

The Village Residence	POLICY NO:	
	Date reviewed	February 2011 Revised Feb 2013 Revised August 2014 May 2017 May 2020, August 2020, Sept 2023
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Policy on Consultation with Residents and Families		

Policy on Consultation with Residents and Families.	
Developed by: Director of Nursing Office and Clinical Nurse Managers	Date Developed: Revised February 2011 and again Feb 2013, May 2017, May 2020, Sept 2023
Developed By: Nursing Department.	Date Approved: February 2011, February 2013, August 2014, May 2017, May 2020, Sept 2023
Implementation Date: April 2009 February 2011 and again Feb 2013, May 2017, May 2020, Sept 2023	Review Date: Sept 2026.
Policy Reference Number: HIQA Schedule 5 Communication	No. of Pages: 7
Status of the Policy: Final	

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What is communication?

In The Village Residence communication is understood as a two way process. A Total Communication approach is used in The Village Residence. All forms of communication are equally valued, respected and used.

It is important that communication is clear to:

1. Give people what they need, when they need it. People's information needs evolve in a crisis and communicating what is happening also needs to change.
2. Have different forms of information can help residents and staff to feel safe, cope mentally, and provide a sense of stability.
3. Communicate clearly, simply, frequently. Focus on keeping residents and staff safe and healthy. Then repeat, repeat, repeat.
4. Be honest with residents and staff about where things stand, don't be afraid to show vulnerability, and maintain transparency to build loyalty and lead more effectively.
5. Revitalize resilience and reinforce the positives and strengthen the centre's sense of community and being in this together.
6. Assurance in that this crisis will end.
7. Help people make sense of all that has happened.
8. Establish a clear vision, for how the centre and residents and staff will emerge.
9. Work within national guidance to create a new normal.
10. Always make time for residents and families and ensure that all telephones are answered in a timely manner. If the situation is busy, respectfully tell the person that you will ring them back.
11. Ensure that visits are planned and that the visiting diary is used on epicCare

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12.Ensure that residents have their wishes respected in relation to visits and respect that all residents can decline any visitor

13.Make visitors feel welcome and make visitors feel safe.

14.Communicate through your actions a safe environment.

Visits may take place in a resident's room if a single room. Safeguarding concerns must be prioritised in relation to all visits and visits in residents bedrooms must be with the expressed permission of the nurse on duty. However in multi occupancy rooms visits will continue outside if weather permits or in the allocated area on each unit. Social distance must be maintained at all times.

Organised outings by bus or car can now be facilitated once the person in charge ensures that there are no identified risks. Where residents go for a drive, it is important that social distance is maintained. Good hand hygiene will be necessary during and after the outing. A child will be facilitated to visit if a child is accompanied by an adult and is able to tolerate the wearing of masks and is able to undertake hand hygiene.

The resident's right to decline a visitor will be respected at all times.

All visitors including professional visitors, contractors, delivery personnel and managers of services for older people must all have full checks undertaken prior to entering any part of the Centre.

Policy on Consultation with Residents and Families. Terms of Reference

The Village Residence

1.0. The National Quality Standards for Residential Care Settings for Older people in Ireland outlines that:

"The person in charge facilitates the establishment of an in-house residents' representative

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group for feedback, consultation and improvement on all matters

Affecting the residents. 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".

This section of the HIQA Standards is regulated under Schedule One of the 2009 Regulations.

Part Two of the 2013 Regulations require that 3. (1) The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1. This must be available and be made available for all residents and visitors to the centre.

(4) The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

(5) A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.

Section 13 of the care and welfare Regulations 2013 state that:

(c) the family and friends of the resident concerned are, with the resident's consent, informed of the resident's condition, and permitted to be with the resident and suitable facilities are provided for such persons,

Part 7 of the 2013 regulations state that:

(d) There is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section

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8 of the Act and approved by the Minister under section 10 of the Act;

(e) The review referred to in subparagraph (d) is prepared in consultation with residents and their families; and

(f) That a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.

Part 7 refers to the Contract for provision of services. Specifically 24 (1) and 24 (2) outlines the consultation to take place in relation to the contract of care.

24. (1) The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms on which that resident shall reside in that centre.

(2) The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of—

(a) the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned,

(b) the fees, if any, to be charged for such services,

(c) where appropriate, the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies, or

(d) any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.

Part 10 of the 2013 Regulations outline in Section 34, consultation in relation to complaints.

34. (1) The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall—

(a) make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned,

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- (b) display a copy of the complaints procedure in a prominent position in the designated centre,
- (c) nominate a person who is not involved in the matter the subject of the complaint to deal with complaints,
- (d) investigate all complaints promptly,
- (e) assist a complainant to understand the complaints procedure,
- (f) ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied,
- (g) Inform the complainant promptly of the outcome of their complaint and details of the appeals process,
- (h) Put in place any measures required for improvement in response to a complaint.

2.0. In addition The Commission for Patient Safety and Quality Assurance outline that 'robust and validated patient and public involvement should be a requirement for all health care oversight, scrutiny, quality control and other accountability mechanisms' (Commission on Patient Safety and Quality Assurance, 2008, R4.4),

Service users and members of the public should be involved in the work of Health Service Providers in order:

- **To promote openness and transparency** by enabling the public to review service quality and be directly involved in the development of rules and standards;
- **To act as a safety solution** so that health and social services can learn from the experiences of service users, carers and others, particularly as it relates to adverse events;
- **To improve the quality of regulated services** by ensuring that services are sensitive to the needs and preferences of service users and the public;

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There is a requirement of all Health regulators including the Irish Nursing Board, namely An Bord Altranais that consultation and involvement of residents and relatives is of utmost importance.