

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

<b>Centre name:</b>	Padre Pio House Nursing Home
<b>Centre ID:</b>	0266
<b>Centre address:</b>	Churchtown
	Mallow
	Co Cork
<b>Telephone number:</b>	022-23789
<b>Email address:</b>	shane@padrepiohouse.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Inishan Nursing Homes Co Ltd
<b>Person authorised to act on behalf of the provider:</b>	Shane McCabe
<b>Person in charge:</b>	Mary McCabe
<b>Date of inspection:</b>	18 June 2013
<b>Time inspection took place:</b>	<b>Start:</b> 08:40hrs <b>Completion:</b> 16:40hrs
<b>Lead inspector:</b>	Ann O'Connor
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under **a maximum of 18 outcome statements**. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**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 inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with regulations and standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

<b>Outcome 1:</b> Statement of Purpose	<input checked="" type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input checked="" type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input checked="" type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input checked="" type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input checked="" type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input checked="" type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input checked="" type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input checked="" type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place in one day. As part of the monitoring inspection, inspector met with the provider, person in charge, residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, statement of purpose, contracts, accident logs, complaints, selection of policies and procedures and staff files.

This was the fourth inspection of Padre Pio by the Health Information and Quality Authority (the Authority).

The provider and person in charge were proactive in their response to the actions required from the previous inspection carried out in August 2012 and the inspector viewed a number of improvements during the inspection which are discussed throughout the report.

The inspector found the premises, fittings and grounds were of a high standard, were clean and well maintained. There was a good standard of décor throughout. The building development of a new kitchen, laundry and staff facilities are at an advanced stage and to be completed within a six week timeframe. Two port-cabins are currently being used as a temporary kitchen and laundry.

Two extra sitting rooms, a sun room and 14 new single bedrooms with en suite facilities are also being developed at present. The provider was aware of his obligation to apply to the Authority for a variation of conditions relating to any increase in the number of residents cared for in the centre. The building development on site had no adverse affect on the residents as it was well screened off from the remainder of the centre.

Overall there was a good standard of person-centred care and staff training was of a high standard. The collective feedback from residents was one of satisfaction with the service and care provided. There was a wide variety of social and recreational activities which are aimed to suit individual interests based on the needs of the resident. This was seen by the inspector to be enjoyed by the residents.

Some improvements are required to comply 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*.

These improvements included:

- elder abuse training
- recording of complaints
- staff files.

**Section 41(1)(c) of the Health Act 2007**

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

**Theme: Governance, Leadership and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

**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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The statement of purpose and function was viewed by the inspector, it described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole-time equivalents. It also described the aims, objectives and ethos of the centre. The facilities, management structure and services provided were set out and other relevant information provided. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. The statement of purpose was found to meet the legislative requirements for the current registration.

**Outcome 2**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector examined the contracts of care and found them to be comprehensive, were agreed within a month of new admissions and they stipulated details of the service provided and the fee to be paid and what was included and excluded from that fee.

**Outcome 3**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The person in charge is an experienced nurse and manager who has continued to develop and embrace the role of person in charge and was aware of her accountability and responsibility. She was fully involved in the day-to-day running of the centre and met with staff and residents on a daily basis and was found to be greatly committed to improving the service and quality of care for the residents.

Staff and residents identified both the person in charge and provider as the ones with the authority and responsibility for the service, and said they could go to either with any issue.

**Outcome 5**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed 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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

There has been no periods where the person in charge was absent from the centre for 28 days and there had been no change to the person in charge since the last inspection. The provider was aware of his obligation to inform the Chief Inspector if there is any proposed absence. The provider notified the Authority when the Clinical Nurse Manager (CNM) resigned her post. The provider has been proactive in advertising for a replacement. In the meantime a senior staff nurse is allocated to cover any leave that the person in charge may have until a suitable CNM is appointed.

**Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The training records viewed by the inspector showed that staff received ongoing elder abuse training. However, one member of staff had not received this training. Staff interviewed informed the inspector that they had viewed the Health Service Executive (HSE) DVD on elder abuse and understood clearly their responsibilities.

They were aware of what to do if an allegation of abuse was made to them and told the inspector there was a policy of no tolerance to any form of abuse in the centre. There has been no allegation of abuse in the centre.

Arrangements were in place for the management of residents' finances for those that did not have capacity to manage it themselves. The inspector saw that transactions were signed and witnessed. A yearly audit of the resident's finances is carried out by external auditors.

**Outcome 7**

*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

**Outstanding action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

## Inspection findings

There were systems in place for reviewing and improving the quality and safety of care provided to residents regarding assistance with mobilisation. Footrests were in place on wheelchairs and staff had received training in the correct use of footrests and was seen to be part of their manual handling training. Measures were in place to safeguard against accidents and promote independence such as hand-rails on both sides of corridors, good storage of equipment and appropriate safe floor coverings.

Staff had also received training on infection prevention and control which was seen to have heightened their awareness of infection control through-out the centre. The inspector observed staff abiding by best practice in infection control and staff spoken with had a clear understanding of steps to be taken to control risks.

There were up to date centre-specific policies and procedures in relation to health and safety. The risk management policy was in line with the regulations and contained a risk management plan with associated checklist which was the responsibility of the maintenance person. He is also responsible for the exterior and internal environment.

The fire policy and procedure was centre-specific and up to date with regular fire training and evacuation drills provided to staff. There were notices for staff on "what to do in the event of a fire" appropriately placed throughout the centre and staff were aware of this procedure. The fire alarms, extinguishers, hoses, emergency lightening and exits were all checked and serviced regularly and records reviewed showed that these checks and services were up to date.

### **Outcome 8**

*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

### **Outstanding action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

## Inspection findings

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents, updated in May 2013. Controlled drugs and medication management were maintained as per professional guidelines and legislation.

Medication management practices observed demonstrated an adherence to appropriate professional guidelines. Appropriate procedures were in place for the handling and disposal for unused and out-of-date medicines.

There has been a change in the pharmacy service since the previous inspection, a new system of medication administration "tosho system" has been introduced, for example; medications are distributed in individual sachets with the name of resident, date, time, and name of drugs on each pouch. Staff nurses indicated their satisfaction with this system and stated that there were no errors/near misses since its introduction.

Medication audits were carried out by the pharmacist on the 4 June 2013. These included:

- ordering, receiving and storage of medication
- temperature controlled medicines
- controlled medication
- disposal of medication
- dressings
- information and training
- kardex medication system
- emergency stock.

Recommendations for improvement were made and put into practice, for example:

- improvements in the disposal of the tosho sachets to comply with residents' confidentiality
- improvements in regard to the records of all medication leaving the centre either returns to pharmacy or to residents' leaving the centre.

The inspector observed the nurse undertaking a medication round. The practice of checking, dispensing, and recording of the drugs administered was in line with current legislation. Photographic identification for residents was present. A copy of An Bord Altranais medication guidelines was readily available. The medication trolley was secured in a new clinical room and keys were held by the nurse on duty.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 11**

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

**Outstanding action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

On the previous inspection, it was obvious that a lot of work was done on care plans to ensure the information accrued was resident-centred, however, it was found that when a resident's condition changed, the plan of care lacked detail and a care plan identified no nutritional assessment carried out on a resident with poor nutritional intake.

On this inspection a selection of care plans was examined by the inspector. Each care plan contained comprehensive assessment which fully reflective the assessed needs of each resident. Clinical care accorded with evidence-based practice. Residents received regular checks of their weight, blood pressure and pulse. Following the last inspection, nutritional assessments were carried out when required and it was noted that improvements were documented in weight monitoring, for example, one resident who had shown signs of weight loss, a nutritional assessment was carried out, food supplements were introduced into the diet which resulted in weight gain and maintenance.

Individual care plans were revised following regular review at least three monthly. The centre had assigned a nurse to specifically update care plans. All care plans had either residents' signature or their next-of-kin to indicate their care plan was discussed with them.

The centre accommodates 40 residents; there was one empty bed on the day of inspection. The residents' assessed needs varied from maximum to low dependency levels.

Bedrails by night were the only form of restraint used. There was documented evidence regarding assessments for bedrails and the least restrictive method used which included assessment of the resident as well as the environment aspect. Consent is obtained from the resident and evidence of discussion with their next of kin especially in the case of those with cognitive impairment.

Residents were provided with the services of the general practitioner (GP) of their choice and the ability to maintain their own GP wherever possible. Residents received a full review of all their medical care, bloods were taken frequently and their medication was reviewed. This was documented on the drug card and in the medical notes. "South Doc" was accessed for out-of-hour's service. Residents commended the medical care available in the centre.

Physiotherapy service is available on a private basis. The chiropodist attends the centre every four weeks or more often if required and the hairdresser visits weekly, these are funded by the resident.

Dental services and optical assessments were undertaken on residents in-house when required. Dietetic services and advice were provided by a nutritional company.

Activities were an integral part of the day. Residents are given every opportunity to avail of a variety of outings as the centre has their own minibus. The activity coordinator completes a social assessment for each resident which includes interests, hobbies and past lifestyle. Activities were planned from this information which is signed by residents. The centre has two enclosed gardens which fully enhance outdoor activities. Residents are given the opportunity to plant and tend flowers and vegetables from seeds in a large poly-tunnel with paving, seating and heating to enable residents to venture outside during inclement weather.

**Theme: Person-centred care and support**

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

**Outcome 13**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

There was a written operational policy and procedure for making, handling and investigating complaints from any person about any aspect of the care or service provided. A synopsis of the complaints procedure was on display at the main reception.

The provider and person in charge conveyed a good understanding of the purpose of a complaints procedure. However, in practice, there was no record of complaints since March 2012. The person in charge indicated that most complaints/concerns were dealt with immediately. Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*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

Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

**Outstanding action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented, however, another action was found.

## **Inspection findings**

On the previous inspection staff files were examined and it was found that the file on the most recent employee recruited did not contain satisfactory information and documents specified in Schedule 2 in regard to references, verification of references and relevant qualifications.

On this inspection a selection of staff files were examined and while all references, verification of references and relevant qualifications were in place, there was one file that did not contain proof of the person's identify, including a recent photograph and a copy of the person's birth certificate as required by Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The Authority had been notified in advance of inspection that the CNM had resigned from her post. The provider outlined their recruitment practice and stated that the full time post was advertised and they were waiting for a suitable candidate to apply. In the meantime a senior nurse was covering any leave that the person in charge might avail of.

The inspector was confident that the number of staff on duty, taking the skill-mix into consideration met the needs of all residents both by day and night. This was also confirmed by residents that were interviewed.

Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. There was a clear management structure and staff were aware of the reporting mechanisms. Staff demonstrated a clear understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents and reported a high level of training provided to them.

Training records seen by the inspector confirmed the provision of a continuing increased level of appropriate training to staff both in-house and externally and showed a number of staff have undertaken the following training since the last inspection:

- manual handling
- fire training

- hand hygiene
- infection control
- elder abuse
- challenging behaviour
- dementia training including communication
- CPR
- cleaning management system
- Sonas therapy.

As previously stated under Outcome 6, one staff member did not have up-to-date elder abuse training.

Staff appraisal was at an introduction stage in that all completed forms on self appraisal had been submitted to the provider and person in charge. The provider stated that meetings with individual staff will be held over the coming weeks. Staff meetings with management were held both formally and informally, however, these minutes were not documented.

The inspector attended the morning hand over report from the senior nurse to the care assistants, this gave a very informative overview of the needs, care and welfare of each resident. There was good interaction between all members of staff.

All nurses' relevant current registration status with An Bord Altanais was seen by the inspector.

### Closing the visit

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

### Acknowledgements

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

### *Report compiled by:*

Ann O'Connor  
Inspector Manager  
Registration Directorate  
Health Information and Quality Authority

19 June 2013

## Health Information and Quality Authority Regulation Directorate

### Action Plan



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

### Provider's response to inspection report

<b>Centre Name:</b>	Padre Pio Nursing Home
<b>Centre ID:</b>	0266
<b>Date of inspection:</b>	18 June 2013
<b>Date of response:</b>	4 July 2013

### 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 6: Safeguarding and safety***

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

One member of staff had not received training in the prevention, detection and response to abuse.

#### **Action required:**

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

#### **Reference:**

Health Act, 2007  
Regulation 6: General Welfare and Protection  
Standard 8: Protection

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  This has now been scheduled.	31 July 2013

**Theme: Safe care and support**

***Outcome 13: Complaints procedure***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>	
No complaints had been documented since 20 March 2012.	
<b>Action required:</b>	
Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.	
<b>Action required:</b>	
Ensure that all complaints and the results of any investigations into the matters complained and any action taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	
<b>Reference:</b>	
Health Act, 2007 Regulation 39: Complaints Procedure Standard 6: Complaints	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  A new bound register of complaints will record all complaints however minor.	31 July 2013

**Theme: Workforce**

***Outcome 18: Suitable staffing***

**The provider has failed or is failing to comply with a regulatory requirement in the following respect:**

One staff file did not contain proof of identity, including a recent photograph.

**Action required:**

Put in place recruitment procedures to ensure no staff member is employed unless full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

**Reference:**

Health Act 2007  
Regulation 18: Recruitment  
Standard 22: Recruitment

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

**Time scale**

Provider's response:

This has been obtained.

4 July 2013