



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Carthage Nursing Home
Name of provider:	Anvik Company Limited
Address of centre:	Mucklagh, Tullamore, Offaly
Type of inspection:	Unannounced
Date of inspection:	20 August 2018
Centre ID:	OSV-0000021
Fieldwork ID:	MON-0024639

About the designated centre

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

Carthage Nursing Home is a purpose-built facility located in the townland of Mucklagh, 5kms outside Tullamore town. The centre is registered to provide residential care to 63 residents, both male and female, over the age of 18 years. It provides care on a long term care, respite and convalescence basis to adults with varying conditions, abilities and disabilities.

Residents with health and social care needs at all dependency levels are considered for admission. Care is provided to residents who are independent and to those who require nursing care. Residents are accommodated on two floors. There are 39 single, six twin and four triple bedrooms, some with their own en-suite bathroom facility. Residents have access to safe enclosed courtyard gardens.

The following information outlines some additional data on this centre.

Current registration end date:	18/10/2020
Number of residents on the date of inspection:	62

How we inspect

To prepare for this inspection the inspector or 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
20 August 2018	09:30hrs to 19:15hrs	Sheila McKeivitt	Lead

Views of people who use the service

Residents who communicated with the inspectors stated they were happy with the services they receive and were happy living in the centre. Residents said it felt like it was a "home from home", and they felt safe and secure. They enjoyed the food served to them and the activities provided. However, some residents would prefer if there was a greater variety of activities provided.

Residents felt the staff knew them well and they usually provided timely assistance. They said occasionally they felt that staffing levels could be greater.

They told inspectors they felt comfortable raising any issues with the management team and had confidence in the team's ability to address issues raised promptly and satisfactorily. Relatives expressed satisfaction with the visiting arrangements and said the communication with staff about their loved one was good.

Capacity and capability

The findings of this inspection were that the registered provider had failed to ensure that an effective and safe service was continuously provided for residents living in Carthage Nursing Home.

The governance and management of the centre was weak. Up until April 2018, the provider representative had also held the role of person in charge. In May 2018, a new person in charge had been appointed and the provider representative stepped into the role of a staff nurse. The management arrangements in place did not empower the person in charge with the necessary authority to effect the substantive cultural change required in the centre. The provider representative, person in charge and operations manager did not have their roles and responsibilities clearly outlined. The registered provider had not ensured that the service provided met the needs of the residents living there, particularly in terms of the arrangements for infection control, notification of incidents, access to meaningful recreation and activities, management of complaints, personal accommodation and storage for equipment.

Five of the six actions plans from the last announced inspection in June 2017 had been addressed. The one action plan not addressed which appears as a repeated non compliance on this report is the failure to submit notifications of serious incidents to HIQA within the required three day time frame.

Inspectors found there was an appropriate number of staff with the required skills in place to meet the needs of residents. Staff were observed providing care to

residents in a timely manner. Residents were protected by the recruitment procedures in place and by the fact that staff had appraisals completed on an annual basis.

Residents were provided with evidence based nursing care, a programme of training provided to staff facilitated this. The majority of staff had completed mandatory training in moving and handling practices, fire safety and the prevention, detection and response to abuse, a small number required refresher training in two of these areas, and the management team confirmed they were scheduled to complete this training within a short time frame following the inspection. Staff had also received training in infection control, falls prevention, dementia care and responsive behaviours.

Residents' complaints were not being well managed. The complaints process on display for residents was not reflective in practice. Complaints were not consistently managed in line with the local policy. There was no appeals process and the review of complaints was not capturing all elements of the complaints process.

Records relating to residents such as the directory of residents, the statement of purpose and the residents guide were all available and overall compliant.

Regulation 14: Persons in charge

A full-time person in charge is employed in the centre, with the required skills and experience as outlined in the regulation.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were in keeping with the assessed needs of residents having regard to the size and layout of the service. Contingency arrangements were kept under review in relation to managing staff absences. Appropriate systems of supervision were in place with at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and were adequately supervised.

Judgment: Compliant
Regulation 19: Directory of residents
The directory of residents met the regulatory requirements.
Judgment: Compliant
Regulation 23: Governance and management
Management roles and responsibilities were not clearly defined. Management processes were not effectively monitored, particularly in relation to infection control practices, notification of incidents, access to meaningful recreation and activities, management of complaints, personal accommodation and storage for equipment. An annual quality review had been completed for 2017 and was in the process of completion for 2018. Residents' views on the service and facilities provided had been sought and were included in this review.
Judgment: Not compliant
Regulation 3: Statement of purpose
The statement of purpose was available for review, it had been updated in May 2018 to reflect the recent changes to the centre's governance structure. However, further reviews were required to ensure it reflected the premises and the complaints process.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
Notifications were submitted within the required time frame. However, HIQA had not been informed of a number of notifiable incidents that had occurred in the centre.
Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints policy, dated October 2017, had not been updated to reflect the recent changes to the centre's governance structure. It did not contain sufficient detail regarding the appeals process. The role of the complaints officer and the person responsible for reviewing the management and recording of complaints required review. Complaints were not being consistently managed or recorded in line with the centre's policy or the regulations.

Judgment: Not compliant

Quality and safety

Overall, residents' in this centre had their nursing and healthcare needs met. The quality and safety of some aspects of care provided required improvement. These included the provision of meaningful activities and the provision of wash hand basins in multi-occupancy bedrooms

A review of residents' care documentation demonstrated that their health care needs were appropriately assessed and reviewed on a regular basis. The majority of residents' had their medications reviewed by their general practitioner (GP) and pharmacist on a four-monthly basis. Inspectors found that a holistic approach was also taken in relation to assessing and catering to residents' end-of-life care needs and wishes.

Residents' nutritional needs were met. The food and drinks served to them reflected that prescribed in their care plan. Inspectors observed some residents did not have the choice as to where they dined. They remained in the sitting room for long periods of the day having their lunch and tea served to them in the sitting room. The dining experience for residents required review to ensure it was a positive experience enjoyed by all residents.

The food served appeared wholesome and nutritious with quantities to meet the needs and dietary requirements of the individual resident. Inspectors observed residents eating their meals in the dining room, practices observed did not promote independence.

Residents had access to information. A notice board displayed in a communal area contained details of advocacy services, the centre's residents' committee and other information. A resident's guide had also been developed and distributed throughout the centre. The delivery of activities required improvement. Some activities were provided for residents in the large sitting room which meant all residents were

attending whether they wanted to or not.

Multi-occupancy bedrooms posed challenges for residents to undertake personal activities in private and for staff to respect the residents right to privacy and dignity. Residents sharing three bedded rooms had a limited amount of private space available to them behind their privacy screening. The two entrance/exit doors leading into these bedrooms further reduce the amount of privacy afforded to residents.

Infection control practices were not safe. Residents' bedrooms and bathrooms were not cleaned in a manner to ensure they were protected from the spread of infection. Equipment used by residents was stored in the cleaning room. This practice increased the risk of spreading infection throughout the centre.

Regulation 13: End of life

Residents' physical, emotional, social, psychological and spiritual needs relating to end of life were documented in dedicated care plans, and these also included details of arrangements to be made following their passing. These were regularly reviewed in consultation with residents, or their representative where appropriate. Arrangements were in place to facilitate residents' families and friends to be informed of their condition and to attend the centre, in line with residents' wishes.

Judgment: Compliant

Regulation 17: Premises

Residents occupying multi-occupancy bedrooms had access to just one wash hand basin and had access to a minimum amount of private space. The storage space for equipment was not adequate. The upstairs toilet used by residents did not have a call bell facility or grab rails in place.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' had access to a safe supply of drinking water throughout the centre. A choice of meals was provided to them at each mealtime and adequate quantities appeared to be served to them to meet their assessed needs. Staff provided assistance to residents when required, the protective clothing used for those residents who required assistance was not discreet. Independence was not

promoted and some residents were not provided with access to the dining room at meal times.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide contained all of the information required by the regulations, but required revision to include the updated complaints process.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control procedures to protect residents from the risk of healthcare-associated infections were inadequate, such as:

- beds were arranged in very close proximity to each other in multi-occupancy bedrooms
- cloths, mops and mopping water in use were not clean
- the process of changing cloths, mops and mopping water between bedrooms did not ensure the prevention of spread of infection
- the process followed to clean mops at the end of each day was not safe
- access to restricted areas that presented a potential risk in relation to infection control, such as cleaning rooms were not consistently controlled
- clean linen trolleys were stored in the cleaners room
- equipment such as wheelchairs and shower chairs were inappropriately stored in the cleaner's room
- two staff alternated between household and catering duties daily, as circumstances and staffing levels changed

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Resident care records showed that pre-admission and admission assessments were completed, care plans were put in place and reviews took place every four months or more frequently if required. Care plans reflected the individual resident's needs, and clearly described how the healthcare needs were to be met.

Judgment: Compliant

Regulation 6: Health care

Overall there was good access to allied healthcare services, and residents' needs were assessed regularly by their general practitioner (GP) to ensure their needs were met. However, there was evidence that a small number of residents did not have a full medical review carried out in a long period of time.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a low use of restraint in the centre. Behaviours associated with dementia were assessed and good practices were described by staff in the management of these behaviours.

Judgment: Compliant

Regulation 8: Protection

There were relevant policies and procedures in relation to the safeguarding of residents and all staff had received training in this regard.

Judgment: Compliant

Regulation 9: Residents' rights

Appropriate arrangements were not in place to ensure that the rights of residents were respected in relation to privacy, dignity and their ability to exercise personal choice. Examples included:

- Multi-occupancy rooms afforded residents very limited personal space and privacy.
- The close proximity of bed spaces limited residents in the extent to which they could exercise choice around activities in their personal space, such as watching TV or listening to the radio, without adversely impacting on other residents.

- Access to activities were not always meaningful and did not meet the needs of residents.
- Some residents did not have the choice of where to eat their meals.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Carthage Nursing Home OSV-0000021

Inspection ID: MON-0024639

Date of inspection: 20/08/2018

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. Management has reviewed governance and has now clearly defined the roles and responsibilities for each person participating in management. 2. Structured management meetings are being held on a fortnightly basis. 3. Quality Audit Training has been scheduled for the Person in Charge on the 27/09/2018. Audit tools will be revised to ensure a more robust auditing/accountability process. 4. Management have held meetings with activity co-coordinators to plan a revised and more structured meaningful activities programme that meet the needs of our residents. 5. We acknowledge that incidents requiring notification were not forwarded to the Authority. Incidents where there is uncertainty of notification will be clarified with the Inspectorate and forwarded to the Authority accordingly. Outstanding incidents notifiable to the Authority have now been forwarded following inspection. 6. The infection control policy has been revised to reflect best practices. Staff have been informed about revised processes and practices. Auditing will be completed to ensure compliance with same. 7. The complaints policy has been revised to reflect changes to our governance structure. An Appeals Officer has been appointed. 8. At present beds in multi-occupancy rooms have been arranged to ensure optimal space between beds. Plans to re-design the layout of multi occupancy rooms will be incorporated into our development plan in 2019/ 2020. 9. Storage space has been reconfigured within the nursing home that encompasses all storage needs. 	
Regulation 3: Statement of purpose	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Our Statement of Purpose has been updated to include a true reflection of the premises.</p> <p>The complaints policy has been revised to reflect changes to our governance structure. An Appeals Officer has been appointed.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: We acknowledge that incidents requiring notification were not forwarded to the Authority</p> <p>Incidents where there is uncertainty of notification will be clarified with the Inspectorate and forwarded to the Authority accordingly.</p> <p>Outstanding incidents notifiable to the Authority have now been forwarded following inspection.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints policy has been revised to reflect changes to our governance structure. An Appeals Officer has been appointed and the appeals process is included in this policy.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. Plans to re-design the layout of multi occupancy rooms will be incorporated into our development plan in 2019/ 2020. 2. Storage space has been reconfigured within the nursing home that encompasses all storage needs. 3. Wheelchair stations have been set up at various points throughout the nursing home. 4. Domestic/cleaning storeroom has been reconfigured to suit its purpose. 5. New shelving has been installed in various storage areas to accommodate equipment. 6. A handrail and call bell has been installed in upstairs assisted toilet. 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ol style="list-style-type: none"> 1. New discreet protective clothing has been purchased for residents who require/request same. 2. Additional gravy/sauce boats have been purchased to promote independence and enhance the dining experience. 	

3. Plans are in place to accommodate all our residents in the dining room for meals by having two meal sittings.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	
<ol style="list-style-type: none"> 1. Beds in multi-occupancy rooms have been arranged to ensure optimal space between beds. 2. The infection control policy has been revised to reflect best practices. Staff have been informed about revised processes and practices. 3. The process of changing cleaning cloths, mops and mop bucket water have been implemented to ensure correct infection control measures. 4. Procedure for cleaning mops at the end of each day has been revised. 5. Cleaning equipment stores have been reconfigured to ensure consistent infection control. 6. A new storage station has been allocated for clean linen trolleys. 7. Wheelchairs and shower chairs are no longer stored in the cleaning equipment stores. Wheelchairs are being stored at various wheelchair stations. Shower chairs are now stored in their appropriate areas. 8. New colour coded uniforms have been ordered for multi-task attendants, specific to their area of work. 	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care:	
Overall there is good access to allied health care services for all our resident's needs.	
We have initiated a process communicating with a small number of G.P's to request routine resident medical reviews to ensure full compliance with regulation.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	
<ol style="list-style-type: none"> 1. At present beds in multi-occupancy rooms have been arranged to ensure optimal space between beds. 2. Plans to re-design the layout of multi occupancy rooms to improve quality and privacy of our resident's personal spaces will be incorporated into our development plan in 2019/ 2020. 3. Management have held meetings with activity co-coordinators to plan a revised and more structured meaningful activities programme that meet the needs of our residents. 4. Plans are in place to accommodate all our residents in the dining room for meals by having two meal sittings, which will afford all residents the choice of where they wish to dine and thereby enhance the dining experience. 	
We continuously strive to promote residents independence and enhance their lived experience in Carthage Nursing Home.	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	1. 30/06/2020 2-5 Completed 18/09/2018
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	1. Completed 18/09/2018 2. Completed 18/09/2018 3. 05/10/2018
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and	Not Compliant	Orange	1. Completed 24/08/2018

	details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	<ul style="list-style-type: none"> 2. Completed 18/09/2018 3. 30/10/2018 4. Completed 18/09/2018 5. Completed 22/08/2018 6. Completed 20/09/2018 7. Completed 20/09/2018 8. 30/06/2020 9. Completed 31/08/2018
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	<ul style="list-style-type: none"> 1. Completed 24/08/2018 2. Completed 20/09/2018 3. Completed 21/08/2018 4. Completed 21/08/2018 5. Completed 28/08/2018 6. Completed 28/08/2018 7. Completed 11/09/2018 8. 27/09/2018
Regulation 03(1)	The registered	Substantially	Yellow	20/09/2018

	provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Compliant		
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	22/08/2018
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall 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.	Substantially Compliant	Yellow	20/09/2018
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints	Not Compliant	Orange	20/09/2018

	procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.			
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	20/09/2018
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	20/09/2018
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a	Substantially Compliant	Yellow	26/10/2018

	high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	3. 05/10/2018 4. 05/10/2018
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	1. Completed 24/08/2018 2. 30/06/2020