

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Cahercalla Community Hospital & Hospice
<b>Centre ID:</b>	0444
<b>Centre address:</b>	Cahercalla Road
	Ennis, Co. Clare
<b>Telephone number:</b>	065 6824388
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<b>Type of centre:</b>	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered providers:</b>	Cahercalla Community Hospital Ltd.
<b>Person in charge:</b>	Rose Collins
<b>Date of inspection:</b>	5 October 2011
<b>Time inspection took place:</b>	<b>Start:</b> 11:00 hrs <b>Completion:</b> 16:30 hrs
<b>Lead inspector:</b>	Finbarr Colfer
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

Cahercalla Community Hospital and Hospice is an old three-storey building with five separate units and was formerly a convent of the St. John of God Nuns. The Nuns set up the nursing home in the 1960s and it was purchased by a voluntary community group in 1995. The building evolved over the years with extensions being added in the 1960s, the 1980s and in 2008. A new temporary unit for 20 residents and a temporary building for the kitchen had been added to the rear of the building while major refurbishment work is being completed on the main building.

It has 116 residential places for residents over 65 and there were 106 residents at the time of inspection. Some residents had dementia related conditions. The majority of the residents were in receipt of long-term care and some residents were receiving short-term convalescent or respite care. The building also has a separate hospice unit with five beds, and an outpatient and surgical day service, which provides services such as oral and gastroenterology clinics to the community and residents.

There is a porch at the entrance with a small sitting room leading off it. This sitting room is used for residents' activities. A set of double doors beyond the porch lead to a large hallway with a reception office. Three corridors and a stairs lead off from the entrance hallway to the five residential units. The entrance doors are fitted with numerical key pads and CCTV cameras are provided at all entrances and on the main corridors ensuring additional security and safety for residents.

The building is divided into five separate units, each of which has a ward manager. These areas are known as the Ground Floor Unit, the Ground Floor Garden Wing, the First Floor Garden Wing, St. Joseph's and the Sacred Heart Unit. Each unit has a small day room, a sluice room and a fully equipped kitchen. The ground floor, St. Joseph's and the Sacred Heart Unit are in the older original building and the Garden Wings were added in 2008. There are two lifts serving all floors in the building. The residents of the Sacred Heart Unit are to move to the temporary building while refurbishment works are being completed.

The Ground Floor Unit has 24 residential places. There are ten single rooms with wash-hand basins. One shared bedroom has four beds and three wash-hand basins, a toilet and a shower room. A five-bedded room has two wash-hand basins and a toilet. Another five-bedded room has three wash-hand basins and two toilets. There are five additional toilets, four wash-hand basins, a shower and a bathroom in this unit.

The Ground Floor Garden Wing has 19 residential places. There are three twin bedrooms with en suite toilet, wash-hand basin and shower, thirteen single bedrooms with toilet, wash-hand basin and shower en suite and a treatment room on this unit.

The First Floor Garden Wing has two twin rooms and 17 single rooms. All rooms have en suite toilet, wash-hand basin and shower. There is also a large bathroom with assisted bath, toilet, wash-hand basin and bidet in this unit.

St Joseph’s Unit has 33 residential places, 11 of these are single rooms with a wash-hand basin and one is a single room with an en suite wash-hand basin, shower and toilet. There is one twin bedroom with a wash-hand basin. There are five three-bedded rooms, one of which has one wash-hand basin and two have two wash-hand basins. There is one four-bedded room with two wash-hand basins, a toilet and a bath. The unit has an additional seven toilets, six wash-hand basins, two baths and one shower.

Sacred Heart Unit is on the second floor and has 24 residential places. It has one single en suite room with a toilet, wash-hand basin and a bath. There are 10 single rooms with wash-hand basins, one twin bedroom with a wash-hand basin, two three-bedded rooms with two wash-hand basins in each and one five-bedded room with two wash-hand basins, a toilet and a bath. There are also five additional toilets, four wash-hand basins, two showers and one bath on this unit.

There is a large church where residents and the local community attend daily mass. The centre is set in 13 acres of well maintained gardens bordered by mature trees. There are two enclosed garden areas for residents’ use.

There is adequate parking for staff and visitors in the grounds of the centre.

**Location**

Cahercalla Nursing Home is located in a residential area on the outskirts of Ennis, Co. Clare, about a mile from the town centre.

<b>Date centre was first established:</b>	1995
<b>Number of residents on the date of inspection:</b>	106
<b>Number of vacancies on the date of inspection:</b>	10

Dependency level of current residents	Max	High	Medium	Low
Number of residents: Ground Floor	5	5	7	5
Number of residents: St Joseph's	12	6	7	4
Number of residents: Sacred Heart	7	6	6	1
Number of residents: Garden Wing Ground	5	1	5	4
Number of residents: Garden Wing 1 <sup>st</sup> Floor	2	3	5	10

### Management structure

Cahercalla Community Hospital Limited is a voluntary organisation with a Board of Directors. The nominated contact person is the Secretary to the Board, Paula O'Halloran, who is also the General Manager. The Person in Charge is Rose Collins, who was on leave at the time of the inspection. Her duties were being covered by Orla Hurley, Ward Manager of Sacred Heart Unit. The Person in Charge reports to Paula O'Halloran, as does the Catering Manager, the Facilities Manager, the Quality and Safety Administrator, and the Fundraising Manager. The nurses and care assistants report to their Ward Managers who in turn report to the Person in Charge. The Activity Coordinator also reports to the Person in Charge. Catering staff report to the Catering Manager. Administration, accounts and reception staff report to the General Manager.

## Background

This was the second inspection of Cahercalla Nursing Home Ltd and was an unannounced, follow up inspection. The first inspection was on 19 and 20 May 2010 and the report can be found on [www.hiqa.ie](http://www.hiqa.ie).

The previous inspection had been a registration inspection and significant issues in relation to the environment and compliance with statutory fire and building control regulations were identified. The registration process was stopped to allow the provider to undertake works to address these non compliance issues.

While areas of good practice were identified on the previous inspection, inspectors also identified thirteen areas where the provider was not meeting the requirements of the Regulations, including care, governance and environmental issues.

Prior to this inspection, the provider informed the Authority that a major redevelopment and refurbishment of the old part of the existing building was to take place. To facilitate this, the provider arranged for the construction of a temporary building to the rear of the existing building and intended to move 20 residents to this area.

## Summary of findings from this inspection

During this inspection, the inspector reviewed the new temporary building, plans for the transfer of residents to the new building and also reviewed progress on the Action Plan from the previous inspection. The falls management processes and the management of behaviour that challenges were also reviewed.

The inspector found that the new temporary building was of a good standard and that the needs of residents had been prioritised in plans for the transfer of residents to the new unit.

Actions relating to the physical environment had not been completed, but a major building and refurbishment project was underway to address these areas of non compliance.

Of the thirteen actions from the previous inspection, the provider and person in charge had fully completed six of them, including actions on medication management, choice at meal times, waste management, staff documentation, contract of care and a process for deciding staffing levels.

Improvements had been achieved in actions relating to care plans and the provision of meaningful activities and opportunities for social engagement for all residents. However, further improvements were required in these areas.

The provider had not adequately addressed actions relating to restraint management, the emergency plan and the complaints process. In addition, while reviewing the care planning process, the inspector found that improvements were also required in the management of behaviour that challenges.

These issues are discussed further in the body of the report and outstanding areas of non compliance are included in the Action Plan at the end of the report.

## **Issues covered on inspection**

### **Provision of new, temporary building**

The provider had informed the Authority that 20 residents were to move into a temporary building while repairs and major refurbishment works were being carried out on the existing building. The temporary building was to be used for the duration of the project which was estimated to take about 18 months. The inspector viewed the new, temporary unit and spoke with the nurse manager, the provider, residents and relatives about the proposed move.

The temporary unit was a prefabricated building which connected to the ground floor of the existing building through a short corridor. The inspector found that the quality of the temporary structure was of a good standard, the unit was bright and warm throughout, and was of a better quality than the current unit residents were residing in.

The new unit had four bedrooms that contained three beds. Each bedroom had a spacious en suite with a shower, toilet and wash-hand basin. Each resident had their own cupboard for clothing and other belongings and there were screening curtains around each bed area to provide privacy. There was a light and call bell at each bed.

There were eight single bedrooms, each with a wash-hand basin and a large wardrobe. There were an additional two toilets in the unit and an assisted shower room with wash-hand basin. There was an accessible visitors' toilet with a wash-hand basin and a shower.

The unit also had a day room and a nurses' station. There was a cleaners' room, a store room for assistive equipment and a clean linen store room. A kitchenette was in the process of being fitted out at the time of inspection.

The inspector visited the Sacred Heart Unit and met residents who were due to move to the new unit. The inspector found that the provider and person in charge had consulted with residents about the move. The inspector reviewed minutes of the August meeting of the service users' forum. The minutes included a record of a detailed discussion about the new temporary unit and the plans for the refurbishment of the existing building. The minutes included questions by residents about such things as the room layouts and how the temperature would be managed in the new unit.

The inspector spoke with residents and relatives. They were aware of the plans to move to the new unit. Some stated that they were happy to make the move and others stated that they would prefer not to move, that they liked the unit they were in, but that they understood that they needed to move so that essential repairs could be carried out. Residents and relatives told the inspector that the provider and staff had discussed the move to the new unit with them and had shown them photographs of the new rooms. They stated that if they had a problem after the move, they felt comfortable discussing it with the unit manager.

The provider was mindful of the needs of residents following the move. As well as discussing the move with residents, the person in charge was moving the staff that residents knew and were familiar with to the temporary unit. One of the residents in particular had been identified as being at risk of becoming disorientated and possibly agitated as a result of the move. If she did not settle in the temporary unit, the provider had kept a room in another unit that she could move to which was very similar to her current bedroom.

Risk assessments had been carried out for the new temporary unit and a letter from a competent person confirming substantial compliance with fire and building control regulations had been submitted to the Authority. Residents were not being moved to the temporary unit until an independent fire officer confirmed that the fire precautions were sufficient. It was hoped that the unit would be ready for occupation within a few days of the inspection visit.

### **Falls Management**

The inspector reviewed the incidents of falls in the centre and the falls management arrangements. The inspector found that the provider and person in charge were being proactive in managing falls but that some improvements were required around care planning for falls. The inspector reviewed a sample of care plans and found that a validated assessment tool was being used to assess the risk of falls. Care plans had been developed for most residents at risk of falls. Records indicated that incidents that had occurred were responded to promptly and medical intervention had been obtained where appropriate. The Authority had been informed about notifiable incidents.

However, one resident who was assessed as having a medium risk of falls did not have a corresponding care plan to prevent falls. The inspector discussed another resident with the unit manager. The number of falls that this resident experienced had been reduced by promoting the proper use of a walking aid. This information had been included in a review sheet for care plans but the resident's care plan had not been updated to reflect these new arrangements.

The provider was collecting information on falls throughout the hospital and this information was presented to the monthly Quality and Safety Committee Meeting. The inspector reviewed the most recent incident/near miss report and the minutes of the committee meeting. The report provided a detailed analysis of the location of falls, the times and a narrative attachment containing details of each fall and any other incidents. The minutes of the meeting indicated that a discussion had taken place on the report but did not indicate whether any learning had taken place to inform actions that would reduce the incidents of falls. The information in the incident/near miss report was primarily on a hospital wide basis and may have assisted learning more effectively if it was made available at unit level also.

## **Actions reviewed on inspection:**

### **1. Action required from previous inspection:**

Put appropriate and suitable practices and written operational policies in place relating to the ordering, prescribing, storing and administration of medicines to residents.

This action had been completed.

The inspector read the medication management policy. It had been reviewed following the previous inspection and now included directions for medication transcribing, use of medications administered as required (PRN), use of injection and medication review procedures.

In addition, the person in charge had arranged for medication management training for nurses by a pharmacist and which was specific to the centre. The inspector reviewed the certificates provided to nurses following the training and they outlined a comprehensive range of medication management processes. Nurses were in the process of completing competency questionnaires. The provider stated that this would be an annual process.

### **2. Action required from previous inspection:**

Put a process in place to ensure that restraint is only used as a last resort, is only used after an appropriate assessment and that there is a record of any occasion on which restraint is used, the nature of the restraint and its duration.

This action had not been completed.

The inspector read the policy on the use of restraint and found that it did not provide adequate direction to staff on the management of such equipment as bedrails and lap belts.

The inspector reviewed the care plans of three residents who used bedrails. A nurse had completed a tick-box type form which indicated the reason for using the bedrail. However, there was no assessment of the risk associated with using the bedrails. There was no evidence that other options to the use of bedrails had been explored.

### **3. Action required from previous inspection:**

Provide each resident with opportunities to participate in meaningful activities appropriate to his or her interests and capacities.

This action had been partially completed.

The provider had employed an activities coordinator following the previous inspection. The inspector interviewed the activities coordinator and reviewed some of his records. He had previously worked with another organisation developing social opportunities for older people living in the community. He also had Further Education and Training Awards Council (FETAC) Level 5 training.

Following his appointment, he had spent time meeting residents in the units and getting to know them. He had used the information from residents and a questionnaire with relatives to plan a variety of activities. He stated that he liked to change the activity schedule regularly to maintain interest for residents. He showed the inspector photographs of such events as knitting circles, card playing and art classes. He had organised a Galway Races Day in the centre with a prize for the best dressed woman and best dressed man. He had arranged a 'Rose of Cahercalla' night where staff members dressed up and were interviewed and residents voted on the winner. This had taken place in the church so that the event could be relayed on the television to residents who were unable to attend in person.

The activities coordinator and the person in charge had recruited volunteers to spend time with residents. Volunteers had been interviewed and had to provide three references before commencing. The provider had also sought Garda Síochána Vetting for volunteers. Volunteers did not have their roles and responsibilities set out in a written agreement, as required by the Regulations.

The previous inspection report found that activities and opportunity for social engagement were particularly poor for residents with a cognitive impairment. The activities coordinator had not developed opportunities for these residents. The provider stated that the needs of these residents had not yet been addressed. There were no plans to research best practice in engaging with residents who have dementia and implementing this throughout the centre.

#### **4. Action required from previous inspection:**

Make adequate arrangements for the proper disposal of swabs, soiled dressings, instruments, disposable syringes and sheets, incontinence wear and other similar substances and materials.

This action had been completed

The inspector reviewed arrangements for the disposal of clinical waste. During the previous inspection, waste was being removed from each unit at times which increased the risk of harm. Since then, the provider had changed the arrangements for the removal of waste from each unit and it was no longer being transported to the waste skips during meal times. The inspector also saw contracts with an external company which confirmed that arrangements were in place for the safe disposal of clinical waste.

**5. Action required from previous inspection:**

Provide adequate storage facilities for equipment and lockable storage for residents.

Provide and maintain external grounds which are suitable for, and safe for use by residents.

Provide the necessary sluicing facilities.

This action had been partially completed.

The provider had made lockable storage facilities available to residents in their bedrooms for storing their personal valuables. Some additional storage areas for equipment had also been provided in the new temporary building.

A new sluice room was also provided in the temporary building and the existing sluice rooms in the old part of the building had been fitted with locks.

Work had commenced on a major refurbishment of the centre which included the provision of additional storage areas for equipment and the up grading of sluicing facilities. External gardens that are safe for use by all residents would also be provided. The provider stated that this work was due for completion by the end of 2012.

**6. Action required from previous inspection:**

Provide handrails on both sides of the stair cases.

This action had not been completed.

The additional handrails had not been installed and the provider stated that they would be installed as part of the refurbishment of the building.

Handrails had not been provided in the corridors and most of the bathrooms in the temporary building. The provider stated that they would be installed.

**7. Action required from previous inspection:**

Put arrangements in place to ensure that all persons working in the centre are suitable and fit to work in the centre.

This action had been completed.

In the previous inspection, Garda Síochána Vetting had not been obtained for cleaning staff. The provider showed the inspector a folder with the Garda Síochána Vetting forms for all cleaning staff. The inspector viewed the file of another recently recruited staff member and confirmed that all of the required documentation had been obtained.

#### **8. Action required from previous inspection:**

Set out each resident's health, social and personal needs in an individual care plan developed and agreed with each resident.

The quality of care plans had improved since the previous inspection, but further improvements were required.

All residents had a care plan and the inspector reviewed a sample of the care plans. Each care plan was in a well organised folder and information could be accessed easily. Residents had been asked to sign the end of each care plan to indicate that they had been consulted about it, and where residents were unable to sign, a note was made to say that the care plan had been discussed with the resident and/or their representative. The care plans were written in a very respectful manner, referring to residents by the name they preferred to be called.

The inspector reviewed the care plan for a resident who had been assessed as being at risk of pressure ulcers. The care plan contained directions for the prevention of pressure sores and the resident had not developed any. The inspector spoke with a nurse who knew the contents of the care plan and was able to explain the preventative measures clearly.

Care plans were based on validated assessment tools, and most assessments and care plans were reviewed every three months. Some had not been reviewed within the three month period required. An additional sheet recorded the three-monthly reviews of the care plans. However, some information had not been transferred from the review sheet to the care plan to ensure that the care plan provided up-to-date direction to staff on the delivery of care. Other care plans were no longer relevant. For example, one resident had a specific condition which had been resolved over a year ago. The care plan continued to be included in her folder and signed off as reviewed every three months.

Some residents presented with behaviours that challenge. The inspector reviewed the care plans for one of those residents. There had been no behaviour assessment and there was no care plan providing direction to staff on the most appropriate response to incidents. The nurse described some of the behaviours and how she responded. None of this information was reflected in the resident's care plan. The inspector reviewed the centre's policy on behaviour management and found that it required staff to use behaviour charts and monitoring logs. However, these had not been put in place.

**9. Action required from previous inspection:**

Offer choice at each mealtime that is varied and takes account of any special dietary requirements and is consistent with each resident's individual needs.

This action had been completed.

The inspector found that residents had a wide variety of choice at meal times. Each resident was provided with a laminated menu card in their rooms. A 'special' dish was available for lunch and tea each day but residents could choose any meal they wished from the extensive menu. The inspector reviewed a sample of the dinner orders to the kitchen. Breaded chicken was the special on one of the days. While most of the residents ordered the special, the inspector saw orders for other meals such as bacon and cabbage, trout, salmon, pork chop and lamb chop. These had all been provided.

Breakfasts were prepared by staff in each unit and the choice included porridge, cereals, boiled eggs, toast and juices. The provider stated that if a resident wished to have a cooked breakfast, the kitchen would be informed and it would be provided.

Snacks, sandwiches and hot and cold drinks were available in the kitchenette in each unit and residents told the inspector that they could have a snack anytime they wished.

**10. Action required from previous inspection:**

Put an emergency plan in place for responding to emergencies and ensure staff are familiar with it.

This action needed further improvement.

The inspector reviewed the emergency plan and found that it provided detailed guidelines on responding to a range of emergencies such as power outage, fire and violent incidents. It clearly outlined the responsibilities of staff and management. However, it did not include any arrangements in the event of an emergency which required the full evacuation of the premises.

**11. Action required from previous inspection:**

Provide all residents with a contract that deals with the care and welfare of the resident in the centre and includes details of the services to be provided and the fees to be charged.

This action had been completed

The provider stated that all residents had a contract of care. The inspector viewed a sample of residents' files and read their contracts of care. The contracts included an additional schedule which set out the fees to be charged, the services included in the fees and services that were available at an additional fee.

**12. Action required from previous inspection:**

Identify and include an independent appeals process in the complaints procedures.

This action had not been completed.

The inspector reviewed the complaints procedures which were posted in the corridor of each unit. The Authority was incorrectly included as the independent appeals process. The Authority does not perform this function and the provider had not identified an appeals process which was independent of the complaints process.

**13. Action required from previous inspection:**

Put a process in place to ensure that the staffing levels and skill mix of staff are appropriate to the assessed needs of residents and the size and layout of the building.

This action had been completed.

The provider and nurse manager stated that the person in charge met with unit managers on a weekly basis to review staffing levels. Staffing levels were adjusted based on the needs of residents in each unit. When the person in charge was absent, one of the unit managers covered for her and an additional nurse was deployed to cover the unit manager's place on the unit. On the day of inspection, the inspector found that there were sufficient staff to meet the needs of residents at that time, and the rota confirmed that this was the usual staffing arrangements.

**Report compiled by:**

Finbarr Colfer

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

10 September 2011

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
19 and 20 May 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

## Provider's response to inspection report \*

<b>Centre:</b>	Cahercalla Community Hospital & Hospice
<b>Centre ID:</b>	0444
<b>Date of inspection:</b>	5 October 2011
<b>Date of response:</b>	1 November 2011

### Requirements

These requirements set out what the registered provider must do to meet 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*.

#### 1. The provider has failed to comply with a regulatory requirement in the following respect:

The policy for the use of restraint did not provide adequate instructions and guidelines to staff, there was no assessment of the risk associated with using such devices as bedrails and there was no evidence that other options to the use of bedrails had been explored.

The centre's policy on managing behaviours that challenge had not been properly implemented to promote the well being of residents.

#### Action required:

Provide a high standard of evidence based nursing practice.

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



<b>Action required:</b>	
Set out each resident's needs in an individual care plan developed and agreed with the resident.	
<b>Action required:</b>	
Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.	
<b>Reference:</b>	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The report identifies that the quality of care plans had improved since the previous inspection and that most assessments and care plans were reviewed every three months.</p> <p>However, some care plans had not been reviewed within the three month period and some care plans did not reflect up to date information and direction for the staff. The following actions are being taken to deal with this:</p> <ul style="list-style-type: none"> <li>▪ staff education on the importance of reviewing the care plan and updating information to reflect the current situation is being conducted through the monthly ward team meetings.</li> <li>▪ new forms have been developed to facilitate better review of the care plan and these are currently being rolled out to all wards.</li> <li>▪ Improvements in these areas will be monitored by the Matron through the organisations records audits and ward audits, result of which are discussed by the Quality &amp; Safety Committee and any information is communicated to all staff through the ward team meetings.</li> </ul> <p>Staff education is also being provided on the importance of reflecting all the needs of the resident in the care plan.</p>	<p>November 2011</p> <p>November 2011</p> <p>Ongoing</p> <p>November 2011</p>

**3. The provider has failed to comply with a regulatory requirement in the following respect:**

The needs of residents with a cognitive impairment had not yet been addressed. There were no plans to research best practice in engaging with residents who have dementia and implementing this throughout the centre.

**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.

**Reference:**

Health Act, 2007  
 Regulation 6: General Welfare and Protection  
 Standard 13: Healthcare  
 Standard 18: Routines and Expectations

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

**Timescale:**

Provider's response:

Providing social interaction and activities for all our residents has always been regarded as very important by the management and staff at Cahercalla.

Since the previous inspection we have employed an activities coordinator and he has developed an extensive programme of activities for all our residents based on their interests and preferences.

We recognise that the current programme of activities does not fully embrace the needs of residents with a cognitive impairment. In order to address this, our activities coordinator will be attending the first available Sonas workshop in 2012. This training will equip him with the necessary skills to provide residents with a cognitive impairment with meaningful activity and social engagement. Unfortunately there are no further Sonas workshops available in 2011.

In the interim, every effort will be made to provide activities within the activities programme which may be more suitable to those with a cognitive impairments e.g. Hand massage

March 2012

Ongoing

**4. The provider has failed to comply with a regulatory requirement in the following respect:**

The emergency plan did not provide sufficient guidance to staff for responding to an emergency in that it did not include any arrangements in the event of an emergency which required the full evacuation of the premises.

**Action required:**

Put in place an emergency plan for responding to emergencies.

**Reference:**

Health Act, 2007  
Regulation 31: Risk Management Procedures  
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 '*Internal Major Emergency Response Plan*' has been amended to include the procedure to be undertaken in an emergency situation necessitating a full evacuation of nursing home residents to another location. The plan includes the names and contact numbers of care facilities and other locations which should be contacted in the event of a full evacuation to determine their ability to accommodate residents.

Completed

**5. The provider has failed to comply with a regulatory requirement in the following respect:**

Handrails had not been provided in the corridors and most of the bathrooms in the temporary building.

**Action required:**

Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

**Reference:**

Health Act, 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety  
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Grab-rails have been installed in bath, shower and toilet areas in the temporary building.</p> <p>Handrails in the corridors of the temporary building are currently being installed.</p>	<p>Completed</p> <p>10/11/2011</p>

<p><b>6. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The provider had not identified an appropriate appeals process in the complaints procedures which was independent of the complaints process.</p>	
<p><b>Action required:</b></p> <p>Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 39: Complaints Procedures  Standard 6: Complaints</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The complaints procedure has been amended to include an independent appeals process. All documentation/notices throughout the Nursing Home have been changed to reflect this information.</p>	<p>Completed</p>

**Any comments the provider may wish to make:**

**Provider's response:**

This was our first unannounced/follow up inspection and we would like to thank the inspector for his courtesy and professionalism.

As outlined in the report we are currently undergoing a major refurbishment of the nursing home. The report recognises our commitment to ensuring that disruption to our residents is being kept to a minimum, residents are consulted throughout the process and are being provided with temporary accommodation of a high standard.

At Cahercalla Community Hospital & Hospice we are committed to providing the highest standard of person-centred care and welcome the recommendations in this report as opportunities to continuously improve the quality of care we provide to our residents.

**Provider's name:** Paula O'Halloran

**Date:** 1 November 2011