes to provide nursing care.

The care and support provided to residents in Gahan House is intended to enhance the quality of life of each resident and to counteract the loneliness and social isolation of elderly people living alone. We also provide meals on wheels service to those in the community and aim to extend our services to other areas in the future. We will endeavour to continue to meet these needs for the elderly people in our community in a warm and friendly environment putting the elderly person at the centre of all our efforts.

Provider's name:

Graiguenamanagh Elderly Association (represented by Nicholas O'Carroll)

Date: 14 November 2011