



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Carlingford Nursing Home
Name of provider:	Cooley Nursing Home Limited
Address of centre:	Old Dundalk Road, Carlingford, Louth
Type of inspection:	Unannounced
Date of inspection:	10 May 2022
Centre ID:	OSV-0000121
Fieldwork ID:	MON-0036895

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre provides 24- hour nursing care to up to 44 residents, male and female who require long-term and short-term care that includes convalescence and respite. The centre is a single story building. Communal facilities and residents' bedroom accommodation which consists of a mixture of 33 single, four twin bedrooms and one three bed room which are laid out around a well maintained internal courtyard and along a central corridor. The philosophy of care is to provide good quality individual care in a respectful manner to residents requiring residential services. An overall aim is to promote resident independence and to work in partnership with residents, families and friends to achieve the best possible outcomes.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	42
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 10 May 2022	09:15hrs to 17:30hrs	Arlene Ryan	Lead

## What residents told us and what inspectors observed

The overall feedback from residents living in Carlingford Nursing Home was positive. The nursing home was clean and bright and corridors were clutter free. It was evident that the nursing home was coming to the end of an extensive refurbishment plan with most bedrooms and corridors freshly decorated and floor coverings replaced. Residents informed the inspector that they were very happy with all the recent work that had been completed and were delighted with their rooms and the communal spaces.

On the day of inspection the inspector was met by the reception staff and the person in charge. The monitoring of temperatures, signs and symptoms of COVID-19 and hand hygiene was completed in the reception area prior to entering the foyer. Following an introductory meeting the person in charge accompanied the inspector on a walk-around the nursing home.

The inspector observed that most of the resident's rooms visited, contained personal items such as pictures, photographs and other individual items. There was adequate storage in the rooms and the furnishings were in a good state of repair. Overall the resident's rooms felt very homely and some residents reinforced this by showing the inspectors their rooms whilst telling them about their lived experience in the home. The residents had access to an enclosed garden outside the day room and residents were seen in the garden at various times throughout the day of inspection.

Residents were observed walking about and sitting in various locations throughout the nursing home. The residents appeared to be well groomed and smartly presented. Some residents told the inspector that they felt well looked after. Some residents were in one of the small sitting rooms where they were able to watch sports on the television whilst others were watching day time programmes in the main dining room. There was an activities schedule on display on the notice board outside the living room, with different activities scheduled throughout the day. A couple of residents informed the inspector that they particularly enjoyed the baking sessions where they could make different baked items.

Laundry facilities were provided on site. One of the residents told the inspector about the process for sending their laundry for washing and was very happy with the laundry service. They said that their clothes are labelled and that they always get them back from the laundry. The residents also felt that they had plenty of storage for their clothes and personal items. The laundry room was quite compact and did not have adequate space to allow the sorting and ironing of clean laundry, therefore a separate room had been allocated for this process.

Housekeeping staff were busy throughout the day and the residents informed the inspector that their rooms were cleaned every day and that they were very happy with this arrangement. The rooms and corridors were visibly clean throughout the nursing home. However there was a lack of storage facility for cleaning equipment

within the nursing home.

During lunch time the inspector observed that the food provided for the residents was served hot, looked and smelled appetising. The residents had a choice of meals including a option for those who did not want any meat. A number of residents informed the inspector that the food was very good and that there was always plenty available to them. The dining rooms was bright and many of the residents had favourite seats near the windows facing the front of the nursing home, so they could look out during their meal times. Other residents preferred to have their meals in their rooms and staff facilitated their preference.

The staff were observed assisting the residents with their meals at lunch time. Those that required assistance were facilitated by staff in a non-rushed and calm manner. There was a comfortable familiarity between staff and residents and the staff appeared to know the residents individual preferences. There was a list of special dietary requirements available in the kitchen to allow the chef and staff to prepare meals in accordance with each resident's dietary requirements. The inspector observed residents being offered drinks at various times throughout the day and residents informed the inspector that they could get a drink any time they wanted.

When asked about complaints the residents who spoke with the inspector, said that they had nothing to complain about. They were happy living there and felt safe. They liked the staff, and said that it was a good place to live.

Visitors were seen coming to and from the centre and did not have any restrictions. They visited residents in their rooms, in the foyer and in the seated areas.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. Any areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This was a well managed centre which benefited the day-to-day lived experiences of the residents. The centre was operated by Cooley Nursing Homes Limited who was the registered provider. The nursing home was approaching the end of an extensive refurbishment plan with significant works to much of the centre. Many of the findings from the previous inspection had been addressed through this refurbishment. However further improvements were identified in relation to Regulation 5; Individualised assessments and care plans, Regulation 9; Residents Rights, and Regulation 27; Infection Control.

There was a clear organisational structure in place and the team were aware of their responsibilities and accountability within the structure. On the day of inspection the

person in charge was supported by the operations director, deputy nurse manager, nursing healthcare staff as well as administrative, catering and household staff. The inspectors found that the centre was appropriately resourced for the effective delivery of care and that there were good governance and management arrangements in place to ensure the service was consistent and appropriate.

There were monthly governance and management meetings taking place, which ensured good oversight of service. Key performance indicators, audits and improvement plans appeared to be high on the agenda at both operational and senior management level. The person in charge said that she felt supported by the provider and therefore was able to make improvements to the services provided.

The purpose of this unannounced inspection was to monitor compliance with the regulations. The Chief Inspector had been informed that the centre had two COVID-19 outbreaks since the 22nd March 2022 affecting a total of eight residents and six staff who tested positive for COVID-19. All had recovered at the time of inspection and the outbreak had been declared closed by the Health Protection Surveillance Centre (HPSC) team. Regular staff meetings took place to ensure staff were familiar and aware of the ongoing changes in guidance from Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities.

A draft of the 2021 annual quality and safety review and the resident's satisfaction survey were available to the inspector. Evidence of residents meetings and a satisfaction survey were also available for inspection.

Staffing levels were appropriate for the size and layout of the centre and the number of residents being accommodated at the time. Call bells were answered quickly and residents informed the inspector that they didn't have to wait long for someone to come to them. Staff informed the inspector that training was available to them and this was evidenced by a training record which were maintained to ensure that staff were up-to-date with any training requirements.

There was evidence that a number of nursing staff had recently been employed and were awaiting An Garda Siochana (police) vetting prior to commencing their roles. Once the new nurses commenced work, there was a plan in place to increase the deputy nurse managers allocated management time to further support the person in charge. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

There was a copy of the complaints procedure available on the notice board. When asked, a few residents told the inspector that they had never had to complain about anything, but if something was wrong they knew who to speak to.

## Regulation 15: Staffing

The Staffing and skill mix was appropriate to meet the needs of the residents on the day of inspection. There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training records showed that staff were up-to-date with their mandatory training requirements.

Copies of the Health Act, regulations, standards and relevant guidelines were available to staff.

Judgment: Compliant

### Regulation 21: Records

The sample of four staff files showed that they were maintained in line with Schedule 2 of the regulations. Each file contained a copy of a completed induction programme including a comprehensive overview for new employees to prepare them for their new role in the centre

Judgment: Compliant

### Regulation 22: Insurance

There was an insurance policy in place which covered injury to residents. It also, covered loss or damage to resident's property together with other risks associated with carrying on a business.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place with clear lines of authority and accountability. Management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.



Judgment: Compliant

## Quality and safety

Overall the inspector was assured that the residents were receiving a good standard of service and were being enabled to live their best life. Residents were seen walking around the centre and had access to the garden area through the sitting room.

Residents individual assessments and care plans were recorded in an electronic medical record. On the whole the assessments were completed and care plans developed based on these assessments. However a few records had care plans in place but did not have all assessments recorded. Each resident reviewed with bed rails, had a completed assessment and appropriate care plan in place. The majority of these residents had requested the bedrails to be in place and this was clearly recorded in their care plans. End of life care plans were very detailed and one of the care plans reviewed reflected what one resident had told the inspector whilst chatting with her.

Access to a medical practitioners, consultants and allied health services was evident in the residents records. Recommendations and treatment plans were updated in the residents care plans.

The refurbishment plan improved the overall ambiance within the nursing home. Priority had been given to refurbish those spaces which were in need of repair and therefore there was no visible damage to any walls or flooring. The majority of floor coverings had been replaced and there was a schedule in place to complete the remaining floors within the coming weeks. The new floor coverings were bright and this added more light to the rooms and corridors.

Housekeeping staff were aware of their roles and responsibilities and knowledgeable of the processes. The housekeeping staff explained their process for using the new flat mop system to the inspector. Hand sanitising units were clean throughout the centre and the housekeeping staff showed the inspector the replacement cartridges used to refill the wall mounted units. Housekeeping audits were in place and overseen by the person in charge. Since the last inspection, a housekeeping sluice sink has been installed for the disposal of any cleaning waste water.

The cleaning store room did not provide adequate storage for the cleaning trolleys and cleaning equipment. A second storage room, accessed through the hairdressers room, was being used as an additional storage area for cleaning supplies and equipment. The Storage room inside the hairdressers rooms was not appropriate as a general storage area. The person in charge committed to reorganise the cleaners room to ensure appropriate storage of cleaning items.

Infection control practices were largely of a good standard, however some processes

and practices required improvement as detailed under Regulation 27: Infection Control.

In general the residents bedrooms were spacious, however, the layout of the triple bedroom did not appear to meet the needs of the resident in one bed. Access to the call bell and overhead light was poor. The resident did not have access to their personal belongings within their personal space. There was not adequate room to use assistive equipment, if required, within the confines of their personal space.

Visiting at the nursing home had returned to normal and visitors were welcomed to the nursing home. Each resident had a nominated representative who could come in whenever they wanted and as many times as they wanted. The nursing home were continuing with temperature checks and monitoring for signs and symptoms of COVID 19 for all staff and visitors entering the nursing home. Sitting rooms were available for residents to receive visitors in addition to their bedrooms and communal areas.

### Regulation 17: Premises

The premises was coming to the end of an extensive refurbishment and was appropriate to the number and needs of the residents living at the centre.

Judgment: Compliant

### Regulation 27: Infection control

The Following issues were identified;

- The domestic cleaning room required reorganisation to ensure it aligned to National Standards, 2016. Cleaning trolleys were being stored in a store rooms accessed through the hairdressers room as there was not enough room in the cleaners room.
- Sharps bins were not dated and signed in line with national guidance.
- Some clean items were stored in the sluice rooms leading to the potential of cross contamination.
- Some resident chairs had torn and worn covers which prevented effective cleaning.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans were in place for residents, however some of the care plans reviewed on the day of inspection were not based on an assessment completed immediately before or on admission to the centre, and within 48 hours of admission.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to a medical practitioner and other allied healthcare services. Recommendations by these healthcare professionals were clearly reflected in the residents care plans.

Judgment: Compliant

### Regulation 8: Protection

Staff had completed safeguarding training and were aware of what to do if they suspected abuse. They felt confident to report any concerns that they might have.

Judgment: Compliant

### Regulation 9: Residents' rights

The layout of the triple bedroom did not ensure that residents' could undertake activities in private, and that their rights and privacy was maintained at all times especially when receiving personal care.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Carlingford Nursing Home OSV-0000121

Inspection ID: MON-0036895

Date of inspection: 10/05/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• The domestic cleaning room was reorganised on 11.05.2022 ,following the HIQA inspection to ensure it aligned to National Standards, 2016. Existing shelving was removed ,this now facilitates the storage of both domestic cleaning trolleys.</li> <li>• The cleaning trolley previously stored in the hairdressing room ,was removed and remains stored in the new reorganised domestic cleaning room.</li> <li>• Staff communication issued 11.5.2022 to ensure sharps bins are dated and signed ,prior to use and prior to closure + collection , in line with national guidance.</li> <li>• The store room connected to the hairdressers has been removed.</li> <li>• Clean items stored in the open shelving in the sluice room ,were removed on the day of inspection. As discussed with the inspector ,all open shelves were removed 11.05.2022 to reduce potential risk of cross contamination.</li> <li>• Some resident chairs had torn and worn covers which prevented effective cleaning,these mobile/recliner chairs will be recovered with new fabric . The contractors responsible for recovering the chairs - anticipate this will be actioned by 30.07.2022.</li> </ul>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The resident's admission process was reviewed ,immediately following the HIQA inspection. The completion of any outstanding risk assessments/care plans is clearly communicated at each nurse handover to ensure completion of these documents within 48 hours of admission.The deputy and person in charge reviews all new admissions to</p>	

ensure compliance is achieved and maintained.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
On the day of the HIQA inspection, two residents resided in a three bedded room. Two residents continue to share this bedroom, as this ensures personal space is available to provide required daily care interventions considering the care needs of those residents. We will update our Statement of Purpose to reflect our current approach which is to only admit 3 people to that room where their dignity and privacy is maintained and where they have agreed to be accommodated therein. Where this is not the case, and there is no other room available, the room will be used as a twin.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/07/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a	Substantially Compliant	Yellow	11/05/2022



	designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	11/05/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/07/2022