



# 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:	23 May 2024
Centre ID:	OSV-0000121
Fieldwork ID:	MON-0042728

## 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:	43
--	----

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
Thursday 23 May 2024	09:10hrs to 16:30hrs	Geraldine Flannery	Lead

## What residents told us and what inspectors observed

The inspector met with many residents during the inspection, and spoke with approximately 20 per cent of residents in more detail to gain insight into their experience of Carlingford Nursing Home. The feedback from residents living in the centre was very positive. The residents spoken with told the inspector that 'it was a lovely place to live' and that 'the staff were lovely'.

On the morning of the inspection, the atmosphere in the centre was quiet and calm. Some residents were observed enjoying each others company in the communal day rooms, while other residents were observed sitting in their bedroom waiting for assistance from staff. Staff were observed busily attending to residents requests for assistance.

The centre was seen to be bright, clean and tastefully decorated throughout. The design and layout of the home promoted free movement and relaxation. There was sufficient private and communal space for residents to relax in.

An enclosed courtyard was easily accessible and suitable for residents to use. The inspector observed a sheltered smoking area that residents could use in adverse weather conditions. Since the last inspection, the provider had ensured that the material used was fire retardant, and installed a bin for cigarette butts, fire blanket, fire extinguisher and call bell for resident's safety. Fire exits and escape pathways were noted to be clear from obstruction, however internal fire doors in the home required review to ensure that in the event of a fire they would effectively contain fire and smoke. This will be discussed further in the report.

The inspector observed that residents were encouraged to personalise their bedrooms, with items such as photographs, ornaments and personal belongings to help them feel comfortable and at ease in the home. Residents who spoke with the inspector were happy with the size and layout of their rooms. Housekeeping staff were busy throughout the day and the residents informed the inspector that their rooms were cleaned every day.

Residents were supported to enjoy a good quality life in the centre. Activity staff were on site to organize and encourage resident participation in events. Residents confirmed they had access to communal daily and weekly newspapers. An activities schedule was on display and the inspector observed that residents could choose to partake in board games, bingo and gentle exercise. The centre's hairdresser was in attendance on the day of inspection. The hairdressing room was well equipped and residents were seen enjoying this as a social occasion. On the day of inspection, a singer entertainer visited the centre, and residents informed the inspector that 'it was the highlight of their day'. Advocacy services were available to all residents that requested them.

The inspector observed that mealtime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. The lunch food served on the day of inspection appeared appetising. The majority of residents informed the inspector that they had a good choice of food available to them and could request alternative meals should they not like what was on the menu. A variety of drinks were being offered to residents with their lunch and at frequent intervals throughout the day. Residents' independence was promoted with easy access to condiments and drinks on each dining room table. The inspector observed staff offering encouragement and assistance to residents.

Laundry facilities were available on site. Residents informed the inspector that they were very happy with the laundry service. They said they sent their laundry for washing and received it back 'very fast' clean and fresh. Clothing was labelled with the resident's name to prevent loss.

Residents' family and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Visitors confirmed they were welcomed in to the home at any time. They all praised the care, services and staff that supported their relatives in the centre. None of the visitors spoken with expressed any concerns and all were very complimentary about the service.

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

## Capacity and capability

Overall, this was a well-governed centre with effective management systems to monitor the quality of care to residents. The provider sustained good levels of care and oversight of service across all regulations reviewed, with some further improvement required in respect of contracts of care and fire precautions.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). In preparing for this inspection, the inspector reviewed the information provided by the provider and the person in charge and unsolicited information received by the Chief Inspector of Social Services.

The registered provider was Cooley Nursing Homes Limited. A senior management team was in place to provide managerial support at group level. The person in charge was responsible for the local day to day operations in the centre and was supported in the role by the deputy person in charge.

There were good management systems in place to monitor the centre's quality and safety. Since the last inspection the provider had implemented a new auditing system. There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

On the day of the inspection, there were adequate staffing resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. The staff were visible within the nursing home tending to residents' needs in a respectful manner. Staff had the required skills and competencies to fulfil their roles and responsibilities.

There was evidence of continual staff training and the inspector saw evidence that staff had updated mandatory training in place and there were adequate supervision arrangements in place.

Records of complaints were available for review and the inspector reviewed a number of complaints received in 2024. Complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to.

Documents were available for review, such as written policies and procedures, the complaint procedure and information for residents, and all were fully compliant with the legislative requirements.

### Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Some were due updates, however the inspector was assured that these staff were booked into upcoming refresher training.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts of care between the resident and the registered provider. All newly admitted residents had contracts that met the legislative requirements. However, the residents with older contracts, did not have the bedroom number occupied by the resident and how many other occupants, if any, reflected in their contract of care and these required review.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

All accidents and incidents had been reported to the office of the Chief Inspector of Social Services within the required time-frame as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

### Regulation 4: Written policies and procedures



Policies and procedures as required in Schedule 5 of the regulations were available for review, and had all been updated within the last three years.

Judgment: Compliant

## Quality and safety

The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours.

Residents were facilitated to communicate and enabled to exercise choice and control over their life while maximising their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required.

The designated centre had adopted the use of the National Transfer document which was used where a resident was transferred to and from acute hospital. The inspector observed that this form was appropriately completed and contained all relevant resident information including infectious status, medications, mini mental state examination score (MMSE) and communication difficulties where relevant. When a resident returned from another designated centre or hospital, there was evidence available to show that all the relevant information was obtained by the designated centre.

A risk management policy and risk register was available and reviewed regularly. The inspector saw that systems were in place to manage risks associated with the quality of care and the safety of the residents.

Fire systems and fire safety equipment were provided throughout the centre. Training records demonstrated that all staff received annual training in fire safety. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these

included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation. There was evidence of fire drills taking place in the centre and records were available for review. While fire doors were intact, the inspector was not assured about their effectiveness in the event of a fire to adequately protect against the spread of fire and smoke and will be discussed further under Regulation 28: Fire precautions.

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and were aligned with the centre's visiting policy. There was adequate space for residents to receive their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre was done in a planned and safe manner.

Judgment: Compliant

### Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety arrangements in the centre required review. For example;

- Fire doors appeared in good condition, however deficits were observed to some doors, such as gaps where the doors met. These fire doors required review by a competent fire safety professional to provide assurances of adequate containment should a fire occur.
- While smokers in the centre had safety risk assessments and appropriate care plans in place, one care plan instructed staff 'to encourage resident to wear fire apron when smoking'. However, there were no fire aprons available in the centre.
- There was no clear signage to identify the hazard where an oxygen concentrator was used in a bedroom.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal and where deemed appropriate, the rationale was reflected on individualised risk assessments.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

# Compliance Plan for Carlingford Nursing Home OSV-0000121

Inspection ID: MON-0042728

Date of inspection: 23/05/2024

## 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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Following the inspection, all contracts have been comprehensively audited. Older contracts, which did not initially meet legislative requirements, have been amended to include pertinent details such as the number of bedrooms, number of occupants, and room occupancy. This brings the centre to compliance. All new contracts adhere to legislative standards however, to ensure ongoing compliance, each care contract will be meticulously reviewed for completeness by both the PIC and the nursing home administrator upon issuance.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Master Fire, our external fire safety engineers, has been engaged to conduct a comprehensive assessment of all fire doors within the nursing home. Based on their evaluation, the replacement of all fire doors exhibiting gaps or other identified issues has been scheduled. These replacements will coincide with the construction of a new building extension, ensuring that all fire doors adhere to the highest safety standards. One double fire door is since been replaced which was identified with gaps. The centre will maintain rigorous fire safety precautions through the following measures: Regular inspections and maintenance of all firefighting equipment, including fire extinguishers and fire blankets, to ensure optimal functionality a part of this is conducted daily by nurse on duty and the rest is conducted on a weekly basis by the maintenance person. Comprehensive up to date training for all staff on fire prevention, emergency procedures, and the proper use of firefighting equipment. Regular drills to ensure staff readiness and familiarity with</p>	

evacuation routes and procedures. Continuous evaluation through post-drill reviews and random tabletop exercises to reinforce fire safety knowledge performed by Deputy person in charge. Installation of updated layout plans with clearly marked evacuation routes and assembly point directions in each compartment with addition of 'You are here' sign.

Four fire aprons have been purchased and distributed to residents who smoke, providing them with the necessary protection as specified in their care plans. Staff have been trained to encourage and assist residents in using these fire aprons while smoking, ensuring their safety. Fire aprons is now included in the weekly fire safety checks to ensure availability. PIC performs quarterly fire audit to ensure compliance.

Clear and visible signage has been installed in areas designated for the use of oxygen concentrators. The signages are also included in the weekly safety checks. PIC performs quarterly fire safety audit to ensure compliance.



**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	15/06/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Substantially Compliant	Yellow	01/05/2024

	suitable bedding and furnishings.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	13/06/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	23/05/2024