



# 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 Charna, Cuideachta Neamhtheoranta, Carna, Connemara, Galway
Type of inspection:	Unannounced
Date of inspection:	25 February 2025
Centre ID:	OSV-0000398
Fieldwork ID:	MON-0045608

## 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:	50
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## How we inspect

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 25 February 2025	10:30hrs to 18:20hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Overall, residents living in Carna Nursing and Retirement Home were happy living in the centre. Residents had a high level of praise for the staff as individuals, and as a group. The residents reported that the staff were very kind and that they treated them with patience, compassion and respect. Residents were satisfied that their call bells were answered in a timely manner. A lot of good practice was observed during the inspection, with progress towards regulatory compliance across the majority of regulations reviewed. Based on the observations of the inspector, and from speaking with residents, it was clear that the staff providing direct care were committed to providing person-centred care to residents.

Following an introductory meeting, the inspector walked around the centre. The main entrance foyer area was a large open space with a reception desk. This area was a hub of activity throughout the day. The inspector observed multiple occasions where the residents utilised this staffed desk to clarify queries and have a chat with staff in the vicinity. The inspector observed that staff greeted residents by name as they passed, which added to the friendly, relaxed atmosphere.

The centre was spacious and generally well laid out to meet the needs of the current residents. The inspector observed that the premises was clean. Following the last inspection in July 2024 the provider had a programme of renovation in progress. Improvements to the overall state of repair of the premises had taken place. For example, flooring had been replaced and additional hand hygiene sinks had been installed.

The inspector spent time observing residents in the two communal day rooms. Residents appeared relaxed and comfortable in their environment. Staff were present to provide assistance and support to residents. The inspector observed group activities being facilitated in the communal areas. There was mixed feedback from the residents in relation to the quality of the activities held within the centre. A small number of residents told the inspector that their days felt long. Some residents told the inspector that the current activities that were held were not of interest to them.

Resident bedroom accommodation comprised of shared and single bedrooms. Residents' bedrooms were personalised with items of personal significance such as photographs and ornaments. Many resident bedrooms were noted to be spacious and in the main, there was sufficient storage space for residents' personal possessions.

The inspector noted that the privacy screening in some of the shared bedrooms did not ensure that each resident could carry out personal activities in private. Screening was incomplete and did not surround the bedspace of each resident accommodated in these bedrooms. This as a repeated finding from previous inspections.

Residents complimented the staff who they described as caring. Residents told the inspector that staff supported them to get up from bed at a time of their choosing, and that they could have a shower when they wished. Multiple residents spoke openly about how the staff were making an effort to learn Irish. Multiple residents told the inspector how this effort made them feel valued and displayed that the staff were genuinely concerned for their welfare. Staff spoken with were familiar with the residents and were familiar with the individual care needs of the residents.

Resident meetings were held. Residents spoke positively about their experience of living in the centre. Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries.

Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This inspection found that the provider had established an effective nursing management structure where the responsibility and accountability for the delivery of safe, person-centered care to the residents living in the centre was clear. While the inspector found that progress had been made in many areas, there was repeated non-compliance in respect to Regulation 9: Residents' rights. In addition, the systems of referral for specialist services was unclear and the management of resident records capturing this care did not meet regulatory requirements.

This unannounced inspection was carried out over one day by an inspector of social services to;

- monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).
- follow up on the actions taken by the provider to address issues of non-compliance found on the last inspection in July 2024.

Teach Altranais Charna Cuideachta is the registered provider of the centre. Within the centre, the person in charge was supported by a general manager and an assistant director of nursing. The centre was registered to accommodate 51 residents. On the day of inspection, there was 50 residents living in the centre, with one vacancy. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs. There was two registered nurses on duty at all times who were supported by a team of healthcare

assistants, activities staff, household staff, maintenance staff and administration support.

The provider had reviewed the systems in place to manage residents' finances. A finance policy had been reviewed and updated and changes to this policy had been communicated to the residents. The revised system in place ensured that residents had access to, and retained control over their personal finances.

Records reviewed by the inspector confirmed that staff training was provided through a combination of in-person and online training formats. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, dementia care, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and fire safety.

A review of the record management systems in the centre found that records in relation to staff employed in the centre, resident care documentation, and residents' meetings were incomplete and not in line with the requirements of Regulation 21: Records.

A review of a compliance plan submitted by the provider following previous inspections in February 2023, January 2024, and July 2024 found that insufficient action had been taken to address the issue relating to the privacy screening in the shared bedrooms. This was an on-going non-compliance in this centre impacting on the rights of residents to privacy and dignity in shared bedrooms.

The person in charge held responsibility for the management of complaints. At the time of inspection, all logged complaints had been resolved and closed. A review of complaints management found that all complaints had been appropriately managed, in line with the centres' complaints management policy.

## Regulation 15: Staffing

The number and skill-mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. Staff were appropriately trained.

Judgment: Compliant

### Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements. For example;

- Records of specialist treatment referrals, care received and follow up care provided to residents were not maintained in line with the requirements of Schedule 3(4)(b). There was no record of the rationale for referral, the treatment that was delivered or any after-care directions.
- Staff records reviewed on inspection did not meet the requirements of Schedule 2 of the regulations. For example; documentary evidence of qualification and accredited training was not on file. In addition, not all files had evidence of references.
- Records of management meetings and resident meetings were copied from previous meetings. The records did not evidence the discussions outlined to the inspector. It was not possible to ascertain if the management were progressing operational item, such as progress in the purchase and installation of privacy screens.

Judgment: Not compliant

### Regulation 23: Governance and management

This inspection found the management systems in place to ensure that records of referral to specialist services and documentation of care given were not effective. Care delivered to residents by some allied healthcare professionals was not documented in residents notes as required by Schedule 3 of the regulations.

The provider had failed to address issues of non-compliance found on previous inspections of the centre. Privacy screen in the shared bedrooms of the centre was inadequate and impacted on residents' rights.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged,



investigated and the outcome communicated to the complainant and the satisfaction of the complainant recorded.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the care and support that residents received from the staff team was of a good quality, and that staff strived to ensure that residents were safe and well-supported. This inspection found that residents' rights to privacy and not maintained for residents accommodated in shared bedrooms.

The inspector found that residents had an updated assessment of their needs completed to ensure that the service could meet their nursing and social care needs. Each resident file reviewed had a range of clinical assessments completed using validated assessment tools. The outcomes of these assessments were used to develop an individualised care plan for each resident, which, in the main, addressed their individual health and social care needs. With the exception of intervention and management of care delivered by external specialists, highlighted under Regulation 21: Records, the inspector found that care plans were sufficiently detailed to guide care. Daily progress notes were recorded and detailed the current health care status of all resident whose files were reviewed.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their healthcare needs. While arrangements were in place for residents to access the expertise of health and social care professionals, this treatment was not documented. Daily progress notes did not record the detail of all care delivered by specialist services and this was not reflected in care plans. This posed a risk to residents receiving appropriate and effective treatment.

Residents who were assessed as being at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents assessed as being at risk of malnutrition were referred for further assessment to an appropriate health professional.

Residents were free to exercise choice about how they spent their day. Residents were provided with opportunities to consult with management and seek assurances on the on-going changes that had occurred in the centre. Residents attended resident meetings.

However, the provider had not ensured that residents in shared bedrooms could carry out personal activities, such as dressing, in private. This was because the

privacy screening in place was inadequate. This is a repeated finding from the last three inspections of this centre.

The premises was designed and laid out to meet the needs of residents. The centre was visibly clean on inspection. The centre premises were maintained to a good standard. Following the last inspection, the provider had replaced flooring in multiple areas. In addition, the provider had installed additional hand-hygiene sinks to support infection prevention and control practices.

There was a risk register which identified risks in the centre and the controls required to mitigate those risks. A risk assessment had been completed prior to the recent storm that had impacted the country. Despite the destruction and impact of the storm in the local area, there was no disruption to the service. Staff that were rostered to work the day after the storm had stayed in the centre overnight to ensure the continuity of the service.

Residents reported that they felt safe living in the centre. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

There were no visiting restrictions in place and there were suitable rooms for residents to have visitors in private.

#### Regulation 10: Communication difficulties

The provider had systems in place to ensure residents with communication difficulties were facilitated to communicate freely.

Judgment: Compliant

#### Regulation 11: Visits

The Inspector found that the registered provider had ensured visiting arrangements were in place for residents to meet with their visitors, as they wished.

Judgment: Compliant

#### Regulation 12: Personal possessions

The systems in place to support the residents' in the management of personal finances had been reviewed and changes implemented. As a result residents could now access their funds in a timely manner.

Judgment: Compliant

### Regulation 17: Premises

The layout of the centre was suitable for the number of residents accommodated there. The provider had a maintenance programme in place.

Judgment: Compliant

### Regulation 26: Risk management

The centre had a risk management policy in place which included all of the requirements set out in Regulation 26.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were observed to be person-centred, and updated at regular intervals. A review of a new residents records showed that a care plan had been implemented within 48hrs of admission.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with timely access to a medical practitioner and health and social care professional services, in line with their assessed needs.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements to ensure any allegations of abuse were addressed and appropriately managed. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider did not ensure that residents' rights and dignity were consistently upheld. Some residents were not facilitated to undertake activities in private. The inspector observed that there was inadequate privacy screening in shared occupancy bedrooms. The screens in place did not meet when they were drawn closed. This is a repeated non-compliance over the past three inspections.

Judgment: Not 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	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Carna Nursing and Retirement Home OSV-0000398

Inspection ID: MON-0045608

Date of inspection: 25/02/2025

## 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 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>A policy for allied healthcare professional referrals has now been drawn up to ensure a consistent and compliant approach to specialist treatment referrals. All referrals are recorded in the electronic system, including the reason for the referral, the treatment provided, and any after-care or follow-up actions.</p> <p>COMPLETED ON 27/03/2025</p> <p>All staff files have now been updated by General Manager including evidence of qualifications, accredited training, and references, in line the regulations. An internal audit system is now in place to regularly check and ensure that all staff records remain complete and compliant.</p> <p>COMPLETED ON 25/04/2025</p> <p>Meeting records are now being documented accurately to reflect the discussions and decisions made during both management and resident meetings. Regular reviews of these records will be carried out to ensure transparency and accountability.</p> <p>COMPLETED ON 09/04/2025</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All allied health professional's referrals are recorded in the electronic system, including the reason for the referral, the treatment provided, and any after-care or follow-up</p>	

actions.

COMPLETED ON 27/03/2025

Privacy screening has been repositioned in all two-bedded rooms to fully ensure that residents' privacy and dignity are maintained.

In our three-bedded room, a new curtain-rail system will be introduced to provide complete privacy and uphold residents' dignity. This system is scheduled to be installed and completed by the end of May.

TO BE COMPLETED ON 30/05/2025

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

A wider range of activities has been organized to meet the interests and preferences of all residents. For those who do not wish to participate in group activities, the activity coordinator offers individualized sessions in their rooms to ensure they remain engaged and socially stimulated.

The minibus has been used to bring residents on outings, such as trips for coffee and visits to local attractions, to enhance their social engagement and quality of life.

COMPLETED ON 08/04/2025

Privacy screening has been repositioned in all two-bedded rooms to fully ensure that residents' privacy and dignity are maintained.

In our three-bedded room, a new curtain-rail system will be introduced to provide complete privacy and uphold residents' dignity. This system is scheduled to be installed and completed by the end of May.

TO BE COMPLETED ON 30/05/2025



## 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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/05/2025
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.	Substantially Compliant	Yellow	25/04/2025
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.	Not Compliant	Orange	30/05/2025