Community Nursing Unit Ballymote

Nazareth House Management Ltd

Ballymote, Co Sligo

071 9183195



Statement of Purpose

Reviewed: August 2018

**Introduction**

This Statement of Purpose & Function Information Booklet is a requirement under The Health Act 2007 & The Care & Welfare Regulations 2013 & The Registration of Designated Centres for Older Persons Regulations 2009. No amendment can be made to the Statement of Purpose without prior consultation and approval of Health Information and Quality Authority.

**Aims**

The aim of Nazareth House Management and Ballymote Community Nursing Unit is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes the health and wellbeing of residents.

**Objectives**

The objectives of Ballymote Community Nursing Unit are:

* to provide a high standard of person centred nursing care in accordance with evidence based best practice:
* to provide a living environment that as far as possible replicates resident’s previous life-style:
* to ensure that residents live in a comfortable clean and safe environment

**Ethos**

The ethos of Nazareth House Management is distinguished by the Core Values of the organisation: *Justice, Patience, Hospitality, Compassion, Love and Respect.* This philosophy of care involves every member of the caring team in a common aim to improve the quality of life of each resident.

**Mission Statement;**

Our mission in Ballymote Community Nursing unit is to provide holistic, supportive care in a friendly, respectful, homely environment

1. **Registration Details:**

Registration - Centre ID No.: OSV-0000330

Registration Number: REG-0032164

Date of Registration: 14th October 2017

Expiry of Registration: 13th October 2020

1. **Designated Centre**

**Name:**  Ballymote Community Nursing Unit

**Address:** Ballymote,

Co. Sligo.

**Phone number:** 00 353 (0) 71 918 3195

**Fax:**  00 353 (0) 71 918 3944

**Email address:**  [lindanaz@eircom.net](mailto:lindanaz@eircom.net)

**Website:** sistersofnazareth.com/Ireland

1. **Registered Provider and Person in Charge**

**Registered Provider:** **Nazareth House Management Ltd**

Nazareth House

Church Hill

Sligo

**Phone:** 071 918 0900

**Nominated Person on**

**behalf of the Registered**

**Provider:**  John O’Mahoney

Regional CEO

Nazareth House

Malahide Road

Dublin 3

Phone: 01 833 8205 / 087 2549 893

Email: john.omahoney@nazarethcare.com

**Person in Charge:** Mrs Linda Hannon.

**Director of Services**

Ballymote CNU.

Ballymote,

Co Sligo.

Phone: 00 353 (0) 71 918 3195

Email: [lindanaz@eircom.net](mailto:lindanaz@eircom.net)

**Acting Person in Charge from 13/08/2018 due to Maternity Leave**

Mrs Laura Flately Beirne

CNM11

Ballymote CNU

Phone: 0719183195

Email: Laura.Beirne@nazarethcare.com

1. **Conditions of Registration:**
2. The designated centre Community Nursing Unit Ballymote shall be operated at all times in compliance with the Health Act 2007 as amended from time to time.
3. The designated centre Community Nursing Unit Ballymote shall be operated at all times in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 (as amended, consolidated, restated or replaced from time to time) and in compliance with all other regulations made under the Health Act 2007 as amended from time to time.
4. The designated centre Community Nursing Unit Ballymote shall be operated at all times in compliance with the National Standards for Residential Care Settings for Older People in Ireland (as amended, consolidated, restated or replaced from time to time) and in compliance with all other standards made under the Health Act 2007 and as the Chief Inspector may notify to the registered provider from time to time.
5. The designated centre Community Nursing Unit Ballymote shall be operated at all times in compliance with all other legislation, regulations and standards which are applicable to it including, but not limited to, such enactments which appear to the Chief Inspector to be relevant and which are cited to the registered provider in writing by the Chief Inspector.
6. Subject to any prohibitions or restrictions contained in any other condition(s), the designated centre Community Nursing Unit Ballymote shall be operated at all times in accordance with and shall provide only the services set out in its Statement of Purpose dated June 2016, as delivered and amended from time to time in accordance with article 5 of the Health Act 2007 (Care and Welfare of Residents In Designated Centres for Older People) Regulations 2013 (S.I. No. 415/2013) (as amended, consolidated, restated or replaced from time to time).
7. No person under the age of 18 years of age shall be accommodated at the designated centre Community Nursing Unit Ballymote at any time.
8. The maximum number of persons that may be accommodated at the designated centre Community Nursing Unit Ballymote is 24.
9. The Physical environment in the designated centre Ballymote Community Nursing Unit must be reconfigured as outlined in the plans submitted to the Chief Inspector on 14th December 2017. This reconfiguration must be completed by 30th September 2019.
10. In the interim and until the ten single bedroom extension is completed in March 2019, only short term respite and convalescing residents will be admitted to the multiple occupancy rooms in the centre.

Other Relevant Enactments:

Under section 50 of the Act, the Chief Inspector is citing the following enactments, and any regulations made thereunder, as relevant to this application for registration:

Criminal Justice (Theft and Fraud Offences) Act, 2001;

Fire services Act 1981;

Safety, Health and Welfare at Work Acts, 1989 and 2005;

Misuse of Drugs Acts, 1977 and 1984;

Nurses Act, 1985;

Nursing Homes Act, 1990, as amended;

Nursing Homes Support Scheme Act, 2009;

Regulation (EC) No 852/2004 - Hygiene of Foodstuffs and associated Irish Legislation

1. **Names and positions of other persons participating in the management of the designated centre:**

**Deputy Nurse in Charge:**

Laura Flately Beirne CNM11

Mary Doddy ACNM11

1. **Names and position of persons participating in the reporting structure of the designated centre** – Nazareth House Management Limited – Board of Directors:

Sister Cora McHale Chairperson & Regional Superior

Sister Cornelia Walsh Director

Sister Margaret Gibbons Director

John Gatward Director

Sister Mary Ann Monaghan Superior General,

Sisters of Nazareth, worldwide Congregation

Mr Kevin Barnes CEO worldwide organisation

1. **Maximum number of residents who can be accommodated:**

The maximum number of residents who can be accommodated in the designated centre is: **24**

1. **Maximum number of residents who will be accommodated:**

The maximum number of residents who will be accommodated in the designated centre is: **24**

1. **Total Staffing complement:**

The total staffing complement, in whole time equivalents, for the designated centre, with the management and nursing complements given by grade is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Position** | Whole Time Equivalents | Number of Staff employed |
|  |  | *at November 2017* |  |
| Summary: | Management | 1.0 | 1 |
|  | Deputy Nurse Manager | 1.0 | 1 |
|  | Nursing | 5.1 | 7 |
|  | Health Care Assistants | 12.5 | 16 |
|  | Housekeeping & Laundry | 1.5 | 2 |
|  | Catering | 0.8 | 1 |
|  | Catering by Aramark | 2.6 | 3 |
|  | Administration | 0.2 | 1 |
|  | Maintenance | 0.2 | 1 |
|  |  |  |  |
| Total | Total | 24.9 | 33 |
|  |  |  |  |

1. **Organisation Structure:**

The Nazareth House Management and Ballymote Organisation structure at November 2017 is in Appendix 1

1. **Age Range and Sex of the Residents:**

Ballymote Community Nursing Unit provides accommodation for people, male and female, over the age of 18 years.

1. **Range of care needs to be met:**

The range of care needs provided by the designated centre are designed to meet the physical, cognitive, social occupational, psychological and spiritual needs of residents over 18 years of age admitted to the centre. Care services are provided on a long term basis or short term respite/convalescence basis to residents whose level of need and dependency may be deemed low/medium/high or maximum category. The range of care services provided for each resident are assessed on individual basis and reflect the changes in level of need as time progresses right up to and including holistic end of life care.

1. **Type of nursing care to be provided:**

The types of nursing care to be provided by the designated centre are professional medical services for dependent residents with serious illness or disabilities. We provide a 24 hour nursing care service, seven days a week, including general, long term, respite, dementia and palliative end of life nursing. All nurses are registered with An Bord Altranais (Nursing Board) and hold either registered general nurse or psychiatric and mental health qualifications. The person in charge ensures the promotion of high standards through continuous professional education, training and practice and professional conduct among nurses thus ensuring the protection of residents.

1. **Admission criteria to the designated centre:**

Admissions for long term care to Ballymote Community Nursing Unit shall normally be planned. The centre has a written Admission Policy and Procedures in place.

**In the interim and until the ten (10) single bedroom extension is completed in March 2019, only short term respite and convalescing residents will be admitted to the multiple occupancy rooms in the centre.**

In the cases of long term care, the person-in-charge ensures that the prospective resident and/or his/her family or representative is invited to visit the residential care setting before he/she makes a decision to stay. Emergency admissions are avoided where possible. The opportunity to meet with other residents during a visit is facilitated.

The prospective resident is given the opportunity to have an appointed member of staff meet him/her in his/her own home or current accommodation, to further discuss and plan for the transition into long term care.

The designated centre ensures that information is available to the prospective resident and/or his/her family or representative in a format and language that suits his/her communication requirements.

The designated centre produces a Guide for Residents which is clearly written and is made available in an accessible format to each prospective resident.

The prospective resident and/or his/her family or representative are informed of all fees payable including charges for activities and services that may have additional costs. The prospective resident will be given a ‘Contract of Care’.

Each prospective resident will have his/her needs assessed prior to moving into the residential care setting, a full assessment upon admission, and subsequently as required to reflect changes in need and circumstances during his/her period in residence.

The designated centre retains the right not to accept admission of a prospective resident following assessment.

**Pre-admission**

All necessary information relating to the long term residents’ health, personal and social care needs is obtained prior to admission. In the case of emergency admissions, this information is obtained as soon as possible after admission and no later than 48 hours.

There are protocols in place to ensure appropriate continuity of care. These ensure that information concerning the resident’s circumstances, medication, treatment and/or ongoing support by medical and other professionals is provided to the person-in-charge.

The resident is admitted to the designated centre following a comprehensive assessment of his/her health, personal and social care needs, undertaken by appropriate professionals trained to do so. This includes any prospective resident making private arrangements for admission to the residential care setting. The resident participates in and contributes to the assessment, with the support of a family member or representative in accordance with his/her wishes.

**On and subsequent to admission**

A general risk assessment is carried out and recorded upon admission to the designated centre. This is reviewed on a three monthly basis and more frequently if the needs of the resident require it.

A comprehensive assessment of the residents’ health, personal and social care needs, using a Minimum Data Set tool, is completed within seven days of his/ her admission or sooner if the risk assessment indicates. This assessment is reviewed as indicated by the resident’s changing needs or circumstances and no less frequently than at three-monthly intervals.

Assessment findings are communicated to the resident or representative and to his/her family in accordance with his/her wishes.

Persons under the age of 18 years are not accommodated in the centre.

**Emergency admissions**

Emergency admissions for long term care are avoided where possible. An emergency admission is an admission that is unplanned, unprepared or not consented to in advance.

In the case of emergency admissions, all necessary information relating to the resident’s health, personal and social care needs is obtained as soon as possible after admission and no later than 48 hours. Protocols are in place to ensure appropriate continuity of care. These ensure that information concerning the resident’s circumstances, medication, treatment and/or ongoing support by medical and other professionals is provided to the person-in-charge. The resident participates in and contributes to the assessment, with the support of a family member or representative in accordance with his/her wishes.

1. **Arrangements for social activities, hobbies and leisure interests:**

In order to enhance the care provided and enable residents to fulfil their personal, social and psychological needs the following services and activities are provided by the designated centre. In conjunction with our Residents, their families and their key link staff, an individualised purposeful and meaningful person centred activity plan is developed for each resident.

Music groups are encouraged to visit Ballymote CNU regularly and provide entertainment for the residents. Seasonal craft sessions are provided and the local library facilitates the unit with a block book lending service. Daily newspapers are delivered to the Unit. We also have a travelling farm which visits the Unit regular. Volunteer singers, musicians and dancers provide music and dance sessions. Children and their teachers from the local schools visit at Christmas time and put on a nativity play or sing carols. Birthdays are celebrated by agreement with the residents. Residents are encouraged to go out for day trips arranged by the centre or on weekends with family or friends or to the pub for a drink if their condition permits. The staff on the unit use every opportunity to help the residents remain included in the community by helping to maintain their social and cultural links.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service/ Facility/ Activity** | **Frequency** | **Frequency & Accessibility** | **Fees** |
| Hairdresser | Monday – 10.00 hrs – 15.00 hrs | Weekly | Fees apply  Price List in Contract of Care |
| Chiropodist | Contacted as required | Monthly | Fees apply  Price List in Contract of Care |
| Dentist | As required |  | Medical card/private |
| Optician | As required |  | Medical card/private |
| Physiotherapist  Physiotherapist HSE | On referral | On Referral | Provided  Medical card/private |
| Mass/ religious service | Daily Rosary  Monthly Confession  Monthly Sacrament of the Sick  Daily Holy Communion | No restrictions |  |
| Occupational Therapist | On referral | On referral | No fees apply |
| Sing-along  Games and Activities  Sonas  Reminiscence Therapy  Physical Exercises  Pet Therapy  Hand Massage  Mobility Exercises  Residents Outings  Music/Singing  Birthday parties |  | Weekly  Weekly  Weekly  Weekly  Twice Weekly  Fortnightly  Weekly  Weekly  Weather Permitting  Monthly | No fees apply |
| Walks outside | Weather Permitting |  |  |
| Bingo |  | Weekly |  |
| Mobile Library | Block Book Lending Service | All times | No charge |

1. **Arrangements made for consultation with and participation of residents, in the operation of the designated centre:**

The arrangements made for consultation with residents about the operation of the designated centre are: The person-in-charge facilitates an in-house residents’ representative group for feedback, consultation and improvement on all matters affecting the residents. The group meet at least every month. At least one nominated person acts as an advocate for people with dementia/cognitive impairment. Issues raised by the residents’ representative group are acknowledged, responded to and recorded, including the actions taken in response to issues raised. Feedback is actively sought from the resident on an on-going basis on the services provided. The minutes of these meetings are circulated and displayed on the notice board. Resident’s families are invited to the Resident’s meetings.

There is a suggestion box located prominently in the reception area

1. **Fire precautions and associated emergency procedures:**

The registered provider ensures that adequate precautions are taken against the risk of fire, including effective means of escape and evacuation, arrangements for detecting, containing and extinguishing fires and maintenance of firefighting equipment.

The centre has a Fire Safety policy and procedure which is communicated to all staff on commencement of employment and at least annually thereafter.

There is an up-to-date fire management plan (including management of fire safety equipment and conducting fire drills) that is revised and actioned when necessary and whenever the fire risk changes. This includes the maintenance and checking of physical fire precautions in accordance with relevant legislation and manufacturers and installers guidance. The areas covered under maintenance includes annual fire equipment maintenance, weekly fire alarm checks, quarterly emergency lighting checks, fire exit checks, staff training, fire drills and evacuation procedures.

Each staff on commencing employment, and at least once a year thereafter, undertakes training in fire safety and evacuation. A record of fire safety and evacuation training is maintained.

Arrangements are in place to ensure that all staff and as far as possible, all residents know the procedure to be followed in the case of fire. Fire drills take place at least twice a year.

The registered provider ensures that emergency lighting is provided.

The registered provider ensures that there is written confirmation that all statutory requirements relating to fire safety and these standards are complied with.

The number of staff on duty at night time takes into account fire safety requirements to ensure the safety of residents in the event of fire.

The building complies with the requirements of fire safety legislation and relevant building regulations.

In the absence of the person in charge, a nurse is always nominated to take control of the situation should a fire start.

The person-in-charge ensures that all significant events including accidents, injuries, dangerous occurrences and incidents of fire are recorded.

1. **Arrangements for residents to attend religious services of their choice:**

Each resident is facilitated to exercise his/her religious right in accordance with his/her wishes. The centre has a policy that acknowledges the rights of the resident. The policy sets out the manner in which the resident is informed of and facilitated in the exercise of his/her rights. The resident is facilitated to observe or abstain from religious practice in accordance with his/her wishes.

All resident’s religious beliefs and values are respected and accommodated within the routines of daily living in the centre.

A chapel in which religious activities can take place is made available to all residents at all times.

The Rosary and Holy Communion is provided daily to our residents.

Mass is celebrated on the first Friday of each month and on special feast days.

The Church of Ireland Minister is also available if required for his members.

Arrangements for other denominations will be accommodated on request.

1. **Arrangements made for contact between residents and their relatives, friends and/or carers:**

A visitor’s room is provided by the centre for residents to meet with visitors in private.

Residents are encouraged to have visitors at the centre as frequently as possible. We encourage Open Visiting. In the event of a Resident being unwell the Centre is more flexible about these arrangements. All visitors are expected to sign in and out of the nursing home and to utilise the alcohol hand sanitizers that are located at each exit door.

Residents have access to a cordless house phone. Full access to postal facilities is available, social inclusion e.g. voting is encouraged and provided when required.

Relatives are encouraged to attend resident’s special events such as birthday parties, and any other special event the centre organises from time to time.

The centre encourages families to visit on a regular basis, and may contribute to the care if they wish such as at mealtimes. Nazareth House reserves the right to impose restrictions on visiting arrangements where the visit or time of visit is deemed to pose a risk or where the resident requests restrictions.

1. **Arrangements made for dealing with complaints:**

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.

The designated centre provides an environment that is conducive to residents, staff, family, advocates or representatives, and visitors being able to raise issues and make suggestions and complaints (verbally or in writing) in a spirit of openness and partnership and without fear of adverse consequences.

In the first instance, issues of concern to the resident, his/her family and/or representative are addressed immediately at local level and recorded in the Complaints Book and also in the resident’s notes (if applicable).

There is a clear complaints procedure in an accessible format and prominently displayed in the centre that outlines how to make a complaint:

1. Speak to any member of staff who will endeavour to resolve the matter for you as quickly as possible.
2. If the staff member is unable to resolve the matter to your satisfaction please ask to speak to the Nurse in Charge of the Unit.
3. The Nurse in Charge will listen and take all the relevant details of your complaint. If she is unable to resolve the matter to your satisfaction, she will refer the matter to the Complaints Officer/Director of Services – Linda Hannon.
4. Alternatively you are welcome to Contact Linda Hannon directly either by calling to her office on the ground floor or contacting her through the numbers/email given below. She will meet with you, do a full investigation of your complaint and keep you informed until all matters have been resolved to your satisfaction.
5. The complainant has the right to appeal the outcome of the complaint to the Chairperson of the Management committee Sr Cora McHale. If you are not satisfied with the management of your complaint you can contact independent resident advocate Phil Cunningham.
6. Sage: Support and Advocacy Service for Older People.
7. If you have complained to us and you’re not satisfied with our decision on your complaint it is open to you to contact the Office of the Ombudsman. The Ombudsman provides an impartial, independent and free service. By law the Ombudsman can examine complaints about any of our administrative actions or procedures as well as delays or inaction in our dealings with you. The Ombudsman’s remit relates to complaints about actions which occur on or after 24 August 2015. The Ombudsman cannot examine complaints about actions which occurred before that date with the exception of complaints from residents eligible to complain under “Your Service Your Say” (Residents whose place is provided under a contract with the HSE).

**List of Contacts to assist you**

|  |  |  |
| --- | --- | --- |
| **Complaints Officer Director of Nursing** | **Linda Hannon** | **0719183195**  **lindanaz@eircom.net** |
| **Independent Resident Advocate** | **Phil Cunningham** | **0719183196** |
| **Support &Advocacy Services for Older People** | **Sage** | **1850719400** |
| **The Ombudsman Office** | **18 Lower Leeson Street Dublin 2** | **1890223930 / 01-6395600**  **Email; ombudsman@ombudsman.gov.ie** |
| **HSE “Your Say Your Service”** |  | **1890 424 555**  **Email: yoursay@hse.ie** |

1. **Arrangements made for dealing with reviews of the resident’s plan referred to**

**in Regulation 5:**

The person in charge (Director of Services) ensures each resident’s needs are set out in an individual care plan developed and agreed with each resident or representative.

The Director of Nursing / Clinical Nurse Manager will:

(a) make the resident’s care plan available to the resident or their representative;

(b) keep the resident’s care plan under formal review as required by the resident’s changing needs or circumstances and no less frequent than at four-monthly intervals;

(c) revise the resident’s care plan, after consultation with them or their representative and

(d) notify the resident of any review.

(e) The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

All information pertaining to residents will be stored securely to promote the confidentiality of the record. All breaches of this security shall be investigated. Where the resident is no longer in the residential home, their record shall be stored in a secure location for the period of seven years.

1. **The facilities provided to meet the care needs in the designated centre:**

The floor plan of the designated centre is set out in ***Appendix A***

|  |  |
| --- | --- |
|  | **Number** |
| **Type of Bedrooms** |  |
| Single bedrooms | 2 |
| Multi - Occupancy bedrooms - ensuite | 4 |
| Double Room - ensuite | 3 |
| **Other facilities:** |  |
| Dining Room | 1 |
| Sitting room | 2 |
| Oratory | 1 |
| Realtives meeting room | 1 |
| Laundry | 1 |
| Clinic room | 1 |
| Assisted shower room | 2 |
| Sluice room | 1 |
| Medical Equipment | 1 |
| Kitchen | 1 |
| Store rooms | 4 |
| Staff room & toilets | 2 |
| Office & nurse’s station | 2 |

***Appendix A*** shows the floor plans after refurbishment works which were completed on 15th December 2017.

***Appendix B*** shows the floor plans of the extension in three phases:

* Phase 1 & 1A – Completed March 2019 – 10 single bedrooms
* Phase 2 – completion of 2 single rooms and 2 twin rooms
* Phase 3 – September 2019 - completion of sitting room & oratory extension.

1. **Specific Therapeutic techniques used in the designated centre:**

The centre does not have specific therapeutic techniques.

1. **Respecting the privacy and dignity of residents:**

Arrangements are in place to ensure that the resident’s privacy, dignity and modesty are respected at all times, and with particular regard to:

* maintaining social contacts to the extent to which the resident wishes to do so
* allowing the resident spend time alone, in accordance with his/her wishes
* expressions of intimacy and sexuality
* wearing his/her own clothing
* dressing and undressing
* being assisted to eat and drink
* consultations with advocates, social care and other professionals
* examinations by health care professionals
* personal care-giving
* circumstances where confidential and/or sensitive information is being discussed (including details of medical condition or treatment)
* entering bedrooms, toilets and bathrooms
* care received prior to and at the time of death

The centre ensures that the resident receives enhanced support at times of acute distress in a manner that takes account of his/her particular needs and preferences.

Staff demonstrate their respect for the dignity, modesty and privacy of the resident:

* through their general demeanour
* through the manner in which they address and communicate with the resident
* through their appearance and dress
* by avoiding ageist, racist, sexist or other inappropriate comments or jokes
* through discretion when discussing the resident’s medical condition or

treatment needs

It is understood that lapses are unacceptable, even when staff are working under pressure.

The resident has access to a telephone for use in private. Any circumstances in which restrictions on the use of the telephone are imposed are agreed with the resident and recorded.

The resident receives his/her mail promptly. The resident’s privacy is respected in relation to his/her mail.

Where the resident shares a room, the screening ensures that his/her privacy is not compromised when personal care is being given.

The resident’s permission is sought before any person enters his/her room/private space.

The resident’s individual choices relating to his/her preferred term of address are respected.

1. **Arrangements made where the Person in Charge is absent from the centre**

In the event where the Person in Charge is absent from the centre, Mary Doddy – Senior Nurse/ Acting Clinical Nurse Manager takes responsibility for the centre. In the event of both the person in charge and the Acting Clinical Nurse Manager being absent from the centre the Senior Staff Nurse on duty takes responsibility for the centre.

The Nazareth House policy is that each centre is managed only by its own individual person in charge.

1. **Separate facilities for day care:**

The centre operates a day care service for members of the community who have been referred by their G.P or Public Health Nurse. This service runs five days a week and caters for up to twenty clients per day. The services provided in day care include assistance with hygiene needs, nutritional needs, health promotion, nursing care, wound care, spiritual care and social activity. People who attend the day service are provided with their meals within the day care unit. Residents who are living in the unit can participate in activities at the day care unit if they so wish.

**List of key policies that inform practice in the residential centre**.†

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***No.*** | ***Policy*** | | | | | | | | | |
| 1 | The prevention, detection and response to abuse; | | | | | | | | | |
| 2 | Admissions; | | | | | | | | | |
| 3 | Management of behaviour that is challenging; | | | | | | | | | |
| 4 | The use of restraint; | | | | | | | | | |
| 5 | Residents’ personal property, personal finances and possessions; | | | | | | | | | |
| 6 | Communication; | | | | | | | | | |
| 7 | End of life care; | | | | | | | | | |
| 8 | Staff training and development; | | | | | | | | | |
| 9 | Recruitment, selection and vetting of staff; | | | | | | | | | |
| 10 | Monitoring and documentation of nutritional intake; | | | | | | | | | |
| 11 | Provision of information to residents; | | | | | | | | | |
| 12 | The creation of, access to, retention of and destruction of records; | | | | | | | | | |
| 13 | Temporary absence and discharge of residents; | | | | | | | | | |
| 14 | Health and safety of residents, staff and visitors (including infection control and food safety); | | | | | | | | | |
| 15 | Risk management; | | | | | | | | | |
| 16 | Responding to emergencies; | | | | | | | | | |
| 17 | Fire safety management; | | | | | | | | | |
| 18 | The ordering, receipt, prescribing, storing and administration of medicines to residents; | | | | | | | | | |
| 19 | The handling and disposal of unused or out of date medicines; | | | | | | | | | |
| 20 | The handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre. | | | | | | | | | |
|  | ***OTHER KEY POLICIES*** | |  |  | |  | | |  |  |
| 1 | Admission, Assessment & Care Planning | | |  | |  | | |  |  |
| 2 | Privacy & Dignity | |  |  | |  | | |  |  |
| 3 | Infection Control |  |  |  |  | |  |  | | |
| 4 | Confidentiality |  |  |  | |  | | |  |  |
| 5 | Restraint Policy |  |  |  | |  | | |  |  |
| 6 | Falls Policy |  |  |  | |  | | |  |  |
| 7 | Wound Care Management |  |  |  | |  | | |  |  |
| 8 | CCTV |  |  |  | |  | | |  |  |

**Schedule 5 Policies and procedures maintained in the designated centre:**

Appendix 1 Organisational chart for the BCN Unit

**Community Nursing Unit, Ballymote Organisation Chart 2017**

**Nazareth House Management**

Registered Provider

Board of Directors.

John O’ Mahoney

Provider Nominee

**Linda Hannon**

P.I.C./D.O.S

Pastoral Care/ Advocacy

Housekeeping

Clerical Admin

Catering Staff

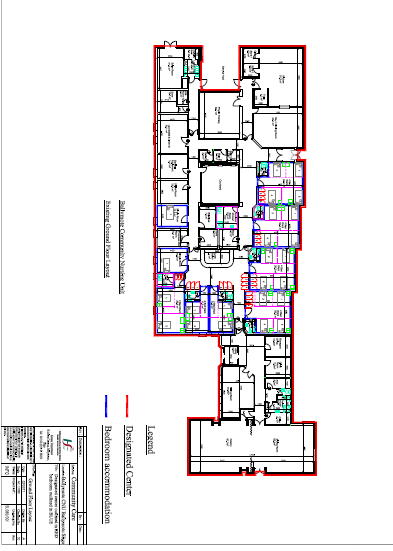
Maintenance Staff

Care Assistants

Nursing Staff

|  |
| --- |
| **SCHEDULE 1 of S.I. No. 415/2013 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.** |
| *Regulation 3* |
| INFORMATION TO BE INCLUDED IN THE STATEMENT OF PURPOSE: |
| **Registration details** |
| 1. The information set out in the Certificate of Registration. |
| **Services and Facilities Provided in the Designated Centre** |
| 2. Information regarding the following: |
| (*a*) the aims and objectives of the designated centre; |
| (*b*) the specific care needs that the designated centre is intended to meet; |
| (*c*) the facilities which are to be provided by the registered provider to meet those care needs; |
| (*d*) the services which are to be provided by the registered provider to meet those care needs; |
| (*e*) criteria used for admission to the designated centre, including the designated centre’s policy and procedures (if any) for emergency admissions. |
|  |
| 3. The age-range and sex of the residents for whom it is intended that accommodation should be provided. |
| 4. A description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function. |
| 5. Any separate facilities for day care. |
| **Management and Staffing** |
| 6. The total staffing complement, in whole time equivalents, for the designated centre with the management and nursing complements as required in Regulations 14 and 15. |
| 7. The organisational structure of the designated centre. |
| 8. Arrangements for the management of a designated centre where the person in charge is in charge of more than one centre or absent from the centre or centres concerned. |
| **Residents’ wellbeing and safety** |
| 9. The arrangements made for dealing with reviews of the resident’s care plan referred to in Regulation 5. |
| 10. Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision. |
| 11. The arrangements made for respecting the privacy and dignity of residents. |
| 12. The arrangements for residents to engage in social activities, hobbies and leisure interests. |
| 13. The arrangements made for consultation with, and participation of, residents in the operation of the designated centre. |
| 14. The arrangements made for residents to attend religious services of their choice. |
| 15. The arrangements made for contact between residents and their relatives, friends and/or carers. |
| 16. The arrangements made for dealing with complaints. |
| 17. The fire precautions and associated emergency procedures in the designated centre. |

**Appendix A**



**Appendix B**

