Dear Sir or Madam,

The Health Service Executive Nursing Homes Inspection Team inspected St Joseph’s Nursing Home, Mount Sackville, Chapelizod, Dublin 20 from 10.00 to 16.00 on 07/02/2007. This inspection was routine and unannounced. A second follow up visit took place on 23rd February 2007.

There were twenty eight residents (28) on this date. The Nursing Home is currently fully registered for thirty (30) residents.

Issues identified in previous Inspection Report date 14/06/06
The following:
  • Articles have been satisfactorily addressed, 19.1

The following issues require your attention and action.

**Article 12**
The registered proprietor and the Person in Charge of the Nursing Home shall:

(a) take precautions against the risk of accidents to any dependent person in the nursing home and in the grounds of the nursing home

**Issue**
No radiator protective cover on the radiator in room 37.

**Required Action**
A radiator protective cover to be place on the radiator in room 37 to reduce to risk of injury as the resident in this room has her bed against the radiator.

**Timescale**
To be in place by 09/04/07.

**Article 5**
The registered proprietor and the person in charge shall ensure that there is provided for dependent person maintained in a nursing home.

(c) Appropriate medical care by a medical practitioner of the person’s choice or acceptable to the person.

**Issue**
Following review of the medical notes it was evident that it is not practice that all residents are medically reviewed on a scheduled basis. A number of residents had no entry in their medical notes as to when they were last seen and examined by the medical practitioner.

**Required action**
Implement a policy whereby all residents will be reviewed on a scheduled basis in line with best practice.

**Timescale**

The Chairperson of the Inspection Teams to be notified in writing on or before the above dates the steps taken by the nursing home to carry out the actions as required under the regulations.

Signed:

___________________    _____________________
Designated Officer/ Chairperson    Designated Officer

Copy to: Person-in-Charge, St Joseph’s Nursing Home