<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Strawhall Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000295</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Strawhall, Fermoy, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>025 31 678</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:strawhallnursinghome@eircom.net">strawhallnursinghome@eircom.net</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Strawhall Nursing Home Partnership</td>
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<tr>
<td>Provider Nominee:</td>
<td>Margaret Rice</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
<tr>
<td>Type of inspection:</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
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</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 20 January 2016 09:30  To: 20 January 2016 20:30

The table below sets out the outcomes that were inspected against on this inspection.

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<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection
This monitoring inspection of Strawhall Nursing Home by the Health Information and Quality Authority (HIQA or the Authority) was unannounced and was the seventh inspection of the centre. The centre was established in 1988 and now catered for 30 residents. It was a two-storey building set in well maintained mature gardens. It was located within walking distance of the town of Fermoy. On the day of inspection one resident was in hospital. There were 22 single rooms, 10 of which had en suite shower, toilet and wash basin facilities. There were four twin-bedded rooms, one of which had en suite facilities. Ten residents were accommodated on the first floor with the remainder at ground floor level. A stair lift was fitted to the stairs and a lift was available to the first floor. There were two mobile residents accommodated on the second floor of the building in single occupancy bedrooms.

The dining room was a large spacious bright area, adjacent to the kitchen. There were a number of comfortable sitting rooms in the centre and there was adequate space for residents to meet visitors in private. An enclosed courtyard provided residents with a safe recreational outdoor area. Residents had different dependency
levels ranging from those who were very active and self caring to more dependent residents with high care needs. The centre also provided facilities for respite residents.

As part of the inspection, inspectors met with the provider, the person in charge, residents, relatives, and staff members. Inspector observed care practices and reviewed documentation such as care plans, medical records, accident and incident records, policies, fire safety records and staff files.

The action plan at the end of the report sets out the areas of non compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland identified on inspection. Areas of non-compliance included: documentation, medication management, staffing and health and safety.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The statement of purpose was available to staff and residents. It contained a statement of the designated centre’s aims, objectives and ethos of care. It contained all other information required under Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Detailed appendices referenced relevant Regulations and Standards.

**Judgment:**
Compliant

**Outcome 04: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The person in charge had been appointed to her post in August 2014. Inspectors spoke to her during the inspection and she displayed a detailed knowledge of the Standards and Regulations. The person in charge was found to be experienced and committed and she demonstrated a full awareness of the accountability and responsibility attached to her role. She was involved in the centre every day and had a person-centred approach.
to caring for residents.

Staff, residents and family members were able to identify her as the person in charge and they informed inspectors that she was approachable, friendly and accessible. Inspectors saw evidence of the care planning and policy updates which she had implemented since her appointment.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

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**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Policies and procedures were in place for the prevention, detection and response to abuse. However, the policy did not reference the most recent updated Health Service Executive (HSE) policy on Safeguarding Vulnerable Adults 2014. Elder abuse prevention training formed part of staff induction. However, gaps were found in this training provision. A system was in place to record, monitor, report and investigate incidents, allegations, and or suspicions of abuse. Residents with whom inspectors spoke confirmed that they felt safe in the centre.

Systems were in place to safeguard residents' money. The provider demonstrated practices used to record financial transactions. Fees were handled separately to personal money/belongings. A fee register was maintained and residents were invoiced on a monthly basis. Personal monies were recorded in a lodgement book and amounts checked by inspectors correlated with the recorded balance.

Residents were assessed for potential challenging behaviour on admission, in line with centre policy. Strategies to de-escalate challenging behaviour were outlined in residents' care plans, where appropriate. However, there was no evidence that all staff had received relevant training to update their knowledge and skills in this area of care. A restraint free environment was promoted. An assessment of each resident's needs included mental and cognitive functioning, environmental, psychosocial and physical assessments. Inspectors confirmed the use of evidence-based restraint assessment forms, restraint risk balance tools and restraint plans in residents' files. Residents or their representatives had given consent for this and a restraint log was maintained.
Judgment:
Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was a comprehensive emergency plan in place. The centre had a health and safety statement which had been reviewed in July 2014. Inspectors observed signs placed prominently around the centre which outlined the procedure to follow in the event of a fire. The emergency lighting was checked and serviced at regular intervals and inspectors viewed these records. Fire safety training was provided to all staff in 2014 and 2015. However, regular fire evacuation drills were not undertaken. The person in charge stated that one fire evacuation drill had been held in March 2015. This was significant as the centre was a three storey building. However, staff spoken with by inspectors were aware of the procedure to be followed in the event of a fire. Fire evacuation blankets were placed on residents' beds and there was an evacuation list at the reception desk. The provider informed inspectors that a suitably qualified person had provided a report on fire safety evacuation in the centre, when he had visited in March 2015, to guide staff on the evacuation drill. However, inspectors noted that a number of designated fire safe doors were held open with chairs and inspectors saw that this finding was also commented on in the report of the fire drill undertaken in March 2015.

Inspectors viewed records of accidents and incidents and noted that issues were resolved to the satisfaction of the complainant. There was a section which outlined learning outcomes as a result of each incident. The risk management policy was reviewed and was seen to comply with Regulation 26 (1). Clinical risk assessments were undertaken for residents; including falls risk assessment, assessments for dependency and skin integrity, continence, moving and handling and challenging behaviour. Inspectors viewed these in residents' files and saw that plans of care were in place, where required.

Inspectors observed staff abiding by best practice in infection control with regular hand-washing and the appropriate use of personal protective equipment. Hand sanitizers and hand washing sinks were plentiful. Inspectors noted that gloves were stored safely. Inspector spoke with cleaning and laundry personnel who were knowledgeable of their duties and their roles, in the centre. The centre was clean and staff maintained documentation which indicated the times and details of the cleaning regime. In the
laundry room, residents' clothing was segregated on individual shelves for each resident and inspectors saw that the machines and equipment in this room were of good quality. However, inspectors noted that a sluice room door was unlocked and they observed that a large scissors was stored on the bedpan rack in the sluice room. There was water leaking under the sluice room sink. In addition, urinals were stored inappropriately throughout the centre, for example a urinal was lying on a chair in one room and on the radiator cover in one toilet. Furthermore, inspectors noted that there was no soap dispenser or paper hand towels in one shared bedroom. Inspectors also observed that the laundry room was unlocked and an open bottle of bleach had been left on the worktop in this room. All these areas required updated risk assessments for these eventualities.

The provider stated that the centre had the services of an expert clinical waste disposal company. However, inspectors noted that there were thirteen, full and sealed, yellow sharps boxes stored in the medication room. These had not been collected by the clinical waste team for a period of time. In addition, inspectors noted a full bag of clinical waste which was stored on the floor of one utility room. This bag was tied with a knot. It had no markings on it to identify it as clinical waste or no centre identifying tag as required for clinical waste disposal. There was no external yellow, locked bin in which to store these items while waiting for collection. These items posed a potential cross contamination risk which had not been identified or risk assessed in the centre. In addition, inspectors noted that oxygen tubing used to administer oxygen nasally was removed while a resident was having lunch and the nasal tubing was lying uncovered and unprotected on the side of the oxygen machine. This presented a potential risk of cross infection and inspectors discussed this risk with the person in charge.

Hoists and other relevant equipment were serviced on a regular basis and these records were seen by inspectors. Manual handling training was undertaken at least every two years. During the last inspection upstairs windows had been fitted with suitable restrictors. Risk assessments had also been carried out for other risks identified on the previous inspection. However, similar to findings on the previous inspection inspectors noted that the front door was unlocked. This door opened out onto the car parking area which led on to the road. The provider stated that an alarm was fitted on the frame of the door to correspond with security bracelets worn by any resident who required this. The risk assessment for this open front door was seen by inspectors and the provider stated that the door was locked after tea each night and earlier in the winter. She stated that she was satisfied with the controls in place to mitigate any risks in this area.

The centre had an outside smoking area. Risk assessments had been completed for residents who smoked. The unsuitable internal smoking area, seen on the previous inspection, had since been converted into a store room.

**Judgment:**
Non Compliant - Major

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**Outcome 09: Medication Management**
*Each resident is protected by the designated centre’s policies and procedures for medication management.*
Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The practice of checking, dispensing, and recording of the drugs administered was in line with current legislation. There was a single dose system in operation. Photographic identification for residents was present in most residents’ medication administration records. However, not all residents had photographic identification in place and in a number of situations loose unlabelled photographs were stored in a plastic ‘poly-pocket’ at the front of the medication file. The medication trolley was stored in a specific medication room since the previous inspection. Controlled drugs were checked by the inspector. The recording of these drugs was found to be correct.

Medication management was the subject of audit by the pharmacist and also by the person in charge. However, similar to findings on previous inspections, inspectors noted incorrect use of the transcribing policy and observed that the doctor’s instructions were not always signed and dated by the general practitioner (GP) when transcribed by the nurse. The transcribing nurse had not signed the medication administration charts but had inserted a typed initial in the signature box. This was not in accordance with an Bord Altranais agus Cnaimhseachais na hEireann Guidelines for nurses on transcribing, by ensuring that all such prescriptions were co-signed by a second nurse. In addition, incorrect dates were noted on a number of care plans. These were viewed and confirmed with the person in charge. Medications which could be crushed were signed by the GP. Medications were reviewed three monthly and inspectors saw evidence of these reviews. The pharmacist provided advice and documentation on various aspects of medication management for nursing staff and residents. Medication errors were recorded. However, the records of one medication error discussed with the person in charge were not available to inspectors at the time of inspection. This error form was submitted following the inspection.

Judgment:
Non Compliant - Major

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support
### Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

### Findings:
An incident and accidents record was maintained for both residents and staff within the centre. Relevant events had been notified to the Authority in line with the requirements under Regulation 31 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, inspectors found that a quarterly notification report to the Authority had omitted occasions involving unplanned activation of the fire alarm in the centre.

A record of notifications submitted to the Authority was available electronically, however a complete record was not maintained.

### Judgment:
Non Compliant - Moderate

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**Outcome 11: Health and Social Care Needs**

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective care and support

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### Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

### Findings:
Arrangements to meet each resident’s assessed needs were set out in an individual care plan that reflected his/her needs, interests and capabilities. These plans were drawn up with the involvement of residents and their representatives, where appropriate. Inspectors saw evidence of residents’ involvement and consultation. Residents were provided with the services of a GP of their choice and they were facilitated to retain their own GP wherever possible. Residents received a full review of their medical care and their medication was updated as necessary. The person in charge outlined the assessment process for new residents. However, inspectors noted that dates were not correct on some care plans and dates did not appear to have been entered contemporaneously in one resident's file.

A chiropodist service was available and residents had access to the optician, the dentist,
the occupational therapist, the speech and language therapist and the physiotherapist, if required. These services were availed of in house and on an external basis. Dietary advice and modified diet instruction were provided by staff from a nutritional company and this service also offered training to staff. Inspectors viewed the training records of staff. Staff members had been trained in nutrition, dysphagia (swallowing difficulties) and modified diets among others.

Inspectors viewed a sample of care plans which detailed the residents' needs and choices. The care plans were dated as reviewed on a four monthly basis. Wound assessment charts and skin care charts were found to be comprehensive and inspectors noted that skin integrity was also discussed at the handover report. Wound care training records were viewed by inspectors. Staff spoken with by inspectors were aware of what constituted restraint and stated that a restraint free environment was promoted. Residents were facilitated to attend appointments with consultants where necessary and inspectors viewed a number of relevant letters. There were opportunities for residents to pursue healthy lifestyle choices and some recreational activities. There was a wholesome and varied diet available. There was ongoing monitoring of each resident’s health status and staff regularly checked the residents' weight, blood pressure and blood tests. All residents spoken with stated that the food in the centre was tasty and plentiful. Non verbal residents were noted to be assisted carefully by staff and any modified dinners were seen to nicely served and prepared with care. Inspectors noted that residents hydration and nutrition needs were attended to frequently throughout the day. A well stocked snack trolley was seen to be in use at 10.30 and again at 15.00, between meals.

There was an activity programme in place and residents informed inspectors that they were aware of the activities available and spoke about the activities they participated in. Inspectors saw this programme displayed on the notice board in the hall and observed staff members leading and encouraging residents at music sessions and memory games. Some of the activities included bingo, chair based exercises, quiz, art, music and planting flowers. Residents were also seen knitting and spoke with inspectors about their life in the nursing home. One resident stated that she had gone on a bus outing with staff last year and hoped to go again as it was a "great day".

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The centre had a policy and procedure for the management of complaints which had last been revised in 2014. The complaints procedure was displayed in a prominent place and a copy of this was included in the Resident's Guide. Residents spoken with by inspectors stated that they could raise any issue or concern with the person in charge or staff.

There was evidence that a record of complaints was maintained in the centre. However, inspectors found that not all documentation seen had a record of the satisfaction or not of the complainant maintained, in line with regulatory requirements. In addition, there were discrepancies noted in the dates recorded on one complaint. This was discussed with the provider. Inspectors spoke with relatives who stated that they were aware of how to complain and indicated that they were familiar with the process.

Judgment:
Substantially Compliant

Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre was located near a busy town and was centrally placed in the community where residents could be apprised of local events. The provider informed inspectors that residents were facilitated to vote, where possible. During the inspection inspectors observed an exercise class and a music session. One group of residents informed inspectors about social events and parties which were facilitated in the centre and they described a bus outing last year, which they enjoyed. A hairdresser visited weekly and there was a small salon on the premises. However, there was no specific person employed to lead activities. The person in charge informed inspectors that staff on duty in the afternoon set aside time to organise an activity. Inspectors formed the view from speaking with residents that they would benefit from more activities throughout the day as well as outings to local areas. In addition, a number of residents stated that they would like to attend the local church. However, the person in charge stated that the choice of activities had increased over the last 12 months and she said "..at times the resident will say yes to the outing but will for various reasons at the time of the outing decline to go".
There was evidence that residents were consulted about how the centre was run. Residents' meetings were facilitated in February and October 2015. However, minutes from these meetings were not detailed enough to inform inspectors if changes had been made as a result of issues raised. Residents' satisfaction surveys had been undertaken in 2015. Inspectors noted that a high satisfaction rating had been recorded. External advocacy arrangements were displayed on the notice board and in the complaints policy.

The person in charge informed inspectors that she met with residents and relatives on a daily basis. In addition, minutes of relatives' meetings were viewed by inspectors. Inspectors noted that residents received care in a manner which respected their privacy and dignity. Residents had access to a portable phone in the centre and personal mobile phones. Televisions were located in all bedrooms and in the communal rooms. Inspectors saw information on local events advertised on the notice board and heard staff members discussing local and national news with residents. Residents, with whom inspectors spoke, conversed about their life and experiences in the centre. Residents spoken with by inspectors said that they felt happy in the centre. They praised the person in charge, the provider and other staff members. Inspectors observed that visitors were plentiful and those with whom inspectors spoke were praiseworthy of communication in the centre.

**Judgment:**
Non Compliant - Moderate

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**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
A staff appraisal system was implemented for all staff and inspectors saw evidence of this in staff files. There was a clear management structure in the centre and staff were aware of the reporting mechanisms. Staff spoken with by inspectors demonstrated a clear understanding of their roles and responsibilities. Staff records showed that staff
were recruited and inducted in accordance with best practice. During the morning of inspection the person in charge was working as a nurse in the centre, along with four care assistants. In addition, there were two catering staff and two household staff on duty. This staffing level was decreased in the afternoon and evening.

Inspectors reviewed staffing rotas, staffing levels and skill mix. The person in charge informed inspectors that that she was satisfied that there were sufficient staff on duty to meet the needs of residents. However, as the person in charge also worked as the nurse on duty on some days she had limited time to complete the documentation and audit, which she was responsible for, under Regulations. As a result training records, audits and minutes of meetings lacked detail and in some cases were not dated. For example, the provider stated that the majority of staff had received mandatory training such as, fire training, prevention of elder abuse and knowledge of behaviours that challenge. However, records of staff training viewed by inspectors were not complete and were not dated. In the absence of dated, complete training records it was difficult for inspectors to ascertain which staff had received updated mandatory training. The provider agreed that there was lack of administration support in the centre. She stated that she had previously discussed this with the person in charge and they had decided to employ administration support.

The person in charge said that volunteers played bingo with residents on a weekly basis. Volunteers in the centre had Garda vetting completed and had their roles and responsibilities set out in writing. However, the volunteer policy did not make reference to the need for Garda vetting to be acquired, in line with regulatory requirements. The provider stated that this policy would be updated following the inspection. The updated policy was forwarded, following the inspection.

Registration details with An Bord Altranais agus Cnaimhseachais na hEireann for nursing staff were seen by inspectors for the year 2015. All registration details for 2016 were yet to be submitted by nursing staff. Inspectors reviewed a sample of staff files and found that they contained most of the regulatory information in relation to matters identified in Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2013. However, some staff files lacked job descriptions and commencement dates for staff.

**Judgment:**
Non Compliant - Moderate

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### Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.
Provider’s response to inspection report

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<th>Strawhall Nursing Home</th>
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<td>Centre ID:</td>
<td>OSV-0000295</td>
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<tr>
<td>Date of inspection:</td>
<td>20/01/2016</td>
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<tr>
<td>Date of response:</td>
<td>04/03/2016</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff in the centre had not been provided with training which would update their knowledge and skills, appropriate to their role, to respond to and manage behaviour that was challenging.

1. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

**Please state the actions you have taken or are planning to take:**
Challenging Behaviour training was undertaken for all care staff and fulltime nursing staff in Dec 2014 and is scheduled on out training matrix in Dec 2016. We have contacted the external trainer for a copy of the names which attended to verify the above as we are aware that not all names were on the list in the training folder on the date of inspection. Relief nursing staff have completed this training in the main employing hospitals.

**Proposed Timescale:** 31/12/2016

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all staff had received up dated training in the prevention and detection of elder abuse.

**2. Action Required:**
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

**Please state the actions you have taken or are planning to take:**
Elder abuse training is scheduled annually and staff who had not signed the attendance record although having received the elder abuse training will be prioritised and complete training by March 31st 2016. All other staff will receive training within 2016

**Proposed Timescale:** 31/03/2016

**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All risks in the centre had not been assessed as outlined under this Outcome:
For example:
- bleach in the open laundry room
- unlocked sluice rooms

**3. Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout
Please state the actions you have taken or are planning to take:
Updated training on storage of chemicals given to staff and necessity of keeping doors locked included in this training to all staff.

Proposed Timescale: 31/03/2016
Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider failed to ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff.

For example:
- urinals were inappropriately stored
- clinical waste disposal procedures were not adhered to in order to prevent a risk of cross contamination
- nasal tubing was not covered when removed from the resident at meal times
- lack of soap dispensers and paper towels in shared rooms.

4. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
- All Urinals will be kept in sluice room post use and cleaning or in urinal holders provided where resident request to have urinal in room.
- Although sharps bins were kept in a locked room inside the building while waiting for collection we have now allocated a locked bin outside the building for storage of clinical waste.
- Infection control training includes use of O2 equipment in communal rooms. Infection control training update is scheduled for 2016.
- Alcohol gel dispensers are provided and staff are directed to use these when assisting residents in double rooms.

Proposed Timescale: 31/03/2016
Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drills were not held at frequent intervals.

5. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Fire drills with evacuation of a compartment will be carried out quarterly with the first evacuation undertaken before February 29th.

Proposed Timescale: 29/02/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff had not received sufficient training in evacuation procedures.

6. Action Required:
Under Regulation 28(1)(d) you are required to: 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.

Please state the actions you have taken or are planning to take:
Annual fire training was completed on 11th February 2016 which included all of the above.

Proposed Timescale: 04/03/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements in place for containing fires, i.e. the provision of designated fire safe doors was not effective as a number of these doors were held open by furniture and other objects.

7. Action Required:
Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.
Please state the actions you have taken or are planning to take:
- Automatic door guard has been fitted to the front conservatory door.
- Existing door guard is the only safe measure used to hold door open.

**Proposed Timescale:** 04/03/2016

**Outcome 09: Medication Management**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A number of prescriber medications were not signed by the GP.

The transcribing nurse had not signed the transcribed drugs and had not ensured that a second nurse had signed the prescription.

**8. Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
All staff will undertake HSEland medication management training as well as internal medication management training. Kardex in question has been reviewed and signed by GP.

**Proposed Timescale:** 30/04/2016

**Outcome 10: Notification of Incidents**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge had failed to submit all notifications as required by Regulation in the quarterly written report in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4: unplanned activation of the fire alarm system.

**9. Action Required:**
Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.
Please state the actions you have taken or are planning to take:
This was amended and sent to the Authority retrospectively.

Proposed Timescale: 07/03/2016

Outcome 11: Health and Social Care Needs
Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Dates of when a resident was reviewed were noted to incorrect in the file of one resident. The notes were not recorded contemporaneously.

10. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
Resident in question record has been corrected.

Proposed Timescale: 04/03/2016

Outcome 13: Complaints procedures
Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In the records of complaints reviewed by inspectors, the satisfaction or not of all complainants had not been documented.

11. Action Required:
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
Regarding the complaint in question the outcome had been achieved to the satisfaction of the complainant but was not recorded. Same has been retrospectively amended.
Proposed Timescale: 04/03/2016

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All complaints had not been fully and properly recorded. For example, there was a discrepancy noted in dates on the record of one complaint.

12. Action Required:
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident’s individual care plan.

Please state the actions you have taken or are planning to take:
Care will be taken in completing documentation to ensure accurate recording.

Proposed Timescale: 04/03/2016

Outcome 16: Residents’ Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Activities were not available which were suitable to all residents' needs. For example, some residents would like go out to church and others would like outings to local areas. In addition, not all activities were suitable for residents with dementia and inspectors did not see a varied programme of activities which was based on evidence of residents' needs and wishes.

13. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
- Mass is offered regularly to residents in house with Holy communion weekly. Special birthdays and anniversaries are also celebrated with mass when preferred. Church celebrations e.g Ashes and throat blessings are also offered amongst other occasions. Residents have also been accompanied to funerals by provider and staff as well as a local annual commemoration mass. Families are also encouraged to accompany their family member To church.

- Outside of our regular activities programme residents have been taken out to the community for outings e.g farmers market, local hotel, coffee morning during the summer. Residents are encouraged to attend but often prefer not to go when date
- Flower arranging, baking and dancing performances have been arranged internally as well as reminiscing and storytelling for residents who may not be able to attend external activities.

- A series of movie nights have taken place where up to 12 residents attend. Additional refreshments to enhance the experience were provided. Visitors have been present on occasion.

**Proposed Timescale:** 04/03/2016

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre did not have the required administrative staff to support the person in charge with maintaining training records and update documentation. In addition, there was a need for nursing staff to be on duty to allow the person in charge to attend to her regulatory duties.

**14. Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
An administration assistant has commenced on February 09/2016. We have recruited 2 part-time RGN’s since the inspection and further recruitment is actively ongoing. One RGN has commenced on the 20nd February and the second RGN is commencing on the 29th February.

**Proposed Timescale:** 04/03/2016

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**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Due to the lack of dated, completed training records it was not possible to ascertain if staff had attended mandatory and appropriate training.

**15. Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to
appropriate training.

Please state the actions you have taken or are planning to take:
A new training matrix has been developed by the administration assistant to ensure accurate recording of all mandatory and appropriate training.

**Proposed Timescale:** 04/03/2016