



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

Issued by the Chief Inspector

Name of designated centre:	Carna Nursing and Retirement Home
Name of provider:	Teach Altranais Charna Cuideachta Neamhtheorata
Address of centre:	TEACH ALTRANAIS CARNA, Carna, Galway
Type of inspection:	Unannounced
Date of inspection:	04 October 2022
Centre ID:	OSV-0000398
Fieldwork ID:	MON-0038054

About the designated centre

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

Carna Nursing & Retirement Home is a single storey, modern, spacious, purpose built facility established in 2003 set in the Connemara village of Carna. It is located beside the sea and has view of the mountain-scape and a fishing harbour. The centre accommodates both male and female residents with nursing care needs, dementia, physical and mental disability, respite care, convalescence and palliative care.

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 4 October 2022	07:00hrs to 15:30hrs	Una Fitzgerald	Lead
Tuesday 4 October 2022	07:00hrs to 15:30hrs	Sean Ryan	Support

What residents told us and what inspectors observed

Overall, feedback received from the residents spoken with during this one day inspection was positive. Residents told inspectors that they were aware that staffing in the centre had improved following the last inspection in September 2022. Residents gave the inspectors examples on how the staffing increases had positively made a difference to the quality of their lives. Residents reported that their call bells were answered in a timely manner and that the staff were able to attend to their care requests at the time of the request, as opposed to coming back when they were free. Through the inspector's observations, and the feedback received from residents, it was evident that the increase in staffing levels had a marked impact on the quality of care residents received in Carna Nursing and Retirement Home. During this one day inspection, inspectors observed that the residents received unhurried and attentive care from a team of staff who were dedicated to ensuring that residents enjoyed a satisfactory quality of life.

Inspectors were met by the night staff on arrival to the centre. Following an introductory meeting with the person in charge, inspectors walked through the centre and spoke with a number of staff and residents. Inspectors attended the morning handover where information about residents on the previous night was communicated to the day staff.

The atmosphere in the centre was relaxed and calm. Staff were observed planning their daily duties and attending to residents call bells in a prompt manner. Some residents chose to get up from bed early in the morning and were observed having breakfast in the dining room while others were observed walking independently in the corridors. Staff were visibly present and observed providing care to residents in an unhurried manner while engaging in polite conversation with residents. Residents told inspectors that the staff were 'so very kind and caring' and treated them with respect. Inspectors observed interactions between the staff and residents that were as the residents described. For example; inspectors observed a resident who appeared distressed when standing out at the main reception. Inspectors observed two members of staff stop and talk with the resident. The resident was offered multiple choices to return to their bedroom, attend one of the communal sitting rooms or remain at reception. Staff engagement was observed to be kind and not rushed. Following a telephone call made to a loved one, the resident was observed to be relaxed, content and satisfied with the intervention.

Residents told the inspectors that, previously, the only time they had to engage with staff was when they received assistance with morning care needs. During this inspection, residents told inspectors that this had changed in recent weeks because staff had more time to sit and chat with them. Residents attributed this to an increase in staffing numbers. Residents told inspectors that their call bells were answered promptly and that they 'would rarely need to use them now because staff were always around' and checking on them.

Inspectors observed the dining experience to be a social and enjoyable experience for residents. Residents were observed enjoying the company of one another in the dining room. Mealtimes were unhurried and staff were present to provide assistance and support to residents with their meals when needed. Residents were provided with a choice at mealtimes and could also chose to have their meals in the dining room, day room or the privacy of their own bedroom, if they wished.

Inspectors spent time observing residents in two open communal day rooms in the centre. Residents appeared relaxed and comfortable in their environment. Residents were observed participating in activities such as group exercise class, music and art. Staff were present to provide assistance and support to residents during activities. Residents complimented the provision of activities that they described as 'enjoyable' and helped make the days 'feel not as long'.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. As highlighted above, the changes in the daily staffing numbers had a significant positive impact on the daily lives of the residents living in this centre.

Capacity and capability

This one day unannounced risk inspection was carried out by inspectors of social services to

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).
- review compliance with Regulation 15: Staffing. Following the last inspection on the 20th September 2022 the provider was issued with an urgent compliance plan to address the staffing deficits in the centre. Due to the significant non-compliance found, the Chief Inspector took the critical step of setting out the time frame of September 26th 2022 whereby the provider was required to address the failings.

The centre had a poor history of compliance with the regulations. Significant regulatory non-compliances were identified to the provider on two previous inspections completed in January 2022 and September 2022. The provider attended a warning meeting in September 2022 and at this stage voluntarily ceased all new admissions into the centre. Following the warning meeting, the office of the Chief Inspector issued the provider with a warning letter outlining that if the provider did not come into compliance with the Health Act, regulations and standards made thereunder, to the satisfaction of the Chief Inspector of Social Services by 28th October 2022, the Chief Inspector may proceed against the provider and attach, vary or remove condition(s) to the registration or cancel the registration of the designated centre.

The purpose of the warning letter was to ensure that urgent action was taken to improve the governance and management of the centre and critically the staffing numbers in the centre to allow for improvement in the quality of life for residents and to ensure the provider met with regulatory requirements.

The findings of this inspection included:

- The urgent compliance plan specific to Regulation 15: Staffing, had been implemented. On the day of inspection, the centre was sufficiently staffed. However, further action was required in recruitment of additional staff to ensure that there were sufficient staffing numbers in place to consistently fill the staff rosters. For example; on the day of inspection the person in charge could not confirm future staff rosters as there was insufficient staffing resources in place and a reliance on agency staff to bridge the staffing gaps.
- The provider had taken action to bring the centre into compliance with Regulation 34: complaints, Regulation 8: protection, Regulation 9: Residents Rights' Regulation 16: Training and Staff development, Regulation 11: Visits and Regulation 31 Notification of incidents.

Notwithstanding the positive actions taken, further action was required under Regulation 15: Staffing, Regulation 21: Records, Regulation 23: Governance and management and Regulation 5: Individual assessment and care plan, to ensure full compliance with regulations

Teach Altranais Charna Cuideachta Neamhtheorata is the registered provider of Carna Nursing and Retirement home. At the time of inspection, a newly appointed person in charge had commenced in the centre. The person in charge was supported by a newly appointed assistant director of nursing and a general manager. At the time of inspection, the nurse managers were working full time in a supervisory capacity. Inspectors found that the provider had implemented the urgent compliance plan and on the day of inspection there was sufficient staffing on duty to provide the direct care to residents. There was two registered nurses on duty 24 hours a day who were supported by a team of six health care assistants and two activities staff by day, and two health care assistant staff by night.

Following the last inspection some recruitment of staffing had progressed. In addition, staff had returned from leave. While inspectors acknowledge the provider had ensured that the staffing levels in the centre were maintained at two registered nurses 24 hours a day who were supported by a team of health care assistants, there was no clear staffing strategy in place to ensure this staffing level could be maintained with the resources available. At the time of inspection, the provider was reliant on the use of agency staff to maintain adequate staffing. The inspectors were informed that a management meeting had been held and staffing was discussed with the provider. However, there was no minutes of the meeting recorded. Management confirmed to the inspectors that they had assessed the staffing situation in the centre as a significant risk. However, there was no clear staffing strategy in place to provide assurance that the centre could be safely staffed into the future.

The management systems in the centre were not effectively used or monitored. This is a repeated finding. For example, the risk management system had not been reviewed and updated following the last inspection. On arrival to the centre, inspectors were informed that visiting restrictions remained in place. Inspectors requested to review the risk assessment on the rationale behind the restrictions. No risk assessment had been completed and the management on site on the day of inspection could not clarify why unnecessary restrictions remained in place. These restrictions were reviewed on the day of inspection; the restrictions were lifted and the policy was updated and communicated to all families.

Inspectors reviewed the system of record management in the centre. The centre utilises an electronic documentation system to record all resident care plans. Poor practices identified on the last inspection continued. For example; care plans were updated by staff that were not on duty at the time the entries were made. In addition, resident daily progress note entries were an exact copy of previous entries.

A review of the complaints records found that complaints and concerns had been addressed following the last inspection. Complaints were found to be managed in line with the requirements of Regulation 34.

Regulation 15: Staffing

While on the day of inspection there were sufficient staff on duty, further work was required to sustain effective staffing numbers. Planned rosters could not be fully completed due to lack of availability of nursing staff. For example; there was inadequate registered nurses employed to allow for two nurses on duty 24 hours a day.

Inspectors acknowledge that a recruitment plan was in progress. However, there was no clear staffing strategy in place to provide assurance that the centre could be safely staffed on an on-going basis.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff supervision arrangements had been reviewed and progress made was evidenced through staff responses and from a review of the files of newly recruited staff. This system was supported by two full-time supervisory nurse managers who were making good progress in the monitoring of staff practices. Following the last

inspection in September 2022, the provider had implemented a "buddy system" of induction to ensure that all new staff were appropriately supervised and inducted into their roles. Inspectors reviewed the files of newly appointed staff and found that each staff member had completed an induction process.

Judgment: Compliant

Regulation 21: Records

On the last inspection, inspectors found that the system in place to record all money deposited by a resident did not meet with regulation requirements. During this inspection, the management team confirmed that no action had been taken to address the findings of the last inspection.

Poor practices in relation to resident records. This is a repeated non-compliance.

Judgment: Not compliant

Regulation 23: Governance and management

As a result of the urgent compliance plan request submitted to the office of the Chief Inspector the provider had engaged with external agencies to staff the centre in the short term. However, there was no clear staffing strategy in place to ensure that the staffing levels can be maintained or that there were sufficient resources in place to maintain the numbers required. An updated statement of purpose submitted following the inspection, outlining the on-going staffing level committed to by the provider did not include sufficient numbers to maintain two nurses, 24 hours a day.

At the time of inspection, the management team on duty could not confirm what the staffing strategy was to ensure that the management of the centre was sufficient resourced. On the day of inspection, the management team were unclear about the role of assistant director of nursing. For example; if the role would remain supervisory to support the person in charge or if the plan was for the role to be redirected into the direct delivery of care.

The person in charge was supported by a general manager and an assistant director of nursing. The governance and management structure in place in the centre was unclear and roles and responsibilities were disjointed. For example; there was no clear escalation pathway for staff to follow when incidents and accidents, or complaints were made.

Inspectors found that systems that would ensure that the service delivered to

residents is safe and effectively monitored were inadequate. For example,

- The system of risk management had not been updated following the last inspection. While inspectors were informed that the provider had updated the risk register, no changes had been made to any of the identified risk.
- an ineffective auditing system that did not support the identification of poor practice and implement a plan to address findings. no action had been taken to address the findings of the previous inspection.
- the record and file management system was not effectively monitored as evidenced by the findings under the quality and safety section of the report. This is a repeated finding from the September 2022 report.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications to the Chief Inspector were submitted in accordance with regulation requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Significant progress had been made in the management of complaints. Inspectors reviewed the compliant log and found that each complaint was recorded and managed in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the improvement in the staffing resources positively impacted on the quality and safety of the care provided to the residents. Inspectors found that residents received timely care and support from staff, in line with their assessed needs and preferences. Inspectors found that the provider had taken action to ensure incidents, consistent with an allegation of abuse, were appropriately managed to ensure residents were safeguarded. While the provider had taken some action to comply with regulations in respect of resident's assessments and care plans, the action taken was not sufficient to achieve full regulatory compliance.

On the day of inspection, the arrangements in place for residents to receive visitors remained restrictive. The decision was not underpinned by an appropriate risk assessment. This was discussed with the management team. Inspectors acknowledge this non-compliance was addressed on the day of inspection.

Inspectors acknowledged that staff were knowledgeable with regard to residents individual care needs and preferences. Inspectors found that progress had been made with regard to ensuring residents needs were appropriately identified through validated assessment tools. While all residents had a care plan developed, the quality of the information in some of the care plan's reviewed was not person-centred or consistent with the resident's identified care and support needs.

A review of residents' daily progress reports identified continued poor practice with regard to the documentation of the care and treatment provided to residents on a daily basis. In two resident records reviewed, inspectors identified multiple occasions where the daily progress report was an exact copy of the three previous entries. Inspectors were not assured that the daily progress notes were an accurate record of the residents' needs and care provided. This is a repeated non-compliance and is actioned under Regulation 23, Governance and management.

Residents were observed to be facilitated with social engagement and appropriate activities throughout the day. The increased staffing levels meant that there was two communal rooms open and available for residents to use as a result of increased supervision in those areas. Residents were provided with an opportunity to express their opinion on the quality of the activities through surveys.

Regulation 11: Visits

On arrival to the centre, the arrangements in place for residents to receive visitors remained restrictive. The decision to restrict visiting was not underpinned by an appropriate risk assessment. On the day of inspection, the management team committed to easing the current visiting restrictions and updated the centre's visiting policy to reflect the removal of restrictions.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of the resident's assessment and care plans found that residents assessment did not always inform the development of a corresponding care plan. For example;

- Residents identified psychological and social care needs were not integrated into their care plan. This meant that appropriate interventions in relation to

supporting the residents assessed needs were not detailed and did not guide staff on how to provide appropriate and effective care.

- Care plans were not reflective of residents up-to-date assessed needs or identified risks. For example, residents assessed as being at risk of impaired skin integrity, were not identified as such in their care plan.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors followed up on the findings of the last inspection and were assured that all appropriate steps had been taken following the submission of allegations of abuse. A review of the incidents had occurred and safeguarding plans had been implemented.

Judgment: Compliant

Regulation 9: Residents' rights

As a result of the increase in staffing the two communal sitting rooms were open and residents had a choice of where to spend their day. In addition multiple group activities were held. Residents spoke with voiced satisfaction and appreciation with the changes that had occurred.

Judgment: 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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carna Nursing and Retirement Home OSV-0000398

Inspection ID: MON-0038054

Date of inspection: 04/10/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Carna Nursing & Retirement Home continue to actively recruit for 4 staff nurses with immediate effect. Nurse recruitment has been sought from external recruitment agencies from the 06/10/2022 in order to secure full time staff nurse positions. Agency staff nurses have been utilized since the 23/09/2022 & for the foreseeable future until staff vacancies are filled. We are utilizing agency staff from the same recruitment agencies to provide continuity of care. We will continue to utilise agency staff until such a time we have a full complement of staff nurses. A nurse interview has been scheduled for the week of the 21st of November 2022.</p> <p>To be completed 30th November 2022 & ongoing.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The General Manager has now transferred the log of all present monies & valuable belongings to a book on the 07/10/22 that will be held for a period of 7 years as per regulation 21. This log of monies/belongings in and out is required to be signed by the resident if they have capacity to do so or NOK and also signed by the General Manager and staff nurse and where the General Manager is not present it is signed by both staff nurses.</p> <p>Completed 07th October 2022.</p> <p>The policy and procedure for the safe keeping of residents' personal property personal finances and possessions has been updated to reflect the current procedure. Completed 27th September 2022</p>	

Staff within Carna Nursing Home have been informed and educated of the safe keeping of residents' personal property personal finances and possessions policy update. The policy has been circulated to all staff within Carna Nursing Home to acknowledge.
Completed 07th October 2022

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Statement of Purpose was sent to include the most up to date WTE as requested.
Completed 28th October 2022

The assistant director of nursing is in a super-nummary position at present, WTE 0.8 & her role is clearly defined in the Statement of Purpose. All management roles are clearly defined in the statement of purpose and all members of the team are aware of their roles and responsibilities. Staff have been informed of the current escalation pathways & policies & procedures to follow when an incident/accident or complaint is made.
Completed 26th September 2022

The Risk Register has been updated where risks were identified & will continue to be updated as required on an ongoing basis.
Completed 28th October 2022

We have sought external support to aid implementation of policies and procedures and audits. At present we are continuing to utilise our current policies and procedures & current audit tools available to us. We have scheduled a meeting with the external company on the 18th of November and aim to start the implementation process on the 23rd of November.
To be completed 19th December 2022

Regulation 11: Visits	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 11: Visits:
Since last inspection the visiting policy has been updated to reflect easing of visiting restrictions. All residents & relatives have been informed of the current open-door policy. Appointments are no longer required. We have risk assessed the requirement for wearing facemasks during visits and temperature check on arrival.
Completed 04th October 2022.

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>A staff nurses meeting was held on 20th October. Nurse education was provided to the staff nurses who attended surrounding care-planning and assessments for residents. Any areas of uncertainty were discussed. Completed 20th October 2022</p> <p>The DON & ADON completed an overview of care-planning course. Completed 09th November 2022</p> <p>A discussion was held with the trainer who provides the care-planning training to have an in-house training day for nurses surrounding care planning & assessments. The nearest date available is in the new year. To be completed 31st January 2022</p> <p>Nurses were asked at the meeting held on the 20th October to integrate residents psychological & social care needs into their care-plans. To be completed 14th December 2022</p>	

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	04/10/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/11/2022
Regulation 21(1)	The registered provider shall ensure that the	Not Compliant	Orange	07/10/2022

	records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	28/10/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	26/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	19/12/2022
Regulation 5(4)	The person in charge shall formally review, at	Substantially Compliant	Yellow	31/01/2023

	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.			
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